

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

FOR OFFICE USE ONLY

**RECEIVED**

**AUG 18 2014**

TOWN CLERK  
TOWN OF PAYSON

1. Campaign for Robert Lockhart for Town Council  
Full Name of Committee  
603 E Hunter Dr  
Address  
Payson 85541 Gila 8475080017  
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)  
rockhart1010@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 Total This Reporting Period	Column B Election Period Total To Date
5a Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)		0
5b Cash on Hand at the Beginning of this Reporting Period	0	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	2842.50	2842.50
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	2842.50	2842.50
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)	2407.91	2407.91
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	434.59	434.59

\*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 Heckhart for Payson Town Council  
 3. Report covering period from 6/1/14 Thru Aug 14, 2014

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

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)	1900.00	1900.00
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)	942.50	942.50
(c) Political Committees (Total from Schedule B)	0	0
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	2842.50	2842.50
(e) Refund of contributions (Total from Schedule F-2)	0	0
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	2842.50	2842.50
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]	2842.50	2842.50
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	2407.91	2407.91
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]	2407.91	2407.91
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]	2407.91	2407.91
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 Heckhart  
 Type or Print Name of Treasurer

Robert J Heckhart  
 Signature of Treasurer of Candidate or Designating Individual

8/12/14  
 Date

CONTRIBUTIONS more than \$50 - from INDIVIDUALS\*

SCHEDULE A

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

1. Committee Name Reelect Hochstet for Payson Town Council  
 3. Report covering period from June 1, 2014 thru Aug 14, 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>Randall</td> <td>Jalica</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">302 S Marble Pt</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Payson</td> <td>AZ</td> <td>85541</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Retired</td> <td colspan="2"></td> </tr> </table>	LAST	FIRST	MI	Randall	Jalica		STREET ADDRESS			302 S Marble Pt			CITY	STATE	ZIP	Payson	AZ	85541	OCCUPATION	EMPLOYER		Retired			6/4/14	100.00	100.00
LAST	FIRST	MI																										
Randall	Jalica																											
STREET ADDRESS																												
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CITY	STATE	ZIP																										
Payson	AZ	85541																										
OCCUPATION	EMPLOYER																											
Retired																												
b.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Szabo</td> <td>Mike</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">1102 E Phoenix St</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Payson</td> <td>AZ</td> <td>85541</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Machinist</td> <td colspan="2">Self</td> </tr> </table>	LAST	FIRST	MI	Szabo	Mike		STREET ADDRESS			1102 E Phoenix St			CITY	STATE	ZIP	Payson	AZ	85541	OCCUPATION	EMPLOYER		Machinist	Self		6/7/14	200.00	200.00
LAST	FIRST	MI																										
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c.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Reza</td> <td>Mark</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">604 E Hunter Dr</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Payson</td> <td>AZ</td> <td>85541</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Retired</td> <td colspan="2"></td> </tr> </table>	LAST	FIRST	MI	Reza	Mark		STREET ADDRESS			604 E Hunter Dr			CITY	STATE	ZIP	Payson	AZ	85541	OCCUPATION	EMPLOYER		Retired			6/11/14	250.00	250.00
LAST	FIRST	MI																										
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LAST	FIRST	MI																										
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Business Owner	Self																											
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#	
<input type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Robert Lockhart for Payson Town Council

3. Report covering period from June 1, 2014 thru Aug 14, 2014

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																								
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LAST	FIRST	MI																										
Johnson	Lori																											
STREET ADDRESS																												
202 W Main St																												
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
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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]		1900.00	1900.00																								

\*If contributions of \$50 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1.



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

SCHEDULE A-1

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

1. Committee Name Campaign for Robert Lachert for Payson Town Council

3. Report covering period from June 1, 2014 thru Aug 14, 2014

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
<i>Individual Contributions</i>	<i>942.50</i>	<i>942.50</i>	
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]	<i>942.50</i>	6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]	<i>942.50</i>

\*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 type="checkbox"/>	General

1. Committee Name \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

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

**CANDIDATE LOANS**

**SCHEDULE C**

1. Committee Name	2. ID #		
	<input type="checkbox"/> Primary <input type="checkbox"/> General		
3. Report covering period from _____ thru _____			
<b>4. LOANS MADE OR GUARANTEED BY CANDIDATE</b>	<b>DATE RECEIVED</b>	<b>AMOUNT RECEIVED</b>	<b>CUMULATIVE TOTAL THIS CAMPAIGN TO DATE</b>
NAME AND ADDRESS FROM WHOM RECEIVED			
4a. NAME, ADDRESS, CITY, STATE, AND ZIP			
DESCRIPTION			
b. NAME, ADDRESS, CITY, STATE, AND ZIP			
DESCRIPTION			
c. NAME, ADDRESS, CITY, STATE, AND ZIP			
DESCRIPTION			
d. NAME, ADDRESS, CITY, STATE, AND ZIP			
DESCRIPTION			
e. NAME, ADDRESS, CITY, STATE, AND ZIP			
DESCRIPTION			
f. NAME, ADDRESS, CITY, STATE, AND ZIP			
DESCRIPTION			
5. ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A]			

# OTHER LOANS

# SCHEDULE C1

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

1. Committee Name \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4	ALL OTHER LOANS	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.			
4a	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4b	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4c	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4d	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 [If last page of Schedule C-1, transfer total to Detailed Summary Page, Line 5(a), Column A]			

EXPENDITURES FOR OPERATING EXPENSES\*

SCHEDULE D

1. Committee Name Robert Lockhart for Payson Town Council

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

3. Report covering period from June 1, 2014 thru Aug 14, 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 <u>Wal Mart 300 N Beeline Payson AZ 85541</u>	<u>6/13/14</u>	<u>8.63</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Business Card Stock</u>		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Town of Payson 303 N Beeline</u>	<u>6/12/14</u>	<u>56.50</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Reports from Town of Payson</u>		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Post Net 1000 N Beeline Payson AZ</u>	<u>6/20/14</u>	<u>137.99</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Handouts</u>		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Post Net 1000 N Beeline Payson AZ</u>	<u>6/23/14</u>	<u>526.20</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Signs</u>		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Post Net 1000 N Beeline Payson AZ</u>	<u>6/25/14</u>	<u>17.61</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Posters</u>		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Payson Post Office 100 W Frontier Payson AZ</u>	<u>6/17/14</u>	<u>147.00</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Postage</u>		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D (If last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A)		

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

# LOANS MADE BY REPORTING COMMITTEE

# SCHEDULE D-2

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

1. Committee Name \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4	LOANS MADE BY THE REPORTING COMMITTEE	DATE LOAN MADE	AMOUNT OF THE LOAN
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4h.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4i.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [Transfer total to Detail Summary Page Line 12, Column A]		

EXPENDITURES FOR OPERATING EXPENSES\*

SCHEDULE D

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

1. Committee Name Robert Lockhart for Payson Town Council  
 3. Report covering period from June 1, 2014 thru Aug 14, 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 <u>Walmart 300 N Beeline Payson AZ</u>	<u>6/17/14</u>	<u>13.20</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Envelopes</u>		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Post Net 1000 N Beeline Payson AZ</u>	<u>7/14/14</u>	<u>291.37</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Yard Signs</u>		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Black &amp; Tan 438 S Beeline Payson</u>	<u>7/14/14</u>	<u>67.41</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Campaign Shirts</u>		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Saw Mill Theatres 201 W Main Payson AZ</u>	<u>7/3/14</u>	<u>190.00</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Advertising</u>		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP <u>KMDG Radio 500 E Tyler Pkwy Payson AZ</u>	<u>7/11/14</u>	<u>30.00</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Advertising</u>		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP <u>KMDG Radio 500 E Tyler Pkwy Payson AZ</u>	<u>7/15/14</u>	<u>600.00</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [If last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A]		

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



EXPENDITURES FOR OPERATING EXPENSES\*

SCHEDULE D

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

1. Committee Name Robert Lockhart for Payson Town Council

3. Report covering period from June 1, 2014 thru Aug 14, 2014

4 EXPENDITURES		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4a.	NAME, ADDRESS, CITY, STATE AND ZIP <u>KM06 Radio 500 E Tyler Pkwy Payson Az</u>	<u>8/1/14</u>	<u>198.00</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Advertising</u>		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Printing by George 201 W Main St Payson Az</u>	<u>7/21/14</u>	<u>124.00</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Flyers</u>		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [If last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A]		<u>2407.91</u>

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



OFFSETS TO OPERATING EXPENSES \*

SCHEDULE D-3

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

1. Committee Name \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES		DATE REFUND RECEIVED	AMOUNT OF THE REFUND
NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED			
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4e.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4f.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 [if last page of Schedule D-3, [transfer total to Detailed Summary Page Line 17 Column A]		
*	Includes return of contributions made by reporting committee		

# REPAYMENT OF CANDIDATE LOANS

# SCHEDULE D-4

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

1. Committee Name \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

	REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
	NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4e.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4f.	NAME, ADDRESS, CITY, STATE, AND ZIP		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [Transfer total to Detail Summary Page, Line 13(a), Column A]		

# REPAYMENT OF ALL OTHER LOANS

# SCHEDULE D-5

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

1. Committee Name \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

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]		

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

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

1. Committee Name \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4	TRANSFERS MADE BY THE REPORTING COMMITTEE	DATE TRANSFER MADE	AMOUNT OF THE TRANSFER
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A]		

ANY OTHER DISBURSEMENT

SCHEDULE D-7

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

1. Committee Name \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

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

# IN-KIND CONTRIBUTIONS and EXPENDITURES

# SCHEDULE E

1. Committee Name \_\_\_\_\_

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

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4	IN-KIND CONTRIBUTIONS and EXPENDITURES	DATE	FAIR MARKET VALUE
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE	
	DESCRIPTION		
	OCCUPATION		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE	
	DESCRIPTION		
	OCCUPATION		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE	
	DESCRIPTION		
	OCCUPATION		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE	
	DESCRIPTION		
	OCCUPATION		
5.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [if last page of Schedule E, transfer total to Detailed Summary Page Line 6, Column A]		
6.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [if last page of Schedule E, transfer total to Detailed Summary Page Line 11, Column A]		

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

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

1. Committee Name \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS	DATE AMOUNT RECEIVED	AMOUNT OF THE RECEIPT
	NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
4f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 [If last page of Schedule F-1, transfer total to Detailed Summary Page Line 7 Column A			

OFFSETS TO CONTRIBUTIONS RECEIVED \*

SCHEDULE F-2

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

1. Committee Name \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED	DATE REFUND MADE	AMOUNT OF THE REFUND
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
4f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-2 [If last page of Schedule F-2, transfer total to Detailed Summary Page, Line 4(E), Column A]			

\* Includes return of contributions received by reporting committee