



**SENATE DISTRICT 19 SPECIAL ELECTION**  
**REPORT OF MEMBERSHIP ORGANIZATION OR CORPORATION COMMUNICATIONS**

**MEMBERSHIP ORGANIZATION OR CORPORATION**

Name \_\_\_\_\_  
 (full name of member 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.

Filing Schedule for Reports of Membership Organization and Corporate Communication			
	Report Name	Due Date	Reporting Period
<input type="checkbox"/>	11-Day Pre-Election	August 16, 3013	Start of Campaign—August 13, 2013
<input type="checkbox"/>	42-Day Post-Election	October 8, 2013	August 14—October 1, 2013
<input type="checkbox"/>	If this is an amendment to a filed report, check this box and indicate which report is being amended.		

**IMPORTANT: Report only those expenditures that pertain to the Special Election for Senate District 19**

**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-1  
CANDIDATE(S) SUPPORTED/OPPOSED**

- Please list all candidates that were the subject of the communication.
- If more than one candidate was the subject of the expense, allocate the expense among the candidates.

Office sought by candidate (including district #)	Candidate's name	Indicate whether the expense was made in support of or in opposition to the candidate	Amount expended this reporting period for each candidate
<b>Total expenses for all candidates this reporting period.</b> <i>This amount should equal the total expenses listed on Schedule B-2, Line C. =&gt;</i>			

**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 Type			
LIT	Printing and Graphics (flyers, signs, palmcards, etc.)	PRT	Print media ads only (newspaper, magazine)
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
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>				