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FORM D-2

REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES CHECK APPROPRIATE BOXES—PLEASE TYPE OR PRINT IN BLACK INK

- Quarterly Report: (Check one) 1st 2nd 3rd 4th
Final Report
Amendment of the Report Indicated Above

FOR OFFICE USE ONLY STATE BOARD

JUL 12 2019

OF ELECTIONS

Full name and complete mailing address of Political Committee: VIVIAN ROBINSON FOR 15TH DISTRICT STATE CENTRAL COMMITTEEWOMAN 811 SOUTH GRANGER STRET HARRISBURG, IL 62946

CHECK FOR ADDRESS CHANGE

COMMITTEE ID #

35072 10

E-mail address:

CHECK FOR E-MAIL ADDRESS CHANGE

Table with reporting period (04/01 to 06/30), cash available at beginning (\$0.00), and contact information for State Board of Elections.

SECTION A — RECEIPTS

- 1. Individual Contributions: Itemized (from Schedule A): \$200.00 (1a)
2. Transfers In
3. Loans Received
4. Other Receipts
TOTAL RECEIPTS (1a thru 4b) \$200.00 (TR)

- 5. In-Kind Contributions
TOTAL IN-KIND (5a + 5b) \$ (TI)

Name and address of person submitting this report if other than the committee's Chairman or Treasurer:

SECTION B — EXPENDITURES

- 6. Transfers Out
7. Loans Made
8. Expenditures
9. Independent Expenditures
TOTAL EXPENDITURES (6a thru 9b) \$ (TE)

SECTION C — DEBTS AND OBLIGATIONS

- 10. a. Itemized (from Schedule C): \$ (10a)
b. Not-Itemized \$ (10b)
TOTAL DEBTS & OBLIGATIONS \$

SECTION D — CASH BALANCE

- Cash available at beginning of reporting period: \$0.00 (A)
Total Receipts from Section A (TR): \$200.00 (B)
Total cash (A) plus (B): \$200.00 (C)
Total Expenditures from Section B (TE): \$ (D)
Funds available at close of reporting period (C minus D): \$200.00 (E)
Investments total (if applicable): \$ (F)

VERIFICATION: I DECLARE THAT THIS QUARTERLY REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.

Vivian Robinson

7/9/19

SIGNATURE OF COMMITTEE TREASURER OR CANDIDATE

DATE

NAME OF POLITICAL COMMITTEE:

VIVIAN ROBINSON FOR 15TH DISTRICT STATE CENTRAL
 COMMITTEEWOMAN
 811 SOUTH GRANGER STREET
 HARRISBURG, IL 62946

REPORTING PERIOD

04/01/2019 06/30/2019
 FROM THRU

FOR OFFICE USE ONLY

**SCHEDULE A
 RECEIPTS**

CHECK THE PART OF FORM D-2, SECTION A, BEING ITEMIZED:

- PART #1- INDIVIDUAL CONTRIBUTIONS
 INCLUDING TICKETS AND RAFFLE SALES PART #3- LOANS RECEIVED
 INCLUDING ENDORSER
- PART #2- TRANSFERS IN
 POLITICAL COMMITTEE CONTRIBUTIONS
 INCLUDING TICKET AND RAFFLE SALES PART #4- OTHER RECEIPTS

POLITICAL COMMITTEE
 IDENTIFICATION

No.
 35072 10

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.

ITEMIZED RECEIPTS FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE RECEIVED	AMOUNT OF EACH RECEIPT	AGGREGATE AMOUNT FOR THIS REPORTING PERIOD
VIVIAN ROBINSON 811 SOUTH GRANGER STREET HARRISBURG, IL 62946	06/28/2019	\$ 200.00	\$ 200.00
		N/A EMPLOYER:	OCCUPATION: POLITICIAN
		\$	\$
		EMPLOYER:	OCCUPATION:
		\$	\$
		EMPLOYER:	OCCUPATION:
		\$	\$
		EMPLOYER:	OCCUPATION:
		\$	\$
		EMPLOYER:	OCCUPATION:
		\$	\$
		EMPLOYER:	OCCUPATION:
		\$	\$
		EMPLOYER:	OCCUPATION:
		\$	\$
		EMPLOYER:	OCCUPATION:

USE A SEPARATE SCHEDULE A FOR EACH PARTS 1, 2, 3, & 4

TOTAL THIS PERIOD \$ 200.00