

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

1. Committee Name: _____

2. ID# _____

3. Report covering period from _____

RECEIPTS	<i>Column A This Period</i>	<i>Column B Campaign To Date</i>
4. Contributions other than loans and in-kind:		
a) Individuals-more than \$25 (Total from Schedule A)	4(a)	4(a)
b) Individuals-aggregate \$25 or less (Total from Schedule A1)	4(b)	4(b)
c) Political Committees (Total from Schedule B)	4(c)	4(c)
d) <i>SUBTOTAL CONTRIBUTIONS [ADD 4(a), 4(b), AND 4(c) and enter total here]</i>	4(d)	4(d)
e) Refund of contributions (Total from Schedule F2)	4(e)	4(e)
f) <i>TOTAL CONTRIBUTIONS OTHER THAN LOANS AND IN-KIND [SUBTRACT 4(e) FROM 4(d)]</i>	4(f)	4(f)
5. a) Loans made or guaranteed by candidate (Total from Schedule C)	5(a)	5(a)
b) All other loans (Total from Schedule C1)	5(b)	5(b)
c) <i>TOTAL LOANS [ADD 5(a) AND 5(b)]</i>	5(c)	5(c)
6. In-kind contributions (Total from Schedule E)	6.	6.
7. Dividends, interest, and other forms of receipts (Total from Schedule F1)	7.	7.
8. TOTAL RECEIPTS [ADD 4(f), 5(c), 6 AND 7]	8.	8.

DISBURSEMENTS

9. Expenditures for operating expenses (Total from Schedule D)	9.	9.
10. Independent Expenditures (Total from Schedule D1)	10.	10.
11. Value of In-kind expenditures (Total from Schedule E)	11.	11.
12. Loans made by reporting committee (Total from Schedule D2)	12.	12.
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D4)	13(a)	13(a)
(b) Repayment of all other loans (Total from Schedule D5)	13(b)	13(b)
(c) <i>TOTAL LOAN REPAYMENTS [ADD 13(a) AND 13(b)]</i>	13(c)	13(c)
14. Transfers to other political committees (Total from Schedule D6)	14.	14.
15. Any other disbursement (Total from Schedule D7)	15.	15.
16. SUBTOTAL DISBURSEMENTS [ADD LINES 9, 10, 11, 12, 13(c), 14 AND 15]	16.	16.
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D3)	17.	17.
18. TOTAL DISBURSEMENTS [SUBTRACT LINE 17 FROM 16]	18.	18.
19. Total outstanding debts owed by Reporting Candidate or Political Committee (Schedule F3)	19.	19.

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 or Candidate or Designating Individual

Signature of Treasurer or Candidate or Designating Individual

Date

CONTRIBUTIONS more than \$25-from INDIVIDUALS*

SCHEDULE A

1. Committee Name: _____

2. ID#

3. Report covering period from _____ thru _____

4.	CONTRIBUTIONS		DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	Name, Address, Occupation & 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 this is the last page of Schedule A (Transfer total to Detailed Summary Page, Line 4(a), Column A)				

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A1. List \$5 Clean Election qualifying contributions separately on Schedule A2.

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

1. Committee Name: _____

2. ID #

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			
4b.	ID#	Name, Address, City, State, and Zip		
	Date Received			
4c.	ID#	Name, Address, City, State, and Zip		
	Date Received			
4d.	ID#	Name, Address, City, State, and Zip		
	Date Received			
4e.	ID#	Name, Address, City, State, and Zip		
	Date Received			
4f.	ID#	Name, Address, City, State, and Zip		
	Date Received			
4g.	ID#	Name, Address, City, State, and Zip		
	Date Received			
4h.	ID#	Name, Address, City, State, and Zip		
	Date Received			
4i.	ID#	Name, Address, City, State, and Zip		
	Date Received			
5.	<p align="center">ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE B <i>(Transfer total to Detailed Summary Page, Line 4(C), Column A)</i></p>			

CANDIDATE LOANS

1. Committee Name: _____

2. ID#

3. Report covering period from _____ thru _____

4.	LOANS MADE OR GUARANTEED BY CANDIDATE	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	Name and Address from whom received			
4a.	Name, Address, City, State, and Zip			
	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 (Transfer total to Detailed Summary Page, Line 5(a), Column A)			

OTHER LOANS

SCHEDULE C1

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 C1 <i>(Transfer total to Detailed Summary Page, Line 5(b), Column A)</i>			

EXPENDITURES 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 <i>(Transfer total to Detail Summary Page, Line 9, Column A.)</i>		

INDEPENDENT EXPENDITURES*

1. Committee Name: _____

2. ID#

3. Report covering period from _____ thru _____

4.	INDEPENDENT EXPENDITURES			DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	Identify Recipient of Expenditure and Candidate who is Benefitted or Opposed				
4a.	Name, Address, City, State, and Zip				
	Purpose and Description of Purchase:		Benefitted <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.	<p align="center">ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D1 <i>(Transfer total to Detailed Summary Page, Line 10, Column A.)</i></p>				

*See A.R.S. § 16-901(14)

I certify under 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	Amount
1.	
2.	
3.	

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D2

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#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D2 (Transfer total to Detail Summary Page, Line 12, Column A).		

OFFSETS TO OPERATING EXPENSES *

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 D3 <i>(Transfer total to Detailed Summary Page, Line 17, Column A)</i>		

* Includes return of contributions made by reporting committee.

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D4

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, and Zip		
4b.	Name, Address, City, State, and Zip		
4c.	Name, Address, City, State, and Zip		
4d.	Name, Address, City, State, and Zip		
4e.	Name, Address, City, State, and Zip		
4f.	Name, Address, City, State, and Zip		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D4 <i>(Transfer total to Detailed Summary Page, Line 13(a), Column A)</i>		

REPAYMENT OF ALL OTHER LOANS

1. Committee Name _____

2. ID#

3. Report covering period from _____ thru _____

4.	REPAYMENT OF ALL OTHER LOANS Name and address of individual (or name, ID# and address of the political committee) to whom repayment (disbursement) was made	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
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 D5 <i>(Transfer total to Detail Summary Page, Line 13(b), Column A)</i>		

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D6

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.	<p align="center">ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D6 <i>(Transfer total to Detailed Summary Page, Line 14, Column A)</i></p>		

ANY OTHER DISBURSEMENT

SCHEDULE D7

1. Committee Name _____
 3. Report covering period from _____ thru _____

2. ID#

4.	ANY OTHER DISBURSEMENT	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 D7 <i>(Transfer total to Detailed Summary Page, Line 15, Column A)</i>		

IN-KIND CONTRIBUTIONS and EXPENDITURES

1. Committee Name _____

2. ID#

3. Report covering period from _____ thru _____

4.	IN-KIND CONTRIBUTIONS and EXPENDITURES		DATE	FAIR MARKET VALUE
	Name and address of Individual (or name, address and ID# of the Political Committee) from whom received or to whom given			
4a	Name, Address, City, State, Zip and ID#	Contribution ____ Expenditure ____		
	Description			
	Occupation	Employer		
4b	Name, Address, City, State, Zip and ID#	Contribution ____ Expenditure ____		
	Description			
	Occupation	Employer		
4c	Name, Address, City, State, Zip and ID#	Contribution ____ Expenditure ____		
	Description			
	Occupation	Employer		
4d	Name, Address, City, State, Zip and ID#	Contribution ____ Expenditure ____		
	Description			
	Occupation	Employer		
5.	ENTER TOTAL IN-KIND <u>CONTRIBUTIONS</u> ONLY IF LAST PAGE OF SCHEDULE E (Transfer total to Detailed Summary Page, Line 6, Column A)			
6.	ENTER TOTAL IN-KIND <u>EXPENDITURES</u> ONLY IF LAST PAGE OF SCHEDULE E (Transfer total to Detailed Summary Page, Line 11, Column A)			

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F1

1. Committee Name _____

2. ID#

3. Report covering period from _____ thru _____

4.	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS	DATE RECEIVED	AMOUNT OF THE RECEIPT
	Name and address from Individual (or Name, Address and ID# of the Political Committee) from whom receipt was made & description		
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.	<p align="center">ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F1 <i>(Transfer total to Detailed Summary Page, Line 7, Column A)</i></p>		

OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F2

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) to whom refund was made & description		
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 ONLY IF LAST PAGE OF SCHEDULE F2 <i>(Transfer total to Detailed Summary Page, Line 4(e), Column A)</i>		

* Includes return of contributions received by reporting committee

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F3

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

4.	DEBTS AND OBLIGATIONS	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	Name and Address of Individual (or Name, Address and ID# of the Political Committee) to whom debt is owed				
4a	Name, Address, City, State, Zip and ID#				
	Description of Debt				
4b	Name, Address, City, State, Zip and ID#				
	Description of Debt				
4c	Name, Address, City, State, Zip and ID#				
	Description of Debt				
4d	Name, Address, City, State, Zip and ID#				
	Description of Debt				
4e	Name, Address, City, State, Zip and ID#				
	Description of Debt				
5.	ENTER TOTAL OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD ONLY IF LAST PAGE OF SCHEDULE F3 <i>(Transfer total to Detailed Summary Page, Line 19, Column A)</i>				