

POLITICAL COMMITTEE  
CITY/TOWN OF  
CAMPAIGN FINANCE REPORT  
 2014 August/November Regular Election

FOR OFFICE USE ONLY

**RECEIVED**

DEC 02 2014

TOWN CLERK  
TOWN OF PAYSON

1. Robert J Lockhart for Payson Town Council  
Full Name of Committee  
603 E Hunter Dr  
Payson 85541 Gila 847-508-0017  
City ZIP Code County Phone  
 2. Robert J Lockhart for Payson Town Council  
Sponsoring Organization or Candidate and office  
Robert J Lockhart for Payson Town Council  
Name of Candidate and Office Sought (if applicable)  
rlockhart1010@yahoo.com  
E-Mail Address Fax #

3A. ID# \_\_\_\_\_

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<br>Total This Reporting<br>Period | Column B<br>Election Period<br>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   | 266.03                                     |  |
| 5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)   | 0  | 2867.50                                      |
| 5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]   | 266.03                                     | 2867.50                                      |
| 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)   | 266.03                                     | 2867.50                                      |
| 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.



DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

1. Committee Name: Robert J Lockhart for Payson Town Council  
 3. Report covering period from 10/24/14 Thru 11/24/2014

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

| RECEIPTS   | COLUMN A<br>THIS PERIOD | COLUMN B<br>CAMPAIGN TO DATE |
|--|-------------------------|------------------------------|
| 4. Contributions other than loans and in-kind:                                 | 0                       | 1900.00                      |
| (a) Individuals - more than \$50 (Total from Schedule A)                       | 0                       | 967.50                       |
| (b) Individuals - aggregate \$50 or less (Total from Schedule A-1)             | 0                       | 0                            |
| (c) Political Committees (Total from Schedule B)                               | 0                       | 2867.50                      |
| (d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]                          | 0                       | 0                            |
| (e) Refund of contributions (Total from Schedule F-2)                          | 0                       | 2867.50                      |
| (f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)] | 0                       | 0                            |
| 5. (a) Loans made or guaranteed by candidate (Total from Schedule C)           | 0                       | 0                            |
| (b) All other loans (Total from Schedule C-1)                                  | 0                       | 0                            |
| (c) Total Loans [add 5(a) and 5(b)]  | 0                       | 0                            |
| 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]                                   | 0                       | 2867.50                      |

| DISBURSEMENTS   | COLUMN A<br>THIS PERIOD | COLUMN B<br>CAMPAIGN TO DATE |
|---|-------------------------|------------------------------|
| 9. Expenditures for operating expenses (Total from Schedule D)                                | 266.03                  | 2867.50                      |
| 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]                       | 266.03                  | 2867.50                      |
| 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]                                       | 266.03                  | 2867.50                      |
| 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.

Robert J Lockhart  
 Type or Print Name of Treasurer

[Signature]  
 Signature of Treasurer or Candidate or Designating individual

11/22/2014  
 Date

CONTRIBUTIONS more than \$50 - from INDIVIDUALS\*

SCHEDULE A

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

1. Committee Name Robert Lockhart for Payson Town Council

3. Report covering period from 10/24/2014 thru 11/24/2014

| 4   | CONTRIBUTIONS  | DATE RECEIVED | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |                |  |  |      |       |     |            |          |  |  |   |
|---|--|---------------|-----------------------------|--|----------------|--|--|------|-------|-----|------------|----------|--|--|---|
| NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR |  |               |                             |  |                |  |  |      |       |     |            |          |  |  |   |
| 4a.   | <table border="1"> <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 |  |  | <p><del>200.00</del><br/>1900.00</p> <p><i>[Handwritten initials]</i></p> |
| LAST  | FIRST  | MI            |                             |  |                |  |  |      |       |     |            |          |  |  |   |
| STREET ADDRESS  |  |               |                             |  |                |  |  |      |       |     |            |          |  |  |   |
| CITY  | STATE  | ZIP           |                             |  |                |  |  |      |       |     |            |          |  |  |   |
| OCCUPATION  | EMPLOYER   |               |                             |  |                |  |  |      |       |     |            |          |  |  |   |
| b.  | <table border="1"> <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   |               |                             |  |                |  |  |      |       |     |            |          |  |  |   |
| c.  | <table border="1"> <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   |               |                             |  |                |  |  |      |       |     |            |          |  |  |   |
| d.  | <table border="1"> <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   |               |                             |  |                |  |  |      |       |     |            |          |  |  |   |
| e.  | <table border="1"> <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 |  |  | <p>1900.00</p> <p><i>[Handwritten initials]</i></p>                       |
| 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]  |               |                             | <p><del>200.00</del></p>               |                |  |  |      |       |     |            |          |  |  |   |

\*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

1. Committee Name Robert J Luchant for Pigeon Town Council

2. ID#

|                                     |         |
|-------------------------------------|---------|
| <input type="checkbox"/>            | Primary |
| <input checked="" type="checkbox"/> | General |

3. Report covering period from 10/24/14 thru 11/24/2014

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

| DESCRIPTION   | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE  |
|---|-----------------------------|---|
|   | 0                           | 967.50  |
| 5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A] | 0                           | 6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B] <span style="float: right;">967.50</span> |

\*If contributions of \$50 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule.

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

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

1. Committee Name: Robert Throckmold for Payson Town Council

3. Report covering period from 10/24/14 thru 11/24/2014

| 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        | <u>0</u>                    | <u>0</u>                               |
|    | 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] |   | <u>0</u>                    | <u>0</u>                               |

CANDIDATE LOANS

SCHEDULE C

|     |  |               |                 |   |
|-----|--|---------------|-----------------|---|
| 1.  | Committee Name<br><i>Robert J Lockhart for Payson Town Council</i>   |               |                 | 2. ID #                                     |
|     |  |               |                 | <input type="checkbox"/> Primary            |
|     |  |               |                 | <input checked="" type="checkbox"/> General |
| 3.  | Report covering period from <i>10/24/14</i> thru <i>11/24/14</i>   |               |                 |   |
| 4.  | LOANS MADE OR GUARANTEED BY CANDIDATE  | DATE RECEIVED | AMOUNT RECEIVED | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE      |
|     | NAME AND ADDRESS FROM WHOM RECEIVED  |               |                 |   |
| 4a. | NAME, ADDRESS, CITY, STATE, AND ZIP  |               |                 | <i>0</i>                                    |
|     | 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<br>[if last page of Schedule C, transfer total to Detailed Summary Page, Line 5(e), Column A] |               |                 | <i>0</i>                                    |

OTHER LOANS

SCHEDULE C1

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

1. Committee Name Robert Throckmort for Payson Town Council  
 3. Report covering period from 10/24/14 thru 11/24/14

| 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#  |                    |                | <del>0</del>                           |
|                   | 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  |                    |                | 0                                      |
| 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(e), Column A] |                    |                |  |

EXPENDITURES FOR OPERATING EXPENSES\*

SCHEDULE D

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

1. Committee Name Robert J Lockhart for Payson Town Council

3. Report covering period from 10/24/2014 thru 11/24/2014

| 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<br><u>Rim Country Fire Angels</u><br><u>603 E Hunter Dr</u><br><u>Payson AZ 85541</u>         | <u>11/23/14</u>       | <u>266.03</u>             |
|  | DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br><u>Charity 501C3</u>   |                       |                           |
| 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 5, Column A] |                       | <u>266.03</u>             |

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

1. Committee Name Robert J. Luchant for Piquette Town Council

3. Report covering period from 10/24/14 thru 11/24/14

| 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#  |                | 0                  |
| 4b.   | NAME, ADDRESS, CITY, STATE, ZIP, AND ID#  |                |                    |
| 4c.   | NAME, ADDRESS, CITY, STATE, ZIP, AND ID#  |                |                    |
| 4c.   | 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#  |                | 0                  |
| 5.  | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [Transfer total to Detail Summary Page Line 12, Column A] |                | 0                  |

OFFSETS TO OPERATING EXPENSES \*

SCHEDULE D-3

1. Committee Name Robert J. Lockhart for Payson Town Council

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

3. Report covering period from 10/24/14 thru 11/24/14

| 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  |                      | <u>0</u>             |
|  | 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  |                      | <u>0</u>             |
|  | 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]) |                      | <u>0</u>             |

\* Includes return of contributions made by reporting committee

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

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

1. Committee Name: Robert Thackhart for Payson Town Council

3. Report covering period from 10/24/14 thru 11/24/14

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

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

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

1. Committee Name: Robert J Lockhart for Payson Town Council

3. Report covering period from: 10/24/14 thru 11/24/14

| 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#  |                     | 0                       |
| 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#  |                     | 0                       |
| 5.  | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [Transfer total to Detailed Summary Page, Line 13(b), Column A]                  |                     | 0                       |

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

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

1. Committee Name Robert J. Lockhart for Payson Town Council

3. Report covering period from 10/24/14 thru 11/24/14

| 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#  |                    | 0                      |
| 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#  |                    | 0                      |
| 5.  | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 (Transfer total to Detailed Summary Page, Line 14, Column A)                     |                    | 0                      |

ANY OTHER DISBURSEMENT

SCHEDULE D-7

1. Committee Name Robert J Lockhart for Payson Town Council

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

3. Report covering period from 10/24/14 thru 11/24/14

| 4.  | ANY OTHER DISBURSEMENTS  | DATE DISBURSEMENT MADE | AMOUNT OF THE DISBURSEMENT |
|-----|--|------------------------|----------------------------|
|     | NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION                            |                        |                            |
| 4e. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>DESCRIPTION   |                        | <u>0</u>                   |
| 4b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>DESCRIPTION   |                        |                            |
| 4c. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>DESCRIPTION   |                        |                            |
| 4d. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>DESCRIPTION   |                        |                            |
| 4e. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>DESCRIPTION   |                        | <u>0</u>                   |
| 5.  | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [Transfer total to Detailed Summary Page Line 15 Column A] |                        | <u>0</u>                   |

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

1. Committee Name

*Robert J Lockhart for Payson Town Council*

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

3. Report covering period from:

*10/24/14*

thru

*11/24/14*

| 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<br>EXPENDITURE |      | <i>0</i>          |
|     | DESCRIPTION   |                             |      |                   |
|     | OCCUPATION  | EMPLOYER                    |      |                   |
| 4b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   | CONTRIBUTION<br>EXPENDITURE |      |                   |
|     | DESCRIPTION   |                             |      |                   |
|     | OCCUPATION  | EMPLOYER                    |      |                   |
| 4c. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   | CONTRIBUTION<br>EXPENDITURE |      |                   |
|     | DESCRIPTION   |                             |      |                   |
|     | OCCUPATION  | EMPLOYER                    |      |                   |
| 4d. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   | CONTRIBUTION<br>EXPENDITURE |      | <i>0</i>          |
|     | 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]  |                             |      | <i>0</i>          |
| 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] |                             |      | <i>0</i>          |

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

1. Committee Name Robert J. Lockhart for Reynolds Town Council  
 3. Report covering period from 10/24/14 thru 11/24/14

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

| 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#   |                      | 0                     |
|     | 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] |                      | 0                     |

OFFSETS TO CONTRIBUTIONS RECEIVED \*

SCHEDULE F-2

1. Committee Name Robert J Lockhart for Payson Town Council  
 3. Report covering period from 10/24/14 thru 11/24/14

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

| 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