



**STATE OF ARIZONA
COCHISE COUNTY
POLITICAL COMMITTEE
CAMPAIGN FINANCE REPORT**

RECEIVED AUG 21 2014

1. Campaign to Elect Anthony L. Edmiston to JOP
Full Name of Committee
PO Box 204
Address
Pomerene 85627 520-586-9559
City Zip Code Phone

3. ID# 2014-15

2. _____
Sponsoring Organization (if applicable)

Name of Candidate and Office Sought (if applicable)

Email Address Fax #

2014
 Consolidated Elections
 March 11, 2014
 May 20, 2014
 Countywide Elections
 August 26, 2014
 November 4, 2014

4. Reporting Period (Please Check Appropriate Box)		Due Between
a.	<input type="checkbox"/> JANUARY 31ST REPORT - For Period of November 27, 2012 through December 31, 2013	January 1, 2014 and January 31, 2014
b.	<input type="checkbox"/> JUNE 30TH REPORT - For Period of January 1, 2014 through May 31, 2014	June 1, 2014 and June 30, 2014
c.	<input checked="" type="checkbox"/> PRE-PRIMARY ELECTION REPORT - For Period of June 1, 2014 through August 14, 2014	August 15, 2014 and August 22, 2014
d.	<input type="checkbox"/> POST-PRIMARY ELECTION REPORT - For Period of August 15, 2014 through September 15, 2014	September 16, 2014 and September 25, 2014
e.	<input type="checkbox"/> PRE-GENERAL ELECTION REPORT - For Period of September 16, 2014 through October 23, 2014	October 24, 2014 and October 31, 2014
f.	<input type="checkbox"/> POST-GENERAL ELECTION REPORT - For Period of October 24, 2014 through November 24, 2014	November 25, 2014 and December 4, 2014

5.	Summary	Column A Total This Reporting Period	Column B Election Period Total to Date
5a	Total Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)		
5b	Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period)	2238.31	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)		
5d	Subtotal (add lines b and c for column A and add lines a and c for column B)		
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]		
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	1873.71	6635.40
7.	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	364.60	

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID#

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				
4a.	LAST	FIRST MI			
	STREET ADDRESS				
	CITY	STATE ZIP			
	OCCUPATION	EMPLOYER			
4b.	LAST	FIRST MI			
	STREET ADDRESS				
	CITY	STATE ZIP			
	OCCUPATION	EMPLOYER			
4c.	LAST	FIRST MI			
	STREET ADDRESS				
	CITY	STATE ZIP			
	OCCUPATION	EMPLOYER			
4d.	LAST	FIRST MI			
	STREET ADDRESS				
	CITY	STATE ZIP			
	OCCUPATION	EMPLOYER			
4e.	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]				

*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#

1. Committee Name: _____

3. Report covering period from _____ thru _____

4. Aggregate total of Contributions of \$50 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 \$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#

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©, Column A]				

CANDIDATE LOANS

SCHEDULE C

1.	Committee Name _____	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			
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP _____			
	DESCRIPTION _____			
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP _____			
	DESCRIPTION _____			
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP _____			
	DESCRIPTION _____			
4d.	NAME, ADDRESS, CITY, STATE, AND ZIP _____			
	DESCRIPTION _____			
4e.	NAME, ADDRESS, CITY, STATE, AND ZIP _____			
	DESCRIPTION _____			
4f.	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

1. Committee Name: _____

2. ID#

3. Report covering period from _____ thru _____

	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
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(b), Column A]			

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name: CTE Anthony L Edmiston to JOP

2. ID# 2014-15

3. Report covering period from June 1, 2014 thru August 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>The Cochise Trading Post</u> <u>cochisetradingpost@yahoo.com</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED	6-1-14	570.24
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP <u>Ultimate Print Source</u> <u>5348 Vegas Dr</u> <u>Las Vegas, NV 89108</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED	6-28-14	361.38
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP <u>CPC CafePress.com</u> <u>Louisville, KY</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Shirt for 4th of July Parade "Vote for Anthony Edmiston"</u>	7-1-14	40.49
4d.	NAME, ADDRESS, CITY, STATE, AND ZIP <u>Dollar General</u> <u>401 W. 4th St.</u> <u>Benson, AZ 85602</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Patriotic Bow</u>	7-2-14	2.17
4e.	NAME, ADDRESS, CITY, STATE, AND ZIP <u>Tractor Supply</u> <u>350 S. Ocotillo Ave</u> <u>Benson, AZ 85602</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>US Flag 8x12</u>	7-2-14	2.16
4f.	NAME, ADDRESS, CITY, STATE, AND ZIP <u>Wal-Mart</u> <u>201 S. Prickly Pear Ave</u> <u>Benson, AZ 85602</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Candy/Tshirts/Misc for 4th of July park event</u>	7-2-14	40.11
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

1. Committee Name: CTE Anthony L Edmiston to JOP

2. ID# 2014-15

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

4.	EXPENDITURES NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP <u>Safeway Store</u> <u>599 W 4th St</u> <u>Benson, AZ 85602</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Wacky Noodle for 4th of July Parade</u>	7-2-14	1.94
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP <u>Dollar General</u> <u>401 W 4th St</u> <u>Benson, AZ 85602</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Streamers for 4th of July Park Event</u>	7-3-14	6.52
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP <u>Wal-Mart</u> <u>201 S. Prickly Pear Ave</u> <u>Benson, AZ 85602</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Sweet stripe Candy for 4th of July Park Event</u>	7-4-14	6.13
4d.	NAME, ADDRESS, CITY, STATE, AND ZIP <u>San Pedro Valley News</u> <u>200 S. Ocotillo Ave</u> <u>Benson, AZ 85602</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED ^{Dates} <u>Inserts into Newspaper 7/30, 8/13, 8/20</u>	7-21-14	499.69
4e.	NAME, ADDRESS, CITY, STATE, AND ZIP <u>Stereo 97 Inc</u> <u>156 W. 5th St</u> <u>Benson, AZ 85602</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Radio Ads</u>	8-8-14	435.62
4f.	NAME, ADDRESS, CITY, STATE, AND ZIP <u>Bank of America</u> <u>3148 E Fry Blvd. Sienna Vista</u> <u>Sienna Vista, AZ</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Cashiers Check Fee for Radio Ads</u>	8-11-14	10.00
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]	1976.45	

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

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

1. Committee Name: _____

2. ID#

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]		

OFFSETS TO OPERATING EXPENSES*

SCHEDULE D-3

1. Committee Name: CTE Anthony L Edmiston to JOP

2. ID# 2014-15

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

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			
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP <u>San Pedro Valley News</u> <u>200 S. Ocotillo Ave</u> <u>Benson, AZ 85602</u>		
DESCRIPTION OF REFUND <u>Overcharge Refund from 5-30-14</u>		<u>6-2-14</u>	<u>78.56</u>
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP <u>San Pedro Valley News</u> <u>200 S. Ocotillo Ave</u> <u>Benson, AZ 85602</u>		
DESCRIPTION OF REFUND <u>Overcharge Refund from 5-30-14</u>		<u>6-3-14</u>	<u>24.18</u>
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]		<u>102.74</u>

* Includes return of contributions made by reporting committee

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name: _____

2. ID#

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, 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-4 <i>[Transfer total to Detailed Summary Page, Line 13(a), Column A]</i>		

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

1. Committee Name: _____

2. ID# _____

3. Report covering period from _____ thru _____

4.	REPAYMENT OF ALL OTHER LOANS	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
	NAME AND ADDRESS 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#		
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-5 [Transfer total to Detailed Summary Page, Line 13(b), Column A]		

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

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		
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

1. Committee Name: _____

2. ID# _____

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 <i>[Transfer total to Detailed Summary Page, Line 15, Column A]</i>		

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

1. Committee Name: _____

2. ID# _____

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	EMPLOYER	
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
	CONTRIBUTION ___ EXPENDITURE ___		
	DESCRIPTION		
	OCCUPATION	EMPLOYER	
4c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
	CONTRIBUTION ___ EXPENDITURE ___		
	DESCRIPTION		
	OCCUPATION	EMPLOYER	
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
	CONTRIBUTION ___ EXPENDITURE ___		
	DESCRIPTION		
	OCCUPATION	EMPLOYER	
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 EXPENDITURES 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

1. Committee Name: _____

2. ID#

3. Report covering period from _____ thru _____

	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS	DATE AMOUNT RECEIVED	AMOUNT OF THE RECEIPT
4.	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

1. Committee Name: _____

2. ID# _____

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) FROM 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

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

1. Committee Name: _____

2. ID#

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				
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#				
	DESCRIPTION OF DEBT				
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#				
	DESCRIPTION OF DEBT				
4c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#				
	DESCRIPTION OF DEBT				
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#				
	DESCRIPTION OF DEBT				
4e.	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 [Transfer total to Detailed Summary Page, Line 19, Column A]				