



CITY OF MESA

OFFICE OF CITY CLERK

ORIGINAL

POLITICAL COMMITTEE

CITY OF MESA

CAMPAIGN FINANCE REPORT (2008 General Election)

FOR OFFICE USE ONLY MESA CITY CLERK 2008 APR 10 PM 3:25

1. Chandler Police Pac
Full Name of Committee
930 E Cherrywood Pl
Address
Chandler 85249 Maricopa 480-201-8524
City Zip Code County Phone #
2. CLEA
Sponsoring Organization or Candidate and Office
Name of Candidate and Office Sought (if applicable)
ARMANDO COX NET
E-Mail Address Fax #

3A. ID #
08.4

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

Table with 3 columns: SUMMARY, COLUMN A Total This Reporting Period, COLUMN B Election Period Total to Date. Rows include 5a. Surplus from Previous Campaign, 5b. Cash on Hand at the Beginning, 5c. Total Receipts, 5d. Subtotal, 6a. Total Debts and Obligations, 6b. Total Disbursements, and 7. Cash on Hand at Close of Reporting Period.



DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

1. Committee Name: Chandler Police PAC 2. ID# _____
 3. Report Covering Period From 02/27/08 thru 03/31/08 08-21

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)		\$ 100. ⁰⁰
(b) Individuals - Aggregate \$25 or Less (Total from Schedule A-1)	\$ 945. ⁰⁰	\$ 1575. ⁰⁰
(c) Political Committees (Total from Schedule B)		
(d) Subtotal Contributions (Add 4[a], 4[b], and 4[c])	\$ 945. ⁰⁰	\$ 1675. ⁰⁰
(e) Refund of Contributions (Total from Schedule F-2)		
(f) Total Contributions Other than Loans and In-kind (subtract 4[e] from 4[d])	\$ 945. ⁰⁰	\$ 1675. ⁰⁰
5. (a) Loans Made or Guaranteed by Candidate (Total from Schedule C)		
(b) All Other Loans (Total from Schedule C-1)		
(c) Total Loans (Add 5[a] and 5[b])		
6. In-kind Contributions (Total from Schedule E)		
7. Dividends, Interest, and Other Forms of Receipts (Total from Schedule F-1)		
8. Total Receipts (Add 4[f], 5[c], 6, and 7)	\$ 945. ⁰⁰	\$ 1675. ⁰⁰
QUALIFYING CONTRIBUTION RECEIPTS		
Qualifying Contributions of \$5 from Individuals (Total from Schedule A-2)		
DISBURSEMENTS		
9. Expenditures for Operating Expenses (Total from Schedule D)		
10. Independent Expenditures (Total from Schedule D-1)		
11. Value of In-kind Expenditures (total from Schedule E)		
12. Loans Made by Reporting Committee (Total from Schedule D-2)		
13. (a) Repayment of Loans Made or Guaranteed by Candidate (Total from Schedule D-4)		
(b) Repayment of all Other Loans (Total from Schedule D-5)		
(c) total Loan Repayment (Add 13[a] and 13[b])		
14. Transfers to Other Political Committees (Total from Schedule D-6)	\$ 500. ⁰⁰	\$ 500. ⁰⁰
15. Any Other Disbursement (Total from Schedule D-7)		
16. Subtotal Disbursements (Add Lines 9, 10, 11, 12, 13[c], 14 and 15)	\$ 500. ⁰⁰	\$ 500. ⁰⁰
17. Rebates, Refunds and Other Offsets to Operating Expenses (Total from Schedule D-3)		
18. Total Disbursements (Subtract Line 17 from Line 16)	\$ 500. ⁰⁰	\$ 500. 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.

Joseph McAuliffe
 Type or Print Name of Treasurer

 Signature of Treasurer or Candidate or Designated Individual

 Date 4/16/08



CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Chandler Police PAC
 3. Report covering period from 02/21/08 thru 03/31/08

2. ID # 08-4

4.	CONTRIBUTIONS		DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	IDENTITY OF CONTRIBUTOR AND DATE RECEIVED				
4a.	LAST	FIRST MI			
	STREET ADDRESS				
	CITY	STATE ZIP CODE			
	OCCUPATION	EMPLOYER			
4b.	LAST	FIRST MI			
	STREET ADDRESS				
	CITY	STATE ZIP CODE			
	OCCUPATION	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)				

* 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 of \$25 or less - AGGREGATE TOTAL*

Schedule A-1

1. Committee Name Chandler Police Pct
3. Report covering period from 02/21/08 thru 03/31/08

2. ID #
08-4

4.	Aggregate Total of Contributions of \$25 or less	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	DESCRIPTION		
	63 Contributions of \$15.00 each	945.00	1575.00
5.	TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]		945.00
6.	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]		1575.00

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



CONTRIBUTIONS FROM POLITICAL COMMITTEES

Schedule B

1. Committee Name Chandler Police Pgc
 3. Report covering period from 02/21/08 thru 03/31/08

2. ID #
08-4

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]			

CANDIDATE LOANS

Schedule C



1. Committee Name Chandler Police P/C
 3. Report covering period from 02/21/08 thru 03/31/08


2. ID # 08-24

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]		<u>0</u>	<u>0</u>

OTHER LOANS

1. Committee Name Chandler Police P.C.
3. Report covering period from 02/21/08 thru 03/31/08

2. ID # 08-4

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 Chandler Police PAC
3. Report covering period from 01/11/08 thru 03/31/08

2. ID # 08-4

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		
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
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)		

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



INDEPENDENT EXPENDITURES*

Schedule D-1

1. Committee Name Chandler Police PAC
 3. Report covering period from 02/21/08 thru 03/31/08

2. ID # 08-4

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)		<i>e</i>

* 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]
 Signature of Treasurer

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



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LOANS MADE BY REPORTING COMMITTEE

Schedule D-2

1. Committee Name Chandler Police PAC
3. Report covering period from 02/14/08 thru 03/31/08

2. ID # 08-21

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)		



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OFFSETS TO OPERATING EXPENSES *

Schedule D-3

1. Committee Name Chandler Police PAC

2. ID # 08-4

3. Report covering period from 02/21/08 thru 03/31/08

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



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REPAYMENT OF CANDIDATE LOANS

Schedule D-4

1. Committee Name Chandler Police PAC
3. Report covering period from 02/21/08 thru 03/31/08

2. ID # 08-4

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 #		
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-4 (If last page of Schedule D-4, transfer total to Detailed Summary Page Line 13(a), Column A)	0	




REPAYMENT OF ALL OTHER LOANS

Schedule D-5

1. Committee Name Chandler Police PAC
 3. Report covering period from 02/21/08 thru 03/31/08

2. ID # 08-4

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 Chandler Police PAC
3. Report covering period from 02/21/08 thru 03/31/08

2. ID # 08-4

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 # <u>Arizona Democratic Party</u> <u>2910 N. Central ave.</u> <u>Phoenix AZ 85012</u> <u>AZSOS # 1043</u>	<u>3/18/08</u>	<u>\$250.⁰⁰</u>
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID # <u>Arizona Republican Party</u> <u>3501 N 24th St.</u> <u>Phoenix AZ 85016</u> <u>AZSOS # 1535</u>	<u>3/18/08</u>	<u>\$250.⁰⁰</u>
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)		<u>\$500.⁰⁰</u>




ANY OTHER DISBURSEMENT

Schedule D-7

1. Committee Name Chandler Police PAC
 3. Report covering period from 02/21/08 thru 03/31/08

2. ID # 08-4

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 Chandler Police PAC
 3. Report covering period from 02/1/08 thru 03/31/08

2. ID # 08-4

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 Chandler Police PAC
 3. Report covering period from 02/21/08 thru 03/31/08

2. ID # 08-4

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)		




OFFSETS TO CONTRIBUTIONS RECEIVED*

Schedule E-2

1. Committee Name Chandler Police PAC
 3. Report covering period from 02/21/08 thru 03/31/08

2. ID # 08-4

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)		 Page ___ of ___

* Includes return of contributions received by reporting committee



DEBTS AND OBLIGATIONS (Excluding Loans)

Schedule F-3

1. Committee Name Chandler Police PAC
 3. Report covering period from 02/21/08 thru 03/31/08

2. ID # 08-4

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)				