

**LIMITED TARIFF BENEFIT DISCLOSURE STATEMENT**

Provide a signed hard copy to the Clerk of the Senate Committee on Finance located at 219 Dirksen SOB and a PDF version sent via email to [mjb2009@finance.legis.state.ill.gov](mailto:mjb2009@finance.legis.state.ill.gov) not later than five business days after the date of introduction of the bill. *Please be aware that this form will be made available to the public, media, and any other interested parties.*

**Part I.** This form is being submitted for S. 2583, which I introduced in the Senate on October 30, 2009. If the bill referenced above is a modification of a previously introduced bill to reflect technical changes, please indicate the previous bill number here: S. n/a.

**Part II.** Please indicate the type of disclosure below: (Please check one only)  
 The bill referenced in Part I is reasonably anticipated to benefit 10 or fewer individuals or entities, and as such constitutes a Limited Tariff Benefit. (Complete Part III)  
 The bill referenced in Part I is reasonably anticipated to benefit more than 10 individuals or entities, and as such does not constitute a Limited Tariff Benefit.

**Part III.** Provide the information below in subparts A, B, and C if the bill referenced above is a Limited Tariff Benefit.

**A. Anticipated Beneficiaries:**

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Purpose of the Limited Tariff Benefit:**

N/A  
\_\_\_\_\_  
\_\_\_\_\_

**C. Financial Benefit Certification**

I hereby certify that neither I nor my immediate family has a financial interest in the above described limited tariff benefit.

\_\_\_\_\_  
(Member Signature)  
Senator John Cornyn

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print Member name)