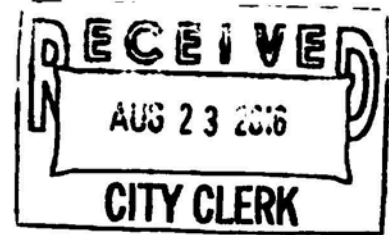


POLITICAL COMMITTEE
CITY OF Lake Havasu
CAMPAIGN FINANCE REPORT
2016 August/November Regular Election

FOR OFFICE USE ONLY



1. VoteGROAT
Full Name of Committee

Address
[REDACTED]

City Lake Havasu City ZIP Code 86406 County Mohave Phone [REDACTED]

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**

January 31 Report - For Period of _____ * thru December 31, 2015 January 1, 2016 and February 1, 2016

June 30 Report - For Period of January 1, 2016 thru May 31, 2016 June 1, 2016 and June 30, 2016

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

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

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

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

**January 31, Report - For Period of November 29, 2016 thru December 31, 2017 January 1, 2018 and January 31, 2018

	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)	-	-
5b	Cash on Hand at the Beginning of this Reporting Period	100.00	=
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	3709.88	3709.88
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]		

*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.

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

2. ID#

1. Committee Name: _____
 3. Report covering period from _____ Thru _____

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)	700.00	700.00
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)	55.00	55.00
(c) Political Committees (Total from Schedule B)	0	0
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	755.00	755.00
(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)]	755.00	755.00
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	3054.88	3054.88
(b) All other loans (Total from Schedule C-1)	0	0
(c) Total Loans [add 5(a) and 5(b)]	3054.88	3054.88
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]	3809.88	3809.88
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	0	0
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]	0	0
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]	0	0
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.

GORDON M. BRADAT

Type or Print Name of Treasurer

[Redacted Signature]

Signature of Treasurer or Candidate or Designating Individual

August 23, 2016

Date

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID#

1. Committee Name VoteGROAT

3. Report covering period from June 01, 2016 thru August 18, 2016

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 Groat</td> <td>FIRST Nancy</td> <td>MI A.</td> </tr> <tr> <td colspan="3">STREET ADDRESS [REDACTED]</td> </tr> <tr> <td>CITY Lake Havasu City</td> <td>STATE AZ</td> <td>ZIP 86403</td> </tr> <tr> <td>OCCUPATION Teacher / Retired</td> <td colspan="2">EMPLOYER</td> </tr> </table>	LAST Groat	FIRST Nancy	MI A.	STREET ADDRESS [REDACTED]			CITY Lake Havasu City	STATE AZ	ZIP 86403	OCCUPATION Teacher / Retired	EMPLOYER		July 03, 2016	\$200.00	\$200.00
LAST Groat	FIRST Nancy	MI A.														
STREET ADDRESS [REDACTED]																
CITY Lake Havasu City	STATE AZ	ZIP 86403														
OCCUPATION Teacher / Retired	EMPLOYER															
b.	<table border="0"> <tr> <td>LAST Groat</td> <td>FIRST Nancy</td> <td>MI C.</td> </tr> <tr> <td colspan="3">STREET ADDRESS [REDACTED]</td> </tr> <tr> <td>CITY Lake Havasu City</td> <td>STATE AZ</td> <td>ZIP 86406</td> </tr> <tr> <td>OCCUPATION Student</td> <td colspan="2">EMPLOYER ASU</td> </tr> </table>	LAST Groat	FIRST Nancy	MI C.	STREET ADDRESS [REDACTED]			CITY Lake Havasu City	STATE AZ	ZIP 86406	OCCUPATION Student	EMPLOYER ASU		July 20, 2016		\$5.00
LAST Groat	FIRST Nancy	MI C.														
STREET ADDRESS [REDACTED]																
CITY Lake Havasu City	STATE AZ	ZIP 86406														
OCCUPATION Student	EMPLOYER ASU															
c.	<table border="0"> <tr> <td>LAST Colby</td> <td>FIRST Daniel</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS [REDACTED]</td> </tr> <tr> <td>CITY Saint Johns</td> <td>STATE MI</td> <td>ZIP 48879</td> </tr> <tr> <td>OCCUPATION Insurance</td> <td colspan="2">EMPLOYER Self-Employed</td> </tr> </table>	LAST Colby	FIRST Daniel	MI	STREET ADDRESS [REDACTED]			CITY Saint Johns	STATE MI	ZIP 48879	OCCUPATION Insurance	EMPLOYER Self-Employed		July 20, 2016	\$50.00	\$50.00
LAST Colby	FIRST Daniel	MI														
STREET ADDRESS [REDACTED]																
CITY Saint Johns	STATE MI	ZIP 48879														
OCCUPATION Insurance	EMPLOYER Self-Employed															
d.	<table border="0"> <tr> <td>LAST Solf</td> <td>FIRST Frank</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS [REDACTED]</td> </tr> <tr> <td>CITY Essexville</td> <td>STATE MI</td> <td>ZIP 48732</td> </tr> <tr> <td>OCCUPATION Anesthesiologist</td> <td colspan="2">EMPLOYER Locum Tenens</td> </tr> </table>	LAST Solf	FIRST Frank	MI	STREET ADDRESS [REDACTED]			CITY Essexville	STATE MI	ZIP 48732	OCCUPATION Anesthesiologist	EMPLOYER Locum Tenens		July 26, 2016	\$500.00	\$500.00
LAST Solf	FIRST Frank	MI														
STREET ADDRESS [REDACTED]																
CITY Essexville	STATE MI	ZIP 48732														
OCCUPATION Anesthesiologist	EMPLOYER Locum Tenens															
e.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</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)		\$755.00	\$755.00												

*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#

1. Committee Name VoteGROAT

3. Report covering period from June 01, 2016 thru August 18, 2016

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
As Reported in Schedule A			
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

2. ID#

1. Committee Name VoteGROAT

3. Report covering period from June 01, 2016 thru August 18, 2016

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			
	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
	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 VoteGROAT - "see attached Schedule C"	2. ID #
3.	Report covering period from <u>June 01, 2016</u> thru <u>August 18, 2016</u>	
4.	LOANS MADE OR GUARANTEED BY CANDIDATE	DATE RECEIVED
	NAME AND ADDRESS FROM WHOM RECEIVED	AMOUNT RECEIVED
	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
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)	

VoteGroat 2016
Pre Primary Election Report
Schedule C Attachment

Type	Date	Memo	Amount	Balance
Colorado River Building Industry Assoc				0.00
Bill	28/07/2016	Cost of Meal - Candidate Meet and Greet CRBIA M...	25.00	25.00
Total Colorado River Building Industry Assoc				25.00
Facebook				0.00
Bill	22/07/2016	Online Advertising	25.00	25.00
Bill	25/07/2016	Online Advertising	50.00	75.00
Bill	01/08/2016	Online Advertising	86.68	161.68
Bill	09/08/2016	Online Advertising	250.21	411.89
Total Facebook				411.89
Harbor Freight Tools				0.00
Bill	23/07/2016	Sign Mounting Hardware (rivets & tie downs)	19.35	19.35
Bill	23/07/2016	Hammer / Rope / Auger Bits	48.47	67.82
Bill	09/08/2016	Sign Mounting Hardware (rivets & tie downs)	12.90	80.72
Bill	13/08/2016	Sign Mounting Hardware (rivets & tie downs)	8.60	89.32
Total Harbor Freight Tools				89.32
Horizon Community Bank				100.00
Total Horizon Community Bank				100.00
Lowe's				0.00
Bill	20/07/2016	Sign Mounting Supplies	29.21	29.21
Bill	20/07/2016	Sign Mounting Supplies	69.21	98.42
Bill	23/07/2016	Sign Mounting Supplies	75.50	173.92
Bill	23/07/2016	Sign Mounting Supplies	87.53	261.45
Bill	13/08/2016	Sign Mounting Supplies	81.85	343.30
Total Lowe's				343.30
Nation Builder				0.00
Bill	20/06/2016	Web Hosting	29.00	29.00
Bill	20/07/2016	Web Hosting	28.03	57.03
Total Nation Builder				57.03
River City Newspapers				0.00
Bill	17/06/2016	Newspaper Advertising	164.00	164.00
Bill	26/07/2016	Newspaper Advertising	35.00	199.00
Bill	29/07/2016	Newspaper Advertising	798.84	997.84
Total River City Newspapers				997.84
Shutterstock				0.00
Bill	05/08/2016	Campaign Photostock	49.00	49.00
Bill	08/08/2016	Campaign photostock	49.00	98.00
Bill	08/08/2016	Campaign photostock	49.00	147.00
Bill	08/08/2016	Campaign photostock	49.00	196.00
Total Shutterstock				196.00
Staples				0.00
Bill	09/07/2016	Clipboards Paper and Ink	50.77	50.77
Bill	26/07/2016	Printer Ink	90.57	141.34
Bill	27/07/2016	Printing and Folding	219.37	360.71
Total Staples				360.71
Sun West Express 2				0.00
Bill	26/07/2016	Fuel	7.00	7.00
Total Sun West Express 2				7.00
Tractor Supply				0.00
Bill	19/07/2016	Sign Mounting Supplies	32.15	32.15
Bill	19/07/2016	Sign Mounting Supplies	72.15	104.30
Total Tractor Supply				104.30
Vista Print				0.00
Bill	20/07/2016	Print Advertising	58.21	58.21
Bill	29/07/2016	Print Advertising	67.99	126.20
Total Vista Print				126.20
Vistago Print LLC				0.00

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23/08/16

VoteGroat 2016
Pre Primary Election Report
Schedule C Attachment

<u>Type</u>	<u>Date</u>	<u>Memo</u>	<u>Amount</u>	<u>Balance</u>
Bill	27/06/2016	Advertising - Wireframes	105.23	105.23
Bill	27/06/2016	Advertising - Car Magnets	131.06	236.29
Total Vistago Print LLC			236.29	236.29
TOTAL			2,954.88	3,054.88

OTHER LOANS

SCHEDULE C1

2. ID#

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#			
	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#

1. Committee Name _____

3. Report covering period from _____ thru _____

-4	EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
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

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 <hr/> 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 <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

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 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#		
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#

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.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE	
	DESCRIPTION		
	OCCUPATION	EMPLOYER	
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE	
	DESCRIPTION		
	OCCUPATION	EMPLOYER	
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE	
	DESCRIPTION		
	OCCUPATION	EMPLOYER	
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE	
	DESCRIPTION		
	OCCUPATION	EMPLOYER	
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#

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]				