



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

Date Received:  
  
**RECEIVED**  
2016 AUG 25 P 3:07  
COCHISE COUNTY  
ELECTIONS AND  
SPECIAL DISTRICTS  
Candidate ID#:  
  
2016-17

1. Thomas C. Holz for Cochise County Attorney  
Full Name of Committee  
10 A Art Ave., PO Box 1078  
Address  
Bisbee 85603 520-255-6954  
City Zip Code Phone

2. N/A  
Sponsoring Organization (if applicable)

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

Name of Candidate and Office Sought (if applicable)  
Thomas C Holz, County Attorney  
Email Address Fax #  
thomas.holz@skyislandattorney.com N/A

3. Reporting Period (Please Check Appropriate Box)		Due Between
a.	<input type="checkbox"/> <b>January 31 Report -</b> For Period of November 25, 2014 to December 31, 2015	January 1, 2016 to February 1, 2016
b.	<input type="checkbox"/> <b>June 30 Report -</b> For Period of January 1, 2016 to May 31, 2016	June 1, 2016 to June 30, 2016
c.	<input checked="" type="checkbox"/> <b>Pre-Primary Report -</b> For Period of June 1, 2016 to August 18, 2016	August 19, 2016 to August 26, 2016
d.	<input type="checkbox"/> <b>Post-Primary Report -</b> For Period of August 19, 2016 to September 19, 2016	September 20, 2016 to September 29, 2016
e.	<input type="checkbox"/> <b>Pre-General Report -</b> For Period of September 20, 2016 to October 27, 2016	October 28, 2016 to November 4, 2016
f.	<input type="checkbox"/> <b>Post-General Report -</b> 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)	1440.00	1440.00
5d	Subtotal (add lines b and c for column A and add lines a and c for column B)	1440.00	1440.00
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	0
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	745.23	745.23
7.	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	694.77	694.77

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: Thomas C. Holz for Cochise County Atty  
 3. Report covering period from 6/1/16 thru 8/18/16

2. ID#  
2016-17

**RECEIPTS**

COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
960.00	960.00
340.00	340.00
0	0
1300.00	1300.00
0	0
1300.00	1300.00
140.00	140.00
0	0
140.00	140.00
0	0
0	0
1440.00	1440.00

4. Contributions other than loans and in-kind
- (a) Individuals - more than <sup>50</sup> (Total from Schedule A)
- (b) Individuals - aggregate <sup>50</sup> 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]

**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)

745.23	745.23
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
<del>745.23</del>	745.23
0	0
745.23	745.23
60.00	60.00

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.

Thomas C Holz  
Type or Print Name of Treasurer

TC Holz  
Signature of Treasurer or Candidate or Designating Individual

8/25/16  
Date

CONTRIBUTIONS more than \$50 - from INDIVIDUALS\*

SCHEDULE A

p. 1

1. Committee Name: Thomas C. Hdz for Cochise Cty Atty 2. ID#  
2016-17  
 3. Report covering period from 6/1/16 thru 8/12/16

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																				
NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR																								
4a.	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">LAST <u>McLeod</u></td> <td style="width: 30%;">FIRST <u>Alison</u></td> <td style="width: 10%;">MI</td> <td colspan="2"></td> </tr> <tr> <td colspan="5">STREET ADDRESS <u>939 Border Rd.</u></td> </tr> <tr> <td colspan="2">CITY <u>Bisbee</u></td> <td>STATE <u>AZ</u></td> <td colspan="2">ZIP <u>85603</u></td> </tr> <tr> <td colspan="2">OCCUPATION <u>Nurse Practitioner</u></td> <td colspan="3">EMPLOYER <u>Pinnacle Healthcare</u></td> </tr> </table>	LAST <u>McLeod</u>	FIRST <u>Alison</u>	MI			STREET ADDRESS <u>939 Border Rd.</u>					CITY <u>Bisbee</u>		STATE <u>AZ</u>	ZIP <u>85603</u>		OCCUPATION <u>Nurse Practitioner</u>		EMPLOYER <u>Pinnacle Healthcare</u>			<u>8/4/16</u>	<u>\$100</u>	<u>\$100</u>
LAST <u>McLeod</u>	FIRST <u>Alison</u>	MI																						
STREET ADDRESS <u>939 Border Rd.</u>																								
CITY <u>Bisbee</u>		STATE <u>AZ</u>	ZIP <u>85603</u>																					
OCCUPATION <u>Nurse Practitioner</u>		EMPLOYER <u>Pinnacle Healthcare</u>																						
4b.	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">LAST <u>Steward</u></td> <td style="width: 30%;">FIRST <u>Patricia</u></td> <td style="width: 10%;">MI</td> <td colspan="2"></td> </tr> <tr> <td colspan="5">STREET ADDRESS <u>18 Maxfield</u></td> </tr> <tr> <td colspan="2">CITY <u>Bisbee</u></td> <td>STATE <u>AZ</u></td> <td colspan="2">ZIP <u>85603</u></td> </tr> <tr> <td colspan="2">OCCUPATION <u>Bar-restaurant owner</u></td> <td colspan="3">EMPLOYER <u>self</u></td> </tr> </table>	LAST <u>Steward</u>	FIRST <u>Patricia</u>	MI			STREET ADDRESS <u>18 Maxfield</u>					CITY <u>Bisbee</u>		STATE <u>AZ</u>	ZIP <u>85603</u>		OCCUPATION <u>Bar-restaurant owner</u>		EMPLOYER <u>self</u>			<u>8/14/16</u>	<u>\$100</u>	<u>\$100</u>
LAST <u>Steward</u>	FIRST <u>Patricia</u>	MI																						
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4c.	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">LAST <u>Marsh</u></td> <td style="width: 30%;">FIRST <u>Carolyn</u></td> <td style="width: 10%;">MI</td> <td colspan="2"></td> </tr> <tr> <td colspan="5">STREET ADDRESS <u>1521 N. Juniper Flats Rd.</u></td> </tr> <tr> <td colspan="2">CITY <u>Bisbee</u></td> <td>STATE <u>AZ</u></td> <td colspan="2">ZIP <u>85603</u></td> </tr> <tr> <td colspan="2">OCCUPATION <u>Retired</u></td> <td colspan="3">EMPLOYER <u>Retired</u></td> </tr> </table>	LAST <u>Marsh</u>	FIRST <u>Carolyn</u>	MI			STREET ADDRESS <u>1521 N. Juniper Flats Rd.</u>					CITY <u>Bisbee</u>		STATE <u>AZ</u>	ZIP <u>85603</u>		OCCUPATION <u>Retired</u>		EMPLOYER <u>Retired</u>			<u>8/14/16</u>	<u>\$100</u>	<u>\$100</u>
LAST <u>Marsh</u>	FIRST <u>Carolyn</u>	MI																						
STREET ADDRESS <u>1521 N. Juniper Flats Rd.</u>																								
CITY <u>Bisbee</u>		STATE <u>AZ</u>	ZIP <u>85603</u>																					
OCCUPATION <u>Retired</u>		EMPLOYER <u>Retired</u>																						
4d.	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">LAST <u>Robert Klein</u></td> <td style="width: 30%;">FIRST <u>Robert</u></td> <td style="width: 10%;">MI</td> <td colspan="2"></td> </tr> <tr> <td colspan="5">STREET ADDRESS <u>128 B Opera Dr.</u></td> </tr> <tr> <td colspan="2">CITY <u>Bisbee</u></td> <td>STATE <u>AZ</u></td> <td colspan="2">ZIP <u>85603</u></td> </tr> <tr> <td colspan="2">OCCUPATION <u>Real estate agent</u></td> <td colspan="3">EMPLOYER <u>self</u></td> </tr> </table>	LAST <u>Robert Klein</u>	FIRST <u>Robert</u>	MI			STREET ADDRESS <u>128 B Opera Dr.</u>					CITY <u>Bisbee</u>		STATE <u>AZ</u>	ZIP <u>85603</u>		OCCUPATION <u>Real estate agent</u>		EMPLOYER <u>self</u>			<u>8/11/16</u>	<u>\$100</u>	<u>\$100</u>
LAST <u>Robert Klein</u>	FIRST <u>Robert</u>	MI																						
STREET ADDRESS <u>128 B Opera Dr.</u>																								
CITY <u>Bisbee</u>		STATE <u>AZ</u>	ZIP <u>85603</u>																					
OCCUPATION <u>Real estate agent</u>		EMPLOYER <u>self</u>																						
4e.	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">LAST</td> <td style="width: 30%;">FIRST</td> <td style="width: 10%;">MI</td> <td colspan="2"></td> </tr> <tr> <td colspan="5">STREET ADDRESS</td> </tr> <tr> <td colspan="2">CITY</td> <td>STATE</td> <td colspan="2">ZIP</td> </tr> <tr> <td colspan="2">OCCUPATION</td> <td colspan="3">EMPLOYER</td> </tr> </table>	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. 1 of 2

Contribution: more than \$50 -  
from individuals

Schedule A

2. ID#  
2016-17

1. Committee Name: Thomas C. Holz for Cochise Cty Atty

3. Report covering period from 6/1/16 thru 8/18/16

4 CONTRIBUTIONS				DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR						
4a.	LAST Higgins	FIRST Bill	MI	8/12/16	\$200	\$200
STREET ADDRESS 216 A Brewery Ave						
CITY Bisbee		STATE AZ	ZIP 85603			
OCCUPATION Ret.		EMPLOYER Ret.				
4b.	LAST Brown	FIRST Matt	MI	8/12/16	\$100	\$100
STREET ADDRESS 107 E. Taughnut						
CITY Tombstone		STATE AZ	ZIP 85638			
OCCUPATION Attorney		EMPLOYER Self				
4c.	LAST Synett	FIRST Bruce	MI	8/12/16	\$60	\$60
STREET ADDRESS 922 Upper Sims Rd.						
CITY Bisbee		STATE AZ	ZIP 85603			
OCCUPATION Firefighter		EMPLOYER Ret.				
4d.	LAST Foss	FIRST Stephen	MI	8/13/16	\$100	\$100
STREET ADDRESS PO Box 1103						
CITY Bisbee		STATE AZ	ZIP 85603			
OCCUPATION Landlord		EMPLOYER F-5 LLC				
4e.	LAST Rodrigues	FIRST Pamela	MI	8/12/16	\$100	\$100
STREET ADDRESS 200 D Opera Pr.						
CITY Bisbee		STATE AZ	ZIP 85603			
OCCUPATION Store Owner		EMPLOYER Self				
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]					960.00 <del>860.00</del>	960.00 <del>860.00</del>

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 of 2

**CONTRIBUTIONS of \$50 or less-AGGREGATE TOTAL\***

**SCHEDULE A-1**

1. Committee Name: Thomas C. Held for Cochran, Ctgy Atty  
 3. Report covering period from 6/1/18 thru 8/12/16

2. ID#  
2016-17

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
Individual contributions	340	340	
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]	\$340.00	6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed summary Page, Line 4(b), Column B]	\$340.00

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

1. Committee Name: Thomas C Herb

2. ID#  
2016-17

3. Report covering period from 6/1 thru 8/17

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 <u>Thomas C Holz</u>	2. ID# <u>2016-17</u>		
3.	Report covering period from <u>6/1</u> thru <u>8/18</u>			
4.	<b>LOANS MADE OR GUARANTEED BY CANDIDATE</b>	<b>DATE RECEIVED</b>	<b>AMOUNT RECEIVED</b>	<b>CUMULATIVE TOTAL THIS CAMPAIGN TO DATE</b>
	NAME AND ADDRESS FROM WHOM RECEIVED			
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP <u>Thomas C. Holz</u>	<u>7/3/16</u>	<u>140.00</u>	<u>140.00</u>
	<u>10A Art Ave, Bisbee, AZ 85603</u>			
	DESCRIPTION <u>Payment for sign</u>			
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>	<u>140.00</u>	<u>140.00</u>	

**OTHER LOANS**

**SCHEDULE C-1**

1. Committee Name: Thom C. Holz

2. ID# 2016-17

3. Report covering period from 6/1 thru 8/18

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#			
	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	0

EXPENDITURES FOR OPERATING EXPENSES\*

SCHEDULE D

1. Committee Name: Thomas C. Heitz

2. ID# 2016-17

3. Report covering period from 6/1 thru 8/18

4.	EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE			
4a.	<p>NAME, ADDRESS, CITY, STATE, AND ZIP                      Elite 4 Print                      851 S Walnut St., Carson, CA 90746</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED                      Rack cards</p>	8/17/16	62.96
4b.	<p>NAME, ADDRESS, CITY, STATE, AND ZIP                      Super Cheap Signs                      9200 Waterford Centre Blvd.                      Austin, TX 78758</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED                      Yard signs &amp; stakes</p>	8/17/16	323.00
4c.	<p>NAME, ADDRESS, CITY, STATE, AND ZIP                      Pat Panther                      The Panther Band                      Bisbee, AZ 85603</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED                      Band for campaign event</p>	8/12/16	\$120.00
4d.	<p>NAME, ADDRESS, CITY, STATE, AND ZIP                      Miguel Carrillo                      Counter Clockwise                      Bisbee, AZ 85603</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED                      Band for campaign event</p>	8/12/16	60.00
4e.	<p>NAME, ADDRESS, CITY, STATE, AND ZIP                      Rotary Club of Bisbee                      Bisbee, AZ 85603</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED                      Fourth of July Parade registration</p>	7/1/16	20.00
4f.	<p>NAME, ADDRESS, CITY, STATE, AND ZIP                      Safeway                      101 Naco Hwy                      Bisbee, AZ 85603</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED                      Pens &amp; plates for campaign event</p>	8/12/16	19.27
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: Thomas R. Holz

2. ID# 2016-17

3. Report covering period from 6/1 thru 8/18

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 <u>Monti Eaton</u> <u>Bisbee, AZ 85603</u>	<u>7/3/16</u>	<u>140.00</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>2 hand-painted signs</u>		
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		
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>745.23</u>

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

**INDEPENDENT EXPENDITURES\***

**SCHEDULE D-1**

1. Committee Name: Thomas C Holz

2. ID# 2016-17

3. Report covering period from 6/1 thru 8/18

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. §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	
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**LOANS MADE BY REPORTING COMMITTEE**

**SCHEDULE D-2**

1. Committee Name: Thomas C Holz

2. ID# 2016-17

3. Report covering period from 6/1 thru 8/18

4.	LOANS MADE BY THE REPORTING COMMITTEE NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE	DATE LOAN MADE	AMOUNT OF THE LOAN
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: Thomas C Holz

2. ID# 2016-17

3. Report covering period from 6/1 thru 8/17

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]		0

\* Includes return of contributions made by reporting committee

**REPAYMENT OF CANDIDATE LOANS**

**SCHEDULE D-4**

1. Committee Name: Thomas C Holz

2. ID# 2016-17

3. Report covering period from 6/1 thru 8/18

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: Thomas C Holz

2. ID# 2016-17

3. Report covering period from 6/1 thru 8/18

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

**TRANSFERS TO OTHER POLITICAL COMMITTEES**

**SCHEDULE D-6**

1. Committee Name: Thomas C Hob

2. ID# 2016-17

3. Report covering period from 6/1 thru 8/18

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

**ANY OTHER DISBURSEMENT**

**SCHEDULE D-7**

1. Committee Name: Thomas C Holt

2. ID# 2016-17

3. Report covering period from 6/1 thru 8/17

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: Thomas C Holz

2. ID# 2016-17

3. Report covering period from 6/1 thru 8/18

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"> <tr> <td>NAME, ADDRESS, CITY, STATE, ZIP, AND ID#</td> <td> <table border="1"> <tr> <td>CONTRIBUTION</td> <td><input type="checkbox"/></td> </tr> <tr> <td>EXPENDITURE</td> <td><input type="checkbox"/></td> </tr> </table> </td> </tr> <tr> <td>DESCRIPTION</td> <td></td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	<table border="1"> <tr> <td>CONTRIBUTION</td> <td><input type="checkbox"/></td> </tr> <tr> <td>EXPENDITURE</td> <td><input type="checkbox"/></td> </tr> </table>	CONTRIBUTION	<input type="checkbox"/>	EXPENDITURE	<input type="checkbox"/>	DESCRIPTION		OCCUPATION	EMPLOYER		
NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	<table border="1"> <tr> <td>CONTRIBUTION</td> <td><input type="checkbox"/></td> </tr> <tr> <td>EXPENDITURE</td> <td><input type="checkbox"/></td> </tr> </table>	CONTRIBUTION	<input type="checkbox"/>	EXPENDITURE	<input type="checkbox"/>								
CONTRIBUTION	<input type="checkbox"/>												
EXPENDITURE	<input type="checkbox"/>												
DESCRIPTION													
OCCUPATION	EMPLOYER												
4b.	<table border="1"> <tr> <td>NAME, ADDRESS, CITY, STATE, ZIP, AND ID#</td> <td> <table border="1"> <tr> <td>CONTRIBUTION</td> <td><input type="checkbox"/></td> </tr> <tr> <td>EXPENDITURE</td> <td><input type="checkbox"/></td> </tr> </table> </td> </tr> <tr> <td>DESCRIPTION</td> <td></td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	<table border="1"> <tr> <td>CONTRIBUTION</td> <td><input type="checkbox"/></td> </tr> <tr> <td>EXPENDITURE</td> <td><input type="checkbox"/></td> </tr> </table>	CONTRIBUTION	<input type="checkbox"/>	EXPENDITURE	<input type="checkbox"/>	DESCRIPTION		OCCUPATION	EMPLOYER		
NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	<table border="1"> <tr> <td>CONTRIBUTION</td> <td><input type="checkbox"/></td> </tr> <tr> <td>EXPENDITURE</td> <td><input type="checkbox"/></td> </tr> </table>	CONTRIBUTION	<input type="checkbox"/>	EXPENDITURE	<input type="checkbox"/>								
CONTRIBUTION	<input type="checkbox"/>												
EXPENDITURE	<input type="checkbox"/>												
DESCRIPTION													
OCCUPATION	EMPLOYER												
4c.	<table border="1"> <tr> <td>NAME, ADDRESS, CITY, STATE, ZIP, AND ID#</td> <td> <table border="1"> <tr> <td>CONTRIBUTION</td> <td><input type="checkbox"/></td> </tr> <tr> <td>EXPENDITURE</td> <td><input type="checkbox"/></td> </tr> </table> </td> </tr> <tr> <td>DESCRIPTION</td> <td></td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	<table border="1"> <tr> <td>CONTRIBUTION</td> <td><input type="checkbox"/></td> </tr> <tr> <td>EXPENDITURE</td> <td><input type="checkbox"/></td> </tr> </table>	CONTRIBUTION	<input type="checkbox"/>	EXPENDITURE	<input type="checkbox"/>	DESCRIPTION		OCCUPATION	EMPLOYER		
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CONTRIBUTION	<input type="checkbox"/>												
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DESCRIPTION													
OCCUPATION	EMPLOYER												
4d.	<table border="1"> <tr> <td>NAME, ADDRESS, CITY, STATE, ZIP, AND ID#</td> <td> <table border="1"> <tr> <td>CONTRIBUTION</td> <td><input type="checkbox"/></td> </tr> <tr> <td>EXPENDITURE</td> <td><input type="checkbox"/></td> </tr> </table> </td> </tr> <tr> <td>DESCRIPTION</td> <td></td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	<table border="1"> <tr> <td>CONTRIBUTION</td> <td><input type="checkbox"/></td> </tr> <tr> <td>EXPENDITURE</td> <td><input type="checkbox"/></td> </tr> </table>	CONTRIBUTION	<input type="checkbox"/>	EXPENDITURE	<input type="checkbox"/>	DESCRIPTION		OCCUPATION	EMPLOYER		
NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	<table border="1"> <tr> <td>CONTRIBUTION</td> <td><input type="checkbox"/></td> </tr> <tr> <td>EXPENDITURE</td> <td><input type="checkbox"/></td> </tr> </table>	CONTRIBUTION	<input type="checkbox"/>	EXPENDITURE	<input type="checkbox"/>								
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**

**SCHEDULE F-1**

1. Committee Name: Thomas C Helz

2. ID# 2016-17

3. Report covering period from 6/11 thru 8/18

4.	<b>DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS</b>	<b>DATE AMOUNT RECEIVED</b>	<b>AMOUNT OF THE RECEIPT</b>
	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: Thomas C Holz

2. ID# 2016-17

3. Report covering period from 6/1 thru 8/18

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]		0

\* Includes return of contributions received by reporting committee

**DEBTS AND OBLIGATIONS (Excluding Loans)**

**SCHEDULE F-3**

1. Committee Name: Thomas C Holz

2. ID# 2016-17

3. Report covering period from 6/1 thru 8/18

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# <u>Thuy's LLC</u> <u>9 Naco Rd.</u> <u>Bisbee, AZ 85603</u>	60.00	60.00	0	60.00
	DESCRIPTION OF DEBT <u>Food for campaign event</u>				
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)				60.00