

POLITICAL COMMITTEE
CITY OF Cave Creek
CAMPAIGN FINANCE REPORT
2015 March Special Election

FOR OFFICE USE ONLY

RECEIVED
MAR 5 2015
TOWN OF CAVE CREEK

1. Conservative Creekers for Fiscal Responsibility

Full Name of Committee
 5115 E Zenith Lane

Address
 Cave Creek 85331 Maricopa 480-231-3549

City ZIP Code County Phone

2. None - re-election for Cave Creek Town Council

Sponsoring Organization or Candidate and office
 Adam Trenk; Charles M. Spitzer; Mike Durkin, Reginald Monachino

Name of Candidate and Office Sought (if applicable)
 creekerlady@gmail.com none

E-Mail Address Fax#

3A. ID# 2014-02

4. REPORTING PERIOD (Please check appropriate box)

DUE BETWEEN

- January 31 Report - For Period of _____ * thru December 31, 2014 January 1, 2015 and February 2, 2015
- Pre-Election Report - For Period of January 1, 2015 thru February 26, 2015 February 27, 2015 and March 6, 2015
- Post-Election Report - For Period of February 27, 2015 thru March 30, 2015 March 31, 2015 and April 9, 2015
- June 30 Report - For Period of March 31, 2015 thru May 31, 2015 June 1, 2015 and June 30, 2015
- January 31, Report - For Period of June 1, 2015 thru December 31, ____** January 1, ____** and January 31, ____**

5. **SUMMARY**

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

5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)

5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]

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]

6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)

7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]

Column A Total This Reporting Period	Column B Election Period Total To Date
	0
0	
6400.64	
6400.64	6400.64
	0
6300.64	6300.64
100	100

*Insert date which is 21 days after date of last election (A.R.S. §16-013).
 **This will depend on the year next election is held. The "due between" year will be the year of an election and the date following "December 31" will be the immediately prior year.

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

1. Committee Name: Conservative Creekers for Fiscal Responsibility
 3. Report covering period from Jan 1, 2015 thru February 26, 2015

2. ID#	2014-02
	Primary
	General

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)	6400.64	6400.64
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)	4108.82	4108.82
(c) Political Committees (Total from Schedule B)	0	0
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	2291.82	2291.82
(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)]	0	0
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]	6400.64	6400.64
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	6300.64	6300.64
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)	0	0
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	6300.64	6300.64
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]	6300.64	6300.64
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	0	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.



Type or Print Name of Treasurer

SARA VANNUCCI

Signature of Treasurer or Candidate or Designating Individual

Date

3/5/15

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID#	2014-02
	Primary
	General

1. Committee Name Conservative Creekers for Fiscal Responsibility

3. Report covering period from Jan 1, 2015 thru February 26, 2015

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR			
4a.	LAST <u>Monachino</u> FIRST <u>Reginald</u> MI STREET ADDRESS <u>PO Box 7151</u> CITY <u>Cave Creek</u> STATE <u>AZ</u> ZIP <u>85327</u> OCCUPATION <u>Retired</u> EMPLOYER	2-4-15	539.00	\$539.00
b.	LAST <u>Durkin</u> FIRST <u>Mike</u> MI STREET ADDRESS <u>7139 E Continental Mtn Drive</u> CITY <u>Cave Creek</u> STATE <u>AZ</u> ZIP <u>85331</u> OCCUPATION <u>Engineer</u> EMPLOYER <u>Honeywell</u>	2-4-15	539.00	539.00
c.	LAST <u>Spitzer</u> Charles FIRST M MI STREET ADDRESS <u>6836 E Continental Mtn Road</u> CITY <u>Cave Creek</u> STATE <u>AZ</u> ZIP <u>85331</u> OCCUPATION <u>Engineer</u> EMPLOYER <u>Go-Daddy</u>	2-4-15	539.00	539.00
d.	LAST <u>Whitmore</u> Jerry FIRST MI STREET ADDRESS <u>6225 E. Azura Pl</u> CITY <u>Cave Creek</u> STATE <u>AZ</u> ZIP <u>85331</u> OCCUPATION <u>Accountant</u> EMPLOYER <u>Self</u>	2-10-15	200.00	260.00
e.	LAST <u>Chutz</u> Michael FIRST J. MI STREET ADDRESS <u>39650 N 67th Street</u> CITY <u>Cave Creek</u> STATE <u>AZ</u> ZIP <u>85331</u> OCCUPATION <u>Retired</u> EMPLOYER	2-10-15	1691.82	1691.82 continued
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page Line 4(2), Column A]			

*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 more than \$50 - from INDIVIDUALS*

SCHEDULE A

PART 2 - Sch A

2. ID#	2014-02
	Primary
	General

1. Committee Name CONSERVATIVE CREEKERS FISCAL RESP-

3. Report covering period from JAN 1, 2015 thru 2/26/15

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																								
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR																												
4a.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>KINCEL</td> <td>KATYA</td> <td>M</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">41200 E Echo Canyon DR</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>CAVE CREEK</td> <td>AZ</td> <td>85331</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>SELF EMP</td> <td colspan="2">-</td> </tr> </table>	LAST	FIRST	MI	KINCEL	KATYA	M	STREET ADDRESS			41200 E Echo Canyon DR			CITY	STATE	ZIP	CAVE CREEK	AZ	85331	OCCUPATION	EMPLOYER		SELF EMP	-		2/10/15	\$100 ⁻	\$100 ⁻
LAST	FIRST	MI																										
KINCEL	KATYA	M																										
STREET ADDRESS																												
41200 E Echo Canyon DR																												
CITY	STATE	ZIP																										
CAVE CREEK	AZ	85331																										
OCCUPATION	EMPLOYER																											
SELF EMP	-																											
4b.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>MEEH</td> <td>FAMILY TRUST dated 6/15/01</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">6435 E. ARROYO RD</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>CAVE CREEK</td> <td>AZ</td> <td>85331</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>RETIRED</td> <td colspan="2"></td> </tr> </table>	LAST	FIRST	MI	MEEH	FAMILY TRUST dated 6/15/01		STREET ADDRESS			6435 E. ARROYO RD			CITY	STATE	ZIP	CAVE CREEK	AZ	85331	OCCUPATION	EMPLOYER		RETIRED			2/10/15	300 ⁺	\$300
LAST	FIRST	MI																										
MEEH	FAMILY TRUST dated 6/15/01																											
STREET ADDRESS																												
6435 E. ARROYO RD																												
CITY	STATE	ZIP																										
CAVE CREEK	AZ	85331																										
OCCUPATION	EMPLOYER																											
RETIRED																												
4c.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>SCHALK</td> <td>KIMBERLY</td> <td>A</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">PO BOX 1390 (CAVE CREEK)</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>CAVE CREEK</td> <td>AZ</td> <td>85327</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td></td> <td colspan="2"></td> </tr> </table>	LAST	FIRST	MI	SCHALK	KIMBERLY	A	STREET ADDRESS			PO BOX 1390 (CAVE CREEK)			CITY	STATE	ZIP	CAVE CREEK	AZ	85327	OCCUPATION	EMPLOYER					2/6/15	200.00	200.00
LAST	FIRST	MI																										
SCHALK	KIMBERLY	A																										
STREET ADDRESS																												
PO BOX 1390 (CAVE CREEK)																												
CITY	STATE	ZIP																										
CAVE CREEK	AZ	85327																										
OCCUPATION	EMPLOYER																											
4d.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td></td> <td></td> <td></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></td> <td></td> <td></td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td></td> <td colspan="2"></td> </tr> </table>	LAST	FIRST	MI				STREET ADDRESS						CITY	STATE	ZIP				OCCUPATION	EMPLOYER						end	
LAST	FIRST	MI																										
STREET ADDRESS																												
CITY	STATE	ZIP																										
OCCUPATION	EMPLOYER																											
4e.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td></td> <td></td> <td></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></td> <td></td> <td></td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td></td> <td colspan="2"></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(2), Column A]		4108.82	4108.82																								

*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# 2014-02	
<input type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Conservative Creekers for Fiscal Responsibility

3. Report covering period from Jan 1, 2015 thru February 26, 2015

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
0		
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A] 0		6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]

*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#	2014-02
	Primary
	General

1. Committee Name Conservative Creekers for Fiscal Responsibility

3. Report covering period from Jan 1, 2015 thru February 26, 2015

4	CONTRIBUTIONS		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	IDENTITY OF CONTRIBUTOR AND DATE RECEIVED			
4a	ID # 2014-12	NAME, ADDRESS, CITY, STATE AND ZIP TRENK FOR COUNCIL PO BOX 4246, CAVE CREEK AZ 85327	2291.82	2291.82
	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]		2291.82	2291.82

CANDIDATE LOANS

SCHEDULE C

<p>1. Committee Name Conservative Creekers for Fiscal Responsibility</p>	<p>2. ID# 2014-02</p> <p><input type="checkbox"/> Primary</p> <p><input type="checkbox"/> General</p>																																																																																						
<p>3. Report covering period from <u>Jan 1, 2015</u> thru <u>February 26, 2015</u></p>																																																																																							
<p>4. LOANS MADE OR GUARANTEED BY CANDIDATE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:15%;">DATE RECEIVED</th> <th style="width:15%;">AMOUNT RECEIVED</th> <th style="width:10%;">CUMULATIVE TOTAL THIS CAMPAIGN TO DATE</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;">NAME AND ADDRESS FROM WHOM RECEIVED</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4a. NAME, ADDRESS, CITY, STATE, AND ZIP</td> <td></td> <td></td> <td>NONE</td> </tr> <tr> <td></td> <td></td> <td></td> <td>- 0 -</td> </tr> <tr> <td>DESCRIPTION</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. NAME, ADDRESS, CITY, STATE, AND ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DESCRIPTION</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. NAME, ADDRESS, CITY, STATE, AND ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DESCRIPTION</td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. NAME, ADDRESS, CITY, STATE, AND ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DESCRIPTION</td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. NAME, ADDRESS, CITY, STATE, AND ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DESCRIPTION</td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. NAME, ADDRESS, CITY, STATE, AND ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DESCRIPTION</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3"> <p>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]</p> </td> <td align="center"> <p>0</p> </td> </tr> </tbody> </table>					DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	NAME AND ADDRESS FROM WHOM RECEIVED				4a. NAME, ADDRESS, CITY, STATE, AND ZIP			NONE				- 0 -	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				<p>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]</p>			<p>0</p>
	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																																																																																				
NAME AND ADDRESS FROM WHOM RECEIVED																																																																																							
4a. NAME, ADDRESS, CITY, STATE, AND ZIP			NONE																																																																																				
			- 0 -																																																																																				
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																																																																																							
<p>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]</p>			<p>0</p>																																																																																				

OTHER LOANS

SCHEDULE C1

2. ID# 2014-02	
<input type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Conservative Creekers for Fiscal Responsibility

3. Report covering period from Jan 1, 2015 thru February 26, 2015

4 ALL OTHER LOANS				
	NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#	- 0 -		- 0 -
	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			0
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# 2014-02	
<input type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Conservative Creekers for Fiscal Responsibility

3. Report covering period from Jan 1, 2015 thru February 26, 2015

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 THE UPS STORE, INVOICE # 100, POBOX 2800, CAREFREE, AZ 85377	2/10/15	2291.82
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED PRINTING + POSTAGE - MAILERS		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP THE UPS STORE - FROM "POLITICAL Committees" Same	2/5/15	2291.82
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED MAILERS + POSTAGE		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP THE UPS STORE Same	2/5/15	1617
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP OFFICE MAX -	2/25/15	100
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED SUPPLIES		
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)		6300.64

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

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

2. ID# 2014-02

1. Committee Name Conservative Creekers for Fiscal Responsibility

3. Report covering period from Jan 1, 2015 thru February 26, 2015

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 <hr/> PURPOSE AND DESCRIPTION OF PURCHASE <input type="checkbox"/> Benefitted <input type="checkbox"/> Opposed CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		- 0 -
4b.	NAME, ADDRESS, CITY, STATE AND ZIP <hr/> PURPOSE AND DESCRIPTION OF PURCHASE <input type="checkbox"/> Benefitted <input type="checkbox"/> Opposed CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP <hr/> PURPOSE AND DESCRIPTION OF PURCHASE <input type="checkbox"/> Benefitted <input type="checkbox"/> 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 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
	0

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

2. ID#	2014-02
	Primary
	General

1. Committee Name Conservative Creekers for Fiscal Responsibility

3. Report covering period from Jan 1, 2015 thru February 26, 2015

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#		- 0 -
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]		0

OFFSETS TO OPERATING EXPENSES *

SCHEDULE D-3

2. ID#	2014-02
<input type="checkbox"/>	Primary
<input type="checkbox"/>	General

Conservative Creekers for Fiscal Responsibility

1. Committee Name _____

3. Report covering period from Jan 1, 2015 thru February 26, 2015

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		- 0 -
	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]		0

* Includes return of contributions made by reporting committee

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

2. ID#	2014-02
<input type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Conservative Creekers for Fiscal Responsibility

3. Report covering period from Jan 1, 2015 thru February 26, 2015

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#		- 0 -
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]		0

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

2. ID# 2014-02	
<input type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Conservative Creekers for Fiscal Responsibility

3. Report covering period from Jan 1, 2015 thru February 26, 2015

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#		0
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]		0

ANY OTHER DISBURSEMENT

SCHEDULE D-7

2. ID#	
<input type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Conservative Creekers for Fiscal Responsibility

3. Report covering period from Jan 1, 2015 thru February 26, 2015

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		0
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)		0

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

1. Committee Name Conservative Creekers for Fiscal Responsibility

2. ID# 2014-02	
<input type="checkbox"/>	Primary
<input type="checkbox"/>	General

3. Report covering period from Jan 1, 2015 thru February 26, 2015

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: 40%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 20%;">CONTRIBUTION EXPENDITURE</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 EXPENDITURE	DESCRIPTION		OCCUPATION	EMPLOYER		0
NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE								
DESCRIPTION									
OCCUPATION	EMPLOYER								
4b.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 20%;">CONTRIBUTION EXPENDITURE</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 EXPENDITURE	DESCRIPTION		OCCUPATION	EMPLOYER		
NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE								
DESCRIPTION									
OCCUPATION	EMPLOYER								
4c.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 20%;">CONTRIBUTION EXPENDITURE</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 EXPENDITURE	DESCRIPTION		OCCUPATION	EMPLOYER		
NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE								
DESCRIPTION									
OCCUPATION	EMPLOYER								
4d.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 20%;">CONTRIBUTION EXPENDITURE</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 EXPENDITURE	DESCRIPTION		OCCUPATION	EMPLOYER		
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 8, Column A]								
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]		0						

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

2. ID#	2014-02
<input type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Conservative Creekers for Fiscal Responsibility

3. Report covering period from January 1, 2015 thru February 26, 2015

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#		0
	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]		0

OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F-2

2. ID#	2014-02
<input type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Conservative Creekers for Fiscal Responsibility

3. Report covering period from Jan 1, 2015 thru February 26, 2015

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		0
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		0
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# 2014-02

1. Committee Name Conservative Creekers for Fiscal Responsibility

3. Report covering period from January 1, 2015 thru February 26, 2015

4	DEBTS AND OBLIGATIONS				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	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				0
	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]				0