

**POLITICAL COMMITTEE**  
**CITY/TOWN OF**  
**CAMPAIGN FINANCE REPORT**

August 28, 2012 Primary Election  
 November 6, 2012 General Election (if necessary)

FOR OFFICE USE ONLY

MESA CITY CLERK

2012 SEP 27 AM 9: 03

1. Re-Elect Alex Finter

Full Name of Committee  
2448 E Fairview Cir

Address  
Mesa 85204 Maricopa 480-924-0443

City ZIP Code County Phone

2. Alex Finter Councilmember District 2

Sponsoring Organization or Candidate and office

Name of Candidate and Office Sought (if applicable)  
alexfinter@gmail.com

E-Mail Address Fax #

3A. ID#

CAN12-05

4. **REPORTING PERIOD** (Please check appropriate box) **DUE BETWEEN**

January 31 Report - For Period of November 23, 2010 thru December 31, 2011 ..... January 1, 2012 and January 31, 2012

June 30 Report - For Period of January 1, 2012 thru May 31, 2012 ..... June 1, 2012 and June 30, 2012

Pre-Primary Election Report - For Period of June 1, 2012 thru August 16, 2012 ..... August 17, 2012 and August 24, 2012

Post-Primary Election Report - For Period of August 17, 2012 thru September 17, 2012 ..... September 18, 2012 thru September 27, 2012

Pre-General Election Report - For Period of September 18, 2012 thru October 25, 2012 ..... October 26, 2012 and November 2, 2012

Post-General Election Report - For Period of October 26, 2012 thru November 26, 2012 ..... November 27, 2012 and December 6, 2012

January 31, Report - For Period of November 27, 2012 thru December 31, 2013 ..... January 1, 2014 and January 31, 2014

| 5. SUMMARY  | Column A<br>Total This Reporting<br>Period | Column B<br>Election Period<br>Total To Date |
|---|--|--|
| 5a Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)  |  |  |
| 5b Cash on Hand at the Beginning of this Reporting Period   | 2917.50                                    |  |
| 5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)   | 200.00                                     | 2,320.00                                     |
| 5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]   | 3,117.50                                   | 4,190.00                                     |
| 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 the other lines] |  | 0  |
| 6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)   | 27.00                                      | 1,099.50<br><del>1,099.50</del>              |
| 7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]  | 3,090.50                                   | 3,090.50                                     |

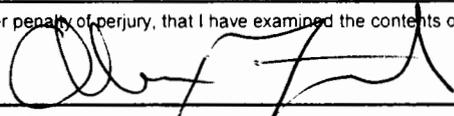
**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

1. Committee Name: Re-elect Alex Finter  
 3. Report covering period from \_\_\_\_\_ Thru \_\_\_\_\_

2. ID# \_\_\_\_\_

| RECEIPTS  | COLUMN A<br>THIS PERIOD | COLUMN B<br>CAMPAIGN TO DATE |
|---|-------------------------|------------------------------|
| 4. Contributions other than loans and in-kind:  | 0                       | 0                            |
| (a) Individuals - more than \$25 (Total from Schedule A)                                      | 200.00                  | 200.00                       |
| (b) Individuals - aggregate \$25 or less (Total from Schedule A-1)                            | 0                       | 0                            |
| (c) Political Committees (Total from Schedule B)  | 0                       | 2,120.00                     |
| (d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]   | 0                       | 0                            |
| (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)]                | 200.00                  | 2,320.00                     |
| 5. (a) Loans made or guaranteed by candidate (Total from Schedule C)                          | 0                       | 0                            |
| (b) All other loans (Total from Schedule C-1)   | 0                       | 0                            |
| (c) Total Loans [add 5(a) and 5(b)]   | 0                       | 0                            |
| 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]  | 200.00                  | 2,320.00                     |
| <b>QUALIFYING CONTRIBUTION RECEIPTS</b>   |                         |                              |
| Qualifying Contributions of \$5 from Individuals (Total from Schedule A2)                     | 0                       | 0                            |
| <b>DISBURSEMENTS</b>  |                         |                              |
| 9. Expenditures for operating expenses (Total from Schedule D)                                | 0                       | 0                            |
| 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)          | 0                       | 0                            |
| (b) Repayment of all other loans (Total from Schedule D-5)                                    | 0                       | 0                            |
| (c) Total Loan Repayments [add 13(a) and 13(b)]   | 0                       | 0                            |
| 14. Transfers to other political committees (Total from Schedule D-6)                         | 0                       | 0                            |
| 15. Any other disbursement (Total from Schedule D-7)  | 27.00                   | 145.50                       |
| 16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]                       | 27.00                   | 145.00                       |
| 17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)        |                         |                              |
| 18. Total disbursements [subtract line 17 from line 16]                                       | 27.00                   | 145.00                       |
| 19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3) |                         |                              |

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.



Type or Print Name of Treasurer: Alex Finter

Signature of Treasurer or Candidate or Designating Individual: \_\_\_\_\_ Date: 9-25-12

CONTRIBUTIONS more than \$25 - from INDIVIDUALS\*

SCHEDULE A

2. ID #

1 Committee Name Re-Elect Alex Finter

3 Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

| 4  | CONTRIBUTIONS  | DATE RECEIVED | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|----|--|---------------|-----------------------------|--|
|    | NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR  |               |                             |  |
| 4a | LAST <u>Pew</u> FIRST <u>Ralph</u> MI <u>W</u><br>STREET ADDRESS <u>1757 E Indigo st</u><br>CITY <u>Mesa</u> STATE <u>Az</u> ZIP <u>85203</u><br>OCCUPATION <u>lawyer</u> EMPLOYER <u>SELF</u> | 8-27-12       | 100.00                      | 100.00                                 |
| b  | LAST <u>lake</u> FIRST <u>Sean</u> MI<br>STREET ADDRESS <u>2448 E Melrose</u><br>CITY <u>Mesa</u> STATE <u>Az</u> ZIP <u>85203</u><br>OCCUPATION <u>lawyer</u> EMPLOYER <u>SELF</u>            | 8-27-12       | 100.00                      | 100.00                                 |
| c  | LAST _____ FIRST _____ MI _____<br>STREET ADDRESS _____<br>CITY _____ STATE _____ ZIP _____<br>OCCUPATION _____ EMPLOYER _____   |               |                             |  |
| d  | LAST _____ FIRST _____ MI _____<br>STREET ADDRESS _____<br>CITY _____ STATE _____ ZIP _____<br>OCCUPATION _____ EMPLOYER _____   |               |                             |  |
| e  | LAST _____ FIRST _____ MI _____<br>STREET ADDRESS _____<br>CITY _____ STATE _____ ZIP _____<br>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(z), Column A]  |               | 200.00                      | 300.00                                 |

\*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 of \$25 or less - AGGREGATE TOTAL\***

**SCHEDULE A-1**

2. ID #

1. Committee Name \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

**4. Aggregate Total of Contributions of \$25 or less**

| DESCRIPTION   | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE  |  |
|---|-----------------------------|---|--|
|   |                             |   |  |
| 5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A] |                             | 6. CUMMULATIVE 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. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

# CONTRIBUTIONS FROM POLITICAL COMMITTEES

# SCHEDULE B

|         |
|---------|
| 2. ID # |
|---------|

1. Committee Name \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

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

**CANDIDATE LOANS**

**SCHEDULE C**

|     |  |               |                 |  |
|-----|--|---------------|-----------------|--|
| 1.  | Committee Name   | 2. ID #       |                 |  |
| 3.  | Report covering period from _____ thru _____   |               |                 |  |
| 4.  | <b>LOANS MADE OR GUARANTEED BY CANDIDATE</b>   | DATE RECEIVED | AMOUNT RECEIVED | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|     | NAME AND ADDRESS FROM WHOM RECEIVED  |               |                 |  |
| 4a. | NAME, ADDRESS, CITY, STATE, AND ZIP  |               |                 |  |
|     | DESCRIPTION  |               |                 |  |
| b.  | NAME, ADDRESS, CITY, STATE, AND ZIP  |               |                 |  |
|     | DESCRIPTION  |               |                 |  |
| c.  | NAME, ADDRESS, CITY, STATE, AND ZIP  |               |                 |  |
|     | DESCRIPTION  |               |                 |  |
| d.  | NAME, ADDRESS, CITY, STATE, AND ZIP  |               |                 |  |
|     | DESCRIPTION  |               |                 |  |
| e.  | NAME, ADDRESS, CITY, STATE, AND ZIP  |               |                 |  |
|     | DESCRIPTION  |               |                 |  |
| f.  | NAME, ADDRESS, CITY, STATE, AND ZIP  |               |                 |  |
|     | DESCRIPTION  |               |                 |  |
| 5.  | ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C<br>[If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A] |               |                 |  |

# OTHER LOANS

# SCHEDULE C1

1 Committee Name \_\_\_\_\_

2. ID # \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

| 4  | ALL OTHER LOANS  | DATE<br>LOAN RECEIVED | AMOUNT<br>OF LOAN | CUMULATIVE<br>TOTAL THIS<br>CAMPAIGN<br>TO DATE |
|----|--|-----------------------|-------------------|---|
|    | NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR 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(a), Column A] |                       |                   |   |

# EXPENDITURES FOR OPERATING EXPENSES\*

# SCHEDULE D

2. ID #

1. Committee Name \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

| 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  |                       |                           |
|    | DESCRIPTION OF ITEMS OR SERVICES PURCHASED  |                       |                           |
| b  | NAME, ADDRESS, CITY, STATE AND ZIP  |                       |                           |
|    | DESCRIPTION OF ITEMS OR SERVICES PURCHASED  |                       |                           |
| c  | NAME, ADDRESS, CITY, STATE AND ZIP  |                       |                           |
|    | DESCRIPTION OF ITEMS OR SERVICES PURCHASED  |                       |                           |
| d  | NAME, ADDRESS, CITY, STATE AND ZIP  |                       |                           |
|    | DESCRIPTION OF ITEMS OR SERVICES PURCHASED  |                       |                           |
| e  | NAME, ADDRESS, CITY, STATE AND ZIP  |                       |                           |
|    | DESCRIPTION OF ITEMS OR SERVICES PURCHASED  |                       |                           |
| f  | NAME, ADDRESS, CITY, STATE AND ZIP  |                       |                           |
|    | DESCRIPTION OF ITEMS OR SERVICES PURCHASED  |                       |                           |
| 5  | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D <i>[if last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A]</i> |                       |                           |

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



# LOANS MADE BY REPORTING COMMITTEE

# SCHEDULE D-2

2. ID #

1. Committee Name \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

| 4  | LOANS MADE BY THE REPORTING COMMITTEE   | DATE<br>LOAN MADE | AMOUNT<br>OF THE LOAN |
|----|---|-------------------|-----------------------|
|    | NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE                                 |                   |                       |
| 4a | NAME, ADDRESS, CITY, STATE, ZIP, AND ID#  |                   |                       |
| b  | NAME, ADDRESS, CITY, STATE, ZIP, AND ID#  |                   |                       |
| c  | NAME, ADDRESS, CITY, STATE, ZIP, AND ID#  |                   |                       |
| d  | NAME, ADDRESS, CITY, STATE, ZIP, AND ID#  |                   |                       |
| e  | NAME, ADDRESS, CITY, STATE, ZIP, AND ID#  |                   |                       |
| f  | NAME, ADDRESS, CITY, STATE, ZIP, AND ID#  |                   |                       |
| g  | NAME, ADDRESS, CITY, STATE, ZIP, AND ID#  |                   |                       |
| h  | NAME, ADDRESS, CITY, STATE, ZIP, AND ID#  |                   |                       |
| i  | NAME, ADDRESS, CITY, STATE, ZIP, AND ID#  |                   |                       |
| 5. | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [Transfer total to Detail Summary Page Line 12, Column A] |                   |                       |

**OFFSETS TO OPERATING EXPENSES \***

**SCHEDULE D-3**

2. ID #

1. Committee Name \_\_\_\_\_

3 Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

| 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  |                      |                      |
| b.   | NAME, ADDRESS, CITY, STATE, AND ZIP  |                      |                      |
|  | DESCRIPTION OF REFUND  |                      |                      |
| c.   | NAME, ADDRESS, CITY, STATE, AND ZIP  |                      |                      |
|  | DESCRIPTION OF REFUND  |                      |                      |
| d.   | NAME, ADDRESS, CITY, STATE, AND ZIP  |                      |                      |
|  | DESCRIPTION OF REFUND  |                      |                      |
| e.   | NAME, ADDRESS, CITY, STATE, AND ZIP  |                      |                      |
|  | DESCRIPTION OF REFUND  |                      |                      |
| f.   | 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   |                      |                      |

# REPAYMENT OF CANDIDATE LOANS

# SCHEDULE D-4

|        |
|--------|
| 2 ID # |
|--------|

1. Committee Name \_\_\_\_\_

3 Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

|     | REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE  | DATE<br>REPAYMENT<br>MADE | AMOUNT<br>OF THE<br>REPAYMENT |
|-----|---|---------------------------|-------------------------------|
|     | NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE  |                           |                               |
| 4a. | NAME, ADDRESS, CITY, STATE, AND ZIP   |                           |                               |
| b.  | NAME, ADDRESS, CITY, STATE, AND ZIP   |                           |                               |
| c.  | NAME, ADDRESS, CITY, STATE, AND ZIP   |                           |                               |
| d.  | NAME, ADDRESS, CITY, STATE, AND ZIP   |                           |                               |
| e.  | NAME, ADDRESS, CITY, STATE, AND ZIP   |                           |                               |
| f.  | NAME, ADDRESS, CITY, STATE, AND ZIP   |                           |                               |
| 5.  | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [Transfer total to Detail Summary Page, Line 13(a), Column A] |                           |                               |

# REPAYMENT OF ALL OTHER LOANS

## SCHEDULE D-5

|         |
|---------|
| 2. ID # |
|---------|

1. Committee Name \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

| 4   | REPAYMENT OF ALL OTHER LOANS  | DATE<br>REPAYMENT<br>MADE | AMOUNT<br>OF THE<br>REPAYMENT |
|-----|---|---------------------------|-------------------------------|
|     | NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE)<br>TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE |                           |                               |
| 4a. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                           |                               |
| b.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                           |                               |
| c.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                           |                               |
| d.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                           |                               |
| e.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                           |                               |
| f.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                           |                               |
| 5.  | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [Transfer total to Detailed Summary Page, Line 13(b), Column A]                     |                           |                               |

# TRANSFERS TO OTHER POLITICAL COMMITTEES

# SCHEDULE D-6

2. ID #

1. Committee Name \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

| 4   | TRANSFERS MADE BY THE REPORTING COMMITTEE   | DATE TRANSFER MADE | AMOUNT OF THE TRANSFER |
|-----|---|--------------------|------------------------|
|     | NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE)<br>TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE |                    |                        |
| 4a. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                    |                        |
| b.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                    |                        |
| c.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                    |                        |
| d.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                    |                        |
| e.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                    |                        |
| f.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                    |                        |
| 5.  | ENTER TOTAL ONLY 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 \_\_\_\_\_

| ANY OTHER DISBURSEMENTS   |  | DATE DISBURSEMENT MADE | AMOUNT OF THE DISBURSEMENT |
|---|--|------------------------|----------------------------|
| NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION                               |  |                        |                            |
| a.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><i>Alliance Bank of Arizona</i> |                        | <i>27.00</i>               |
|   | DESCRIPTION<br><i>Monthly service Fee</i>                                  |                        |                            |
| b.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>                            |                        |                            |
|   | DESCRIPTION<br><br>  |                        |                            |
| c.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>                            |                        |                            |
|   | DESCRIPTION<br><br>  |                        |                            |
| d.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>                            |                        |                            |
|   | DESCRIPTION<br><br>  |                        |                            |
| e.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>                            |                        |                            |
|   | DESCRIPTION<br><br>  |                        |                            |
| 5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [Transfer total to Detailed Summary Page Line 15 Column A] |  |                        | <i>27.00</i>               |

# 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                                      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 65%;">                     CONTRIBUTION <input type="checkbox"/><br/>                     EXPENDITURE <input type="checkbox"/> </td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table> | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION <input type="checkbox"/><br>EXPENDITURE <input type="checkbox"/> | DESCRIPTION |  | OCCUPATION | EMPLOYER |  |  |
| NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION <input type="checkbox"/><br>EXPENDITURE <input type="checkbox"/>   |   |   |             |  |            |          |  |  |
| DESCRIPTION                             |   |   |   |             |  |            |          |  |  |
| OCCUPATION                              | EMPLOYER  |   |   |             |  |            |          |  |  |
| b.                                      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 65%;">                     CONTRIBUTION <input type="checkbox"/><br/>                     EXPENDITURE <input type="checkbox"/> </td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table> | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION <input type="checkbox"/><br>EXPENDITURE <input type="checkbox"/> | DESCRIPTION |  | OCCUPATION | EMPLOYER |  |  |
| NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION <input type="checkbox"/><br>EXPENDITURE <input type="checkbox"/>   |   |   |             |  |            |          |  |  |
| DESCRIPTION                             |   |   |   |             |  |            |          |  |  |
| OCCUPATION                              | EMPLOYER  |   |   |             |  |            |          |  |  |
| c.                                      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 65%;">                     CONTRIBUTION <input type="checkbox"/><br/>                     EXPENDITURE <input type="checkbox"/> </td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table> | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION <input type="checkbox"/><br>EXPENDITURE <input type="checkbox"/> | DESCRIPTION |  | OCCUPATION | EMPLOYER |  |  |
| NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION <input type="checkbox"/><br>EXPENDITURE <input type="checkbox"/>   |   |   |             |  |            |          |  |  |
| DESCRIPTION                             |   |   |   |             |  |            |          |  |  |
| OCCUPATION                              | EMPLOYER  |   |   |             |  |            |          |  |  |
| d.                                      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 65%;">                     CONTRIBUTION <input type="checkbox"/><br/>                     EXPENDITURE <input type="checkbox"/> </td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table> | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION <input type="checkbox"/><br>EXPENDITURE <input type="checkbox"/> | DESCRIPTION |  | OCCUPATION | EMPLOYER |  |  |
| NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION <input type="checkbox"/><br>EXPENDITURE <input type="checkbox"/>   |   |   |             |  |            |          |  |  |
| DESCRIPTION                             |   |   |   |             |  |            |          |  |  |
| OCCUPATION                              | EMPLOYER  |   |   |             |  |            |          |  |  |
| 5                                       | ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E <i>(If last page of Schedule E, transfer total to Detailed Summary Page Line 6, Column A)</i>   |   |   |             |  |            |          |  |  |
| 6                                       | ENTER TOTAL IN-KIND EXPENDITURES ONLY IF LAST PAGE OF SCHEDULE E <i>(If last page of Schedule E, transfer total to Detailed Summary Page Line 11, Column A)</i>   |   |   |             |  |            |          |  |  |

**DIVIDENDS, INTEREST, AND OTHER RECEIPTS**

**SCHEDULE F-1**

2. ID #

1. Committee Name \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

| 4   | DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS   | DATE<br>AMOUNT<br>RECEIVED | AMOUNT<br>OF THE<br>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  |                            |                             |
| b.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                            |                             |
|     | DESCRIPTION OF RECEIPT  |                            |                             |
| c.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                            |                             |
|     | DESCRIPTION OF RECEIPT  |                            |                             |
| d.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                            |                             |
|     | DESCRIPTION OF RECEIPT  |                            |                             |
| e.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                            |                             |
|     | DESCRIPTION OF RECEIPT  |                            |                             |
| f.  | 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)

**OFFSETS TO CONTRIBUTIONS RECEIVED \***

**SCHEDULE F-2**

2. ID # \_\_\_\_\_

1. Committee Name \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

| 4   | REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED  | DATE REFUND MADE | AMOUNT OF THE REFUND |
|---|--|------------------|----------------------|
|   | NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE |                  |                      |
| a.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>DESCRIPTION OF REFUND   |                  |                      |
| b.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>DESCRIPTION OF REFUND   |                  |                      |
| c.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>DESCRIPTION OF REFUND   |                  |                      |
| d.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>DESCRIPTION OF REFUND   |                  |                      |
| e.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>DESCRIPTION OF REFUND   |                  |                      |
| f.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>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<br>BALANCE<br>BEGINNING<br>THIS PERIOD | AMOUNT INCURRED<br>THIS PERIOD | PAYMENT THIS<br>PERIOD | OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|----|---|--|--------------------------------|------------------------|---|
|    | NAME AND ADDRESS OF INDIVIDUAL (OR NAME,<br>ADDRESS AND ID# OF THE POLITICAL<br>COMMITTEE) TO WHOM DEBT IS OWED                                     |  |                                |                        |   |
| a. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |  |                                |                        |   |
|    | DESCRIPTION OF DEBT   |  |                                |                        |   |
| b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |  |                                |                        |   |
|    | DESCRIPTION OF DEBT   |  |                                |                        |   |
| c. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |  |                                |                        |   |
|    | DESCRIPTION OF DEBT   |  |                                |                        |   |
| d. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |  |                                |                        |   |
|    | DESCRIPTION OF DEBT   |  |                                |                        |   |
| e. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |  |                                |                        |   |
|    | DESCRIPTION OF DEBT   |  |                                |                        |   |
| 5. | ENTER TOTAL OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD ONLY IF LAST PAGE OF SCHEDULE F-3 [Transfer total to Detail Summary Page Line 19, Column A] |  |                                |                        |   |