



**YUMA COUNTY
POLITICAL COMMITTEE
CAMPAIGN FINANCE REPORT**

FOR OFFICE USE ONLY

JUN 30 2014 PM 4:57

1. **Yes for Somerton Kids**

Full Name of Committee

PO Box 1517

Address

Somerton 85350 Yuma (928) 503-7984

City ZIP Code County Phone Number

2. Sponsoring Organization (if applicable)

Name of Candidate and Office Sought (if applicable)

yes.4SomertonKids@gmail.com

E-mail Address Fax Number

3A. ID#

2013-13

Primary Election: August 26, 2014
General Election: November 4, 2014

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

DUE BETWEEN

- a. **JANUARY 31 REPORT** - For Period of
November 27, 2012 through December 31, 2013 January 1, 2014 and January 31, 2014
- b. **JUNE 30 REPORT** - For Period of
January 1, 2014 through May 31, 2014 June 1, 2014 and June 30, 2014
- c. **PRE-PRIMARY ELECTION REPORT** - For Period of
June 1, 2014 through August 14, 2014 August 15, 2014 and August 22, 2014
- d. **POST-PRIMARY ELECTION REPORT** - For Period of
August 15, 2014 through September 15, 2014 September 16, 2014 and September 25, 2014
- e. **PRE-GENERAL ELECTION REPORT** - For Period of
September 16, 2014 through October 23, 2014 October 24, 2014 and October 31, 2014
- f. **POST-GENERAL ELECTION REPORT** - For Period of
November 25, 2014 through December 31, 2015 November 25, 2014 and December 4, 2014

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)	40.86	
5(c).	Total Receipts [from corresponding columns on Detailed Summary Page, Line 8]	0	7000.00
5(d).	Subtotal [add Lines b and c for Column A and add Lines a and c for Column B]	0	7000.00
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]		0
6(b).	Total Disbursements [from corresponding columns on Detailed Summary Page, Line 18]	40.86	7000.00
7.	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	0	0

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

2. ID#
2013-13

1. Committee Name _____

3. Report covering period from _____ thru _____

4.	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																				
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR																							
a.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">LAST</td> <td style="width: 30%;">FIRST</td> <td style="width: 10%; text-align: center;">M</td> <td colspan="2"></td> </tr> <tr> <td colspan="5">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> <td colspan="2"></td> </tr> <tr> <td>OCCUPATION</td> <td colspan="4">EMPLOYER</td> </tr> </table>	LAST	FIRST	M			STREET ADDRESS					CITY	STATE	ZIP			OCCUPATION	EMPLOYER						0
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STREET ADDRESS																								
CITY	STATE	ZIP																						
OCCUPATION	EMPLOYER																							
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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(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

2. ID#

2013-13

1. Committee Name _____

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#
2013-13

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				
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 [if last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]			

CANDIDATE LOANS

SCHEDULE C

2. ID# <div style="text-align: right; margin-top: 5px;">2013-13</div>
--

1. Committee Name _____

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 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 <i>[If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A]</i>			

OTHER LOANS

SCHEDULE C-1

2. ID#
2013-13

1. Committee Name _____

3. Report covering period from _____ thru _____

	ALL OTHER LOANS	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#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION			
b.	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			
c.	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			
d.	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 <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#
2013-13

1. Committee Name _____

3. Report covering period from _____ thru _____

4.	EXPENDITURES	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#
2013-13

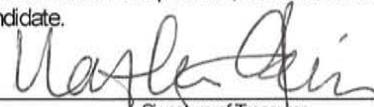
1. Committee Name _____

3. Report covering period from _____ thru _____

4	INDEPENDENT EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED			
a.	<p>NAME, ADDRESS, CITY, STATE, AND ZIP</p> <hr/> <p>PURPOSE AND DESCRIPTION OF PURCHASE Benefitted <input type="checkbox"/> Opposed <input type="checkbox"/></p> <hr/> <p>CANDIDATE OFFICE SOUGHT YEAR OF ELECTION</p>		
b.	<p>NAME, ADDRESS, CITY, STATE, AND ZIP</p> <hr/> <p>PURPOSE AND DESCRIPTION OF PURCHASE Benefitted <input type="checkbox"/> Opposed <input type="checkbox"/></p> <hr/> <p>CANDIDATE OFFICE SOUGHT YEAR OF ELECTION</p>		
c.	<p>NAME, ADDRESS, CITY, STATE, AND ZIP</p> <hr/> <p>PURPOSE AND DESCRIPTION OF PURCHASE Benefitted <input type="checkbox"/> Opposed <input type="checkbox"/></p> <hr/> <p>CANDIDATE OFFICE SOUGHT YEAR OF ELECTION</p>		
5.	<p>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></p>		

* 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# <div style="text-align: center; font-size: 1.2em;">2013-13</div>
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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		
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#
2013-13

1. Committee Name _____

3. Report covering period from _____ thru _____

4	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		
a.	NAME, ADDRESS, CITY, STATE, AND ZIP DESCRIPTION OF REFUND		
b.	NAME, ADDRESS, CITY, STATE, AND ZIP DESCRIPTION OF REFUND		
c.	NAME, ADDRESS, CITY, STATE, AND ZIP DESCRIPTION OF REFUND		
e.	NAME, ADDRESS, CITY, STATE, AND ZIP DESCRIPTION OF REFUND		
f.	NAME, ADDRESS, CITY, STATE, AND ZIP DESCRIPTION OF REFUND		
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#
2013-13

1. Committee Name _____

3. Report covering period from _____ thru _____

4.	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, 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# <div style="text-align: center; font-weight: bold;">2013-13</div>

1. Committee Name _____

3. Report covering period from _____ thru _____

	REPAYMENT OF ALL OTHER LOANS	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 <i>[Transfer total to Detail Summary Page, Line 13(b), Column A]</i>		

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

2. ID#

2013-13

1. Committee Name _____

3. Report covering period from _____ thru _____

4.	TRANSFERS MADE BY THE REPORTING COMMITTEE	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

1. Committee Name Yes for Somerton Kids

2. ID# <p style="text-align: center; margin: 0;">2013-13</p>

3. Report covering period from 01/01/14 thru 05/31/14

	ANY OTHER DISBURSEMENTS	DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
4.	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE, DESCRIPTION		
a.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID# El Diabillito ASU Alumni Club PO Box 1720 Somerton, AZ 85350</p> <hr/> <p>DESCRIPTION Donation to Non Profit</p>	02/03/14	28.86
b.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID# Chase Bank 170 W 16th Street Yuma, AZ 85364</p> <hr/> <p>DESCRIPTION Bank Fee</p>	01/01/14	12.00
c.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <hr/> <p>DESCRIPTION</p>		
d.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <hr/> <p>DESCRIPTION</p>		
e.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <hr/> <p>DESCRIPTION</p>		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [Transfer total to Detail Summary Page, Line 15, Column A]		40.86

IN-KIND CONTRIBUTIONS AND EXPENDITURES

SCHEDULE E

2. ID#

2013-13

1. Committee Name _____

3. Report covering period from _____ thru _____

	IN-KIND CONTRIBUTIONS AND EXPENDITURES		DATE		FAIR MARKET VALUE								
4.	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN												
a.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 5%;">CONTRIBUTION <input type="checkbox"/></td> </tr> <tr> <td></td> <td>EXPENDITURE <input type="checkbox"/></td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/>		EXPENDITURE <input type="checkbox"/>	DESCRIPTION		OCCUPATION	EMPLOYER				
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DESCRIPTION													
OCCUPATION	EMPLOYER												
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	EXPENDITURE <input type="checkbox"/>												
DESCRIPTION													
OCCUPATION	EMPLOYER												
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NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/>												
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	EXPENDITURE <input type="checkbox"/>												
DESCRIPTION													
OCCUPATION	EMPLOYER												
5.	ENTER TOTAL IN-KIND CONTRIBUTIONS 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 EXPENDITURES 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#	2013-13
--------	---------

1. Committee Name _____

3. Report covering period from _____ thru _____

	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS	DATE AMOUNT RECEIVED	AMOUNT OF THE RECEIPT
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# 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		
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# 2013-13

1. Committee Name _____

3. Report covering period from _____ thru _____

	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED	DATE REFUND MADE	AMOUNT OF THE REFUND
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#
2013-13

1. Committee Name _____

3. Report covering period from _____ thru _____

	DEBTS AND OBLIGATIONS	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
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>				