

POLITICAL COMMITTEE
CITY/TOWN OF Chandler
CAMPAIGN FINANCE REPORT
2010 May Special Election

FOR OFFICE USE ONLY

RECEIVED

MAY - 6 2010

CITY OF CHANDLER
 CITY CLERK

1. Trinity Donovan for Chandler City Council
Full Name of Committee
1070 S. Amber St.
Address
Chandler 85286 Maricopa 602-295-8746
City ZIP Code County Phone

2. Trinity Donovan
Sponsoring Organization or Candidate and office
Trinity Donovan
Name of Candidate and Office Sought (if applicable)
trinityforchandler@gmail.com
E-Mail Address Fax #

3A. ID#

C05-05

4. **REPORTING PERIOD** (Please check appropriate box)

DUE BETWEEN

- January 31 Report - For Period of _____ * thru December 31, 2009 January 1, 2010 and January 31, 2010
- Pre-Election Report - For Period of January 1, 2010 thru April 28, 2010 April 29, 2010 and May 6, 2010
- Post-Election Report - For Period of April 29, 2010 thru June 7, 2010 June 8, 2010 and June 17, 2010
- January 31, Report - For Period of June 8, 2010 thru December 31, ___** January 1, ___** and January 31, ___**

5. **SUMMARY**

	Column A Total This Reporting Period	Column B Election Period Total To Date
5a Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)		
5b Cash on Hand at the Beginning of this Reporting Period	8840.71	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	0	45606.91
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	8840.71	45606.91
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]		
6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	8840.71	45606.91
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	0	0

*Insert date which is 21 days after date of last election (A.R.S. §16-913).

**This will depend on the year next election is held. The "due between" year will be the year of an election and the date following "December 31" will be the immediately prior year.

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

1. Committee Name: Trinity Donovan for Chandler City Council ID# C05-05
 3. Report covering period from 9/1/10 Thru 4/28/10

RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4. Contributions other than loans and in-kind:		
(a) Individuals - more than \$25 (Total from Schedule A)		36573.49
(b) Individuals - aggregate \$25 or less (Total from Schedule A-1)		1385.00
(c) Political Committees (Total from Schedule B)		6950.00
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]		44908.49
(e) Refund of contributions (Total from Schedule F-2)		50.00
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]		44858.49
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)		214.22
(b) All other loans (Total from Schedule C-1)		0
(c) Total Loans [add 5(a) and 5(b)]		214.22
6. In-kind contributions (Total from Schedule E)		534.20
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)		0
8. Total Receipts [add 4(f), 5(c), 6, and 7]		45606.91
QUALIFYING CONTRIBUTION RECEIPTS		
Qualifying Contributions of \$5 from Individuals (Total from Schedule A2)		0
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)		37601.52
10. Independent Expenditures (Total from Schedule D-1)		0
11. Value of In-kind expenditures (Total from Schedule E)		534.20
12. Loans made by reporting committee (Total from Schedule D-2)		0
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)		214.22
(b) Repayment of all other loans (Total from Schedule D-5)		0
(c) Total Loan Repayments [add 13(a) and 13(b)]		214.22
14. Transfers to other political committees (Total from Schedule D-6)	9340.71	9340.71
15. Any other disbursement (Total from Schedule D-7)		0
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	9340.71	47690.65
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)	(500.00)	2083.74
18. Total disbursements [subtract line 17 from line 16]	8840.71	45606.91
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)		0

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.

Leslie Updike

Type or Print Name of Treasurer

Christy Moore

Signature of Treasurer or Candidate or Designating Individual

5/2/10

Date

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

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 OR CONTRIBUTOR															
4a.	<table border="1"> <tr> <td data-bbox="215 445 487 470">LAST</td> <td data-bbox="487 445 649 470">FIRST</td> <td data-bbox="649 445 967 470">MI</td> </tr> <tr> <td colspan="3" data-bbox="215 506 967 531">STREET ADDRESS</td> </tr> <tr> <td data-bbox="215 567 487 592">CITY</td> <td data-bbox="487 567 649 592">STATE</td> <td data-bbox="649 567 967 592">ZIP</td> </tr> <tr> <td data-bbox="215 630 643 655">OCCUPATION</td> <td colspan="2" data-bbox="643 630 967 655">EMPLOYER</td> </tr> </table>	LAST	FIRST	MI	STREET ADDRESS			CITY	STATE	ZIP	OCCUPATION	EMPLOYER			
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OCCUPATION	EMPLOYER														
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CITY	STATE	ZIP													
OCCUPATION	EMPLOYER														
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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(z), 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 A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS of \$25 or less - AGGREGATE TOTAL*

SCHEDULE A-1

1. Committee Name _____

2. ID #

3. Report covering period from _____ thru _____

4. Aggregate Total of Contributions of \$25 or less

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

*If contributions of \$25 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

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			
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 <i>[If last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]</i>			

CANDIDATE LOANS

SCHEDULE C

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			
b.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
c.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
d.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
e.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
f.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C [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) OR 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(a), Column A]			

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID #

1. Committee Name _____

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		
b.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
c.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
d.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
e.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
f.	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

2. ID #

1. Committee Name _____

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#		
b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
h.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
i.	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]		

OFFSETS TO OPERATING EXPENSES *

SCHEDULE D-3

1. Committee Name Trinity Donovan for Chandler City Council
 3. Report covering period from 1/1/10 thru 4/28/10

2. ID # C05-05

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 <u>Jessica Florez Consultant</u> <u>8823 N. 47th St.</u> <u>Phoenix AZ 85028</u>		500.00
	DESCRIPTION OF REFUND <u>uncashed check</u>		
b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
e.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
f.	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]		500.00

* 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 _____

	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		
b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
e.	NAME, ADDRESS, CITY, STATE, AND ZIP		
f.	NAME, ADDRESS, CITY, STATE, AND ZIP		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [Transfer total to Detail Summary Page, Line 13(a), Column A]		

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____

4	REPAYMENT OF ALL OTHER LOANS	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	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 Trinity Donovan for Chandler City Council 2. ID# C05-05
 3. Report covering period from 1/1/10 thru 4/28/10

4	TRANSFERS MADE BY THE REPORTING COMMITTEE	DATE TRANSFER MADE	AMOUNT OF THE TRANSFER
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# <u>Trinity For Chandler</u> <u>1070 50 Amber St.</u> <u>Chandler AZ 85286 C10-02</u>	<u>2/17/10</u>	<u>9340.71</u>
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	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]

9340.71

ANY OTHER DISBURSEMENT

SCHEDULE D-7

1. Committee Name _____

2. ID #

3. Report covering period from _____ thru _____

ANY OTHER DISBURSEMENTS		DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION			
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
e.	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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td>CONTRIBUTION • • EXPENDITURE • •</td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION • • EXPENDITURE • •	DESCRIPTION		OCCUPATION	EMPLOYER		
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DESCRIPTION									
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DESCRIPTION									
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NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION • • EXPENDITURE • •								
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 CONTRIBUTIONS 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

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____

4	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS	DATE AMOUNT RECEIVED	AMOUNT OF THE RECEIPT
	NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 <i>(If last page of Schedule F-1, transfer total to Detailed Summary Page Line 7 Column A)</i>		

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) TO WHOM REFUND WAS MADE		
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
f.	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 OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

2. ID #

1. Committee Name _____

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					
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#					
	DESCRIPTION OF DEBT					
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#					
	DESCRIPTION OF DEBT					
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#					
	DESCRIPTION OF DEBT					
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#					
	DESCRIPTION OF DEBT					
e.	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 Detail Summary Page Line 19, Column A]					