

# SCHEDULE A-1

## REPORT OF CAMPAIGN CONTRIBUTIONS OF MORE THAN \$500

FOR OFFICE USE ONLY
10/29/2010 9:51
POLITICAL COMMITTEE IDENTIFICATION NO. NON-PROFIT ORGANIZATION

**Full name and complete mailing address of Political Committee:**

Two Party System Inc.  
P.O. Box 81737  
Chicago, IL 60681-0737

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

This form must be on file within **TWO** business days of receipt of a contribution in an aggregate of more than \$500 received: a) in the period from January 1<sup>st</sup> up through and including the day before a General Primary Election or b) in the 30 day period preceding any other election, (**up through and including the day before any election**) by either:


1. **HAND DELIVERY** - to a state board of elections office (see bottom of form for addresses),
2. **FACSIMILE** - to (217)-557-5630 or (217)-782-5959. Please retain a confirmation transmission for your records, or
3. **ELECTRONIC TRANSMISSION**

Postal service or other mail services may be used. **CAUTION:** such services do not guarantee that the A-1 form will be received by our office prior to the deadline. **A POSTMARK IS NOT USED TO DETERMINE WHETHER AN A-1 FORM HAS BEEN TIMELY FILED.**

This form must be on file with the State Board of Elections within two business days of receipt of a contribution of more than \$500 or penalties will be levied for late filings. Report may be hand delivered or faxed to (217)-557-5630 or (217)-782-5959.

**THESE CONTRIBUTIONS MUST ALSO BE REPORTED ON THE NEXT REGULARLY SCHEDULED FORM D-2 REPORT, SCHEDULE A.**

RECEIVED FROM: FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE	AMOUNT
Kenneth Griffin 800 N. Michigan Avenue, PH 67 Chicago, IL 60611	10/29/2010	\$ 5,000.00
		\$
		\$
		\$
		\$ 5,000.00

 SIGNATURE OF TREASURER OR CANDIDATE	October 29, 2010 DATE
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THE ILLINOIS STATE BOARD OF ELECTIONS IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OUTLINED UNDER PUBLIC ACT 78-1181. DISCLOSURE OF THIS INFORMATION IS REQUIRED. FAILURE TO PROVIDE ANY INFORMATION COULD RESULT IN A FINE UP TO \$5,000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.

STATE POLITICAL COMMITTEES RETURN TO: STATE BOARD OF ELECTIONS OR 1020 S SPRING ST PO BOX 4187 SPRINGFIELD, IL 62708-4187 (217) 557-6930 FAX, (217) 782-6989 FAX	STATE BOARD OF ELECTIONS JAMES R. THOMPSON CENTER 100 W RANDOLPH ST, STE 14-100 CHICAGO, IL 60601-3282
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LOCAL POLITICAL COMMITTEES AND STATE AND LOCAL POLITICAL COMMITTEES SHALL FILE WITH THE STATE BOARD OF ELECTIONS AND EACH APPROPRIATE COUNTY CLERK

(THIS FORM MAY BE REPRODUCED)