



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

Date Received:

RECEIVED

2016 SEP 21 A 9:53

COCHISE COUNTY
ELECTIONS AND
SPECIAL DISTRICTS

Candidate ID#:

2016-12

Election Dates

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

1. Committee to elect Jaqui Clay

Full Name of Committee

7787 Windwalker Way

Address

Hereford

85615

520-249-2443

City

Zip Code

Phone

2.

Sponsoring Organization (if applicable)

Name of Candidate and Office Sought (if applicable)

Email Address

Fax #

3. Reporting Period (Please Check Appropriate Box)

Due Between

a.	<input type="checkbox"/>	January 31 Report - For Period of November 25, 2014 to December 31, 2015	January 1, 2016 to February 1, 2016
b.	<input type="checkbox"/>	June 30 Report - For Period of January 1, 2016 to May 31, 2016	June 1, 2016 to June 30, 2016
c.	<input type="checkbox"/>	Pre-Primary Report - For Period of June 1, 2016 to August 18, 2016	August 19, 2016 to August 26, 2016
d.	<input checked="" type="checkbox"/>	Post-Primary Report - For Period of August 19, 2016 to September 19, 2016	September 20, 2016 to September 29, 2016
e.	<input type="checkbox"/>	Pre-General Report - For Period of September 20, 2016 to October 27, 2016	October 28, 2016 to November 4, 2016
f.	<input type="checkbox"/>	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
5b	Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period)	0	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	40.00	
5d	Subtotal (add lines b and c for column A and add lines a and c for column B)	40.00	
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]		0
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	15.00	1763.71
7.	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	25.00	25.00

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

2. ID#

1. Committee Name: Committee to Elect Jacqui Clay

3. Report covering period from August 19th thru September 19th

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 Caceres Greg STREET ADDRESS 6070 Calle De La Menta CITY STATE ZIP Hereford AZ 85615 OCCUPATION EMPLOYER Computer Technician SVUSD 68	9/01/16	40.00	
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]	437.02	570.73	

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: Committee to Elect Jacqui Clay

3. Report covering period from August 19th thru September 19th

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]	0	6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed summary Page, Line 4(b), Column B]	0

If contributions of \$50 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule.

2. ID#

1. Committee Name: Committee to Elect Jacqui Clay

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 4C, Column A]		0	0

CANDIDATE LOANS

SCHEDULE C

1. Committee Name Committee to Elect Jacqui Clay		2. ID#		
3. Report covering period from August 19th thru September 19th				
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>		0	0	

OTHER LOANS

SCHEDULE C-1

1. Committee Name: Committee to Elect Jacqui Clay

2. ID#

3. Report covering period from August 19th thru September 19th

	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]	0		

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name: Committee to Elect Jacqui Clay

2. ID#

3. Report covering period from August 19th thru September 19th

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 Butterfield Stage Days Parade Benson AZ	9/12/2016	15.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED parade entrance fee		
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
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]		15.00

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: Committee to Elect Jacqui Clay

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]		0

OFFSETS TO OPERATING EXPENSES

SCHEDULE D-3

1. Committee Name: Committee to Elect Jacqui Clay

2. ID#

3. Report covering period from August 19th thru September 19th

	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		
	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]		0

* Includes return of contributions made by reporting committee

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name: Committee to Elect Jacqui Clay

2. ID#

3. Report covering period from August 19th thru September 19th

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#		
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]		0

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

1. Committee Name: Committee to Elect Jacqui Clay

2. ID#

3. Report covering period from August 19th thru September 19th

4.	REPAYMENT OF ALL OTHER LOANS	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
	<small>NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE</small>		
4a.	<small>NAME, ADDRESS, CITY, STATE, ZIP, AND ID#</small>		
4b.	<small>NAME, ADDRESS, CITY, STATE, ZIP, AND ID#</small>		
4c.	<small>NAME, ADDRESS, CITY, STATE, ZIP, AND ID#</small>		
4d.	<small>NAME, ADDRESS, CITY, STATE, ZIP, AND ID#</small>		
4e.	<small>NAME, ADDRESS, CITY, STATE, ZIP, AND ID#</small>		
4f.	<small>NAME, ADDRESS, CITY, STATE, ZIP, AND ID#</small>		
4g.	<small>NAME, ADDRESS, CITY, STATE, ZIP, AND ID#</small>		
4h.	<small>NAME, ADDRESS, CITY, STATE, ZIP, AND ID#</small>		
4i.	<small>NAME, ADDRESS, CITY, STATE, ZIP, AND ID#</small>		
5.	<small>ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [Transfer total to Detailed Summary Page, Line 13(b), Column A]</small>		0

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

1. Committee Name: Committee to Elect Jacqui Clay

2. ID#

3. Report covering period from August 19th thru September 19th

	TRANSFERS MADE BY THE REPORTING COMMITTEE	DATE TRANSFER MADE	AMOUNT OF THE TRANSFER
4.	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

ANY OTHER DISBURSEMENT

SCHEDULE D-7

1. Committee Name: Committee to Elect Jacqui Clay

2. ID#

3. Report covering period from August 19th thru September 19th

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]		0

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

1. Committee Name: Committee to Elect Jacqui Clay

2. ID#

3. Report covering period from August 19th thru September 19th

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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;">NAME, ADDRESS, CITY, STATE, ZIP, AND ID#</td> <td style="width: 20%; vertical-align: top;">CONTRIBUTION <input type="checkbox"/></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td></td> <td style="vertical-align: top;">EXPENDITURE <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td colspan="4">DESCRIPTION</td> </tr> <tr> <td colspan="2">OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	CONTRIBUTION <input type="checkbox"/>				EXPENDITURE <input type="checkbox"/>			DESCRIPTION				OCCUPATION		EMPLOYER			
NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	CONTRIBUTION <input type="checkbox"/>																		
	EXPENDITURE <input type="checkbox"/>																		
DESCRIPTION																			
OCCUPATION		EMPLOYER																	
4b.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;">NAME, ADDRESS, CITY, STATE, ZIP, AND ID#</td> <td style="width: 20%; vertical-align: top;">CONTRIBUTION <input type="checkbox"/></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td></td> <td style="vertical-align: top;">EXPENDITURE <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td colspan="4">DESCRIPTION</td> </tr> <tr> <td colspan="2">OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	CONTRIBUTION <input type="checkbox"/>				EXPENDITURE <input type="checkbox"/>			DESCRIPTION				OCCUPATION		EMPLOYER			
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	EXPENDITURE <input type="checkbox"/>																		
DESCRIPTION																			
OCCUPATION		EMPLOYER																	
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NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	CONTRIBUTION <input type="checkbox"/>																		
	EXPENDITURE <input type="checkbox"/>																		
DESCRIPTION																			
OCCUPATION		EMPLOYER																	
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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 [If last page of Schedule E, transfer total to Detailed Summary Page Line 6, Column A]		0																
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]		0																

DIVIDENDS, INTEREST, AND OTHER RECEIPTS
Committee to Elect Jacqui Clay

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# 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

OFFSETS TO CONTRIBUTIONS RECEIVED*

SCHEDULE F-2

1. Committee Name: Committee to Elect Jacqui Clay

2. ID#

3. Report covering period from August 19th thru September 19th

	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED	DATE REFUND MADE	AMOUNT OF THE REFUND
4.	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]	0	

Includes return of contributions received by reporting committee

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

1. Committee Name: Committee to Elect Jacqui Clay

2. ID#

3. Report covering period from August 19th thru September 19th

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 [Transfer total to Detailed Summary Page, Line 19, Column A]				0