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### **POLITICAL COMMITTEE** CITY OF Chandler **CAMPAIGN FINANCE REPORT**

2016 August/November Regular Election

4. R	EPORTING PERIOD (Please check appropriate box)	L	DUE BETWEEN
	E-Mail Address Fax#		
	Name of Candidate and Office Sought (if applicable)		
	Sponsoring Organization or Candidate and office		
2.		3A, ID#	
	City ZIP Code County Phone		
	Address 480-678- Chandler, AZ 85286 Marican 7884  City ZIP Code County Phone		CHANDLER CITY CLERK
	2356, 5, Whetstone Pl,		CHANDLED OTTY OF EDIT
	Full Name of Committee		JOE 1 5010
1.	Seth Di braham	1	JUL - 1 2016

Post-Primary Election Report - For Period of August 19, 2016 thru September 19, 2016 ...... September 20, 2016 and September 29, 2016

Pre-General Election Report - For Period of September 20, 2016 thru October 27, 2016 ...... October 28, 2016 and November 4, 2016

5.	SUMMARY	Column A Total This Reporting Period	Column B Election Period Total To Date
5а	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	3.500	
5с	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	0	
5d	Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	3.500	
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)	#65.84	\$65.84
7.	Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	\$3.43\$.16	#3,434-16

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

<sup>\*\*</sup>Other reports will be due before this reporting period if a special or recall election is held prior to the next general election.

#### **DETAILED SUMMARY PAGE**

# OF RECEIPTS AND DISBURSEMENTS.

Page 2

1. Committee Name: Seth Graham	2.10#	
	·	
3. Report covering period from 1-1-16 Thru 5-31-16		
RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4. Contributions other than loans and in-kind:		
(a) Individuals - more than \$50 (Total from Schedule A)		
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)		35mm
(c) Political Committees (Total from Schedule B)	Th	13,500,00
(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)]		
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]		
		77
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	\$ 65.84	\$ 65.84
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)	,	13,434.16
20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report an complete.	d to the best of my knowledge	and belief it is true and
Seth Graham		
Type or Print Name of Treasurer		
Setty Chall	7-1-16	
Signature of Treasurer or Candidate or Designating Individual	Date	

# CONTRIBUTIONS more than \$50 - from INDIVIDUALS\*

### SCHEDULE A

1. Committee Name SCHh Graham	
3. Report covering period from	thru 5-31-16

4	CONTRIBUTIONS		DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS		
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR				THIS PERIOD	CAMPAIGN TO DATE	
4a.	LAST	FIRST		МІ			
	STREET ADDRESS						
	CITY	STATE	ZIP				
	OCCUPATION	7.00	EMPLOYER				<b>:</b>
b.	LAST	FIRST		МІ			
	STREET ADDRESS			<del></del>			
	CITY	STATE	ZIP				
	OCCUPATION		EMPLOYER				
c.	LAST	FIRST	<b></b> .	Mi			
	STREET ADDRESS						
	CITY	STATE	ZIP				
	OCCUPATION		EMPLOYER				
d.	LAST	FIRST		MI			<del></del>
	STREET ADDRESS						
	СПҮ	STATE	ZIP				
	OCCUPATION		EMPLOYER				
e.	LAST	FIRST		МІ			
	STREET ADDRESS						
	CITY	STATE	ZIP				
	OCCUPATION		EMPLOYER				
5.	ENTER TOTAL ONLY IF LAST Summary Page Line 4(z), Colu	PAGE OF SCHEDULE A [If les	I st page of Schedule A, tr	ansfer total to Det	l tailed		

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

SCHEDULE A-1

	2. ID#
1. Committee Name <u>Seth Graham</u>	
3. Report covering period from 1 - 1 - 1 6	thru 5-31-16

### 4. Aggregate Total of Contributions of \$50 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]

<sup>\*</sup>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

00					_	
SC	н	EL.	U	LI		

			2. ID#	
1. Committee Name <u>Seth</u>	bosham		·	
Report covering period from	1-1-12	thru	5-31-16	

4	CONTRIBUTIONS		AMOUNT RECEIVED	CUMULATIVE TOTAL THIS
		IDENTITY OF CONTRIBUTOR AND DATE RECEIVED		CAMPAIGN TO DATE
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 Detailed Summary Page,	LAST PAGE OF SCHEDULE B [If last page of Schedule B, transfer total to Line 4(c), Column A]		
		TOTAL STATE OF THE	<u> </u>	

	CANDIDATE LOANS			SCHEDULE C		
1.	Committee Name		2. ID#			
	Seth Graham  Report covering period from 1 - 1 - 16 thru					
3.	Report covering period from 1 - 1 - 12 thruthru	5-31-11	ნ			
4.	LOANS MADE OR GUARANTEED BY CANDIDATE  NAME AND ADDRESS FROM WHOM RECEIVED	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN		
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP			TO DATE		
		- 77.6				
	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	77.0				
е.	NAME, ADDRESS, CITY, STATE, AND ZIP					
	DESCRIPTION					
f.	NAME, ADDRESS, CITY, STATE, AND ZIP	M				
	DESCRIPTION			:		
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Co					

#### OTHER LOANS

SCHEDULE C1

	2. ID#	
5116 6 1 10 100		

1.	Committee Name	noraham		
3.	Report covering period from	1-1-16	thru 5-31-16	

4	ALL OTHER LOANS  NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR 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		10-71-00	
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 Page, Line 5(a), Column A]	Detailed Summary		

### **EXPENDITURES FOR OPERATING EXPENSES\***

SCHEDULE D

	1. Committee Name Seth Graham	-4 (	
	3. Report covering period from 1 - 1 - 1 6 thru 5 - 3 /	76	
4	EXPENDITURES	DATE EXPENDITURE	AMOUNT OF THE
	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	MADE	EXPENDITURE
4a.	NAME, ADDRESS, CITY, STATE AND ZIP  GO Dacidy Com  DESCRIPTION OF ITEMS OR SERVICES PURCHASED	2/16/16	41.17
	Website		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP		
	Vista Print	0/20/16	#35.97
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED  BUSINESS Cards		
4c.	NAME ADDRESS CITY STATE AND 750		
	5taples	3/14/16	#28.70
•	DESCRIPTION OF ITEMS OR SERVICES PURCHASED  Letition Copies		
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		
<b>4</b> 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]		65.84

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

### **INDEPENDENT EXPENDITURES\***

SCHEDULE D-1

	1. Committee Name <u>Seth Graham</u>	<u> </u>	
	3. Report covering period from 1-1-16 thru 5-3	31-16	
4	INDEPENDENT EXPENDITURES	DATE EXPENDITURE	AMOUNT OF THE
	IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED	MADE	EXPENDITURE
4a.	NAME, ADDRESS, CITY, STATE AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASI lenefitted Dpposed	1	į
	CANDIDATE OFFICE SOUGHT YEAR OF ELECTION	1	
4b.	NAME, ADDRESS, CITY, STATE AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHAS Benefitted Opposed	1	
	CANDIDATE OFFICE SOUGHT YEAR OF ELECTION	1	
4-	NAME ADDRESS OFFI STATE AND THE		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP		:
		-	ĺ
	PURPOSE AND DESCRIPTION OF PURCHASI lenefitted Dpposed	1	
	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 1	0, Column A]	
*s	EE A.R.S. § 16-901(14).		
certi	fy, under penalty of perjury, that the above stated independent expenditure(s) was not made in cooperation	, consultation or co	ncert with or at the
eque	st or suggestion of any candidate or any campaign committee or agent of that candidate.		
	KH H.		
Signat	ure of Treasurer		
ı	NAMES CONTRATIONS AND FAIR OVERS AND ANOTHER CONTRIBUTES BY FIGURE THE THEFT TO CONTRIBUTES		1
	NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS SIX MONTHS	WITHIN THE LAST	AMOUNT

### LOANS MADE BY REPORTING COMMITTEE

## SCHEDULE D-2

2. ID#

	1. Committee Name <u>Seth Graham</u> 3. Report covering period from <u>1-1-16</u> thru 5-3		
	3. Report covering period from 1-1-16 thru 5-3	1-16	
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	LOAN MADE	OF THE LOAN
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		<del>,</del>
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]		:

Page\_\_\_of \_\_\_

### OFFSETS TO OPERATING EXPENSES \*

SCHEDULE D-3

1. Committee Name Seth Graham  3. Report covering period from 1-1-16 thru 5-		
3. Report covering period from 1-1-16 thru 5-	31-16	
REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES	DATE REFUND	AMOUNT OF THE
NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED	RECEIVED	REFUND
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND	_	
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND	-	
NAME ADDRESS OF A COLUMN AND A		
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND		
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND	1	
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND	_	
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND	]	
ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 [If last page of Schedule D-3, [transfer total to Detailed Summary Page Line	e 17 Column A]	
Includes return of contributions made by reporting committee		
	Schedule	D-3 Pageof

### REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

Schedule D-4 Page\_\_\_\_of \_\_\_\_

	1. Committee Name <u>Seth Graham</u> 3. Report covering period from <u>1 - 1 - 1 6</u> thru <u>5 - 3</u>		
	3. Report covering period from 1 - 1 - 16 thru 5 - 3	1-16	
	REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE	DATE REPAYMENT MADE	AMOUNT OF THE
	NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	WADE	REPAYMENT
а.	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		
lf.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	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#
<b>.</b>	
1. Committee Name Seth Glaham	
3. Report covering period from 1-1-16	thru 5-31-15

4	REPAYMENT OF ALL OTHER LOANS	DATE REPAYMENT	AMOUNT OF THE
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	MADE	REPAYMENT
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	-	
<b>4</b> c.	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-5 [Transfer total to Detailed Summary Page, Line 13(b), Column A]		

### TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

Page\_\_\_\_of \_\_\_\_

	1. Committee Name Seth Graham	<u> </u>	<u> </u>
	3. Report covering period from 1 - 1 - 1 6 thru 5	-31-16	
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	1	
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
<b>4</b> c.	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

	2. ID#
1. Committee Name Seth Graham	
3. Report covering period from 1 - 1 - 1 - 1 - 1 - 1 - 3	1-16
	<del></del>

4.	ANY OTHER DISBURSEMENTS	DATE DISBURSEMENT	AMOUNT OF THE DISBURSEMENT
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION	MADE	
4a,	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
	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]

Page\_\_\_of \_\_\_

#### IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

2. ID#

	1. Committee Name <u>Seth</u> 6	raham		
	1. Committee Name	-16 thru 5-	31-16	
4	i e	ONS and EXPENDITURES	DATE	FAIR MARKET VALUE
	NAME AND ADDRESS OF INDIVIDUAL POLITICAL COMMITTEE) FROM WH	1		
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		
<b>4</b> c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE		
	DESCRIPTION	<u> </u>		
	OCCUPATION	EMPLOYER		
5.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PA Line 6, Column A)	AGE OF SCHEDULE E [If last page of Schedule E, transfer total to D	etailed Summary Page	
6.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PA Line 11, Column A]	AGE OF SCHEDULE E [If last page of Schedule E, transfer total to D	etailed Summary Page	

Page\_\_\_\_of \_\_\_\_

### DIVIDENDS, INTEREST, AND OTHER RECEIPTS

### SCHEDULE F-1

2. ID#

			<del></del>
	1. Committee Name 5 eth 6 raham  3. Report covering period from 1 - 1 - 16 thru 5 - 3 d		
	3. Report covering period from 1 - 1 - 16 thru 5 - 37	-16	
	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS	DATE AMOUNT	AMOUNT OF THE
	NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED	RECEIVED	RECEIPT
	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	· · · · · ·	
	DESCRIPTION OF RECEIPT		
	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		~~~
	DESCRIPTION OF RECEIPT	:	
	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
_	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
_	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DECORPTION OF RECEPT		
	DESCRIPTION OF RECEIPT		
	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	

Page\_\_\_of

## OFFSETS TO CONTRIBUTIONS RECEIVED \*

SCHEDULE F-2

2. ID#

	1. Committee Name <u>SC+h 6 raham</u>		
	1. Committee Name 5c+h 6rsham  3. Report covering period from 1-1-16 thru 5-3	1-76	
4	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED	DATE REFUND	AMOUNT OF THE
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE	MADE	REFUND
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	· · · · · ·	
	DESCRIPTION OF REFUND		
	DESCRIPTION OF REPORT		
<b>4</b> c.	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#		······································

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

DESCRIPTION OF REFUND

5.

	1. Committee Name 5 cth 6	naham			
	3. Report covering period from 1 - 1 - 1 - 1 6 thru 5 - 31 - 1				26
4	DEBTS AND OBLIGATIONS	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD		OUTSTANDING
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED			PAYMENT THIS PERIOD	BALANCE AT CLOSE OF THIS PERIOD
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				recovered to the second se
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
5.	ENTER TOTAL OUTSTANDING BALANCE AT CLO F-3 [Transfer total to Detail Summary Page Line 19, Colo		ONLY IF LAST PAGE OF	SCHEDULE	