

REPORT OF COMMUNICATION COSTS BY CORPORATIONS AND MEMBERSHIP ORGANIZATIONS

1. (a) NAME OF ORGANIZATION (b) ADDRESS (Number and Street) (c) CITY, STATE AND ZIP CODE	2. IDENTIFICATION NUMBER (Assigned by FEC) 3. TYPE OF ORGANIZATION (Check Appropriate Box) <input type="checkbox"/> Corporation <input type="checkbox"/> Trade Association <input type="checkbox"/> Labor Organization <input type="checkbox"/> Cooperative <input type="checkbox"/> Membership Organization <input type="checkbox"/> Corporation without capital stock
4. TYPE OF REPORT (Check One): (a) <input type="checkbox"/> April 15 Quarterly Report <input type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> October 15 Quarterly Report <input type="checkbox"/> January 31 Year End Report <input type="checkbox"/> 12 Day Pre-General Election Report held on _____ in the State of _____. (date) (b) Is this Report an Amendment? <input type="checkbox"/> YES <input type="checkbox"/> NO	
5. THIS REPORT COVERS THE PERIOD _____ THROUGH _____	

SUMMARY OF COMMUNICATION COSTS

Type of Communication	Class or Category Communicated With	Date(s) of Communication	Check One		Identify Candidate, Office Sought, District and State, and Whether for Primary or General Election	Cost of Communication (Per Candidate)
			Support	Oppose		
<input type="checkbox"/> Direct Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Telegram <input type="checkbox"/> Other: _____ (Specify)	<input type="checkbox"/> Executive/ Administrative Personnel <input type="checkbox"/> Stockholders <input type="checkbox"/> Members					
<input type="checkbox"/> Direct Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Telegram <input type="checkbox"/> Other: _____ (Specify)	<input type="checkbox"/> Executive/ Administrative Personnel <input type="checkbox"/> Stockholders <input type="checkbox"/> Members					

(NOTE: For additional communications, attach separate sheets containing the same information as above.)

TOTAL COMMUNICATION COSTS FOR THIS PERIOD \$ _____

I certify that I have examined this report and, to the best of my knowledge and belief, it is true, correct and complete.

_____ _____ _____
 Type or Print Name Signature and Title of Person Designated to Sign This Report Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this report to penalties of 52 U.S.C. §30109.

WHERE TO FILE:

Federal Election Commission
 1050 First Street, N.E.
 Washington, D.C. 20463
 (reports shipped via FedEx, UPS or DHL
 should use the ZIP code 20002)

FOR FURTHER INFORMATION CONTACT:

Federal Election Commission
 Toll Free: 800-424-9530
 Local: 202-694-1100