YUMA COUNTY
POLITICAL COMMITTEE
CAMPAIGN FINANCE REPORT

FOR OFFICE USE ONLY

OCT 30 2014 PM 2:17

1. Committee to Elect Malba
Full Name of Committee

P.O. Box 4348
Address

San Luis | 85349 | Yuma
City | ZIP Code | County | Phone Number

2. none
Sponsoring Organization (if applicable)

Malba Alvarez, Justice of the Peace, Precinct - 2
Name of Candidate and Office Sought (if applicable)

malbaforjusticeofthepeacejp2@gmail.com
E-mail Address | Fax Number

3A. ID#

2014-12

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
October 24, 2014 through November 24, 2014..... 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)		0
5(b).	Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period)	395.00	
5(c).	Total Receipts *[from corresponding columns on Detailed Summary Page, Line 8]*	440.00	3825.49
5(d).	Subtotal *[add Lines b and c for Column A and add Lines a and c for Column B]*	835.00	4660.49
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]*	475.76	3481.17
7.	Cash on Hand at Close of Reporting Period *(Subtract Line 6b from Line 5d]*	359.24	344.32

CONTRIBUTIONS more than $25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name: Committee to Elect Malba

2. ID#: 2014-12

3. Report covering period from: 09/16/14 thru: 10/23/14

4.	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a.	LAST: Garcia FIRST: Betzabeth MI: STREET ADDRESS: 1573 N. 9th Ave CITY: San Luis STATE: AZ ZIP: 85349 OCCUPATION: check #3311 EMPLOYER:	10/17/14	30.00	30.00
b.	LAST: FIRST: MI: STREET ADDRESS: CITY: STATE: ZIP: OCCUPATION: EMPLOYER:			
c.	LAST: FIRST: MI: STREET ADDRESS: CITY: STATE: ZIP: OCCUPATION: EMPLOYER:			
d.	LAST: FIRST: MI: STREET ADDRESS: CITY: STATE: ZIP: OCCUPATION: EMPLOYER:			
e.	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(a), Column A*]		30.00	30.00

*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

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CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

1. Committee Name: Committee to Elect Malba

2. ID#: 2014-12

3. Report covering period from 09/16/14 thru 10/23/14

4.	CONTRIBUTIONS IDENTITY OF CONTRIBUTOR AND DATE RECEIVED		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a.	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE, AND ZIP n/a	0	0
b.	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE, AND ZIP		
c.	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE, AND ZIP		
d.	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE, AND ZIP		
e.	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE, AND ZIP		
f.	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE, AND ZIP		
g.	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE, AND ZIP		
h.	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE, AND ZIP		
i.	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE, AND ZIP		
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]*		0	

OTHER LOANS

SCHEDULE C-1

1. Committee Name Committee to Elect Malba

2. ID# 2014-12

3. Report covering period from 09/16/14 thru 10/23/14

4	ALL OTHER LOANS NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OF LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a.	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP AND ID# n/a NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION	0	0	0
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 *[If last page of Schedule C-1, transfer total to Detailed Summary Page, (line 5(b), Column A]*		0	

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name: Committee to Elect Malba

2. ID#: 2014-12

3. Report covering period from: 09/16/14 thru: 10/23/14

4.	EXPENDITURES NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
a.	NAME, ADDRESS, CITY, STATE, AND ZIP SAMS Club DESCRIPTION OF ITEMS OR SERVICES PURCHASED water	12.67	12.67
b.	NAME, ADDRESS, CITY, STATE, AND ZIP Main Street Cafe Somerton, AZ 85349 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Meet and Greet event	26.19	26.19
c.	NAME, ADDRESS, CITY, STATE, AND ZIP Jose Avalos San Luis AZ 85349 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Video Clip design	200.00	200.00
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]*		475.76

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

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INDEPENDENT EXPENDITURES*

SCHEDULE D-1

1. Committee Name Committee to Elect Malba

2. ID# 2014-12

3. Report covering period from 09/16/14 thru 10/23/14

4	INDEPENDENT EXPENDITURES IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
a.	NAME, ADDRESS, CITY, STATE, AND ZIP PURPOSE AND DESCRIPTION OF PURCHASE Benefitted ☐ Opposed ☐ CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
b.	NAME, ADDRESS, CITY, STATE, AND ZIP PURPOSE AND DESCRIPTION OF PURCHASE Benefitted ☐ Opposed ☐ CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
c.	NAME, ADDRESS, CITY, STATE, AND ZIP PURPOSE AND DESCRIPTION OF PURCHASE Benefitted ☐ Opposed ☐ CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 *[if last page of Schedule D-1, transfer total to Detail Summary Page Line 10, Column A]*		0

* 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
	0

OFFSETS TO OPERATING EXPENSES*

SCHEDULE D-3

1. Committee Name Committee to Elect Malba

2. ID# 2014-12

3. Report covering period from 09/16/14 thru 10/23/14

4	REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED	DATE REFUND RECEIVED	AMOUNT OF THE REFUND
a.	NAME, ADDRESS, CITY, STATE, AND ZIP n/a DESCRIPTION OF REFUND	0	0
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 *[If last page of Schedule D-3, Transfer total to Detail Summary Page, Line 17, Column A]*		0

*Includes return of contributions made by reporting committee

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

1. Committee Name Committee to Elect Malba

2. ID# 2014-12

3. Report covering period from 09/16/14 thru 10/23/14

4.	REPAYMENT OF ALL OTHER LOANS NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# n/a	0	0
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]*		0

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ANY OTHER DISBURSEMENT

SCHEDULE D-7

1. Committee Name: Committee to Elect Malba

2. ID#: 2014-12

3. Report covering period from: 09/16/14 thru: 10/23/14

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

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

1. Committee Name: Committee to Elect Malba

2. ID#: 2014-12

3. Report covering period from: 09/16/14 thru: 10/23/14

4.	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED	DATE AMOUNT RECEIVED	AMOUNT OF THE RECEIPT
a	NAME, ADDRESS, CITY, STATE ZIP AND ID# n/a DESCRIPTION OF RECEIPT	0	0
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 *[if last page of Schedule F-1, transfer total to Detailed Summary Page, Line 7, Column A]*		0

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

1. Committee Name: Committee to Elect Malba

2. ID#: 2014-12

3. Report covering period from: 09/16/14 thru: 10/23/14

4.	DEBTS AND OBLIGATIONS NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
a.	NAME, ADDRESS, CITY, STATE ZIP AND ID# n/a DESCRIPTION OF DEBT	0	0	0	0
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 *[if last page of Schedule F-3, transfer total to Detailed Summary Page, Line 19, Column A]*				0