



POLITICAL COMMITTEE
CITY OF MESA
CAMPAIGN FINANCE REPORT
 2016 August/November Regular Election

FOR OFFICE USE ONLY
 MESA CITY CLERK
 2016 NOV -3 PM 2:11

1. Shelly Allen for Mesa
 Full Name of Committee
 1550 S. Pico Circle
 Address
 Mesa 85206 Maricopa 480-807-2842
 City ZIP Code County Phone

2. Shelly Allen for Mesa
 Sponsoring Organization or Candidate and office
 Mesa City Council District 2
 Name of Candidate and Office Sought (if applicable)
 shelly@shellyallenformesa.com N/A
 E-Mail Address Fax #

3A. ID#
 CAN 2016-8

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

January 31 Report - For the period November 25, 2014 thru December 31, 2015.....January 1, 2016 and February 1, 2016

June 30 Report - For the period of January 1, 2016 thru May 31, 2016.....June 1, 2016 and June 30, 2016

Pre-Primary Election Report - For the period of June 1, 2016 thru August 18, 2016.....August 19, 2016 and August 26, 2016

Post-Primary Election Report - For the period of August 19, 2016 thru September 19, 2016.....September 20, 2016 and September 29, 2016

Pre-General Election Report - For the period of September 20, 2016 thru October 27, 2016.....October 28, 2016 and November 4, 2016

Post-General Election Report - For the period of October 28, 2016 thru November 28, 2016.....November 29, 2016 and December 8, 2016

January 31 Report - For the period of November 29, 2016 thru December 31, 2016.....January 1, 2016 and January 31, 2016

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)		\$0.00
5b Cash on Hand at the Beginning of this Reporting Period	\$10,938.86	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	\$7,676.50	\$54,476.26
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	\$18,615.36	\$54,476.26
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]		\$0.00
6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	\$15,467.18	\$51,704.84
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	\$3,148.18	\$3,148.18

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

1. Committee Name: Shelly Allen for Mesa
 3. Report covering period from 9-20-16 Thru 10-27-16

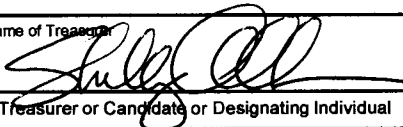
2. ID#
 CAN 2016-8

RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4. Contributions other than loans and in-kind:		
(a) Individuals - more than \$50 (Total from Schedule A)	\$750.00	\$24,600.00
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)	\$50.00	\$150.00
(c) Political Committees (Total from Schedule B)	\$600.00	\$13,100.00
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	\$1,400.00	\$37,850.00
(e) Refund of contributions (Total from Schedule F-2)	\$0.00	\$25.00
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	\$1,400.00	\$37,825.00
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	\$0.00	\$10,000.00
(b) All other loans (Total from Schedule C-1)	\$0.00	\$0.00
(c) Total Loans [add 5(a) and 5(b)]	\$0.00	\$10,000.00
6. In-kind contributions (Total from Schedule E)	\$6,276.50	\$6,651.26
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	\$0.00	\$0.00
8. Total Receipts [add 4(f), 5(c), 6, and 7]	\$7,676.50	\$54,476.26
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	\$9,190.68	\$45,053.58
10. Independent Expenditures (Total from Schedule D-1)	\$0.00	\$0.00
11. Value of In-kind expenditures (Total from Schedule E)	\$6,276.50	\$6,651.26
12. Loans made by reporting committee (Total from Schedule D-2)	\$0.00	\$0.00
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)	\$0.00	\$0.00
(b) Repayment of all other loans (Total from Schedule D-5)	\$0.00	\$0.00
(c) Total Loan Repayments [add 13(a) and 13(b)]	\$0.00	\$0.00
14. Transfers to other political committees (Total from Schedule D-6)	\$0.00	\$0.00
15. Any other disbursement (Total from Schedule D-7)	\$0.00	\$0.00
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	\$15,467.18	\$51,704.84
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)	\$0.00	\$0.00
18. Total disbursements [subtract line 17 from line 16]	\$15,467.18	\$51,704.84
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	\$0.00	\$0.00

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.

Shelly Allen

Type or Print Name of Treasurer



Signature of Treasurer or Candidate or Designating Individual

11-03-16

Date

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID#
CAN 2016-8

1. Committee Name Shelly Allen for Mesa
3. Report covering period from 9-20-16 thru 10-27-16

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																								
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR																											
4a.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Hegardt, Jill</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">10196 E. Phantom Way</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Scottsdale AZ 85255</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	LAST	FIRST	MI	Hegardt, Jill			STREET ADDRESS			10196 E. Phantom Way			CITY	STATE	ZIP	Scottsdale AZ 85255			OCCUPATION	EMPLOYER		9/28	100.00	100.00			
LAST	FIRST	MI																										
Hegardt, Jill																												
STREET ADDRESS																												
10196 E. Phantom Way																												
CITY	STATE	ZIP																										
Scottsdale AZ 85255																												
OCCUPATION	EMPLOYER																											
b.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Killian, Carol</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">4445 E. Holmes #102</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Mesa AZ 85206</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	LAST	FIRST	MI	Killian, Carol			STREET ADDRESS			4445 E. Holmes #102			CITY	STATE	ZIP	Mesa AZ 85206			OCCUPATION	EMPLOYER		10/04	200.00	200.00			
LAST	FIRST	MI																										
Killian, Carol																												
STREET ADDRESS																												
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CITY	STATE	ZIP																										
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OCCUPATION	EMPLOYER																											
c.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Pomeroy, Wayne</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">444 W. Fairway Circle</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Mesa AZ 85201</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	LAST	FIRST	MI	Pomeroy, Wayne			STREET ADDRESS			444 W. Fairway Circle			CITY	STATE	ZIP	Mesa AZ 85201			OCCUPATION	EMPLOYER		10/04	200.00	600.00			
LAST	FIRST	MI																										
Pomeroy, Wayne																												
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Mesa AZ 85201																												
OCCUPATION	EMPLOYER																											
d.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">House, Patricia</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">6600 E. Caron Drive</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Paradise Valley, AZ 85253</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	LAST	FIRST	MI	House, Patricia			STREET ADDRESS			6600 E. Caron Drive			CITY	STATE	ZIP	Paradise Valley, AZ 85253			OCCUPATION	EMPLOYER		10/17	250.00	750.00			
LAST	FIRST	MI																										
House, Patricia																												
STREET ADDRESS																												
6600 E. Caron Drive																												
CITY	STATE	ZIP																										
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OCCUPATION	EMPLOYER																											
e.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td colspan="3"> </td> </tr> </table>	LAST	FIRST	MI				STREET ADDRESS						CITY	STATE	ZIP				OCCUPATION	EMPLOYER							
LAST	FIRST	MI																										
STREET ADDRESS																												
CITY	STATE	ZIP																										
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]		\$750.00	\$1,450.00																								

*If contributions of \$50 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1.

CONTRIBUTIONS of \$50 or less - AGGREGATE TOTAL*

SCHEDULE A-1

2. ID# CAN 2016-8

1. Committee Name Shelly Allen for Mesa

3. Report covering period from 09-20-16 thru 10-27-16

4. Aggregate Total of Contributions of \$50 or less

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
Alberto & Rosa Ramos 3415 E. Pueblo Ave Mesa AZ 85204	\$50.00	\$50.00	
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]	\$50.00	6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]	\$150.00

*If contributions of \$50 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

2. ID#
CAN 2016-8

1. Committee Name Shelly Allen for Mesa

3. Report covering period from 09-20-16 thru 10-287-16

4		CONTRIBUTIONS	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
		IDENTITY OF CONTRIBUTOR AND DATE RECEIVED		
4a	ID # 01206	NAME, ADDRESS, CITY, STATE AND ZIP Salt River Project Political Involvement Committee PO Box 52025 Phoenix AZ 85072-2025	\$600.00	\$600.00
	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 [if last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]		\$600.00	\$600.00

CANDIDATE LOANS

SCHEDULE C

2. ID#
CAN 2016-8

1.	Committee Name Shelly Allen for Mesa			
3.	Report covering period from <u>9-20-16</u> thru <u>10-27-16</u>			
4.	LOANS MADE OR GUARANTEED BY CANDIDATE	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME AND ADDRESS FROM WHOM RECEIVED			
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP Shelly Allen			\$10,000.00
	1550 S. Pico Circle Mesa AZ 85206			
	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 [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A]			

OTHER LOANS

SCHEDULE C1

2. ID#
CAN 2016-8

1. Committee Name Shelly Allen for Mesa
3. Report covering period from 9-20-16 thru 10-27-16

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) 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#
CAN 2016-8

1. Committee Name Shelly Allen for Mesa
3. Report covering period from 9-20-16 thru 10-27-16

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 Facebook DESCRIPTION OF ITEMS OR SERVICES PURCHASED Sponsored Post	9-22-16	\$28.61
4b.	NAME, ADDRESS, CITY, STATE AND ZIP Facebook DESCRIPTION OF ITEMS OR SERVICES PURCHASED Sponsored Post	9-22-16	\$58.55
4c.	NAME, ADDRESS, CITY, STATE AND ZIP Facebook DESCRIPTION OF ITEMS OR SERVICES PURCHASED Sponsored Post	9-30-16	\$190.86
4d.	NAME, ADDRESS, CITY, STATE AND ZIP Office Depot/Office Max 1727 S. Stapley Drive Mesa AZ 85204 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Acrobat Pro - CFR preparation	9-22-16	\$129.65
4e.	NAME, ADDRESS, CITY, STATE AND ZIP Tower Media Group 4838 E. Baseline Rd STE120 Mesa AZ 85206 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Palm Cards	10-13-16	\$991.37
4f.	NAME, ADDRESS, CITY, STATE AND ZIP Integrated Web Strategies 5330 N. 12th Street Phoenix AZ 85014 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Consulting Services	10-17-16	\$1675.38
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [If last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A]		

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

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID#
CAN 2016-8

1. Committee Name Shelly Allen for Mesa

3. Report covering period from 9-20-16 thru 10-27-16

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 Looks Good Printing & Sign Services 338 E. Tuckey Lane Phoenix AZ 85012 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Campaign Signs	10-17-19	\$1,597.43
4b.	NAME, ADDRESS, CITY, STATE AND ZIP Integrated Web Strategies 5330 N. 12th Street Phoenix AZ 85014 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Mail Piece	10-27-16	\$4,518.83
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		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [If last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A]		\$9190.68

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

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

2. ID#

1. Committee Name _____

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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 55%;"></td> </tr> <tr> <td style="text-align: center;">CANDIDATE</td> <td style="text-align: center;">Oppose</td> <td style="text-align: center;">Benefitted</td> <td style="text-align: center;">Opposed</td> <td style="text-align: center;">YEAR OF ELECTION</td> </tr> </table>						CANDIDATE	Oppose	Benefitted	Opposed	YEAR OF ELECTION		
CANDIDATE	Oppose	Benefitted	Opposed	YEAR OF ELECTION									
4b.	NAME, ADDRESS, CITY, STATE AND ZIP PURPOSE AND DESCRIPTION OF PURCHASE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 55%;"></td> </tr> <tr> <td style="text-align: center;">CANDIDATE</td> <td style="text-align: center;">Oppose</td> <td style="text-align: center;">Benefitted</td> <td style="text-align: center;">Opposed</td> <td style="text-align: center;">YEAR OF ELECTION</td> </tr> </table>						CANDIDATE	Oppose	Benefitted	Opposed	YEAR OF ELECTION		
CANDIDATE	Oppose	Benefitted	Opposed	YEAR OF ELECTION									
4c.	NAME, ADDRESS, CITY, STATE AND ZIP <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 55%;"></td> </tr> <tr> <td style="text-align: center;">CANDIDATE</td> <td style="text-align: center;">Oppose</td> <td style="text-align: center;">Benefitted</td> <td style="text-align: center;">Opposed</td> <td style="text-align: center;">YEAR OF ELECTION</td> </tr> </table>						CANDIDATE	Oppose	Benefitted	Opposed	YEAR OF ELECTION		
CANDIDATE	Oppose	Benefitted	Opposed	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 10, Column A]												

*SEE A.R.S. § 16-901(14).

I certify, under penalty of perjury, that the above stated independent expenditure(s) was 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 AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WITHIN THE LAST SIX MONTHS	AMOUNT

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 LOAN MADE	AMOUNT OF THE LOAN
	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#		
4h.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4i.	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		
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		
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 REPAYMENT MADE	AMOUNT OF THE REPAYMENT
	NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4e.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4f.	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 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#		
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) 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#		
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

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

4.	ANY OTHER DISBURSEMENTS	DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION		
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		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [Transfer total to Detailed Summary Page Line 15 Column A]		

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

2. ID#
CAN 2016-8

1. Committee Name Shelly Allen for Mesa

3. Report covering period from 9-20-16 thru 10-27-16

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# Brian Nissen 1747 E. Enrose Street 85203	CONTRIBUTION \$6,000.00 EXPENDITURE 4 Campaign Videos	10-03-16	\$6,000.00
	DESCRIPTION Creative Video Design			
	OCCUPATION Owner	EMPLOYER Self		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# Tower Media Group 4838 E. Baseline Rd STE 120 Mesa AZ 85206	CONTRIBUTION \$188.50 EXPENDITURE Palm Cards	10-26-16	\$188.50
	DESCRIPTION Print and Design			
	OCCUPATION Owner	EMPLOYER Tower Media		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# Tower Media Group 4838 E. Baseline Rd STE 120 Mesa AZ 85206	CONTRIBUTION \$88.00 EXPENDITURE Palm Cards	10-14-16	\$88.00
	DESCRIPTION Print and Design			
	OCCUPATION Owner	EMPLOYER Tower Media		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
5.	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]			\$6,276.50
6.	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 11, Column A]			\$6,276.50

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 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 OF RECEIPT		
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		
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		
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		
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

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

4	DEBTS AND OBLIGATIONS	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	NAME AND ADDRESS OF 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				
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]				