



2009 CAMPAIGN FINANCE REPORT POLITICAL ACTION COMMITTEES

COMMITTEE IDENTIFICATION Check if address is different than previously reported.

Name _____
(full name of committee)

Mailing address _____
(official headquarters of committee)

City, zip code _____ Telephone _____

TREASURER IDENTIFICATION Check if treasurer or address is different than previously reported.

Name of treasurer _____

Mailing address _____

City, zip code _____ Telephone _____

E-mail address _____

POLITICAL ACTION COMMITTEE FILING PERIODS (Check applicable period below):

Report Type	Due Date	Reporting Period
<input type="checkbox"/> Initial Report (New PAC)	Date of Registration	January 1, 2009 – Date of Registration
<input type="checkbox"/> April Quarterly	April 10, 2009	January 6, 2009 – March 31, 2009
<input type="checkbox"/> July Quarterly	July 15, 2009	April 1, 2009 – July 5, 2009
<input type="checkbox"/> October Quarterly	October 13, 2009	July 6, 2009 – September 30, 2009
<input type="checkbox"/> January Quarterly	January 19, 2010	October 1, 2009 – December 31, 2009

All PACs participating in the November 3, 2009 election must file the following reports

<input type="checkbox"/>	11-Day Pre-Election	October 23, 2009	October 1, 2009 – October 20, 2009
<input type="checkbox"/>	42-Day Post-Election	December 15, 2009	October 21, 2009 – December 8, 2009
<input type="checkbox"/>	January Quarterly	January 19, 2010	December 9, 2009 – December 31, 2009

Check this box if this report is an amendment to a previously filed report.

No Activity Report: If the committee received no contributions and made no expenditures during this period, provide the current cash balance: \$_____, and sign below.

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE, IT IS TRUE, CORRECT AND COMPLETE.

Treasurer's Signature

Date

Name of PAC _____

PURPOSE OF COMMITTEE
(Complete each category that applies for this reporting period.)

Name of candidate(s) supported	Party affiliation	Office sought

Name of candidate(s) opposed	Party affiliation	Office sought

PAC, party committee or other political committee supported	Address of committee

Support/Oppose	Referendum or initiated petition

SCHEDULE A

CASH CONTRIBUTIONS RECEIVED

List the names and mailing addresses of contributors who have given more than \$50 during this reporting period. For all aggregate contributions of \$50 or less, enter the combined total in line 3. Do not include in-kind contributions or loans on this schedule.

Date received	Contributor's name, mailing address, zip code	Occupation & employer	Amount
1. Total contributions this page only			
2. Total from attached pages (Schedule A)			
3. Aggregate contributions of \$50 or less (not itemized)			
4. Total contributions this reporting period (Add lines 1, 2 & 3)			

SCHEDULE B

EXPENDITURES TO SUPPORT OR OPPOSE

- Enter all expenditures, including cash contributions, made to support or oppose a candidate, political action committee or party committee
- Enter all expenditures made to support or oppose a ballot question, referendum, or citizen initiative, including those in signature-gathering phase.
- Enter the name of the candidate, ballot question, or committee support or opposed by the expenditure

Expenditures made on multi-candidate communications must be itemized by the amount spent per candidate, not as a single expenditure, and each candidate must be identified.

Expenditure Types Requiring <u>NO</u> Remark		Expenditure Types <u>REQUIRING</u> Remark	
CON	Contribution to candidate, party or committee	CNS	Campaign consultants
EQP	Equipment (office machines, furniture, cell phones)	OTH	Other
FND	Fundraising events	PRO	Professional services
FOD	Food for campaign events, volunteers		
LIT	Printing and graphics (flyers, signs, palmcards, t-shirts, etc.)		
MHS	Mail house (all services purchased)		
OFF	Office rent, utilities, phone and internet services, supplies		
PHO	Phone banks, automated telephone calls		
POL	Polling and survey research		
POS	Postage for U.S. Mail and mail box fees		
PRT	Print media ads only (newspapers, magazines, etc.)		
RAD	Radio ads, production costs		
SAL	Campaign workers' salaries and personnel costs		
TRV	Travel (fuel, mileage, lodging, etc.)		
TVN	TV or cable ads, production costs		
WEB	Website design, registration, hosting, maintenance, etc.)		

For every expenditure, list the appropriate code.

If a remark is required, list additional information such as type of consulting (media, messaging, campaign, etc.) or professional service provided.

Date of payment	Payee name	Candidate, committee, or ballot question supported or opposed		Office sought & district number	Amount spent to support or oppose <u>each</u> candidate, committee, or ballot question
	Payee's complete mailing address	Code	Remarks		
1. Total expenditures this page only					
2. Total from attached Schedule B pages					
3. Total expenditures this reporting period (Lines 1 + 2)					

SCHEDULE B-1 OPERATING EXPENSES

Do not include loan repayments or expenditures made on communications to support or oppose candidates or ballot questions on this schedule.

Expenditure Types Requiring NO Remark	Expenditure Types REQUIRING Remark
CON contribution to candidate, party or committee EQP equipment (office machines, furniture, cell phones) FND fundraising events FOD food for campaign events, volunteers LIT printing and graphics (flyers, signs, palmcards, t-shirts, etc.) MHS mail house (all services purchased) OFF office rent, utilities, phone and internet services, supplies PHO phone banks, automated telephone calls POL polling and survey research POS Postage for U.S. Mail and mail box fees PRT print media ads only (newspapers, magazines, etc.) RAD radio ads, production costs SAL Campaign workers' salaries and personnel costs TRV travel (fuel, mileage, lodging, etc.) TVN TV or cable ads, production costs WEB Website design, registration, hosting, maintenance, etc.)	CNS campaign consultants OTH other PRO professional services <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><u>For every expenditure, list the appropriate code.</u></p> <p>If a remark is required, list additional information such as type of consulting (media, messaging, campaign, etc.) or professional service provided.</p> </div>

Date of payment	Payee/organization name, address, zip code	Code	Remarks or purpose of expenditure	Amount
1. Total operating expenses this page				
2. Total from attached Schedule B-1 pages				
3. Total operating expenses this reporting period (Add lines 1 & 2)				

SCHEDULE C IN-KIND CONTRIBUTIONS

List all goods and services received as in-kind contributions that have a fair market value of more than \$50. Enter the date on which the item or service was received, the name of the contributor, a description of the good or service, and the fair market value. Goods and services that have a fair market value of \$50 or less may be aggregated and reported as a lump sum.

Date of contribution	Name of contributor	Description of goods, services, discounts or facilities received	Fair market value
1. Total in-kind contributions this page only ⇒			
2. Total from attached Schedule C pages ⇒			
3. Aggregate in-kind contributions of \$50 or less (not itemized) ⇒			
4. Total in-kind contributions received and expended this reporting period (add lines 1 + 2 + 3) ⇒			

SCHEDULE D LOANS AND LOAN REPAYMENTS

List all new and continuing loans that were unpaid at any time during this reporting period. If a loan amount is forgiven, the amount forgiven must also be entered as a contribution on Schedule A.

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
LENDER	LOAN BALANCE AT BEGINNING OF PERIOD	ACTIVITY THIS PERIOD (report amount and date)			LOAN BALANCE AT END OF PERIOD (1+2) – 3 – 4
		AMOUNT LOANED THIS PERIOD	AMOUNT REPAID THIS PERIOD	AMOUNT FORGIVEN THIS PERIOD (Enter each on Schedule A also)	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
Totals for each column ⇒		Enter on Schedule F, line 3	Enter on Schedule F, line 7	Enter on Schedule A	

SCHEDULE E

TOTAL UNPAID OBLIGATIONS (OTHER THAN LOANS)

List all goods or services that have not been invoiced and all existing unpaid bills.

Date obligation incurred	Creditor's name, address, zip code	Purpose	Amount
1. Total unpaid obligations this page only ⇒			
2. Total from attached Schedule E pages ⇒			
3. Total unpaid financial obligations for this reporting period (add lines 1 + 2) ⇒			

**SCHEDULE F
SUMMARY SECTION**

RECEIPTS

THIS PERIOD ONLY

- 1. Contributions received (Schedule A, Line 4)
- 2. Other receipts (interest income, etc.)
- 3. Loans received (Schedule D)
- 4. **TOTAL RECEIPTS THIS PERIOD (Lines 1 + 2 + 3)**

EXPENDITURES

THIS PERIOD ONLY

- 5. Contributions to or on behalf of others (Schedule B, Line 3)
- 6. Operating expenses (Schedule B-1, Line 3)
- 7. Loan repayments Made (Schedule D)
- 8. **TOTAL EXPENDITURES THIS PERIOD (Lines 5 + 6 + 7)**

CASH BALANCE

- 9. Account balance from last reporting period (Line 12 of previous report)
- 10. Plus total receipts this period (Line 4 above)
- 11. Less total expenditures this period (Line 8 above)
- 12. **TOTAL funds on hand at close of reporting period**
(This should equal your bank account balance(s) plus your petty cash balance)

UNPAID OBLIGATIONS

THIS PERIOD ONLY

Total financial obligations unpaid at close of reporting period (Schedule E, line 3)

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IN-KIND SUMMARY

THIS PERIOD ONLY

Total In-Kind Contributions this period (Schedule C, line 4)

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