



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

1. Committee to Elect Orson Judd  
Full Name of Committee  
#224 E. Dea Lane (P.O. Box 397)  
Address  
St. David, AZ 85630 520-720-4336  
City Zip Code Phone

3. ID# 2014-23

2. Orson Judd For JP3  
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"/> <b>JANUARY 31ST REPORT -</b> For Period of November 27, 2012 through December 31, 2013	January 1, 2014 and January 31, 2014
b.	<input checked="" type="checkbox"/> <b>JUNE 30TH REPORT -</b> For Period of January 1, 2014 through May 31, 2014	June 1, 2014 and June 30, 2014
c.	<input type="checkbox"/> <b>PRE-PRIMARY ELECTION REPORT -</b> For Period of June 1, 2014 through August 14, 2014	August 15, 2014 and August 22, 2014
d.	<input type="checkbox"/> <b>POST-PRIMARY ELECTION REPORT -</b> For Period of August 15, 2014 through September 15, 2014	September 16, 2014 and September 25, 2014
e.	<input type="checkbox"/> <b>PRE-GENERAL ELECTION REPORT -</b> For Period of September 16, 2014 through October 23, 2014	October 24, 2014 and October 31, 2014
f.	<input type="checkbox"/> <b>POST-GENERAL ELECTION REPORT -</b> 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)	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)	0	882.96
5d	Subtotal (add lines b and c for column A and add lines a and c for column B)	0	882.96
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	0
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	0	882.96
7.	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	0	0

INDEPENDENT EXPENDITURES\*

SCHEDULE D-1

1. Committee Name: Committee to Elect Orson Judd

2. ID# 2014-23

3. Report covering period from 2/27/2014 thru 6/30/2014

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 <u>KAVU(FM) Benson, AZ 85602</u>	<u>3/24/14</u>	<u>\$200.00</u>
PURPOSE AND DESCRIPTION OF PURCHASE <u>Radio Advertisement for candidate Orson Judd</u>			
Benefitted <input checked="" type="checkbox"/> Opposed <input type="checkbox"/>			
CANDIDATE <u>Orson Judd</u>	OFFICE SOUGHT <u>Justice of Peace JP3</u>	YEAR OF ELECTION <u>2014</u>	
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP <u>Postal Annex 995 W. 4th St., St. G, Benson AZ 85602</u>	<u>3/31/14</u> <del>4/29/14</del>	<u>\$330.00</u>
PURPOSE AND DESCRIPTION OF PURCHASE <u>Magnetic Signs</u>			
Benefitted <input checked="" type="checkbox"/> Opposed <input type="checkbox"/>			
CANDIDATE <u>Orson Judd</u>	OFFICE SOUGHT <u>JP3</u>	YEAR OF ELECTION <u>2014</u>	
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP <u>Color West Graphic &amp; Business Services</u>	<u>6/2/14</u>	<u>352.96</u>
PURPOSE AND DESCRIPTION OF PURCHASE <u>Flyers for Campaign</u>			
Benefitted <input checked="" type="checkbox"/> Opposed <input type="checkbox"/>			
CANDIDATE <u>Orson Judd</u>	OFFICE SOUGHT	YEAR OF ELECTION <u>2014</u>	
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]		<u>\$882.96</u>

\* 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.

Orson Judd  
Signature of Treasurer

NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WITHIN THE LAST SIX MONTHS	
--	--



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.

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	
<div style="text-align: center; font-size: 4em; opacity: 0.5;">/</div>			
		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.

2. ID#

1. Committee Name: \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4.		<b>CONTRIBUTIONS</b>		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]				

**CANDIDATE LOANS**

<b>SCHEDULE C</b>
-------------------

1.	Committee Name	2. ID#		
3.	Report covering period from _____ thru _____			
4.	<b>LOANS MADE OR GUARANTEED BY CANDIDATE</b>	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>			

1. Committee Name: \_\_\_\_\_

2. ID# \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4. ALL OTHER LOANS		DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OF LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.				
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]			

1. Committee Name \_\_\_\_\_

2. ID# \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

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		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
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]		

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

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]		

1. Committee Name: \_\_\_\_\_

2. ID# \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4. <b>REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES</b>	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]		

\* 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 \_\_\_\_\_

4.	<b>REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE</b>	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]		

1. Committee Name: \_\_\_\_\_

2. ID# \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4.	<b>REPAYMENT OF ALL OTHER LOANS</b>	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.	<b>TRANSFERS MADE BY THE REPORTING COMMITTEE</b>	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 <i>[Transfer total to Detailed summary Page, Line 14, Column A]</i>		

1. Committee Name: \_\_\_\_\_

2. ID# \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4.	<b>ANY OTHER DISBURSEMENTS</b>	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]		

1. Committee Name: \_\_\_\_\_

2. ID#

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4.	<b>IN-KIND CONTRIBUTIONS and EXPENDITURES</b>	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%;">NAME, ADDRESS, CITY, STATE, ZIP, AND ID#</td> <td style="width: 20%;">CONTRIBUTION ___</td> <td style="width: 40%;"></td> </tr> <tr> <td></td> <td>EXPENDITURE ___</td> <td></td> </tr> <tr> <td colspan="3">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	CONTRIBUTION ___			EXPENDITURE ___		DESCRIPTION			OCCUPATION	EMPLOYER			
NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	CONTRIBUTION ___														
	EXPENDITURE ___														
DESCRIPTION															
OCCUPATION	EMPLOYER														
4b.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">NAME, ADDRESS, CITY, STATE, ZIP, AND ID#</td> <td style="width: 20%;">CONTRIBUTION ___</td> <td style="width: 40%;"></td> </tr> <tr> <td></td> <td>EXPENDITURE ___</td> <td></td> </tr> <tr> <td colspan="3">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	CONTRIBUTION ___			EXPENDITURE ___		DESCRIPTION			OCCUPATION	EMPLOYER			
NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	CONTRIBUTION ___														
	EXPENDITURE ___														
DESCRIPTION															
OCCUPATION	EMPLOYER														
4c.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">NAME, ADDRESS, CITY, STATE, ZIP, AND ID#</td> <td style="width: 20%;">CONTRIBUTION ___</td> <td style="width: 40%;"></td> </tr> <tr> <td></td> <td>EXPENDITURE ___</td> <td></td> </tr> <tr> <td colspan="3">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	CONTRIBUTION ___			EXPENDITURE ___		DESCRIPTION			OCCUPATION	EMPLOYER			
NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	CONTRIBUTION ___														
	EXPENDITURE ___														
DESCRIPTION															
OCCUPATION	EMPLOYER														
4d.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">NAME, ADDRESS, CITY, STATE, ZIP, AND ID#</td> <td style="width: 20%;">CONTRIBUTION ___</td> <td style="width: 40%;"></td> </tr> <tr> <td></td> <td>EXPENDITURE ___</td> <td></td> </tr> <tr> <td colspan="3">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	CONTRIBUTION ___			EXPENDITURE ___		DESCRIPTION			OCCUPATION	EMPLOYER			
NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	CONTRIBUTION ___														
	EXPENDITURE ___														
DESCRIPTION															
OCCUPATION	EMPLOYER														
5.	ENTER TOTAL IN-KIND <b>CONTRIBUTIONS</b> 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 <b>EXPENDITURES</b> 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.	<b>DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS</b>	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]		

**OFFSETS TO CONTRIBUTIONS RECEIVED\***

**SCHEDULE F-2**

1. Committee Name: \_\_\_\_\_

2. ID#

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

	<b>REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED</b>	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]		

\* Includes return of contributions received by reporting committee

1. Committee Name: \_\_\_\_\_

2. ID#

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4.	<b>DEBTS AND OBLIGATIONS</b>	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]				