



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

Date Received:

RECEIVED
 2016 JAN 29 P 1:41
 COCHISE COUNTY
 ELECTIONS AND
 SPECIAL DISTRICTS

1. **Stevens for AZ**

Full Name of Committee

PO Box 13

Address

Sierra Vista

85636

520-732-1003

City

Zip Code

Phone

Candidate ID#:

2.

Sponsoring Organization (if applicable)

David W. Stevens

Name of Candidate and Office Sought (if applicable)

stevensforaz@gmail.com

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.	<input checked="" 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 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)		23,447.31
5b	Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period)	0.00	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	0.00	0.00
5d	Subtotal (add lines b and c for column A and add lines a and c for column B)	0.00	0.00
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]		0.00
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	0.00	0.00
7.	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	0.00	23,447.31

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: StevensforAZ
 3. Report covering period from Nov 25, 2014 thru Dec 31, 2015

2. ID# <u>2016-08</u>

RECEIPTS

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

COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
0.00	0.00
0.00	0.00
23447.31	23447.31
23447.31	23447.31
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
23447.31	23477.31

DISBURSEMENTS

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

0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00

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	
Signature of Treasurer or Candidate or Designating Individual	Date

CONTRIBUTIONS more than \$50 - from INDIVIDUAL

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.

CONTRIBUTION FROM POLITICAL COMMITTEE

SCHEDULE B

2. ID#

2016-08

1. Committee Name: **StevensforAZ**

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		
	200200013	stevensforaz pob 13	23447.31	
	DATE RECEIVED	sierra vista az 85636		23447.31
	30-Dec-15			
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 40, Column A]			

CANDIDATE LOANS

SCHEDULE C

1.	Committee Name _____	2. ID# _____
3.	Report covering period from _____ thru _____	
4.	LOANS MADE OR GUARANTEED BY CANDIDATE	
	NAME AND ADDRESS FROM WHOM RECEIVED	DATE RECEIVED
		AMOUNT 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>	

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]			

EXPENDITURE FOR OPERATING EXPENSES

SCHEDULE D

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

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]		

OFFSET 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		
	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.	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]		

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.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: none;">NAME, ADDRESS, CITY, STATE, ZIP, AND ID#</td> <td style="border-bottom: none;"> CONTRIBUTION <input style="width: 40px; height: 20px;" type="text"/> EXPENDITURE <input style="width: 40px; height: 20px;" type="text"/> </td> </tr> <tr> <td style="border-top: none;">DESCRIPTION</td> <td style="border-top: none;"></td> </tr> <tr> <td style="border-top: none;">OCCUPATION</td> <td style="border-top: none;">EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	CONTRIBUTION <input style="width: 40px; height: 20px;" type="text"/> EXPENDITURE <input style="width: 40px; height: 20px;" type="text"/>	DESCRIPTION		OCCUPATION	EMPLOYER		
NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	CONTRIBUTION <input style="width: 40px; height: 20px;" type="text"/> EXPENDITURE <input style="width: 40px; height: 20px;" type="text"/>								
DESCRIPTION									
OCCUPATION	EMPLOYER								
4b.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: none;">NAME, ADDRESS, CITY, STATE, ZIP, AND ID#</td> <td style="border-bottom: none;"> CONTRIBUTION <input style="width: 40px; height: 20px;" type="text"/> EXPENDITURE <input style="width: 40px; height: 20px;" type="text"/> </td> </tr> <tr> <td style="border-top: none;">DESCRIPTION</td> <td style="border-top: none;"></td> </tr> <tr> <td style="border-top: none;">OCCUPATION</td> <td style="border-top: none;">EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	CONTRIBUTION <input style="width: 40px; height: 20px;" type="text"/> EXPENDITURE <input style="width: 40px; height: 20px;" type="text"/>	DESCRIPTION		OCCUPATION	EMPLOYER		
NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	CONTRIBUTION <input style="width: 40px; height: 20px;" type="text"/> EXPENDITURE <input style="width: 40px; height: 20px;" type="text"/>								
DESCRIPTION									
OCCUPATION	EMPLOYER								
4c.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: none;">NAME, ADDRESS, CITY, STATE, ZIP, AND ID#</td> <td style="border-bottom: none;"> CONTRIBUTION <input style="width: 40px; height: 20px;" type="text"/> EXPENDITURE <input style="width: 40px; height: 20px;" type="text"/> </td> </tr> <tr> <td style="border-top: none;">DESCRIPTION</td> <td style="border-top: none;"></td> </tr> <tr> <td style="border-top: none;">OCCUPATION</td> <td style="border-top: none;">EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	CONTRIBUTION <input style="width: 40px; height: 20px;" type="text"/> EXPENDITURE <input style="width: 40px; height: 20px;" type="text"/>	DESCRIPTION		OCCUPATION	EMPLOYER		
NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	CONTRIBUTION <input style="width: 40px; height: 20px;" type="text"/> EXPENDITURE <input style="width: 40px; height: 20px;" type="text"/>								
DESCRIPTION									
OCCUPATION	EMPLOYER								
4d.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: none;">NAME, ADDRESS, CITY, STATE, ZIP, AND ID#</td> <td style="border-bottom: none;"> CONTRIBUTION <input style="width: 40px; height: 20px;" type="text"/> EXPENDITURE <input style="width: 40px; height: 20px;" type="text"/> </td> </tr> <tr> <td style="border-top: none;">DESCRIPTION</td> <td style="border-top: none;"></td> </tr> <tr> <td style="border-top: none;">OCCUPATION</td> <td style="border-top: none;">EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	CONTRIBUTION <input style="width: 40px; height: 20px;" type="text"/> EXPENDITURE <input style="width: 40px; height: 20px;" type="text"/>	DESCRIPTION		OCCUPATION	EMPLOYER		
NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	CONTRIBUTION <input style="width: 40px; height: 20px;" type="text"/> EXPENDITURE <input style="width: 40px; height: 20px;" type="text"/>								
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
3.	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 LIABILITIES (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
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]				