



**2011 CAMPAIGN FINANCE REPORT – HOUSE DISTRICT 121 SPECIAL ELECTION  
MEMBERSHIP ORGANIZATION OR CORPORATION COMMUNICATIONS**

**MEMBERSHIP ORGANIZATION OR CORPORATION**

Name \_\_\_\_\_  
(full name of organization or corporation)

Mailing address \_\_\_\_\_

City, zip code \_\_\_\_\_ Telephone \_\_\_\_\_

**INSTRUCTIONS:**

Any membership organization or corporation that makes a communication to its members or stockholders expressly advocating the election or defeat of a clearly identified candidate shall report any expenses related to such communications aggregating in excess of \$50 in any one candidate's election race. These expenses are not "independent expenditures". "Expressly advocate" and "clearly identified" are defined in Chapter 1, Section 8(2) of the Commission's Rules (available on the Commission website). Reports may be faxed to the Commission, provided that the original is received within 5 days after the fax.

**IMPORTANT: Report only those expenditures that pertain to the Special Election for HD 121**

**FILING SCHEDULE:**

	Report Type	Due Date	Reporting Period
<input type="checkbox"/>	42-Day Post-Election	September 27, 2011	Start of campaign – September 20, 2011

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

\_\_\_\_\_  
Signature of Authorized Officer or Employee

\_\_\_\_\_  
Date



Schedule B-2

PAYMENTS AND OBLIGATIONS

- Please indicate the date, payee, expense type, and amount of each expense.
- If you are reporting an agreement or obligation to make a future payment, please check (✓) the box next to the expense type.

Expense Types			
LIT	Printing and graphics (flyers, signs, palmcards, etc.)	PRT	Print media ads only (newspapers, magazines)
MHS	Mail house (all services purchased)	RAD	Radio ads, production costs
PHO	Phone banks, automated telephone calls	TVN	TV or cable ads, production costs
POL	Polling and research survey	WEB	Website design, registration, hosting, maintenance, etc.
POS	Postage for U.S. Mail and mail box fees	OTH	Other (include description)

Date of payment or obligation	Payee, address, zip code	Expense type	✓	Amount
<b>A. Expenses for this page ⇒</b>				
<b>B. Total for all other Schedule B-2 pages (if any) ⇒</b>				
<b>C. Total expenses for this reporting period (A+B). ⇒</b> <i>This amount should equal the total amount for all candidates listed on Schedule B-1.</i>				