



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

RECEIVED SEP 22 2014

1. Campaign to Elect Anthony L Edmister to JOP
Full Name of Committee

PO Box 204
Address
Pomene 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 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 checked="" 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) | 364.60 | |
| 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) | 364.60 | |
| 7. | Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d) | 0 | |

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 | | | |
| | LAST FIRST MI | | | |
| | STREET ADDRESS | | | |
| | CITY STATE ZIP | | | |
| | OCCUPATION EMPLOYER | | | |
| | LAST FIRST MI | | | |
| | STREET ADDRESS | | | |
| | CITY STATE ZIP | | | |
| | OCCUPATION EMPLOYER | | | |
| | LAST FIRST MI | | | |
| | STREET ADDRESS | | | |
| | CITY STATE ZIP | | | |
| | OCCUPATION EMPLOYER | | | |
| | 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.

| |
|--------|
| 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 | |
|---|-----------------------------|--|--|
| <p>N/A</p> | | | |
| <p>5. TOTAL THIS PERIOD <i>[Transfer total to Detailed Summary Page, Line 4(b), Column A]</i></p> | | <p>6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE <i>[Transfer total to Detailed summary Page, Line 4(b), Column B]</i></p> | |

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 <i>N/A</i> | | | |
| | 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 4C, 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 | N/A | | |
| | 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 _____.

| 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 PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY STATE, ZIP AND ID# <i>N/A</i> | | | |
| | 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: Campaign to Elect Anthony L Edmister

2. ID# 2014-15

3. Report covering period from 8-15-14 thru 9-20-14

| 4. | EXPENDITURES | DATE EXPENDITURE MADE | AMOUNT OF THE EXPENDITURE |
|-----|--|-----------------------|---------------------------|
| 4a. | NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE NAME, ADDRESS, CITY, STATE, AND ZIP <u>Benson Post Office</u> <u>Benson, AZ 85602</u> <u>Postage to Mail Finance Report</u> | | |
| 4b. | NAME, ADDRESS, CITY, STATE, AND ZIP <u>Bank of America</u> <u>Siema Vista, AZ</u> <u>Fee on Checking/Campaigns Account</u> | | |
| 4c. | NAME, ADDRESS, CITY, STATE, AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED | | |
| 4d. | NAME, ADDRESS, CITY, STATE, AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED | | |
| 4e. | NAME, ADDRESS, CITY, STATE, AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED | | |
| 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] | | |
| | | <u>8/20/14</u> | <u>1.61</u> |
| | | <u>9/14</u> | <u>15.00</u> |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | <u>16.61</u> |

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

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

1. Committee Name: _____

| |
|--------|
| 2. ID# |
|--------|

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 | | | | |
| 4a. | NAME, ADDRESS, CITY, STATE, AND ZIP | | | | |
| | PURPOSE AND DESCRIPTION OF PURCHASE Benefitted ___ Opposed ___ <i>N/A</i> | | | | |
| | CANDIDATE | OFFICE SOUGHT | YEAR OF ELECTION | | |
| 4b. | NAME, ADDRESS, CITY, STATE, AND ZIP | | | | |
| | PURPOSE AND DESCRIPTION OF PURCHASE Benefitted ___ Opposed ___ | | | | |
| | CANDIDATE | OFFICE SOUGHT | YEAR OF ELECTION | | |
| 4c. | 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 Detailed Summary Page Line 10, Column A] | | | | |

* 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 | |
|--|--|

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# | N/A | |
| 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: _____

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 | | |
| 4a. | NAME, ADDRESS, CITY, STATE, AND ZIP | N/A | |
| | 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] | | |

* Includes return of contributions made by reporting committee

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name: Campaign to Elect Anthony L Edmister

2. ID# 2014-15

3. Report covering period from 8-15-14 thru 9-20-14

| 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 | | |
| 4a. | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# <u>Anthony L Edmister</u> <u>PO Box 204</u> <u>Pomerene, AZ 85627</u> | <u>9-20-14</u> | <u>347.99</u> |
| 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), Column A) | | <u>347.99</u> |

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] | | |

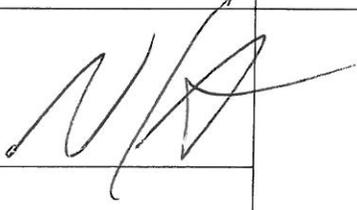
ANY OTHER DISBURSEMENT

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 [Transfer total to Detailed Summary Page, Line 15, Column A] | | |

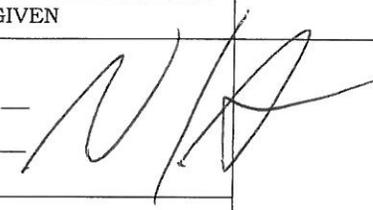
IN-KIND CONTRIBUTIONS and EXPENDITURES

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 _____

| 4. | DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS | DATE AMOUNT RECEIVED | AMOUNT OF THE RECEIPT |
|-----|--|----------------------------|-----------------------------|
| | 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# | <i>N/A</i> | |
| | 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

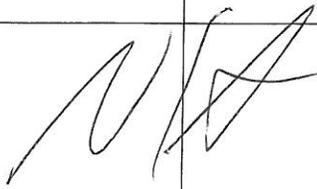
DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

1. Committee Name: _____

2. ID# _____

3. Report covering period from _____ thru _____

| 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 | | | | |
| 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 <i>[Transfer total to Detailed Summary Page, Line 19, Column A]</i> | | | | |