

ORIGINAL



POLITICAL COMMITTEE CITY OF MESA CAMPAIGN FINANCE REPORT (2008 General Election)

FOR OFFICE USE ONLY
MESA CITY CLERK
2008 APR 10 AM 10:13

1. Alex Finter For Mesa City Council dist 2
Full Name of Committee

2448 E Fairview Cir
Address

Mesa 85204 Maricopa 480-924-0443
City Zip Code County Phone #

2. _____
Sponsoring Organization or Candidate and Office

Name of Candidate and Office Sought (if applicable)

afinter1@cox.net _____
E-Mail Address Fax #

3A. ID #

4. REPORTING PERIOD (Please check appropriate box)

DEADLINE

- Pre-Primary Election Report - For Period of January 1, 2008 thru February 20, 2008.....February 21, 2008 thru February 28, 2008
- Post-Primary Election Report - For Period of February 21, 2008 thru March 31, 2008.....April 1, 2008 thru April 10, 2008
- Pre-General Election Report - For Period of April 1, 2008 thru April 30, 2008.....May 1, 2008 thru May 8, 2008
- Post-General Election Report - For Period of May 1, 2008 thru June 9, 2008.....June 10, 2008 thru June 19, 2008
- January 31 Report - For Period of June 10, 2008 thru December 31, 2009.....January 1, 2010 thru January 31, 2010

5. SUMMARY	COLUMN A Total This Reporting Period	COLUMN B Election Period Total to Date
5a. Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)		0
5b. Cash on Hand at the Beginning of this Reporting Period	7,637.55	
5c. Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	3,835.00	34,075
5d. Subtotal (add Lines b and c for Column A and add lines a and c for Column B)	11,472.55	
6a. Total Debts and Obligations from Previous Campaign Committee at Beginning of this Election Period (or at time Statement of Organization was filed for the new committee) [Do not add or subtract this line from other lines]		0
6b. Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	11,351.55	33,954.00
7. Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	121.00	121.00



DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

1. Committee Name: Alex Finler for Mesa City Council District 2 2 ID#
 3. Report Covering Period From Feb 20th 2008 thru March 31 2008

RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4. Contributions Other than Loans and In-kind:		
(a) Individuals - More than \$25 (Total from Schedule A)	3,820.00	14,580.00
(b) Individuals - Aggregate \$25 or Less (Total from Schedule A-1)	15.00	15.00
(c) Political Committees (Total from Schedule B)	0	2,710.00
(d) Subtotal Contributions (Add 4[a], 4[b], and 4[c])	3,835.00	17,305.00
(e) Refund of Contributions (Total from Schedule F-2)	0	0
(f) Total Contributions Other than Loans and In-kind (subtract 4[e] from 4[d])	3,835.00	17,305.00
5. (a) Loans Made or Guaranteed by Candidate (Total from Schedule C)	0	16,770.00
(b) All Other Loans (Total from Schedule C-1)	0	0
(c) Total Loans (Add 5[a] and 5[b])	0	16,770.00
6. In-kind Contributions (Total from Schedule E)	0	0
7. Dividends, Interest, and Other Forms of Receipts (Total from Schedule F-1)	0	0
8. Total Receipts (Add 4[f], 5[c], 6, and 7)	3,835.00	34,075
QUALIFYING CONTRIBUTION RECEIPTS		
Qualifying Contributions of \$5 from Individuals (Total from Schedule A-2)	0	0
DISBURSEMENTS		
9. Expenditures for Operating Expenses (Total from Schedule D)	14.00	22,616.45
10. Independent Expenditures (Total from Schedule D-1)	0	0
11. Value of In-kind Expenditures (total from Schedule E)	0	0
12. Loans Made by Reporting Committee (Total from Schedule D-2)	0	0
13. (a) Repayment of Loans Made or Guaranteed by Candidate (Total from Schedule D-4)	11,337.55	11,337.55
(b) Repayment of all Other Loans (Total from Schedule D-5)	0	0
(c) total Loan Repayment (Add 13[a] and 13[b])	11,337.55	11,337.55
14. Transfers to Other Political Committees (Total from Schedule D-6)	0	0
15. Any Other Disbursement (Total from Schedule D-7)	0	0
16. Subtotal Disbursements (Add Lines 9, 10, 11, 12, 13[c], 14 and 15)	11,351.55	33,954.00
17. Rebates, Refunds and Other Offsets to Operating Expenses (Total from Schedule D-3)	0	0
18. Total Disbursements (Subtract Line 17 from Line 16)	11,351.55	33,954.00
19. Total Outstanding Debts Owed by Reporting Candidate or Political Committee (Schedule F-3)	0	

20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to the best of my knowledge and belief it is true and complete.

Dee Burton
Type or Print Name of Treasurer

Dee Burton
Signature of Treasurer or Candidate or Designated Individual

4-10-08
Date



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CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Alex Finkler For Mesa City Council #2
3. Report covering period from Feb 21 08 thru March 31st

2. ID #

4.	CONTRIBUTIONS		DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	IDENTITY OF CONTRIBUTOR AND DATE RECEIVED				
4a.	LAST	FIRST	2-25-08	100.00	100.00
	Morrison Thomas E				
	STREET ADDRESS 616 W San Marcos				
	CITY	STATE			
	Chandler	AZ	85225		
	OCCUPATION	EMPLOYER			
	Administrator	Schaller Anderson Health Insurance			
4b.	LAST	FIRST	2-26-08	390.00	390.00
	Cohn Andrew				
	STREET ADDRESS 5420 E Montecito Ave				
	CITY	STATE			
	Phx	AZ	85018		
	OCCUPATION	EMPLOYER			
	Broker	Andrew Cohn Limited			
4c.	LAST	FIRST	2-25-08	390.00	390.00
	Levine Polly				
	STREET ADDRESS 3104 E Camelback RD				
	CITY	STATE			
	Phx	AZ	85016		
	OCCUPATION	EMPLOYER			
	Housewife				
4d.	LAST	FIRST	2-28-08	390.00	390.00
	Levine William				
	STREET ADDRESS 1702 E Highland # 310				
	CITY	STATE			
	Phx	AZ	85016		
	OCCUPATION	EMPLOYER			
	Co-founder	Outdoor Systems			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (If last page of Schedule A, transfer total to Detailed Summary Page Line 4(a), Column A)				

* If contributions of \$25 or less are listed with contributor's name, address, occupation, and employer on Schedule A do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.



CITY OF MESA

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CONTRIBUTIONS of \$25 or less - AGGREGATE TOTAL*

Schedule A-1

1. Committee Name Alex Finkler for Mesa City Council #2

2. ID #

3. Report covering period from Feb 21-08 thru March 31-08

4.	Aggregate Total of Contributions of \$25 or less	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	DESCRIPTION		
	Paul S Frizane 3020 E Main # 1431 Mesa AZ 85213	15.00	15.00
5.	TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]		15.00
6.	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]		

* If contributions of \$25 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule.

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CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A



1. Committee Name Alex Finer for Mesa City Council #2
3. Report covering period from Feb 21 08 thru March 31 08

2. ID #

4.	CONTRIBUTIONS		DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
	IDENTITY OF CONTRIBUTOR AND DATE RECEIVED					
4a.	LAST	FIRST	MI	3-6-08	390.00	390.00
	Rang Wendy W					
	STREET ADDRESS 6224 E Calle Rosa					
	CITY	STATE	ZIP CODE			
	Scottsdale	Az	85251			
	OCCUPATION	EMPLOYER				
	Housewife					
4b.	LAST	FIRST	MI	2-21-08	390.00	390.00
	Yount Larry K					
	STREET ADDRESS 5701 E Mockingbird					
	CITY	STATE	ZIP CODE			
	P.V.	Az	85253			
	OCCUPATION	EMPLOYER				
	executive	Lky development				
4c.	LAST	FIRST	MI	2-22-08	100.00	100.00
	Shields Billy E					
	STREET ADDRESS 7201 N Central ave					
	CITY	STATE	ZIP CODE			
	Phx	Az	85020			
	OCCUPATION	EMPLOYER				
	Consultant	Public policy partners				
4d.	LAST	FIRST	MI	2-22-08	340.00	340.00
	Polich Philip J.					
	STREET ADDRESS 8501 N scottsdale RD 125					
	CITY	STATE	ZIP CODE			
	scottsdale	Az	85253			
	OCCUPATION	EMPLOYER				
	executive	callup financial				
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (if last page of Schedule A, transfer total to Detailed Summary Page Line 4(a), Column A)					

* If contributions of \$25 or less are listed with contributor's name, address, occupation, and employer on Schedule A do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

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CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A



1. Committee Name Alex Finkler for Mesa City Council #2
 3. Report covering period from Feb 21 08 thru March 31 08

2. ID #

4.	CONTRIBUTIONS			DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	IDENTITY OF CONTRIBUTOR AND DATE RECEIVED					
4a.	LAST <u>Randy</u>	FIRST <u>Jay</u>	MI <u>T</u>	<u>2-25-08</u>	<u>100.00</u>	<u>100.00</u>
STREET ADDRESS <u>2419 W Alamo Dr</u>						
CITY <u>Chandler</u>		STATE <u>Az</u>	ZIP CODE <u>85224</u>			
OCCUPATION <u>Administrator</u>		EMPLOYER <u>Schaller Anderson Health Insurance</u>				
4b.	LAST <u>Kelly</u>	FIRST <u>Thomas</u>	MI <u>h</u>	<u>2-29-08</u>	<u>100.00</u>	<u>100.00</u>
STREET ADDRESS <u>1326 N Central Ave #409</u>						
CITY <u>Phx</u>		STATE <u>Az</u>	ZIP CODE <u>85004</u>			
OCCUPATION <u>CEO</u>		EMPLOYER <u>Schaller Anderson Health Insurance</u>				
4c.	LAST <u>Besh</u>	FIRST <u>Mark</u>	MI <u>A</u>	<u>2-27-08</u>	<u>200.00</u>	<u>200.00</u>
STREET ADDRESS <u>6230 N 51st place</u>						
CITY <u>P.U.</u>		STATE <u>Az</u>	ZIP CODE <u>85253</u>			
OCCUPATION <u>President</u>		EMPLOYER <u>Schaller Anderson Health Insurance</u>				
4d.	LAST <u>Aronovitch</u>	FIRST <u>Stanley</u>	MI	<u>2-25-08</u>	<u>100.00</u>	<u>100.00</u>
STREET ADDRESS <u>3132 E San Juan Ave</u>						
CITY <u>Phx</u>		STATE <u>Az</u>	ZIP CODE <u>85016</u>			
OCCUPATION <u>Administrator</u>		EMPLOYER <u>Schaller Anderson Insurance</u>				
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (If last page of Schedule A, transfer total to Detailed Summary Page Line 4(a), Column A)					

* If contributions of \$25 or less are listed with contributor's name, address, occupation, and employer on Schedule A do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.



CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Alan Finkler for Mesa City Council #2
 3. Report covering period from Feb 21-08 thru March 31-08

2. ID #

4.	CONTRIBUTIONS			DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	IDENTITY OF CONTRIBUTOR AND DATE RECEIVED					
4a.	LAST	FIRST	MI	4-3-08	390.00	390.00
	Colihan Robyn					
	STREET ADDRESS 4501 E Arlington RD					
	CITY	STATE	ZIP CODE			
	Phoenix	AZ	85018			
	OCCUPATION executive		EMPLOYER LKY development			
4b.	LAST	FIRST	MI	4-4-08	390.00	390.00
	Hock Richard					
	STREET ADDRESS 10221 N 52nd St					
	CITY	STATE	ZIP CODE			
	P.O.	AZ	85253			
	OCCUPATION Retired		EMPLOYER _____			
4c.	LAST	FIRST	MI			
	STREET ADDRESS					
	CITY	STATE	ZIP CODE			
	OCCUPATION		EMPLOYER			
4d.	LAST	FIRST	MI			
	STREET ADDRESS					
	CITY	STATE	ZIP CODE			
	OCCUPATION		EMPLOYER			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (If last page of Schedule A, transfer total to Detailed Summary Page Line 4(a), Column A)				\$ 3,820	14,580.00

* If contributions of \$25 or less are listed with contributor's name, address, occupation, and employer on Schedule A do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.



CONTRIBUTIONS FROM POLITICAL COMMITTEES

Schedule B

1. Committee Name Alex Finkler for Mesa City Council #2
 3. Report covering period from Feb 21-08 thru March 31-08

2. ID #

	CONTRIBUTIONS		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	IDENTITY OF CONTRIBUTOR AND DATE RECEIVED			
a.	ID #	NAME, ADDRESS, CITY, STATE, AND ZIP CODE		
	DATE RECEIVED			
b.	ID #	NAME, ADDRESS, CITY, STATE, AND ZIP CODE		
	DATE RECEIVED			
c.	ID #	NAME, ADDRESS, CITY, STATE, AND ZIP CODE		
	DATE RECEIVED			
d.	ID #	NAME, ADDRESS, CITY, STATE, AND ZIP CODE		
	DATE RECEIVED			
e.	ID #	NAME, ADDRESS, CITY, STATE, AND ZIP CODE		
	DATE RECEIVED			
f.	ID #	NAME, ADDRESS, CITY, STATE, AND ZIP CODE		
	DATE RECEIVED			
g.	ID #	NAME, ADDRESS, CITY, STATE, AND ZIP CODE		
	DATE RECEIVED			
h.	ID #	NAME, ADDRESS, CITY, STATE, AND ZIP CODE		
	DATE RECEIVED			
i.	ID #	NAME, ADDRESS, CITY, STATE, AND ZIP CODE		
	DATE RECEIVED			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE B [If last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]		0	



CANDIDATE LOANS

Schedule C

1. Committee Name _____

3. Report covering period from _____ thru _____

2. ID #

4.	LOANS MADE OR GUARANTEED BY CANDIDATE	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME AND ADDRESS FROM WHICH RECEIVED			
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP CODE			
	DESCRIPTION			
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP CODE			
	DESCRIPTION			
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP CODE			
	DESCRIPTION			
4d.	NAME, ADDRESS, CITY, STATE, AND ZIP CODE			
	DESCRIPTION			
4e.	NAME, ADDRESS, CITY, STATE, AND ZIP CODE			
	DESCRIPTION			
4f.	NAME, ADDRESS, CITY, STATE, AND ZIP CODE			
	DESCRIPTION			
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5)a_ Column A]			



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OTHER LOANS

Schedule C-1

1. Committee Name _____
3. Report covering period from _____ thru _____

2. ID # _____

4.	ALL OTHER LOANS	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID # AND ADDRESS OF THE POLITICAL COMMITTEE) OF LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN			
4a.	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID # NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID # DESCRIPTION			
4b.	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID # NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID # DESCRIPTION			
4c.	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID # NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID # DESCRIPTION			
4d.	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID # NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID # DESCRIPTION			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 (If last page of Schedule C-1, transfer total to Detailed Summary Page, Line 5(b), Column A)			



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EXPENDITURES FOR OPERATING EXPENSES*

Schedule D

1. Committee Name Alex Finkler for Mesa City Council

2. ID #

3. Report covering period from Feb 21-08 thru March 31-08

4.	EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP <u>Wells Fargo</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Bank Fees</u>	<u>2-29-08</u>	<u>2.00</u>
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP <u>Wells Fargo</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Bank Fees</u>	<u>3-29-08</u>	<u>2.00</u>
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP <u>Wells Fargo</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Bank Fees</u>	<u>3-29-08</u>	<u>12.00</u>
4d.	NAME, ADDRESS, CITY, STATE, AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4e.	NAME, ADDRESS, CITY, STATE, AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4f.	NAME, ADDRESS, CITY, STATE, AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4g.	NAME, ADDRESS, CITY, STATE, AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D (If last page of Schedule D, transfer total to Detailed Summary Page Line 9, Column A)		<u>14.00</u>

* Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit



INDEPENDENT EXPENDITURES*

Schedule **D-1**

1. Committee Name _____

2. ID # _____

3. Report covering period from _____ thru _____

4.	INDEPENDENT EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED		
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted [] Opposed []		
	CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted [] Opposed []		
	CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted [] Opposed []		
	CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 (If last page of Schedule D-1, transfer total to Detailed Summary Page Line 9, Column A)		

* SEE A.R.S. § 16-901(14)

I certify, under penalty of perjury, that the above stated independent expenditure(s) was/were not made in cooperation, consultation or concert with or at the request or suggestion of any candidate or any campaign committee or agent of that candidate,

Signature of Treasurer

NAMES, OCCUPATIONS, AND EMPLOYERS AND AMOUNTS CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WITHIN THE LAST SIX MONTHS	AMOUNT

Page __ of __

REV. 8/00



CITY OF MESA

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LOANS MADE BY REPORTING COMMITTEE

Schedule D-2

1. Committee Name _____

2. ID #

3. Report covering period from _____ thru _____

4.	LOANS MADE BY THE REPORTING COMMITTEE	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	NAME, ADDRESS, AND ID # OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 (If last page of Schedule D-2, transfer total to Detailed Summary Page Line 12, Column A)		



OFFSETS TO OPERATING EXPENSES *

Schedule **D-3**

1. Committee Name _____

2. ID #

3. Report covering period from _____ thru _____

4.	REBATES, REFUNDS, AND OTHER OFFSETS TO OPERATING EXPENSES	DATE REFUND RECEIVED	AMOUNT OF THE REFUND
	NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED		
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4e.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4f.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4g.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 (If last page of Schedule D-3, transfer total to Detailed Summary Page Line 17, Column A)		

* Includes return of contributions made by reporting committee



CITY OF MESA

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REPAYMENT OF CANDIDATE LOANS

Schedule D-4

1. Committee Name Alex Finter for Mesa City Council #2
3. Report covering period from Feb-21-08 thru March-31-08

2. ID #

4.	REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
	NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID # <u>Alex Finter</u> <u>2448 E Fairview Cir</u> <u>Mesa AZ 85204</u>		<u>1,837.55</u>
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID # <u>Alex Finter</u> <u>2448 E Fairview Cir</u> <u>Mesa AZ 85204</u>		<u>2,500.00</u>
4c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID # <u>Alex Finter</u> <u>2448 E Fairview Cir</u> <u>Mesa AZ 85204</u>		<u>7,000.00</u>
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 (If last page of Schedule D-4, transfer total to Detailed Summary Page Line 13(a), Column A)	<u>\$</u>	<u>11,337.55</u>



REPAYMENT OF ALL OTHER LOANS

Schedule D-5

1. Committee Name _____

2. ID #

3. Report covering period from _____ thru _____

4.	REPAYMENT OF ALL OTHER LOANS	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID # AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 (if last page of Schedule D-5, transfer total to Detailed Summary Page Line 13(B), Column A)		



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TRANSFERS TO OTHER POLITICAL COMMITTEES

Schedule **D-6**

1. Committee Name _____

2. ID # _____

3. Report covering period from _____ thru _____

4.	TRANSFERS MADE BY THE REPORTING COMMITTEE	DATE TRANSFER MADE	AMOUNT OF THE TRANSFER
	NAME, ADDRESS, AND ID # TO WHOM TRANSFER (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 (If last page of Schedule D-6, transfer total to Detailed Summary Page Line 14, Column A)		



ANY OTHER DISBURSEMENT

Schedule **D-7**

1. Committee Name _____

2. ID #

3. Report covering period from _____ thru _____

4.	ANY OTHER DISBURSEMENT	DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
	NAME, ADDRESS, AND ID # OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
	DESCRIPTION		
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
	DESCRIPTION		
4c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
	DESCRIPTION		
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
	DESCRIPTION		
4e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
	DESCRIPTION		
4f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
	DESCRIPTION		
4g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
	DESCRIPTION		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 (If last page of Schedule D-7, transfer total to Detailed Summary Page Line 15, Column A)		



IN-KIND CONTRIBUTIONS and EXPENDITURES

Schedule E

1. Committee Name _____

2. ID # _____

3. Report covering period from _____ thru _____

4.	IN-KIND CONTRIBUTIONS and EXPENDITURES		DATE	FAIR MARKET VALUE
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS, AND ID # OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN			
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #	CONTRIBUTION [] EXPENDITURE []		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #	CONTRIBUTION [] EXPENDITURE []		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
4c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #	CONTRIBUTION [] EXPENDITURE []		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #	CONTRIBUTION [] EXPENDITURE []		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
4e.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E (If last page of Schedule E, transfer total to Detailed Summary Page Line 6, Column A)			
5.	ENTER TOTAL IN-KIND EXPENDITURES ONLY IF LAST PAGE OF SCHEDULE E (If last page of Schedule E, transfer total to Detailed Summary Page Line 11, Column A)			



DIVIDENDS, INTEREST, AND OTHER RECEIPTS

Schedule **F-1**

1. Committee Name _____

2. ID #

3. Report covering period from _____ thru _____

4. DIVIDENDS, INTEREST, AND OTHER FORMS OF RECEIPTS		DATE AMOUNT RECEIVED	AMOUNT OF THE RECEIPT
NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID # OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED			
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
	DESCRIPTION OF RECEIPT		
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
	DESCRIPTION		
4c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
	DESCRIPTION OF RECEIPT		
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
	DESCRIPTION OF RECEIPT		
4e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
	DESCRIPTION OF RECEIPT		
4f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
	DESCRIPTION OF RECEIPT		
4g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
	DESCRIPTION OF RECEIPT		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 (If last page of Schedule F-1, transfer total to Detailed Summary Page Line 7, Column A)		



CITY OF MESA
Great People, Quality Service!
OFFICE OF CITY CLERK

OFFSETS TO CONTRIBUTIONS RECEIVED*

Schedule F-2

1. Committee Name _____

2. ID # _____

3. Report covering period from _____ thru _____

4.	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED	DATE REFUND MADE	AMOUNT OF THE REFUND
	NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID # OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
	DESCRIPTION OF REFUND		
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
	DESCRIPTION OF REFUND		
4c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
	DESCRIPTION OF REFUND		
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
	DESCRIPTION OF REFUND		
4e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
	DESCRIPTION OF REFUND		
4f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
	DESCRIPTION OF REFUND		
4g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
	DESCRIPTION OF REFUND		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-2 (If last page of Schedule F-2, transfer total to Detailed Summary Page Line 4(e), Column A)		

* Includes return of contributions received by reporting committee



DEBTS AND OBLIGATIONS (Excluding Loans)

Schedule F-3

1. Committee Name _____

2. ID #

3. Report covering period from _____ thru _____

4.	DEBTS AND OBLIGATIONS	OUTSTANDING BALANCE BEGIN- NING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID # OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED				
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #				
	DESCRIPTION OF DEBT				
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #				
	DESCRIPTION OF DEBT				
4c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #				
	DESCRIPTION OF DEBT				
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #				
	DESCRIPTION OF DEBT				
4e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #				
	DESCRIPTION OF DEBT				
4f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #				
	DESCRIPTION OF DEBT				
4g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #				
	DESCRIPTION OF DEBT				
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-3 (If last page of Schedule F-3, transfer total to Detailed Summary Page Line 19, Column A)				