



COCHISE COUNTY
ELECTIONS DEPARTMENT
STATE OF ARIZONA & COCHISE COUNTY
POLITICAL COMMITTEE CAMPAIGN FINANCE REPORT (2016)

Date Received:

Candidate ID#:

1. Committed to Elect Jacqui Clay

Full Name of Committee

Address 7787 Winderker Way

City Henderson

Zip Code 85615

Phone 520-

2.

Sponsoring Organization (if applicable)

Name of Candidate and Office Sought (if applicable)

Email Address

Fax #

Election Dates

Tue, March 22, 2016 – PPE
Tue, August 30, 2016 – Primary
Tue, November 8, 2016 – General

3. Reporting Period (Please Check Appropriate Box)

Due Between

a.	January 31 Report - For Period of November 25, 2014 to December 31, 2015	January 1, 2016 to February 1, 2016
b.	<input checked="" type="checkbox"/> June 30 Report - For Period of January 1, 2016 to May 31, 2016	June 1, 2016 to June 30, 2016
c.	Pre-Primary Report - For Period of June 1, 2016 to August 18, 2016	August 19, 2016 to August 26, 2016
d.	Post-Primary Report - For Period of August 19, 2016 to September 19, 2016	September 20, 2016 to September 29, 2016
e.	Pre-General Report - For Period of September 20, 2016 to October 27, 2016	October 28, 2016 to November 4, 2016
f.	Post-General Report - For Period of October 28, 2016 to November 28, 2016	November 29, 2016 to December 8, 2016

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)	0	0
5b	Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period)	0	0
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	1748.71	1748.71
5d	Subtotal (add lines b and c for column A and add lines a and c for column B)	1748.71	1748.71
6a	Total Debts and Obligations from Previous Campaign Committee at Beginning of this Election Period (or at time Statement of Organization Committee at Beginning of committee) [Do not add or subtract this line from the other lines]	0	0
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	445.55	445.55
7.	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	1303.16	1303.16

Mailing Address: Cochise County Elections/Special Districts, 1415 Melody Lane Bldg. A, Bisbee, AZ 85603

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

1. Committee Name: elect Jacqui Clay
 3. Report covering period from 01-01-16 thru 05-31-16

2. ID#

RECEIPTS

	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4. Contributions other than loans and in-kind	1748.71	1748.71
(a) Individuals - more than \$25 (Total from Schedule A)	1553.71	1553.71
(b) Individuals - aggregate \$25 or less (Total from Schedule A-1)	195.00	195.00
(c) Political Committees (Total from Schedule B)	0	0
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	1748.71	1748.71
(e) Refund of contributions (Total from Schedule F-2)	0	0
(f) Total Contributions Other than Loans and In-Kind [subtract 4(e) from 4(d)]	1748.71	1748.71
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	0	0
(b) All other loans (Total from Schedule C-1)	0	0
(c) Total Loans [add 5(a) and 5(b)]	0	0
6. In-kind contributions (Total from Schedule E)	0	0
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	0	0
8. Total Receipts [add 4(f), 5(c), 6 and 7]	1748.71	1748.71

DISBURSEMENTS

9. Expenditures for operating expenses (Total from Schedule D)	445.55	445.55
10. Independent Expenditures (Total from Schedule D-1)	0	0
11. Value of In-kind expenditures (Total from Schedule E)	0	0
12. Loans made by reporting committee (Total from Schedule D-2)	0	0
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)	0	0
(b) Repayment of all other loans (Total from Schedule D-5)	0	0
(c) Total Loan Repayments [add 13(a) and 13(b)]	0	0
14. Transfers to other political committees (Total from Schedule D-6)	0	0
15. Any other disbursement (Total from Schedule D-7)	0	0
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	445.55	445.55
17. Rebates, refunds and other offsets to operating expenses (total from Schedule D-3)	0	0
18. Total disbursements [subtract line 17 from line 16]	445.55	445.55
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	0	0

20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to the best of my knowledge and belief it is true and complete.

Type or Print Name of Treasurer

Mary Perez

Signature of Treasurer or Candidate or Designating Individual

Mary Perez

Date

6-20-2016

CONTRIBUTIONS **ore than \$50 - from INDIVIDU** 3*

SCHEDULE A

2. ID#

1. Committee Name: Jacqui Clay of Superintendent
 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
4a.	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR				
	LAST FIRST MI	Cecil Ken MI			
	STREET ADDRESS				
	CITY STATE ZIP	4466 D. Bena Loma Way AZ 85635	1/27/16	500.00	500.00
	OCCUPATION	mail manager			
	EMPLOYER	mail at Sierra Vista			
4b.	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR				
	LAST FIRST MI	Johnson Lurania MI			
	STREET ADDRESS				
	CITY STATE ZIP	7787 Windwalker Way AZ 85615	1/27/16	50.00	50.00
	OCCUPATION	retired			
	EMPLOYER	retired			
4c.	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR				
	LAST FIRST MI	Scarborough Tom MI			
	STREET ADDRESS				
	CITY STATE ZIP	610 E Lanyon View Dr. Tucson AZ 85704	1/27/16	100.00	100.00
	OCCUPATION	Acadilitation Team lead			
	EMPLOYER	Advanced Ed			
4d.	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR				
	LAST FIRST MI	Clay Jacqui MI			
	STREET ADDRESS				
	CITY STATE ZIP	7787 Windwalker Way AZ 85615	2/29/16	133.71	133.71
	OCCUPATION	vice-principal			
	EMPLOYER	Sierra Vista unified			
4e.	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR				
	LAST FIRST MI	Berry Teddy MI			
	STREET ADDRESS				
	CITY STATE ZIP	PD Box 1898 AZ 85635	4/16/2016	100	100
	OCCUPATION	codise county superintendent			
	EMPLOYER	Codise County			
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 **ore than \$50 - from INDIVIDU** 3*

SCHEDULE A

1. Committee Name: Jacqui Clay for Superintendent

2. ID#

3. Report covering period from January 1, 2016 thru May 31, 2016

4		CONTRIBUTORS		DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR	LAST	FIRST			
	STREET ADDRESS					
	CITY	STATE	ZIP			
	OCCUPATION	EMPLOYER				
4b.	LAST	FIRST				
	STREET ADDRESS					
	CITY	STATE	ZIP			
	OCCUPATION	EMPLOYER				
4c.	LAST	FIRST				
	STREET ADDRESS					
	CITY	STATE	ZIP			
	OCCUPATION	EMPLOYER				
4d.	LAST	FIRST				
	STREET ADDRESS					
	CITY	STATE	ZIP			
	OCCUPATION	EMPLOYER				
4e.	LAST	FIRST				
	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 more than \$50 - from INDIVIDUALS *

SCHEDULE A

1. Committee Name: Jacqui Clay for Superintendent

2. ID#

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
4a.	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR					
	LAST FIRST MI	<u>Binillion</u>	<u>Dorothy Jean</u>			
	STREET ADDRESS	<u>1800 E. Chestnut Dr.</u>		<u>04/16/2016</u>	<u>\$100.00</u>	<u>\$100.00</u>
	CITY STATE ZIP	<u>Sierra Vista</u>	<u>AZ</u>	<u>85660</u>		
OCCUPATION	<u>retired</u>					
4b.	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR					
	LAST FIRST MI	<u>Dolce</u>	<u>Kathryn</u>			
	STREET ADDRESS	<u>3607 Camino Bella Rosa</u>		<u>04/16/2016</u>	<u>\$120.00</u>	<u>\$120.00</u>
	CITY STATE ZIP	<u>Sierra Vista</u>	<u>AZ</u>	<u>85660</u>		
OCCUPATION	<u>retired</u>					
4c.	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR					
	LAST FIRST MI	<u>Phelps</u>	<u>Vada</u>			
	STREET ADDRESS	<u>1320 E. Buckhorn Dr.</u>		<u>04/21/2016</u>	<u>\$100.00</u>	<u>\$100.00</u>
	CITY STATE ZIP	<u>Sierra Vista</u>	<u>AZ</u>	<u>85635</u>		
OCCUPATION	<u>retired</u>					
4d.	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR					
	LAST FIRST MI					
	STREET ADDRESS					
	CITY STATE ZIP					
4e.	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR					
	LAST FIRST MI					
	STREET ADDRESS					
	CITY STATE ZIP					
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]					<u>1553.71</u>

*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 \$50 or less-AGGREGATE TOTAL

SCHEDULE A-1

2. ID#

1. Committee Name: Jacqui Clayton Superintendent

3. Report covering period from January 1, 2016 to May 31, 2016

4. Aggregate total of Contributions of \$50 or less

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
Mary Pincus	\$ 25	\$ 25
Mary Perez	\$ 20	\$ 20
Michelle Poppen	\$ 30	\$ 30
Cheryl Mckusky	\$ 5.00	\$ 5.00
Dill Wallace	\$ 10.00	\$ 10.00
Louis Espinosa	\$ 40.00	\$ 40.00
Breg Lacenes	\$ 40.00	\$ 40.00
Rick and Kath Bar	\$ 25.00	\$ 25.00
5. TOTAL THIS PERIOD (Transfer total to Detailed Summary Page, Line 4(b), Column A)	\$ 195	6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE (Transfer total to Detailed Summary Page, Line 4(b), Column B)
	\$ 195	\$ 195

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: Committee to elect Jacqui Clay

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			
4a. ID#	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DATE RECEIVED		
b.	ID# NAME, ADDRESS, CITY, STATE, AND ZIP		0
	DATE RECEIVED		
c.	ID# NAME, ADDRESS, CITY, STATE, AND ZIP		0
	DATE RECEIVED		
d.	ID# NAME, ADDRESS, CITY, STATE, AND ZIP		0
	DATE RECEIVED		
e.	ID# NAME, ADDRESS, CITY, STATE, AND ZIP		0
	DATE RECEIVED		
f.	ID# NAME, ADDRESS, CITY, STATE, AND ZIP		0
	DATE RECEIVED		
g.	ID# NAME, ADDRESS, CITY, STATE, AND ZIP		0
	DATE RECEIVED		
h.	ID# NAME, ADDRESS, CITY, STATE, AND ZIP		0
	DATE RECEIVED		
i.	ID# NAME, ADDRESS, CITY, STATE, AND ZIP		0
	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 40, Column A)			0

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
NAME AND ADDRESS FROM WHOM RECEIVED		CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
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>		0

OTHER LOANS

SCHEDULE C-1

1. Committee Name: Committee to elect Jacqui May

2. ID#

3. Report covering period from January 1, 2016 thru May 31, 2016

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
4a.	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: Committee to elect Jacqui Levy

2. ID#

3. Report covering period from January 1, 2016 thru May 31, 2016

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 Vista Print www.vistaprint.com Cue magnet business cards DESCRIPTION OF ITEMS OR SERVICES PURCHASED	January 19, 2016	95.45
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP Ehost.com www.ehost.com web-hosting fees DESCRIPTION OF ITEMS OR SERVICES PURCHASED	January 21, 2016	59.88
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP Lenandiphees 21 E Wilcox Dr. Sierra Vista AZ 85650 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Committee t-shirts	February 2, 2016	225.00
4d.	NAME, ADDRESS, CITY, STATE, AND ZIP Target 4151 E. Highway 90 Sierra Vista AZ 85635 DESCRIPTION OF ITEMS OR SERVICES PURCHASED make candy	February 2, 2016	20.00
4e.	NAME, ADDRESS, CITY, STATE, AND ZIP Vista Print www.vistaprint.com business cards DESCRIPTION OF ITEMS OR SERVICES PURCHASED	June 17, 2016	45.22
4f.	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)		445.55

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

DEPENDENT EXPENDITURES*

SCHEDULE D-1

1. Committee Name: Committee to elect Jaccisilbay

2. ID#

3. Report covering period from January 1, 2016 thru May 31, 2016

4. INDEPENDENT EXPENDITURES				DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED					
4a. 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					
4b. 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					
4c. 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					
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 [If last page of Schedule D-1, transfer total to Detailed Summary Page line 10, Column A]					0

* SEE A.R.S. 816-901(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 Mary Perry

NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WITHIN THE LAST SIX MONTHS	
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DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

1. Committee Name: Committee to elect Jacqui Da

2. ID#

3. Report covering period from January, 2016 thru May 31, 2016

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	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#					
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)						

OFFSETS TO CONTRIBUTIONS RECEIVED*

SCHEDULE F-2

1. Committee Name:

Committee to elect Jacqui Clay

2. ID#

3. Report covering period from *January 1, 2016* thru *July 31, 2016*

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)		<i>0</i>

* Includes return of contributions received by reporting committee

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

1. Committee Name: committee to elect Jacqui Levy

2. ID#

3. Report covering period from January 1, 2016 thru May 31, 2016

4.		DATE AMOUNT RECEIVED	AMOUNT OF THE RECEIPT
DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS			
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)		0

IN-KIND CONTRIBUTIONS AND EXPENDITURES

SCHEDULE E

1. Committee Name: Committee to elect Jacqui Day

2. ID#

3. Report covering period from January 1, 2016 thru May 2, 2016

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	<input type="checkbox"/>		
OCCUPATION	EMPLOYER		
4b. NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	CONTRIBUTION EXPENDITURE		
DESCRIPTION	<input type="checkbox"/>		
OCCUPATION	EMPLOYER		
4c. NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	CONTRIBUTION EXPENDITURE		
DESCRIPTION	<input type="checkbox"/>		
OCCUPATION	EMPLOYER		
4d. NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	CONTRIBUTION EXPENDITURE		
DESCRIPTION	<input type="checkbox"/>		
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]			

ANY OTHER DISBURSEMENT

SCHEDULE D-7

1. Committee Name: Committee to elect Jacqui Levy

2. ID#

3. Report covering period from January 1, 2016 thru May 31, 2016

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 / Transfer total to Detailed Summary Page, Line 15, Column A1		0

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

1. Committee Name: Committee to elect Jacqui Clay

2. ID#

3. Report covering period from January 1, 2016 thru May 31, 2016

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)		0

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

1. Committee Name:

Committee to elect Jacqui Clay

2. ID#

3. Report covering period from

January 1, 2016 thru May 31, 2016

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]		0

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name: Committee to elect Jacqui Clay

2. ID#

3. Report covering period from January 2016 thru May 31, 2016

4.	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
4a. NAME, ADDRESS, CITY, STATE, ZIP, AND ID# NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
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 [Transfer total to Detailed Summary Page, Line 13(a), <i>Column A</i>]		0

OFFS' S TO OPERATING EXPENSES*

SCHEDULE D-3

1. Committee Name:

Committee to elect Jessica Clay

2. ID#

3. Report covering period from

January, 2016 thru *May 31, 2016*

4.	DATE REFUND RECEIVED	AMOUNT OF THE REFUND
4a.		
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND		
4b.		
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND		
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]		<i>0</i>

* Includes return of contributions made by reporting committee

LOANS MAI BY REPORTING COMMITTEE

SCHEDULE D-2

1. Committee Name:

committee to elect Jacqui Levy

2. ID#

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			
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)			<i>0</i>