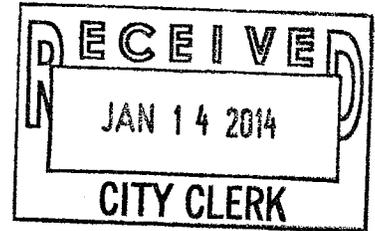# POLITICAL COMMITTEE
CITY/TOWN OF _L.H.C_
CAMPAIGN FINANCE REPORT
2014 August/November Regular Election

1. _____

Full Name of Committee **Help Dr Bill stop big-box tax** incentives

Address ████████████

Lake Havasu City, AZ 86406

City   ZIP Code   County   Phone

2. _____

Sponsoring Organization or Candidate and office

_____

Name of Candidate and Office Sought (if applicable)

_____

E-Mail Address   Fax #

3A. ID# _____

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

[X] January 31 Report - For Period of _May_ * thru December 31, 2013. .... January 1, 2014 and January 31, 2014

[ ] June 30 Report - For Period of January 1, 2014 thru May 31, 2014. .... June 1, 2014 and June 30, 2014

[ ] Pre-Primary Election Report - For Period of June 1, 2014 thru August 14, 2014. .... August 15, 2014 and August 22, 2014

[ ] Post-Primary Election Report - For Period of August 15, 2014 thru September 15, 2014. .... September 16, 2014 and September 25, 2014

[ ] Pre-General Election Report - For Period of September 16, 2014 thru October 23, 2014. .... October 24, 2014 and October 31, 2014

[ ] Post-General Election Report - For Period of October 24, 2014 thru November 24, 2014. .... November 25, 2014 and December 4, 2014

[ ] **January 31, Report - For Period of November 25, 2014 thru December 31, 2015. .... 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
5b	Cash on Hand at the Beginning of this Reporting Period	0	███
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	1005.24	1005.24
5d	Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	1005.24	1005.24
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]	███	1005.24
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	1005.24	1005.24
7.	Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	0	0

*Insert date which is 21 days after date of last election (A.R.S. §16-913).
**Other reports will be due before this reporting period if a special or recall election is held prior to the next general election.

Help Dr Bill stop big-box tax incentives

1. Committee Name: _____

2. ID#

3. Report covering period from ___2013___ Thru ___2013___

RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4. Contributions other than loans and in-kind:	0	0
(a) Individuals - more than $50 (Total from Schedule A)		
(b) Individuals - aggregate $50 or less (Total from Schedule A-1)		
(c) Political Committees (Total from Schedule B)		
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]		
(e) Refund of contributions (Total from Schedule F-2)		
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]		
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	0	0
(b) All other loans (Total from Schedule C-1)	1005.24	1005.24
(c) Total Loans [add 5(a) and 5(b)]	1005.24	1005.24
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]	1005.24	1005.24
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	1005.24	1005.24
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 Repayments [add 13(a) and 13(b)]		
14. Transfers to other political committees (Total from Schedule D-6)		
15. Any other disbursement (Total from Schedule D-7)		
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]		
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. Total disbursements [subtract line 17 from line 16]		
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	1005.24	1005.24

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.

Margaret M. Palmer   Chair

Type or Print Name of Treasurer

Signature of Treasurer or Candidate or Designating Individual

Date   1-10-14

CONTRIBUTIONS more than $50 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name _____ Help Dr Bill stop big-box tax incentives _____

2. ID # _____

3. Report covering period from _____ 2013 _____ thru _____ 2013 _____

4	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	LAST FIRST MI STREET ADDRESS CITY STATE ZIP OCCUPATION EMPLOYER			
b.	LAST FIRST MI STREET ADDRESS CITY STATE ZIP OCCUPATION EMPLOYER			
c.	LAST FIRST MI STREET ADDRESS CITY STATE ZIP OCCUPATION EMPLOYER			
d.	LAST FIRST MI STREET ADDRESS CITY STATE ZIP OCCUPATION EMPLOYER			
e.	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]*			

*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.

Page ___ of ___

CONTRIBUTIONS of $50 or less - AGGREGATE TOTAL*   SCHEDULE **A-1**

Help Dr Bill stop big-box tax incenti.

2. ID #

1. Committee Name _____

3. Report covering period from _____ 2013 _____ thru _____ 2014 _____

4. Aggregate Total of Contributions of $50 or less

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

*If contributions of $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

1. Committee Name _Help Dr Bill stop big-box tax incentive_

2. ID #

3. Report covering period from _2013_ thru _2013_

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

CANDIDATE LOANS

SCHEDULE C

1.	Committee Name			2. ID #

Help Dr Bill stop big-box tax incentives

3. Report covering period from _____ 2013 _____ thru _____ 2013 _____

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			
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

Help Dr Bill stop big-box tax incentives

1. Committee Name _____

2. ID # [blank box]

3. Report covering period from _____ 2012 thru 2012 _____

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# J.W. ████████ Lake Havasu City, AZ 8640█	12-2013	1005.24	1005.24
	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]		1005.24	1005.24

Page_____of_____

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name **Help Dr Bill stop big-box tax incentives**

2. ID #

3. Report covering period from _____ 9.3 _____ thru _____ 2013 _____

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 *Jet Printing, Oconto LLC*	10-16 17-	337.50
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED *print petitions*	13	258.04
b.	NAME, ADDRESS, CITY, STATE AND ZIP *River City, Oconto LLC*	9-11-13	26.16
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED *art*		
c.	NAME, ADDRESS, CITY, STATE AND ZIP *River City, Oconto Blvd Ltc*	10-12 2013	64.74
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED *ads per sq inch proportional*		
d.	NAME, ADDRESS, CITY, STATE AND ZIP *White Shed, Oconto Blvd LHC*	10-12 2013	318.75
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED *ads proportional per sq inch.*		
e.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
f.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D *[If last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A]*		1005.24

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

Page____of____

INDEPENDENT EXPENDITURES*   SCHEDULE D-1

Help Dr Bill stop big-box tax incentives

2. ID #

1. Committee Name _____

3. Report covering period from _____ 2 0 1 3 _____ thru _____ 2013 _____

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 10, Column A]*		0

*SEE A.R.S. § 16-901(14).

I certify, under pently 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.

███████████████████ _____   CHAIR ███████

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

Help Dr Bill stop big-box tax incentives

2. ID #

1. Committee Name _____

3. Report covering period from _____ 2.0.3 _____ thru _____ 2013 _____

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#		
b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
h.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
i.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [Transfer total to Detail Summary Page Line 12, Column A]		0

Page____of ___

OFFSETS TO OPERATING EXPENSES *

SCHEDULE **D-3**

Help Dr Bill stop big-box tax incentives

1. Committee Name _____

2. ID # _____

3. Report covering period from _____ 2013 _____ thru _____ 2013 _____

REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES	DATE REFUND RECEIVED	AMOUNT OF THE REFUND
NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED		
4a. NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND		
b. NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND		
c. NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND		
d. NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND		
e. NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND		
f. NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND		

5.   ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 *[If last page of Schedule D-3, transfer total to Detailed Summary Page Line 17 Column A]*

0

*   Includes return of contributions made by reporting committee

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

Help Dr Bill stop big-box tax incentives

1. Committee Name _____

2. ID # _____

3. Report covering period from _____ *2013* _____ thru _____ *2013* _____

REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
4a. NAME, ADDRESS, CITY, STATE, AND ZIP		
b. NAME, ADDRESS, CITY, STATE, AND ZIP		
c. NAME, ADDRESS, CITY, STATE, AND ZIP		
d. NAME, ADDRESS, CITY, STATE, AND ZIP		
e. NAME, ADDRESS, CITY, STATE, AND ZIP		
f. NAME, ADDRESS, CITY, STATE, AND ZIP		

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [Transfer total to Detail Summary Page, Line 13(a), Column A] *0*

Schedule D-4 Page____of ____

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

Help Dr Bill stop big-box tax incentives

2. ID #

1. Committee Name _____

3. Report covering period from _____ *2013* thru _____ *2013* _____

4	REPAYMENT OF ALL OTHER LOANS NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [Transfer total to Detailed Summary Page, Line 13(b), Column A]		*0*

Page____of ____

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

Help Dr Bill stop big-box tax incentives

2. ID #

1. Committee Name _____

3. Report covering period from _____ *2013* _____ thru _____ *2013* _____

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#		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A]

Page____ of ____

ANY OTHER DISBURSEMENT
Help Dr Bill stop big-box tax incentives

SCHEDULE D-7

1. Committee Name _____

2. ID # _____

3. Report covering period from ___ 2013 ___ thru 2013 ___

	ANY OTHER DISBURSEMENTS	DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION		
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
e.	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

Page____of____

IN-KIND CONTRIBUTIONS and EXPENDITURES

help Dr Bill stop big-box tax incentives

SCHEDULE **E**

1. Committee Name _____

2. ID # _____

3. Report covering period from _____ 2013 _____ thru __ 2013 __

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		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION ☐ EXPENDITURE ☐		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION ☐ EXPENDITURE ☐		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
d.	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]*			0
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

Page____of____

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

Help Dr Bill stop big-box tax incentives

1. Committee Name _____

2. ID #

3. Report covering period from _____ 7013 _____ thru _____ 2013 _____

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		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 [If last page of Schedule F-1, transfer total to Detailed Summary Page Line 7 Column A

Page____of____

OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F-2

Help Dr Bill stop big-box tax incentive

1. Committee Name _____

2. ID #

3. Report covering period from _____ 2014 _____ thru _____ 2014 _____

4	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED	DATE REFUND MADE	AMOUNT OF THE REFUND
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE		
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
f.	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]   0

* Includes return of contributions received by reporting committee

Page____of____

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

Help Dr Bill stop big-box tax in___

1. Committee Name _____

3. Report covering period from _____ 2013 _____ thru _____ 2013 _____

4	DEBTS AND OBLIGATIONS 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	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# J. R - C'___ ___ Lake Havasu City, AZ 8640_	0	1005.24	0	1005.24
	DESCRIPTION OF DEBT _loan_				
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
5.	ENTER TOTAL OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD ONLY IF LAST PAGE OF SCHEDULE F-3 [Transfer total to Detail Summary Page Line 19, Column A]				1005.24