



2009 CAMPAIGN FINANCE REPORT – HOUSE DISTRICT 89 SPECIAL ELECTION STATE PARTY 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 _____

SPECIAL ELECTION FILING PERIODS (Check applicable period below):

	Report Type	Due Date	Reporting Period
<input type="checkbox"/>	11-Day Pre-Election	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
(Revised 01/09) (Duplicate as needed)

Date

SCHEDULE A

CASH CONTRIBUTIONS RECEIVED

List the names and mailing addresses of contributors who have given more than \$200 during this reporting period. For all aggregate contributions of \$200 or less, enter the combined total in line 3. Do not include loans or in-kind contributions here.

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 \$200 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
	<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>

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 <u>NO</u> Remark	Expenditure Types <u>REQUIRING</u> 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)				

Name of Party Committee _____

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 \$200.

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)

IN-KIND SUMMARY

Fair Market Value Totals

- Total in-kind contributions this period (Schedule C)
- Total in-kind expenditures this period (Schedule C)
