



2009 CAMPAIGN FINANCE REPORT – HOUSE DISTRICT 89 SPECIAL ELECTION 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):

<input type="checkbox"/>	Report Type	Due Date	Reporting Period
<input type="checkbox"/>	11-Day Pre-Primary	January 23, 2009	January 6, 2009 – January 20, 2009
<input type="checkbox"/>	42-Day Post-Primary	March 17, 2009	January 21, 2009 – March 10, 2009
<input type="checkbox"/>	Check this box if this report is an amendment to a previously filed report.		

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

CONTRIBUTIONS AND EXPENDITURES TO OR ON BEHALF OF CANDIDATES, PACS & PARTY COMMITTEES

List all contributions and expenditures made to or on behalf of each candidate, party committee, PAC, or other political committee. Do not include loan repayments or in-kind expenditures on this schedule. Expenditures made on communications in support of or in opposition to candidates must be listed on this schedule, not on Schedule B-1. For expenditures made on multi-candidate communications, the expenditure must be itemized by the amount spent per candidate, not as a single expenditure, and each candidate must be identified.

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-top: 10px;"> <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 name	Candidate, committee, or party supported		Office sought & district number	Amount contributed to or spent on behalf of <u>each</u> candidate, PAC, or party committee
	Payee's complete mailing address	Code	Remarks		
1. Total contributions to candidates this page only					
2. Total from attached Schedule B pages					
3. Total contributions 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 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-top: 10px;"> <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)				

Name of PAC _____

SCHEDULE C

IN-KIND CONTRIBUTIONS/EXPENDITURES

In-Kind CONTRIBUTIONS

With respect to all items and services received and expended, enter the date received, a description of the item or service, and the fair market value. Enter contributor information if the fair market value of donated item or service is more than \$50.

Date received	Contributors name , address, zip code	Description of goods, services, discounts or facilities received/expended	Fair market value

In-Kind EXPENDITURES

If the items shown above were, in turn, contributed to candidates or committees, list to whom the items were donated and their description.

Date of payment	Recipient's name, address, zip code	Description of goods, services, discounts or facilities contributed	Fair market value

SCHEDULE D

LOANS/LOAN REPAYMENTS

List loans and loan repayments from all sources.

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	
Date of loan/ loan repayment	Identity of lender	Loan balance from previous period	Amount loaned this period	Amount repaid/ forgiven this period	Unpaid loans Columns 1 + 2 - 3
				R F	
				R F	
				R F	

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

**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)

IN-KIND SUMMARY

Fair Market Value Totals

- Total In-Kind Contributions this period (Schedule C)
- Total In-Kind Expenditures this period (Schedule C)
