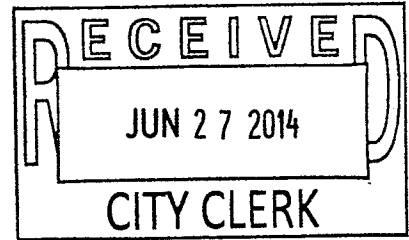


**POLITICAL COMMITTEE**  
**CITY/TOWN OF Lake Havasu City**  
**CAMPAIGN FINANCE REPORT**  
**2014 August/November Regular Election**

FOR OFFICE USE ONLY



1. Cal Sheehy 2014  
Full Name of Committee  
 \_\_\_\_\_  
Address  
Lake Havasu City 86403 Mohave \_\_\_\_\_  
City ZIP Code County Phone

2. Cal Sheehy, City Council  
Sponsoring Organization or Candidate and office  
 \_\_\_\_\_  
Name of Candidate and Office Sought (if applicable)  
 \_\_\_\_\_  
E-Mail Address Fax #

3A. ID# 14-NP-107

Primary  
 General

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

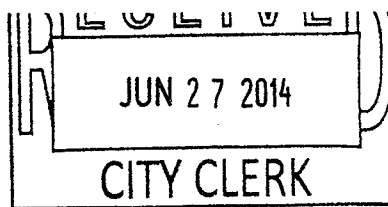
- January 31 Report - For Period of \_\_\_\_\_ \* thru December 31, 2013 ..... January 1, 2014 and January 31, 2014
- June 30 Report - For Period of January 1, 2014 thru May 31, 2014 ..... June 1, 2014 and June 30, 2014
- Pre-Primary Election Report - For Period of June 1, 2014 thru August 14, 2014 ..... 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)		
5b Cash on Hand at the Beginning of this Reporting Period	- 0 -	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	11,538.63	11,538.63
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	11,538.63	11,538.63
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)	4,319.87	4,319.87
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	7,218.76	7,218.76

\*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**



1. Committee Name: \_\_\_\_\_  
 3. Report covering period from 1/01/14 Thru 5/31/14

2. ID#  
14-NP-107

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)	7,848.49	7,848.49
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)	300.00	300.00
(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)		
(b) All other loans (Total from Schedule C-1)		
(c) Total Loans [add 5(a) and 5(b)]		
6. In-kind contributions (Total from Schedule E)	3,390.14	3,390.14
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)		
8. Total Receipts [add 4(f), 5(c), 6, and 7]	11,538.63	11,538.63
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	929.73	929.73
10. Independent Expenditures (Total from Schedule D-1)		
11. Value of in-kind expenditures (Total from Schedule E)	3,390.14	3,390.14
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]	4,319.87	4,319.87
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)		

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.

Michael E. Bonney  
 Type or Print Name of Treasurer  
 \_\_\_\_\_  
 Signature of Treasurer or Candidate or Designating Individual  
 \_\_\_\_\_  
 Date 6/27/14

CONTRIBUTIONS more than \$50 - from INDIVIDUALS\*

SCHEDULE A

2. ID#	14-NP-107
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Cal Sheehy 2014

3. Report covering period from January 1, 2014 thru May 31, 2014

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																								
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR																												
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LAST	FIRST	MI																										
Ward	Kelli																											
STREET ADDRESS																												
[REDACTED]																												
CITY	STATE	ZIP																										
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
Anderson	Michel																											
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LAST	FIRST	MI																										
Felke	Kathryn																											
STREET ADDRESS																												
[REDACTED]																												
CITY	STATE	ZIP																										
Lake Havasu City	AZ	86406																										
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Manager	Impact Int'l Mktg																											
e.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Flatley</td> <td>Thomas</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">[REDACTED]</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>King of Prussia</td> <td>PA</td> <td>19406</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Owner</td> <td colspan="2">London Bridge Resort</td> </tr> </table>	LAST	FIRST	MI	Flatley	Thomas		STREET ADDRESS			[REDACTED]			CITY	STATE	ZIP	King of Prussia	PA	19406	OCCUPATION	EMPLOYER		Owner	London Bridge Resort		5/28/14	500.00	500.00
LAST	FIRST	MI																										
Flatley	Thomas																											
STREET ADDRESS																												
[REDACTED]																												
CITY	STATE	ZIP																										
King of Prussia	PA	19406																										
OCCUPATION	EMPLOYER																											
Owner	London Bridge Resort																											
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.

CONTRIBUTIONS of \$50 or less - AGGREGATE TOTAL\*

SCHEDULE A-1

2. ID# 14-NP-107	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Cal Sheehy 2014

3. Report covering period from 1/01/14 thru 5/31/14

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
Total of six contributions	300.00	300.00	
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]	300.00	6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]	300.00

\*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 more than \$50 - from INDIVIDUALS\*

SCHEDULE A

2. ID# 14-NP-107	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Cal Sheehy 2014

3. Report covering period from January 1, 2014 thru May 31, 2014

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																								
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR																												
4a.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Iannone</td> <td>Nancy</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">[REDACTED]</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Lake Havasu City</td> <td>AZ</td> <td>86406</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Social Worker</td> <td colspan="2">Self-Employed</td> </tr> </table>	LAST	FIRST	MI	Iannone	Nancy		STREET ADDRESS			[REDACTED]			CITY	STATE	ZIP	Lake Havasu City	AZ	86406	OCCUPATION	EMPLOYER		Social Worker	Self-Employed		5/29/14	100.00	100.00
LAST	FIRST	MI																										
Iannone	Nancy																											
STREET ADDRESS																												
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CITY	STATE	ZIP																										
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LAST	FIRST	MI																										
Beauchman	Michael																											
STREET ADDRESS																												
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LAST	FIRST	MI																										
Morkrid	Bernard																											
STREET ADDRESS																												
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Pasadena	CA	91103																										
OCCUPATION	EMPLOYER																											
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LAST	FIRST	MI																										
Foxx	Joseph																											
STREET ADDRESS																												
[REDACTED]																												
CITY	STATE	ZIP																										
Lake Havasu City	AZ	86405																										
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LAST	FIRST	MI																										
Rizzo	Jacqueline																											
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CONTRIBUTIONS more than \$50 - from INDIVIDUALS\*

SCHEDULE A

2. ID#	14-NP-107
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Cal Sheehy 2014

3. Report covering period from January 1, 2014 thru May 31, 2014

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR			
	LAST FIRST MI Kaino H E STREET ADDRESS [REDACTED] CITY STATE ZIP Lake Havasu City AZ 86404 OCCUPATION EMPLOYER Designer Lowe's	5/30/14	100.00	100.00
	LAST FIRST MI Sheehy Shawnah STREET ADDRESS [REDACTED] CITY STATE ZIP Lake Havasu City AZ 86403 OCCUPATION EMPLOYER V.P. Sales Impact Int'l Mktg	5/30/14	500.00	500.00
	LAST FIRST MI Carleton Donna STREET ADDRESS [REDACTED] CITY STATE ZIP Lake Havasu City AZ 86406 OCCUPATION EMPLOYER Recreation Supervisor	5/30/14	100.00	100.00
	LAST FIRST MI McKinney Stephanie STREET ADDRESS [REDACTED] CITY STATE ZIP Flagstaff AZ 86001 OCCUPATION EMPLOYER Banker National Bank of AZ	5/27/14	100.00	100.00
	LAST FIRST MI Walker Sally STREET ADDRESS [REDACTED] CITY STATE ZIP Lake Havasu City AZ 86404 OCCUPATION EMPLOYER Retired	5/26/14	100.00	100.00
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)			

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CONTRIBUTIONS more than \$50 - from INDIVIDUALS\*

SCHEDULE A

2. ID# 14-NP-107

Primary

General

1. Committee Name Cal Sheehy 2014

3. Report covering period from January 1, 2014 thru May 31, 2014

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR			
4a.	LAST FIRST MI Rasmussen Geri STREET ADDRESS [REDACTED] CITY STATE ZIP Lake Havasu City AZ 86406 OCCUPATION EMPLOYER Retired	5/27/14	75.00	75.00
b.	LAST FIRST MI Navaretta John STREET ADDRESS [REDACTED] CITY STATE ZIP Lake Havasu City AZ 86406 OCCUPATION EMPLOYER Retired	5/25/14	150.00	150.00
c.	LAST FIRST MI Judd Nancy STREET ADDRESS [REDACTED] CITY STATE ZIP Lake Havasu City AZ 86406 OCCUPATION EMPLOYER Retired	5/27/14	100.00	100.00
d.	LAST FIRST MI  STREET ADDRESS  CITY STATE ZIP  OCCUPATION EMPLOYER			
e.	LAST FIRST MI  STREET ADDRESS  CITY STATE ZIP  OCCUPATION EMPLOYER			
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CONTRIBUTIONS more than \$50 - from INDIVIDUALS\*

SCHEDULE A

2. ID#	14-NP-107
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<input type="checkbox"/>	General

1. Committee Name Cal Sheehy 2014

3. Report covering period from January 1, 2014 thru May 31, 2014

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LAST	FIRST	MI																										
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OCCUPATION	EMPLOYER																											
Retired																												
b.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Springberg</td> <td>Brian</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">[REDACTED]</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Lake Havasu City</td> <td>AZ</td> <td>86403</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Certified Financial Planner</td> <td colspan="2">Springberg McAndrew</td> </tr> </table>	LAST	FIRST	MI	Springberg	Brian		STREET ADDRESS			[REDACTED]			CITY	STATE	ZIP	Lake Havasu City	AZ	86403	OCCUPATION	EMPLOYER		Certified Financial Planner	Springberg McAndrew		5/19/14	150.00	150.00
LAST	FIRST	MI																										
Springberg	Brian																											
STREET ADDRESS																												
[REDACTED]																												
CITY	STATE	ZIP																										
Lake Havasu City	AZ	86403																										
OCCUPATION	EMPLOYER																											
Certified Financial Planner	Springberg McAndrew																											
c.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Campanaro</td> <td>Anne</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">[REDACTED]</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Lake Havasu City</td> <td>AZ</td> <td>86406</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Administrative</td> <td colspan="2">London Bridge Resort</td> </tr> </table>	LAST	FIRST	MI	Campanaro	Anne		STREET ADDRESS			[REDACTED]			CITY	STATE	ZIP	Lake Havasu City	AZ	86406	OCCUPATION	EMPLOYER		Administrative	London Bridge Resort		5/06/14	250.00	250.00
LAST	FIRST	MI																										
Campanaro	Anne																											
STREET ADDRESS																												
[REDACTED]																												
CITY	STATE	ZIP																										
Lake Havasu City	AZ	86406																										
OCCUPATION	EMPLOYER																											
Administrative	London Bridge Resort																											
d.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Bailey</td> <td>Dale</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">[REDACTED]</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Lake Havasu City</td> <td>AZ</td> <td>86406</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Self-Employed</td> <td colspan="2">Havasu Fitness</td> </tr> </table>	LAST	FIRST	MI	Bailey	Dale		STREET ADDRESS			[REDACTED]			CITY	STATE	ZIP	Lake Havasu City	AZ	86406	OCCUPATION	EMPLOYER		Self-Employed	Havasu Fitness		5/02/14	500.00	500.00
LAST	FIRST	MI																										
Bailey	Dale																											
STREET ADDRESS																												
[REDACTED]																												
CITY	STATE	ZIP																										
Lake Havasu City	AZ	86406																										
OCCUPATION	EMPLOYER																											
Self-Employed	Havasu Fitness																											
e.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Clark</td> <td>Sylvia</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">[REDACTED]</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Lake Havasu City</td> <td>AZ</td> <td>86404</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Realtor</td> <td colspan="2">Brooks-Clark</td> </tr> </table>	LAST	FIRST	MI	Clark	Sylvia		STREET ADDRESS			[REDACTED]			CITY	STATE	ZIP	Lake Havasu City	AZ	86404	OCCUPATION	EMPLOYER		Realtor	Brooks-Clark		5/09/14	500.00	500.00
LAST	FIRST	MI																										
Clark	Sylvia																											
STREET ADDRESS																												
[REDACTED]																												
CITY	STATE	ZIP																										
Lake Havasu City	AZ	86404																										
OCCUPATION	EMPLOYER																											
Realtor	Brooks-Clark																											
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.



CONTRIBUTIONS more than \$50 - from INDIVIDUALS\*

SCHEDULE A

2. ID# 14-NP-107

Primary

General

1. Committee Name Cal Sheehy 2014

3. Report covering period from January 1, 2014 thru May 31, 2014

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR			
	LAST FIRST MI Bonney Michael			
	STREET ADDRESS [REDACTED]			
	CITY STATE ZIP Lake Havasu City AZ 86403			
	OCCUPATION EMPLOYER Accountant GDK CPA, LLC	4/28/14	250.00	250.00
	LAST FIRST MI Qualls Brett			
	STREET ADDRESS [REDACTED]			
	CITY STATE ZIP Lake Havasu City AZ 86403			
	OCCUPATION EMPLOYER Physical Therapist Pro Therapy	3/30/14	500.00	500.00
	LAST FIRST MI Marinelli Dante			
	STREET ADDRESS [REDACTED]			
	CITY STATE ZIP Lake Havasu City AZ 86406			
	OCCUPATION EMPLOYER Self-Employed Red Robin	5/08/14	500.00	500.00
	LAST FIRST MI Parrott John			
	STREET ADDRESS [REDACTED]			
	CITY STATE ZIP Lake Havasu City AZ 86406			
	OCCUPATION EMPLOYER Realtor Coldwell Banker	4/25/14	250.00	250.00
	LAST FIRST MI Sheehy Cal			
	STREET ADDRESS [REDACTED]			
	CITY STATE ZIP [REDACTED]			
	OCCUPATION EMPLOYER General Manager London Bridge Resort	3/15/14 - 5/31/14	823.49	823.49
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]		7,848.49	<del>7,025.28</del> 7,873.27

\*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 FROM POLITICAL COMMITTEES

SCHEDULE B

2. ID# <u>14-NP-107</u>	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Cal Sheehy 2014

3. Report covering period from January 1, 2014 thru May 31, 2014

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)		

*NONE TO REPORT*

CANDIDATE LOANS

SCHEDULE C

1.	Committee Name  <i>Cal Sheehy 2014</i>	2. ID # <i>14-NA-107</i> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
3.	Report covering period from <i>6/1/14</i> thru <i>5/31/14</i>			
4.	LOANS MADE OR GUARANTEED BY CANDIDATE NAME AND ADDRESS FROM WHOM RECEIVED	DATE 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]			

*NONE TO REPORT*

OTHER LOANS

SCHEDULE C1

2. ID# 14-NP-107	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Cal Sheehy 2014  
 3. Report covering period from January 1, 2014 thru May 31, 2014

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# 14-NP-107

Primary

General

1. Committee Name Cal Sheehy 2014

3. Report covering period from January 1, 2014 thru May 31, 2014

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 Pinyx 144 2nd St San Francisco, CA 94105		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Merchant Fees	5/13/14 - 5/28/14	86.24
4b.	NAME, ADDRESS, CITY, STATE AND ZIP Mohave State Bank 1771 McCulloch Lake Havasu City, AZ 86403		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Bank Service Charge	4/30/14 - 5/30/14	20.00
4c.	NAME, ADDRESS, CITY, STATE AND ZIP Cal Sheehy [REDACTED] Lake Havasu City, AZ 86403		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Banners, signs, cards, advertising	3/5/14 - 5/31/14	823.49
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]		929.73

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

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

2. ID# <u>14-NP-107</u>	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Cal Shirley 2014  
 3. Report covering period from 1/1/14 thru 9/30/14

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]		

*NONE TO REPORT*

OFFSETS TO OPERATING EXPENSES \*

SCHEDULE D-3

2. ID#	14-NP-107
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Cal Study 2014  
 3. Report covering period from 1/1/14 thru 5/3/14

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

*NONE TO REPORT*

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

2. ID#	14-NP104
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Cad Sheehy 2014  
 3. Report covering period from 1/1/14 thru 1/3/14

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]		

*NONE TO REPORT*



REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

2. ID#	14-NP-104
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Cal Study 2014  
 3. Report covering period from 1/1/14 thru 9/30/14

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]		

*NONE TO REPORT*

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

2. ID# <u>14-NA-107</u>	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Cal Steechy 2014  
 3. Report covering period from 4/1/14 thru 5/31/14

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]			

*NONE TO REPORT*

ANY OTHER DISBURSEMENT

SCHEDULE D-7

2. ID# <i>14-NP-107</i>	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name *Cal Sheehy 2014*

3. Report covering period from *1/1/14* thru *5/3/14*

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]		

*NONE TO REPORT*

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

2. ID# 14-NP-107	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Cal Sheehy 2014

3. Report covering period from January 1, 2014 thru May 31, 2014

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# <u>Michael E Bonney</u> [REDACTED] <u>Lake Havasu City, AZ 86403</u>	CONTRIBUTION <input checked="" type="checkbox"/> EXPENDITURE <input checked="" type="checkbox"/>	5/01/14	105.14
	DESCRIPTION <u>Accounting Supplies</u>			
	OCCUPATION <u>Accountant</u>	EMPLOYER <u>GDR CPA, LLC</u>		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# <u>Kathryn Felke</u> [REDACTED] <u>Lake Havasu City, AZ 86406</u>	CONTRIBUTION <input checked="" type="checkbox"/> EXPENDITURE <input checked="" type="checkbox"/>	5/01/14	905.00
	DESCRIPTION <u>website design, posters &amp; advertising</u>			
	OCCUPATION <u>Manager</u>	EMPLOYER <u>Impact Int'l Marketing</u>		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# <u>Shawnah Sheehy</u> [REDACTED] <u>Lake Havasu City, AZ 86403</u>	CONTRIBUTION <input checked="" type="checkbox"/> EXPENDITURE <input checked="" type="checkbox"/>	5/01/14	880.00
	DESCRIPTION <u>website design, posters</u>			
	OCCUPATION <u>VP Sales</u>	EMPLOYER <u>Impact Int'l Marketing</u>		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# <u>Thom Felke</u> [REDACTED] <u>Lake Havasu City, AZ 86406</u>	CONTRIBUTION <input checked="" type="checkbox"/> EXPENDITURE <input checked="" type="checkbox"/>	5/27/14	1,500.00
	DESCRIPTION <u>Food for meet and greet</u>			
	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)			3,390.14
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)			3,390.14

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

2. ID#	14-NP-107
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Cal Study 2014  
 3. Report covering period from 4/1/14 thru 7/31/14

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

*NONE TO REPORT*

OFFSETS TO CONTRIBUTIONS RECEIVED \*

SCHEDULE F-2

2. ID# <u>14-NP-107</u>	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Cal Shady 2014  
 3. Report covering period from 4/1/14 thru 7/31/14

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

*NONE TO REPORT.*