

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name COMMITTEE TO ELECT BOB MCCLENDON JR

2. ID# 2016-12

3. Report covering period from JANUARY 1, 2016 thru MAY 31, 2016

4.	CONTRIBUTIONS		DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR				
a.	LAST	FIRST MI			
	STREET ADDRESS				
	CITY	STATE ZIP			
	OCCUPATION	EMPLOYER			
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]				0.00

*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

CONTRIBUTIONS OF \$25 OR LESS - AGGREGATE TOTAL*

SCHEDULE A-1

1. Committee Name COMMITTEE TO ELECT BOB MCCLENDON JR 2. ID#
2016-12

3. Report covering period from JANUARY 1, 2016 thru MAY 31, 2016

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>	0.00	6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE <i>[Transfer total to Detailed Summary Page, Line 4 (b), Column B]</i> 0.00

* 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

1. Committee Name COMMITTEE TO ELECT BOB MCCLENDON JR

2. ID# 2016-12

3. Report covering period from JANUARY 1, 2016 thru MAY 31, 2016

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 <i>[if last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]</i>		0.00	0.00

CANDIDATE LOANS

SCHEDULE C

1. Committee Name COMMITTEE TO ELECT BOB MCCLENDON JR
 3. Report covering period from JANUARY 1, 2016 thru _____

2. ID#	2016-12
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MAY 31, 2016

4.	LOANS MADE OR GUARANTEED BY CANDIDATE	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, AND ADDRESS FROM WHOM RECEIVED			
a.	<small>NAME, ADDRESS, CITY, STATE AND ZIP</small> BOB MCCLENDON JR YUMA AZ 85364 <small>DESCRIPTION</small> CANDIDATE LOAN	5-20-16	500.00	500.00
b.	<small>NAME, ADDRESS, CITY, STATE AND ZIP</small> <small>DESCRIPTION</small>			
c.	<small>NAME, ADDRESS, CITY, STATE AND ZIP</small> <small>DESCRIPTION</small>			
d.	<small>NAME, ADDRESS, CITY, STATE AND ZIP</small> <small>DESCRIPTION</small>			
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>			500.00

OTHER LOANS

SCHEDULE C-1

1. Committee Name COMMITTEE TO ELECT BOB MCCLENDON JR
 3. Report covering period from JANUARY 1, 2016 thru MAY 31, 2016

2. ID# 2016-12

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>		0.00	0.00

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name COMMITTEE TO ELECT BOB MCCLENDON JR
 3. Report covering period from JANUARY 1, 2016 thru MAY 31, 2016

2. ID# 2016-12

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]		0.00

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

INDEPENDENT EXPENDITURES

SCHEDULE D-1

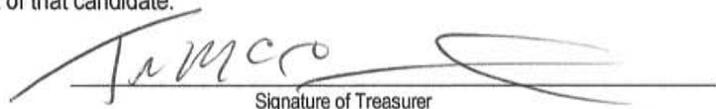
1. Committee Name COMMITTEE TO ELECT BOB MCCLENDON JR
 3. Report covering period from JANUARY 1, 2016 thru _____

2. ID#	2016-12
	MAY 31, 2016

4	INDEPENDENT EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4	IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED		
a.	NAME, ADDRESS, CITY, STATE, AND ZIP PURPOSE AND DESCRIPTION OF PURCHASE Benefitted <input type="checkbox"/> Opposed <input type="checkbox"/> CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
b.	NAME, ADDRESS, CITY, STATE, AND ZIP PURPOSE AND DESCRIPTION OF PURCHASE Benefitted <input checked="" type="checkbox"/> Opposed <input checked="" type="checkbox"/> CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
c.	NAME, ADDRESS, CITY, STATE, AND ZIP PURPOSE AND DESCRIPTION OF PURCHASE Benefitted <input checked="" type="checkbox"/> Opposed <input checked="" type="checkbox"/> CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
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>		0.00

* 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
	0.00

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

1. Committee Name COMMITTEE TO ELECT BOB MCCLENDON JR

2. ID# 2016-12

3. Report covering period from JANUARY 1, 2016 thru MAY 31, 2016

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]			0.00

OFFSETS TO OPERATING EXPENSES*

SCHEDULE D-3

1. Committee Name _____

2. ID#

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 [If last page of Schedule D-3, Transfer total to Detail Summary Page, Line 17, Column A]		

*Includes return of contributions made by reporting committee

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name COMMITTEE TO ELECT BOB MCCLENDON JR

2. ID#	2016-32
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3. Report covering period from JANUARY 1, 2016 thru MAY 31, 2016

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.	<small>NAME, ADDRESS, CITY, STATE, ZIP</small> BOB MCCLENDON JR YUMA, AZ 85364	N/A	0.00
b.	<small>NAME, ADDRESS, CITY, STATE, ZIP</small>		
c.	<small>NAME, ADDRESS, CITY, STATE, ZIP</small>		
d.	<small>NAME, ADDRESS, CITY, STATE, ZIP</small>		
e.	<small>NAME, ADDRESS, CITY, STATE, ZIP</small>		
f.	<small>NAME, ADDRESS, CITY, STATE, ZIP</small>		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [Transfer total to Detail Summary Page, Line 13(a), Column A]		0.00

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

2. ID#

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			
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]			

1. Committee Name _____

2. ID#

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 DISBURSEMENTS

SCHEDULE D-7

2. ID#

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				
a.	<table border="1"> <tr> <td>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> </tr> <tr> <td>DESCRIPTION</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	DESCRIPTION		
NAME, ADDRESS, CITY, STATE, ZIP AND ID#					
DESCRIPTION					
b.	<table border="1"> <tr> <td>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> </tr> <tr> <td>DESCRIPTION</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	DESCRIPTION		
NAME, ADDRESS, CITY, STATE, ZIP AND ID#					
DESCRIPTION					
c.	<table border="1"> <tr> <td>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> </tr> <tr> <td>DESCRIPTION</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	DESCRIPTION		
NAME, ADDRESS, CITY, STATE, ZIP AND ID#					
DESCRIPTION					
d.	<table border="1"> <tr> <td>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> </tr> <tr> <td>DESCRIPTION</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	DESCRIPTION		
NAME, ADDRESS, CITY, STATE, ZIP AND ID#					
DESCRIPTION					
e.	<table border="1"> <tr> <td>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> </tr> <tr> <td>DESCRIPTION</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	DESCRIPTION		
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]				

2. ID#

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.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/>		
DESCRIPTION				
OCCUPATION	EMPLOYER			
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/>		
DESCRIPTION				
OCCUPATION	EMPLOYER			
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/>		
DESCRIPTION				
OCCUPATION	EMPLOYER			
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/> 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#

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 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#

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		
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 _____

4.	DEBTS AND OBLIGATIONS		OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	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 [if last page of Schedule F-3, transfer total to Detailed Summary Page, Line 19, Column A]					