



**YUMA COUNTY  
POLITICAL COMMITTEE  
CAMPAIGN FINANCE REPORT**

FOR OFFICE USE ONLY

AUG 17 2012 AM 11:54

1. Gary Wright Supervisor Dist. 5  
Full Name of Committee

Address  
Yuma 85364 Yuma  
City ZIP Code County Phone Number

2. Sponsoring Organization (if applicable)  
Gary Wright Supervisor Dist. 5

Name of Candidate and Office Sought (if applicable)  
artistgrw@gmail.com

E-mail Address Fax Number

3A. ID#  
2012-17

Primary Election: August 28, 2012  
General Election: November 6, 2012

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

DUE BETWEEN

- a.  **JANUARY 31 REPORT** - For Period of November 23, 2010 through December 31, 2011 ..... January 1, 2012 and January 31, 2012
- b.  **JUNE 30 REPORT** - For Period of January 1, 2012 through May 31, 2012 ..... June 1, 2012 and July 2, 2012
- c.  **PRE-PRIMARY ELECTION REPORT** - For Period of June 1, 2012 through August 8, 2012 ..... August 9, 2012 and August 16, 2012
- d.  **POST-PRIMARY ELECTION REPORT** - For Period of August 9, 2012 through September 17, 2012 ..... September 18, 2012 and September 27, 2012
- e.  **PRE-GENERAL ELECTION REPORT** - For Period of September 18, 2012 through October 17, 2012 ..... October 18, 2012 and October 25, 2012
- f.  **POST-GENERAL ELECTION REPORT** - For Period of October 18, 2012 through November 26, 2012 ..... November 27, 2012 and December 6, 2012

**SUMMARY**

	Column A Total this Reporting Period	Column B Election Period Total To Date
5(a). Total Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)		
5(b). Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period)		
5(c). Total Receipts [from corresponding columns on Detailed Summary Page, Line 8]	\$ 140.11	\$ 510.35
5(d). Subtotal [add Lines b and c for Column A and add Lines a and c for Column B]	\$ 140.11	\$ 510.35
6(a). 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]		
6(b). Total Disbursements [from corresponding columns on Detailed Summary Page, Line 18]		
7. Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)		



# CONTRIBUTIONS more than \$25 - from INDIVIDUALS\*

**SCHEDULE A**

2. ID#

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

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

4.	<b>CONTRIBUTIONS</b>	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR			
a.	LAST <span style="margin-left: 150px;">FIRST</span> <span style="margin-left: 150px;">MI</span>			
	STREET ADDRESS			
	CITY <span style="margin-left: 100px;">STATE</span> <span style="margin-left: 100px;">ZIP</span>			
	OCCUPATION <span style="margin-left: 100px;">EMPLOYER</span>			
b.	LAST <span style="margin-left: 150px;">FIRST</span> <span style="margin-left: 150px;">MI</span>			
	STREET ADDRESS			
	CITY <span style="margin-left: 100px;">STATE</span> <span style="margin-left: 100px;">ZIP</span>			
	OCCUPATION <span style="margin-left: 100px;">EMPLOYER</span>			
c.	LAST <span style="margin-left: 150px;">FIRST</span> <span style="margin-left: 150px;">MI</span>			
	STREET ADDRESS			
	CITY <span style="margin-left: 100px;">STATE</span> <span style="margin-left: 100px;">ZIP</span>			
	OCCUPATION <span style="margin-left: 100px;">EMPLOYER</span>			
d.	LAST <span style="margin-left: 150px;">FIRST</span> <span style="margin-left: 150px;">MI</span>			
	STREET ADDRESS			
	CITY <span style="margin-left: 100px;">STATE</span> <span style="margin-left: 100px;">ZIP</span>			
	OCCUPATION <span style="margin-left: 100px;">EMPLOYER</span>			
e.	LAST <span style="margin-left: 150px;">FIRST</span> <span style="margin-left: 150px;">MI</span>			
	STREET ADDRESS			
	CITY <span style="margin-left: 100px;">STATE</span> <span style="margin-left: 100px;">ZIP</span>			
	OCCUPATION <span style="margin-left: 100px;">EMPLOYER</span>			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page Line 4(a), Column A]			

\*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1.

LIST \$5 CLEAN ELECTION QUALIFYING CONTRIBUTIONS SEPARATELY ON SCHEDULE A-2

# CONTRIBUTIONS OF \$25 or less - AGGREGATE TOTAL \*

**SCHEDULE A-1**

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

2. ID#
--------

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

**4. AGGREGATE TOTAL OF CONTRIBUTIONS OF \$25 OR LESS**

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

\* 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#
--------

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

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

	<b>CONTRIBUTIONS</b>		<b>AMOUNT RECEIVED THIS PERIOD</b>	<b>CUMULATIVE TOTAL THIS CAMPAIGN TO DATE</b>
4.	IDENTITY OF CONTRIBUTOR AND DATE RECEIVED			
a.	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 <i>[if last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]</i>			

# CANDIDATE LOANS

#5

**SCHEDULE C**

1. Committee Name GARY WRIGHT Supervisor Dist

2. ID#
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3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

	LOANS MADE OR GUARANTEED BY CANDIDATE	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4.	NAME, AND ADDRESS FROM WHOM RECEIVED			
a.	<small>NAME, ADDRESS, CITY, STATE AND ZIP</small> Gary Wright Fed Ex <small>DESCRIPTION</small> Printing of Brochures	7/2/12	41.57	411.81
b.	<small>NAME, ADDRESS, CITY, STATE AND ZIP</small> Gary Wright Staples <small>DESCRIPTION</small> Printy of Brochure	7/3/12	45.95	457.76
c.	<small>NAME, ADDRESS, CITY, STATE AND ZIP</small> Gary Wright Sign Masters <small>DESCRIPTION</small> Campaign Sign	7/3/12	32.50	490.26
d.	<small>NAME, ADDRESS, CITY, STATE AND ZIP</small> Gary Wright Staples <small>DESCRIPTION</small> Printing of Campaign Brochures	7/19/12	20.09	510.35
e.	<small>NAME, ADDRESS, CITY, STATE AND ZIP</small>  <small>DESCRIPTION</small>			
f.	<small>NAME, ADDRESS, CITY, STATE AND ZIP</small>  <small>DESCRIPTION</small>			
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C <i>[If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A]</i>			

# CANDIDATE LOANS

**SCHEDULE C**

1. Committee Name GARY WRIGHT Supervisor Dist #5

2. ID#

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

4.	LOANS MADE OR GUARANTEED BY CANDIDATE	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, AND ADDRESS FROM WHOM RECEIVED			
a.	NAME, ADDRESS, CITY, STATE AND ZIP <u>GARY WRIGHT</u> <u>Fed Ex office</u>	<u>4/28/12</u>	<u>\$12.25</u>	<u>\$12.25</u>
	DESCRIPTION <u>Printing of Brochures</u>			
b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>GARY WRIGHT</u> <u>Fed Ex office</u>	<u>5/22/12</u>	<u>27.34</u>	<u>\$39.59</u>
	DESCRIPTION <u>Printing of Brochures</u>			
c.	NAME, ADDRESS, CITY, STATE AND ZIP <u>GARY WRIGHT</u> <u>Fed Ex office</u>	<u>5/25/12</u>	<u>11.13</u>	<u>\$50.72</u>
	DESCRIPTION <u>Printing Brochures</u>			
d.	NAME, ADDRESS, CITY, STATE AND ZIP <u>GARY WRIGHT</u> <u>Sign Masters</u>	<u>6/13/12</u>	<u>150.24</u>	<u>200.96</u>
	DESCRIPTION <u>Campaign Signs</u>			
e.	NAME, ADDRESS, CITY, STATE AND ZIP <u>GARY WRIGHT</u> <u>- Campaign Signs</u> <u>- Sign Masters</u>	<u>6/14/12</u>	<u>85.33</u>	<u>286.29</u>
	DESCRIPTION			
f.	NAME, ADDRESS, CITY, STATE AND ZIP <u>GARY WRIGHT</u> <u>Sign Masters</u>	<u>6/15/12</u>	<u>83.95</u>	<u>370.24</u>
	DESCRIPTION <u>Campaign Signs</u>			
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 C-1**

2. ID#

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

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

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

# EXPENDITURES FOR OPERATING EXPENSES\*

**SCHEDULE D**

2. ID#

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

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

4.	<b>EXPENDITURES</b>	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE		
a.	NAME, ADDRESS, CITY, STATE, AND ZIP   DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
b.	NAME, ADDRESS, CITY, STATE, AND ZIP   DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
c.	NAME, ADDRESS, CITY, STATE, AND ZIP   DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
d.	NAME, ADDRESS, CITY, STATE, AND ZIP   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		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [if last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A]		

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

# INDEPENDENT EXPENDITURES\*

**SCHEDULE D-1**

2. ID#

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

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

4	<b>INDEPENDENT EXPENDITURES</b>	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED			
a.	NAME, ADDRESS, CITY, STATE, AND ZIP  <hr/> PURPOSE AND DESCRIPTION OF PURCHASE <span style="float: right;">Benefitted <input type="checkbox"/> Opposed <input type="checkbox"/></span> <hr/> CANDIDATE <span style="margin-left: 150px;">OFFICE SOUGHT</span> <span style="float: right;">YEAR OF ELECTION</span>		
b.	NAME, ADDRESS, CITY, STATE, AND ZIP  <hr/> PURPOSE AND DESCRIPTION OF PURCHASE <span style="float: right;">Benefitted <input type="checkbox"/> Opposed <input type="checkbox"/></span> <hr/> CANDIDATE <span style="margin-left: 150px;">OFFICE SOUGHT</span> <span style="float: right;">YEAR OF ELECTION</span>		
c.	NAME, ADDRESS, CITY, STATE, AND ZIP  <hr/> PURPOSE AND DESCRIPTION OF PURCHASE <span style="float: right;">Benefitted <input type="checkbox"/> Opposed <input type="checkbox"/></span> <hr/> CANDIDATE <span style="margin-left: 150px;">OFFICE SOUGHT</span> <span style="float: right;">YEAR OF ELECTION</span>		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 <i>[if last page of Schedule D-1, transfer total to Detail Summary Page Line 10, Column A]</i>		

\* SEE A.R.S. §16-901 (14)

I certify, under penalty of perjury, that the above stated independent expenditure(s) was not made in cooperation, consultation or concert with or at the request or suggestion of any candidate or any campaign committee or agent of that candidate.

\_\_\_\_\_  
Signature of Treasurer

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

# LOANS MADE BY REPORTING COMMITTEE

**SCHEDULE D-2**

2. ID#

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

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

4.	<b>LOANS MADE BY THE REPORTING COMMITTEE</b>	DATE LOAN MADE	AMOUNT OF THE LOAN
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE		
a.	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]		

# OFFSETS TO OPERATING EXPENSES\*

**SCHEDULE D-3**

2. ID#

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

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

4	<b>REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES</b>	DATE REFUND RECEIVED	AMOUNT OF THE REFUND
	NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED		
a.	<div style="border: 1px solid black; padding: 2px; min-height: 80px;">                     NAME, ADDRESS, CITY, STATE, AND ZIP                               DESCRIPTION OF REFUND                 </div>		
b.	<div style="border: 1px solid black; padding: 2px; min-height: 80px;">                     NAME, ADDRESS, CITY, STATE, AND ZIP                               DESCRIPTION OF REFUND                 </div>		
c.	<div style="border: 1px solid black; padding: 2px; min-height: 80px;">                     NAME, ADDRESS, CITY, STATE, AND ZIP                               DESCRIPTION OF REFUND                 </div>		
e.	<div style="border: 1px solid black; padding: 2px; min-height: 80px;">                     NAME, ADDRESS, CITY, STATE, AND ZIP                               DESCRIPTION OF REFUND                 </div>		
f.	<div style="border: 1px solid black; padding: 2px; min-height: 80px;">                     NAME, ADDRESS, CITY, STATE, AND ZIP                               DESCRIPTION OF REFUND                 </div>		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 <i>[If last page of Schedule D-3, Transfer total to Detail Summary Page, Line 17, Column A]</i>		

\*Includes return of contributions made by reporting committee

# REPAYMENT OF CANDIDATE LOANS

**SCHEDULE D-4**

2. ID#
--------

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

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

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

# REPAYMENT OF ALL OTHER LOANS

**SCHEDULE D-5**

2. ID#

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

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

	<b>REPAYMENT OF ALL OTHER LOANS</b>	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
4.	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
a.	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#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [Transfer total to Detail Summary Page, Line 13(b), Column A]		

# TRANSFERS TO OTHER POLITICAL COMMITTEES

**SCHEDULE D-6**

2. ID#

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

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

4.	<b>TRANSFERS MADE BY THE REPORTING COMMITTEE</b>	DATE TRANSFER MADE	AMOUNT OF THE TRANSFER
	NAME, ADDRESS AND ID# TO WHOM TRANSFER (DISBURSEMENT) WAS MADE		
a.	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#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detail Summary Page, Line 14], Column A]		

# ANY OTHER DISBURSEMENT

**SCHEDULE D-7**

2. ID#

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

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

	<b>ANY OTHER DISBURSEMENTS</b>	<b>DATE DISBURSEMENT MADE</b>	<b>AMOUNT OF THE DISBURSEMENT</b>
4.	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE, DESCRIPTION		
a.	<div style="border: 1px solid black; padding: 2px;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">DESCRIPTION</div>		
b.	<div style="border: 1px solid black; padding: 2px;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">DESCRIPTION</div>		
c.	<div style="border: 1px solid black; padding: 2px;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">DESCRIPTION</div>		
d.	<div style="border: 1px solid black; padding: 2px;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">DESCRIPTION</div>		
e.	<div style="border: 1px solid black; padding: 2px;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">DESCRIPTION</div>		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [Transfer total to Detail Summary Page, Line 15, Column A]		

# IN-KIND CONTRIBUTIONS AND EXPENDITURES

**SCHEDULE E**

2. ID#
--------

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

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

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

# DIVIDENDS, INTEREST, AND OTHER RECEIPTS

**SCHEDULE F-1**

2. ID#

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

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

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

# OFFSETS TO CONTRIBUTIONS RECEIVED\*

**SCHEDULE F-2**

2. ID#

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

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

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

\* Includes return of contributions received by reporting committee

# DEBTS AND OBLIGATIONS (Excluding Loans)

**SCHEDULE F-3**

2. ID#

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

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

	<b>DEBTS AND OBLIGATIONS</b>	<b>OUTSTANDING BALANCE BEGINNING THIS PERIOD</b>	<b>AMOUNT INCURRED THIS PERIOD</b>	<b>PAYMENT THIS PERIOD</b>	<b>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</b>
4.	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED				
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 <i>[if last page of Schedule F-3, transfer total to Detailed Summary Page, Line 19, Column A]</i>				

