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	POLITICAL COMMITTEE CITY/TOWN OF <u>CAMPAIGN FINANCE REPORT</u> 2012 August/November Regular Election Committee TO Re-elect Dan CALLA Full Name of Committee Address Address Address Address Address Sponsoring Organization or Candidate and office Dow CALLANDER - City Council	AUG 2 2 2012 CITY CLERK
	Name of Candidate and Office Souph! (#Coblicable) E-Mill Address Fax #	
4.	REPORTING PERIOD (Please check appropriate box)	DUE BETWEEN
	January 31 Report - For Period of* thru December 31, 2011	January 1, 2012 and January 31, 2012
	June 30 Report - For Period of January 1, 2012 thru May 31, 2012	June 1, 2012 and June 30, 2012
\mathbf{X}	Pre-Primary Election Report - For Period of June 1, 2012 thru August 8, 2012	August 9, 2012 and August 16, 2012
Ĺ	Post-Primary Election Report - For Period of August 9, 2012 thru September 17, 5	2012 September 18, 2012 thru September 27, 2012
	Pre-General Election Report - For Period of September 18, 2012 thru October 17,	, 2012 October 18, 2012 and October 25, 2012
	Post-General Election Report - For Period of October 18, 2012 thru November 26	5, 2012 November 27, 2012 and December 6, 2012
	**January 31, Report - For Period of November 27, 2012 thru December 31, 2013	
5.	SUMMARY	Column AColumn BTotal This ReportingElection PeriodPeriodTotal 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	2,342.64 2342.64
5d	Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	2,342.64 2,342.64
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]	0
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	1/24.22 1/26.22
7.	Cash on Hand at Close of Reporting Period [Subtract	1,216.42 \$1216.42

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*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.

1. Committee Name: Re-elect Dor CALLAMAS	2. ID#	Page 2
3. Report covering period from 6/1/12 Thru 8/8/12	19	h-NP-101
RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4. Contributions other than loans and in-kind:		
(a) Individuals - more than \$25 (Total from Schedule A)	1.130. an	1.130. ve
(b) Individuals - aggregate \$25 or less (Total from Schedule A-1)	375.4	375.00
(c) Political Committees (Total from Schedule B)		
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	1,505.02	1,505.4
(e) Refund of contributions (Total from Schedule F-2)		· · · · · · · · · · · · · · · · · · ·
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	1,505.00	1.505.12
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	600.00	600.4
(b) All other loans (Total from Schedule C-1)		
(c) Total Loans [add 5(a) and 5(b)]	600.02	600. <u>ce</u>
6. In-kind contributions (Total from Schedule E)	237.64	237.64
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)		
8. Total Receipts [add 4(f), 5(c), 6, and 7]	2,342.64	2,342.64
QUALIFYING CONTRIBUTION RECEIPTS		
Qualifying Contributions of \$5 from Individuals (Total from Schedule A2).		
DISBURSEMENTS	1 21 27	
9. Expenditures for operating expenses (Total from Schedule D)	1.126.22	1,126.22
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)	112102	1101.27
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	1,126.22	4/2602
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)	1121 02	1122 22
18. Total disbursements [subtract line 17 from line 16]	1,124.22	4/262
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3 I certify, under penalty of perjury, that I have examined the contents of this campaign finance report	NAMES OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY.	and belief it is true and
DON CALLAHAM		
Rent Name of Treasurer //	8/22/1-	
nature of Treasurer or Candidate/or Designating Individual	Date	
naure of measurer of Gandidateor Designating interational		

		\frown		¥.
	CONTRIBUTIONS more than \$25 - from INDIVIDUA	LS*	SCH	
	1. Committee Name Re-ILect Don CALLANA.	<u>~</u> 8/æ	2. ID# 12-NT-	2 101
	3. Report covering period from 6////2 thru	8/150	112	
4	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
42	AST FIRST MI DONNEY MIKE STREET ADDRESS CITY STATE ZIP LAKO HADASU CITY AZ 86 406 OCCÚPATION EMPLOYER	7/2/12	100. 4	100.4
b.	LAST FIRST MI ATWELL ALLAN STREET ADDRESS	6/6/12	51. 4 <u>4</u>	50. <u>u</u>
с.	CITY STATE ZIP LAK HAUAGUCITY AZ 86406 OCCUPATION EMPLOYER LAST FIRST MI	1.10.10-		
	CITY STATE ZIP LAKE HAUASUCITY, HZ86406 OCCUPATION	9 8 /12	150. 00	150.4
٩	CITY STATE ZIP	7/2/12	200 ^{vz}	200 ==
	OCCUPATION ADAGA C: TY AZ 86 403			
e.	LAST FIRST MI ALLIGGE MIKE STREET ADDRESS CITY STATE ZIP	8/20/1Z	100.4	100 4
	CCUPATION C: TP AZ 86406			
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]	, • • [•]	15. · ·	
*If co	ntributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do r on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.	not include.	مىلى بەت يەرىپى بەر يەر يەر يەر يەر يەر يەر يەر يەر يەر ي	Page / of 3

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*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include a them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS more than \$25 - from INDIVIDUA	SCH		
1. Committee Name RE-ELPCT Don CALLAHAS	8/8/	2.10# 12-N1 12-	D- 101
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 4a. LAST REET ADDRESS CITY STATE ZIP JAKE MAUASU, C:TY, AZ 86406 OCCUPATION EMPLOYER	7/25/12	40. <u>cc</u>	
b. LAST FIRST MI KLOSTORMICE DIANE STREET ADDRESS CITY STATE ZIP LAKEHAUASU C:TY, AZ S6403 OCCUPATION EMPLOYER	4/25/1Z	40. <u>u</u>	40. <u>-</u>
c. LAST MI STREET ADDRESS CITY STATE ZIP LAKE HAUASUC: TY, AZ 86404 OCCUPATION EMPLOYER	1/25/12	60. 40	60 00
d. LAST PIRST MI STREET ADDRESS CITY LAKE HAUASU C:TY, HZ 86406 OCCUPATION	9/25/1Z	50, <u>vr</u>	50. <u>or</u>
e. LAST FIRST MI REMUDAN STREET ADDRESS CITY STATE ZIP AKEHAUASUCITY, AZ SG404 OCCUPATION EMPLOYER	7/26/12	50. <u>v</u> e	50.00
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detniled Summary Page Line 4(z), Column A]			

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include lihern on Schedule A-1 List \$5 Clean Election qualifying contributions separately on Schedule A-2.

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Page of 3

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*				
	1. Committee Name Re-CLCCF DOM CALLAHAU 3. Report covering period from 6/1/1 Z thr		2.10# 12-NP 112	-101
4	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
^{4a.}		7/25/1Z		50. VC
b.	LAST FIRST MI CUTASSMUTH DON STREET ADDRESS CITY STATE ZIP CITY STATE ZIP CUTY ALAUASUC, TY, AZ 86404 OCCUPATION EMPLOYER	7/257/2	50. °£	50, 00
c.	CITY STATE ZIP LAKE HAUASU CITY, AZ 86406 OCCUPATION	7/25/12	100, EC	100. 11
d.	CITY STATE ZIP LART MI STREET ADDRESS CITY STATE ZIP LAKE HAVASUCITY, AZ 86406 OCCUPATION EMPLOYER	7/257/12	50, <u>'</u> 6	50. <u>ve</u>
e.	LAST FIRST MI Ketchum Jerry STREET ADDRESS CITY LAKO HAUASU C:TH, AZ 86406 OCCUPATION EMPLOYER	7þs712	40. <u>c</u>	40. <u>cc</u>
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page Line 4(2), Column A]		7	1,130.00

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include lhem on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

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Page 3 of 3

CONTRIBUTIONS of \$25 or less - AGGREGATE TOTAL*	SCHEDULE A-1
1. Committee Name Committee to Re- elect Dou	2. ID# 12-NP- NI
3. Report covering period from 6/1/12thru	8/16/12

4. Aggregate Total of Contributions of \$25 or less

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
18 Seperate contribution	# 375-UP !	375:00
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 \$25 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE **B**

2. ID #

thru

1. Committee Name

3. Report covering period from _____

			·	
4	CONTRIBUTIONS		AMOUNT RECEIVED THIS	CUMULATIVE TOTAL THIS CAMPAIGN TO
			PERIOD	DATE
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 Detailed Summary Page,	LAST PAGE OF SCHEDULE B [If last page of Schedule B, transfer total to Line 4(c), Column A]		

			··	
	CANDIDATE LOANS	SC	HEDULE C	
1.	Committee Name Committee TORE- ELECT DEN CA Report covering period from 6/1/12 thru 8	2. ID#		
3.	Report covering period from <u>6/1/12</u> thru 8	5/16/12_		<u></u>
4.	LOANS MADE OR GUARANTEED BY CANDIDATE	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP LAK. UAUA SU City, AZ.86400	7/2/12	600.00	
C	DESCRIPTION			
) Þ.	DESCRIPTION pon for expans offer fund raising 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 PAG [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), C			

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Schedule C Page____of_

OTHER LOANS

1. Committee Name

SCHEDULE C1

_ 2. ID#

3.	Report covering period fromthru_thru	,		
4	ALL OTHER LOANS NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.	DATE LOAN RECEIVED	amount of loan	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	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 t Page, Line 5(a), Column A]	to Detailed Summary		

Page____of___

EXPENDITURES FOR OPERATING EXPENSES SCHEDULE D 1. committiee Name e_e_e_e_e_e_e_e_e_e_e_e_e_e_e_e_e CALL AHHAN I. IP 1. committiee Name e_e_e_e_e_e_e_e CALL AHHAN I. IP 1. committiee Name e_e_e_e_e_e E_e_e_e IP 1. committiee Name e_e_e E_e_e IP IP 1. committiee Name E_e_e E_e IP IP IP 1. MARE AND ADDRESS TO WHOM EXPENDITURE (DIBBURSEMENT) WAS MADE ED IP			
1. Committee Name K = CLCET Disk CALLAMMAN 12-NP_101 3. Report covering period from 6/1/12 Image: Structure Structur		EXPENDITURES FOR OPERATING EXPENSES*	SCHEDULE D
4 EXPENDITURES DATE DATE 1 NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURGEMENT) WAS MADE DATE EXPENDITURE 4 MME. ADDRESS TO WHOM EXPENDITURE (DISBURGEMENT) WAS MADE MADE MADE 4 MME. ADDRESS TO WHOM EXPENDITURE (DISBURGEMENT) WAS MADE (1/1/2 I/46.95 4 MME. ADDRESS TO WHOM EXPENDITURE (DISBURGEMENT) WAS MADE (1/1/2 I/46.95 4 MME. ADDRESS TO WHOM EXPENDITURE (DISBURGEMENT) WAS MADE (1/1/2 I/46.95 4 MME. ADDRESS TO WHOM EXPENDITURE (DISBURGEMENT) (1/1/2 I/46.95 5 MARE ADDRESS FUNCTION TO FITEME ADD ZP (1/1/2 I/46.95 6 MARE ADDRESS, CITY, STATE AND ZP 7/2/1/2 7/33.65 7 MARE ADDRESS, CITY, STATE AND ZP 7/30/12 I/30.62 7 MARE ADDRESS, CITY, STATE AND ZP 7/30/12 I/30.62 7 MARE ADDRESS, CITY, STATE AND ZP 7/30/12 I/30.62 7 MARE ADDRESS, CITY, STATE AND ZP 0 0 7 MARE ADDRESS, CITY, STATE AND ZP 0 0 7 MARE ADDRESS, CITY, STATE AND ZP 0 0 7 MARE ADDRESS, CITY, STATE AND ZP 0 0 7 MARE, ADDRESS, CITY, STATE AND ZP 0 0 </td <td></td> <td></td> <td>12-NP_101</td>			12-NP_101
Link Even AND ADDRESS TO WHOM EXPERIDITURE (DISBURSEMENT) WAS MADE EXPENDITURE OF THE EXPENDITURE 44. MME, ADDRESS, CITY, STATE AND 2P J C N TT N S PACE C////2 C////2 C////2 45. MME, ADDRESS, CITY, STATE AND 2P J C N TT N S PACE C////2 C////2 C////2 46. MME, ADDRESS, CITY, STATE AND 2P THINT IN S PACE C////2 C////2 C////2 47. MME, ADDRESS, CITY, STATE AND 2P C////2 C///2 C///2 48. MME, ADDRESS, CITY, STATE AND 2P C///2 C///2 C///2 49. MME, ADDRESS, CITY, STATE AND 2P C///2 C///2 C///2 40. MME, ADDRESS, CITY, STATE AND 2P C///2 C///2 C///2 41. MME, ADDRESS, CITY, STATE AND 2P C///2 C///2 C//2 42. MME, ADDRESS, CITY, STATE AND 2P C///2 C//2 C//2 43. MME, ADDRESS, CITY, STATE AND 2P C///2 C//2 C//2 44. MME, ADDRESS, CITY, STATE AND 2P C//2 C//2 C//2 45. MME, ADDRESS, CITY, STATE AND 2P C//2 C//2 C//2 44. MME, ADDRESS, CITY, STATE AND 2P C//2 C//2 C//2 45. MME, ADDRESS, CITY, STATE AND 2P C//2		3. Report covering period from6////2thru6/	16/12
44. MME. ADDRESS. CITY. STATE AND 20 <i>JC</i> M <i>M C C M L C M L C L M L L L L L L L L L L</i>	4		EXPENDITURE OF THE
b. NAME, ADDRESS, CITY, STATE AND ZIP 7/24/12 733 65 DESCRIPTION OF ITEMS OR SERVICES PURCHASED 7/24/12 733 65 C. NAME, ADDRESS, CITY, STATE AND ZIP 7/30/12 130. 62 TESTAPTION OF ITEMS OR SERVICES PURCHASED 7/30/12 130. 62 TESTAPTION OF ITEMS OR SERVICES PURCHASED 7/30/12 130. 62 TESTAPTION OF ITEMS OR SERVICES PURCHASED 6/11/12 130. 62 TESTAPTION OF ITEMS OR SERVICES PURCHASED 6/11/12 130. 62 DESCRIPTION OF ITEMS OR SERVICES PURCHASED 6/11/12 15. 5 0. NAME, ADDRESS, CITY, STATE AND ZIP 15. 5 6/11/12 DESCRIPTION OF ITEMS OR SERVICES PURCHASED 15. 5 6/11/12 15. 5 1. NAME, ADDRESS, CITY, STATE AND ZIP 15. 5 15. 5 2. NAME, ADDRESS, CITY, STATE AND ZIP 15. 5 15. 5 2. NAME, ADDRESS, CITY, STATE AND ZIP 15. 5 15. 5 1. NAME, ADDRESS, CITY, STATE AND ZIP 15. 5 15. 5 2. DESCRIPTION OF ITEMS OR SERVICES PURCHASED 15. 5 15. 5 1. NAME, ADDRESS, CITY, STATE AND ZIP 15. 5 15. 5 2. DESCRIPTION OF ITEMS OR SERVICES PURCHASED 16. 5 15. 5	4a.	HAME, ADDRESS, CITY, STATE AND ZIP PIINTINGPLAS 2069 MCCULLOCH BLUD. LAKA HAUASU CITY, AZ 56403 SECRIPTION OF ITEMS OR SERVICES PURCHASED	6/1/12 146.95
BIOCAURES - Docats - Buttons Image: ADDRESS, CITY, STATE AND ZIP Hrinting Rus Make: ADDRESS, CITY, STATE AND ZIP A. MAKE: ADDRESS, CITY, STATE AND ZIP A. MAKE: ADDRESS, CITY, STATE AND ZIP A. MAKE: ADDRESS, CITY, STATE AND ZIP B. MAKE: ADDRESS, CITY, STATE AND ZIP I. MAKE: ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED I. MAKE, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED I. MAKE, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED I. MAKE, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED	Þ. C	NAME, ADDRESS, CITY, STATE AND ZIP HINTING PROS	7/2/12 733 65
Printing Aus 7/30/12 130.62 PECRIPTION OF ITEMS OR SERVICES PURCHASED 7/30/12 130.62 d. NAME, ADDRESS, CITY, STATE AND ZIP 6/11/12 JASSO MC C u L Loch Bbbod. 6/11/12 6/11/12 DESCRIPTION OF ITEMS OR SERVICES PURCHASED 6/11/12 11.5 e. NAME, ADDRESS, CITY, STATE AND ZIP 11.5 e. NAME, ADDRESS, CITY, STATE AND ZIP 11.5 I. NAME, ADDRESS, CITY, STATE AND ZIP 11.5 I. NAME, ADDRESS, CITY, STATE AND ZIP 11.5 I. NAME, ADDRESS, CITY, STATE AND ZIP 11.5		Brochures - Decahs - Buttons	
JFOCHUTCS d. NAME, ADDRESS, CITY, STATE AND ZIP LAKE HAUASOC; TY, JATE 86403 LAKE HAUASOC; TY, JATE 86403 DESCRIPTION OF ITEMS OR SERVICES PURCHASED SIGN Description of items or services purchased DESCRIPTION OF ITEMS OR SERVICES PURCHASED Image: Sign Description of items or services purchased DESCRIPTION OF ITEMS OR SERVICES PURCHASED DESCRIPTION OF ITEMS OR SERVICES PURCHASED Image: Description of items or services purchased Image: Description of items or services purchased DESCRIPTION OF ITEMS OR SERVICES PURCHASED			7/30/12 130. 62
LAPKE HAUASA City 330 meCulloch Bhod. LAKE HAUASA City, AE 86403 DESCRIPTION OF ITEMS OR SERVICES PURCHASED SIGK Dermit Image: NAME, ADDRESS, CITY, STATE AND ZIP Image: Description of ITEMS OR SERVICES PURCHASED			
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	d.	LAKE HAUASOC; TY 2330 MCCULLOCH BLUD. LAKE HAUASOC; TY, HE 86403 DESCRIPTION OF ITEMS OR SERVICES PURCHASED	6/11/12 115:00
f. NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED	e.		
DESCRIPTION OF ITEMS OR SERVICES PURCHASED		DESCRIPTION OF ITEMS OR SERVICES PURCHASED	
	f.	NAME, ADDRESS, CITY, STATE AND ZIP	
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 Aj		DESCRIPTION OF ITEMS OR SERVICES PURCHASED	
	5.		\$1,126.2

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

Page___of____

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

2. ID#

1. Committee Name

3.	Report	covering	period	from

	3. Report covering period from	thru		
4	INDEPENDENT EX	PENDITURES	DATE EXPENDITURE MADE	amount of the expenditure
	IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE	E WHO IS BENEFITTED OR OPPOSED		
4a.	NAME, ADDRESS, CITY, STATE AND ZIP			
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted • •	Opposed ••		n a
	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	e of Schedule D-1, transfer total to Detailed Summary Page Line	10, Column A]	

*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.

Signature of Treasurer

NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WITHIN THE LAST SIX MONTHS	AMOUNT

Schedule D-1 Page___of ____

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

2. ID#

1. Committee Name

	3. Report covering period fromthru_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#		
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]		

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OFFSETS TO OPERATING EXPENSES *

SCHEDULE D-3

2. ID#

thru

1. Committee Name

3. Report covering period from _____

REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES		DATE REFUND	AMOUNT OF THE
NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED		RECEIVED	REFUND
NAME, ADDRESS, CITY, STATE, AND ZIP			
DESCRIPTION OF REFUND			
NAME, ADDRESS, CITY, STATE, AND ZIP			
DESCRIPTION OF REFUND			
NAME, ADDRESS, CITY, STATE, AND ZIP		an a	
DESCRIPTION OF REFUND			
NAME, ADDRESS, CITY, STATE, AND ZIP			
DESCRIPTION OF REFUND			
NAME, ADDRESS, CITY, STATE, AND ZIP	·		
DESCRIPTION OF REFUND			
NAME, ADDRESS, CITY, STATE, AND ZIP			
DESCRIPTION OF REFUND			
ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 [If last page of Schedule D-3, transfer total to Detailed Summar	v Page	<u> </u>	

* Includes return of contributions made by reporting committee

Schedule D-3 Page____of ____

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

2. ID#

thru

1. Committee Name

3. Report	covering	period	from
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	REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE	DATE REPAYMENT MADE	Amount of the Repayment
	NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
a.	NAME, ADDRESS, CITY, STATE, AND ZIP		
ь.	NAME, ADDRESS, CITY, STATE, AND ZIP		
с.	NAME, ADDRESS, CITY, STATE, AND ZIP	1	
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]		
			1

Schedule D-4 Page____of ____

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

2. ID#

thru

1. Committee Name

3. Report covering period from _____

4	REPAYMENT OF ALL OTHER LOANS		AMOUNT OF THE
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	MADE	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#	1	
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]		

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

2. ID#

thru

1. Committee Name

3. Report covering period from _____

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#				
ľ.	NAME, ADDRESS, UTT, STATE, ZIF AND ID#				
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A]				

ANY OTIL R DISBURSEMENT

.



thru

SCHEDULE D-7

1. Committee Name

2. ID #

3. Report covering period from _

	ANY OTHER DISBURSEMENTS	DISBURSEMENT OF	DISBURSEMENT	AMOUNT OF THE	
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION		DISBURSEMENT		
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				
θ.	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]				

·		~	N	*
	IN-KIND CONTRIBUTIONS	and EXPENDITURES	, S	CHEDULE E
	1. Committee Name	2-elect Don Cella ha	2. ID#	-NP-101
8	3. Report covering period from 6/1/12-	8/16/12 thru		
4	IN-KIND CONTRIBUTION		DATE	FAIR MARKET VALUE
	NAME AND ADDRESS OF INDIVIDUAL (POLITICAL COMMITTEE) FROM WHO	OM RECEIVED OR TO WHOM GIVEN	1	
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# LINCA Bisider BAKE HAUASHCity, HE	CONTRIBUTION ··· MM. 62 gillet	7/25/12	717.62
	DESCRIPTION MOST + GIERT AT 1 OCCUPATION	EMPLOYER		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# KATRY HOLEL 66400 AAKe HAUA-SUCity, AZ	CONTRIBUTION • • EXPENDITURE • •	7/25/12	160.02
	OCCUPATION	EMPLOYER		
с.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION • • EXPENDITURE • •		
	DESCRIPTION		1	
	OCCUPATION	EMPLOYER	1	
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION • • EXPENDITURE • •		
	DESCRIPTION	<u> </u>	1	
	OCCUPATION	EMPLOYER		ς
5.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAC Line 6, Column A]	GE OF SCHEDULE E [If last page of Schedule E, transfer total to	Detailed Summary Page	237.64
6.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAC Line 11, Column A]	SE OF SCHEDULE E [If last page of Schedule E, transfer total to	Detailed Summary Page	23.7. 64 Pageof

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

.

SCHEDULE F-1

2. ID#

thru

1. Committee Name

3. Report covering period from ____

4	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS	DATE AMOUNT	
	NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED	RECEIVED	of the Receipt
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		*
_			

OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F-2

2. ID#

thru

1. Committee Name

3. Report covering period from _____

4	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED	DATE REFUND	AMOUNT OF THE
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE	MADE	REFUND
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
с.	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	1	
		1	

* Includes return of contributions received by reporting committee

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

1. Committee Name

	·				
	3. Report covering period from		thru		
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#				
	DESCRIPTION OF DEBT				
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]				

2. ID#