

POLITICAL COMMITTEE
CITY OF _____
CAMPAIGN FINANCE REPORT
2015 March Special Election

FOR OFFICE USE ONLY

RECEIVED

MAR 3 2015

TOWN OF CAVE CREEK

1. Citizens for Steve LaMar
 Full Name of Committee 5028 E Desert Hills Dr. 85331
P.O. Box 1702 Cave Creek AZ 85327
 Address Cave Creek, 85327 Maricopa 480-
 City ZIP Code County Phone 620 7963

2. Steve LaMar
 Sponsoring Organization or Candidate and office Cave Creek Town Council
 Name of Candidate and Office Sought (if applicable)
rwrlamar@gmail.com
 E-Mail Address Fax #

3A. ID#
PAC 2014-06

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

	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)		<u>N/A</u>
5b Cash on Hand at the Beginning of this Reporting Period	2000.00	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	<u>1364.27</u> 509.68	<u>1806.79</u> 82.79
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	<u>1364.27</u> 709.68	
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)	<u>679.15</u>	<u>981.86</u>
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	2000.00 <u>685.12</u>	2000.00 <u>824.93</u>

*Insert date which is 21 days after date of last election (A.R.S. §16-913).

**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: Citizens For Steve LaMar
 3. Report covering period from 1/1/15 Thru 2/26/2015

2. ID#	
<input type="checkbox"/>	Primary
<input type="checkbox"/>	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)	800.00	800.00
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)	50.00	50.00
(c) Political Committees (Total from Schedule B)	N/A	N/A
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	850.00	850.00
(e) Refund of contributions (Total from Schedule F-2)		
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	850.00	850.00
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	804.08	1012.79
(b) All other loans (Total from Schedule C-1)	N/A	N/A
(c) Total Loans [add 5(a) and 5(b)]	804.08	1012.79
6. In-kind contributions (Total from Schedule E)	N/A	N/A
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	N/A	N/A
8. Total Receipts [add 4(f), 5(c), 6, and 7]	1364.27	1866.79
	1364.27	1866.79
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	679.15	981.86
10. Independent Expenditures (Total from Schedule D-1)	679.15 N/A	
11. Value of in-kind expenditures (Total from Schedule E)	N/A	
12. Loans made by reporting committee (Total from Schedule D-2)	N/A	
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)	N/A	
(b) Repayment of all other loans (Total from Schedule D-5)	N/A	
(c) Total Loan Repayments [add 13(a) and 13(b)]	N/A	
14. Transfers to other political committees (Total from Schedule D-6)	N/A	
15. Any other disbursement (Total from Schedule D-7)	N/A	
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	679.15	981.86
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)	N/A	N/A
18. Total disbursements [subtract line 17 from line 16]	679.15	981.86
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	N/A	N/A

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.

Steve LaMar
 Type or Print Name of Treasurer
 Signature of Treasurer or Candidate or Designating Individual
 Date: 3/3/2015

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

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

1. Committee Name Citizens For Steve LaMar

3. Report covering period from 1/1 - 2015 thru 2/26 / 2015

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR			
	LAST <u>Williams</u> FIRST <u>Robert</u> MI STREET ADDRESS <u>36190 N. Creekview LN</u> CITY <u>Cave Creek</u> STATE <u>AZ</u> ZIP <u>85331</u> OCCUPATION <u>Retired</u> EMPLOYER		\$ 500.00	\$ 500.00
	LAST <u>Bridge</u> FIRST <u>John</u> MI STREET ADDRESS <u>6948 E Horizon DR</u> CITY <u>Cave Creek</u> STATE <u>AZ</u> ZIP <u>85331</u> OCCUPATION EMPLOYER		\$ 200.00	200.00
	LAST <u>Fields</u> FIRST <u>Isaiah</u> MI STREET ADDRESS <u>4121 E Milton</u> CITY <u>Cave Creek</u> STATE <u>AZ</u> ZIP <u>85331</u> OCCUPATION <u>Attorney</u> EMPLOYER <u>Tazen Int.</u>		\$ 100.00	100.00
	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]			800.00

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

1. Committee Name Citizens For Steve Lallier

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

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
Suzanne Johnston P.O. Box 4059 Cane Creek, AZ 85327	50.00	50.00
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]	50.00	6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]
		50.00

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

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	N/A	
	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]			

CANDIDATE LOANS

SCHEDULE C

1.	Committee Name <i>Citizen for Steve LaMar</i>			2. ID #		
				<input type="checkbox"/> Primary <input type="checkbox"/> General		
3.	Report covering period from <u>1/1/2015</u> thru <u>2/26/2015</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 <i>Steve LaMar</i>					
	<i>5028 E Desert Hills Dr 85331</i>			<i>1/7/2015</i>	<i>4.59</i>	4.59
	DESCRIPTION <i>Cave Creek, AZ</i>					
b.	NAME, ADDRESS, CITY, STATE, AND ZIP <i>Same as 4A</i>			<i>1/9/2015</i>	<i>443.01</i>	443.01
	DESCRIPTION					
c.	NAME, ADDRESS, CITY, STATE, AND ZIP <i>Same as 4A</i>			<i>2/12/2015</i>	<i>66.67</i>	66.67
	DESCRIPTION					
d.	NAME, ADDRESS, CITY, STATE, AND ZIP <i>Stmas 4.A</i>			<i>1/27</i>	<i>200.00</i>	<i>1016.98</i>
	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]			<i>304.27</i>		<i>1816.79</i>

OTHER LOANS

SCHEDULE C1

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

1. Committee Name _____

3. Report covering period from _____ thru _____

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#	<i>N/A</i>		
	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

1. Committee Name Citizens For Steve LaMar

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

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

4 EXPENDITURES		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE			
4a.	<p>NAME, ADDRESS, CITY, STATE AND ZIP Bertvan Signs 39355 N. 54th Ave Scottsdale 85262</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED Campaign Signs</p>	1/8/2015	174.88
4b.	<p>NAME, ADDRESS, CITY, STATE AND ZIP Print Shop P.O. Box 7045 Cave Creek, AZ 85327</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED Copies of call list</p>	1/7 2015	4.59
4c.	<p>NAME, ADDRESS, CITY, STATE AND ZIP FAST Signs 7205 E. Southern, Ave All Mesa, AZ 85209</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED Campaign signs</p>	1/9/2015	443.01
4d.	<p>NAME, ADDRESS, CITY, STATE AND ZIP Same as 4(b) Print Shop</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</p>	2/12/2015	66.67 66.67
4e.	<p>NAME, ADDRESS, CITY, STATE AND ZIP Daley Marzen P.O. Box 4145 Cave Creek, AZ 85327</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED Et support - invitation</p>	2/17 2015	\$50.00
4f.	<p>NAME, ADDRESS, CITY, STATE AND ZIP</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</p>		
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]		679.15

*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 style="width: 100%; border: none;"> <tr> <td style="width: 35%; border: none;">PURPOSE AND DESCRIPTION OF PURCHASE</td> <td style="width: 5%; border: none;"><input type="checkbox"/></td> <td style="width: 15%; border: none;">Benefitted</td> <td style="width: 5%; border: none;"><input type="checkbox"/></td> <td style="width: 15%; border: none;">Opposed</td> </tr> <tr> <td style="border: none;">CANDIDATE</td> <td style="border: none;">OFFICE SOUGHT</td> <td colspan="3" style="border: none;">YEAR OF ELECTION</td> </tr> </table>	PURPOSE AND DESCRIPTION OF PURCHASE	<input type="checkbox"/>	Benefitted	<input type="checkbox"/>	Opposed	CANDIDATE	OFFICE SOUGHT	YEAR OF ELECTION				
PURPOSE AND DESCRIPTION OF PURCHASE	<input type="checkbox"/>	Benefitted	<input type="checkbox"/>	Opposed									
CANDIDATE	OFFICE SOUGHT	YEAR OF ELECTION											
4b.	NAME, ADDRESS, CITY, STATE AND ZIP <div style="text-align: right; font-size: 2em; font-family: cursive;">N/A</div> <table style="width: 100%; border: none;"> <tr> <td style="width: 35%; border: none;">PURPOSE AND DESCRIPTION OF PURCHASE</td> <td style="width: 5%; border: none;"><input type="checkbox"/></td> <td style="width: 15%; border: none;">Benefitted</td> <td style="width: 5%; border: none;"><input type="checkbox"/></td> <td style="width: 15%; border: none;">Opposed</td> </tr> <tr> <td style="border: none;">CANDIDATE</td> <td style="border: none;">OFFICE SOUGHT</td> <td colspan="3" style="border: none;">YEAR OF ELECTION</td> </tr> </table>	PURPOSE AND DESCRIPTION OF PURCHASE	<input type="checkbox"/>	Benefitted	<input type="checkbox"/>	Opposed	CANDIDATE	OFFICE SOUGHT	YEAR OF ELECTION				
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 <table style="width: 100%; border: none;"> <tr> <td style="width: 35%; border: none;">PURPOSE AND DESCRIPTION OF PURCHASE</td> <td style="width: 5%; border: none;"><input type="checkbox"/></td> <td style="width: 15%; border: none;">Benefitted</td> <td style="width: 5%; border: none;"><input type="checkbox"/></td> <td style="width: 15%; border: none;">Opposed</td> </tr> <tr> <td style="border: none;">CANDIDATE</td> <td style="border: none;">OFFICE SOUGHT</td> <td colspan="3" style="border: none;">YEAR OF ELECTION</td> </tr> </table>	PURPOSE AND DESCRIPTION OF PURCHASE	<input type="checkbox"/>	Benefitted	<input type="checkbox"/>	Opposed	CANDIDATE	OFFICE SOUGHT	YEAR OF ELECTION				
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

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

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

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]		

N/A

OFFSETS TO OPERATING EXPENSES *

SCHEDULE D-3

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

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#	
<input type="checkbox"/>	Primary
<input type="checkbox"/>	General

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]		

N/A

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

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

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#	
<input type="checkbox"/>	Primary
<input type="checkbox"/>	General

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#	
<input type="checkbox"/>	Primary
<input type="checkbox"/>	General

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	<i>D/O</i>	
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#	
<input type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name _____

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: 40%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 20%;">CONTRIBUTION EXPENDITURE</td> <td style="width: 40%;"></td> </tr> <tr> <td colspan="3">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> <td></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											
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> <td style="width: 40%;"></td> </tr> <tr> <td colspan="3">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> <td></td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE		DESCRIPTION			OCCUPATION	EMPLOYER			
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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.	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]											

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

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

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#	
<input type="checkbox"/>	Primary
<input type="checkbox"/>	General

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]			

W/S

* 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#		N/A		
	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]				