

POLITICAL COMMITTEE
CITY/TOWN OF CHANDLER
CAMPAIGN FINANCE REPORT
2014 August/November Regular Election

FOR OFFICE USE ONLY

RECEIVED

SEP 24 2014

CITY OF CHANDLER
 CITY CLERK

1. Re-Elect Tibshraeny Mayor 2014

Full Name of Committee
2158 E. Teakwood Place

Address
Chandler 85249 Maricopa (480) 821-8947

City ZIP Code County Phone

2. _____

Sponsoring Organization or Candidate and office
Jay Tibshraeny Mayor

Name of Candidate and Office Sought (if applicable)

 E-Mail Address Fax #

3A. ID# M13-01

Primary

General

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

- January 31 Report - For Period of _____ * thru December 31, 2013 January 1, 2014 and January 31, 2014
- June 30 Report - For Period of January 1, 2014 thru May 31, 2014 June 1, 2014 and June 30, 2014
- Pre-Primary Election Report - For Period of June 1, 2014 thru August 14, 2014 August 15, 2014 and August 22, 2014
- Post-Primary Election Report - For Period of August 15, 2014 thru September 15, 2014 September 16, 2014 and September 25, 2014
- Pre-General Election Report - For Period of September 16, 2014 thru October 23, 2014 October 24, 2014 and October 31, 2014
- Post-General Election Report - For Period of October 24, 2014 thru November 24, 2014 November 25, 2014 and December 4, 2014
- **January 31, Report - For Period of November 25, 2014 thru December 31, 2015 January 1, 2016 and January 31, 2016

| 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) | | 213,033.81 |
| 5b Cash on Hand at the Beginning of this Reporting Period | 241,509.26 | |
| 5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8) | 3,022.89 | 44,337.37 |
| 5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B] | 244,532.15 | 257,371.18 |
| 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) | 862.32 | 13,701.35 |
| 7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d] | 243,669.83 | 243,669.83 |

*Insert date which is 21 days after date of last election (A.R.S. §16-913).
 **Other reports will be due before this reporting period if a special or recall election is held prior to the next general election.

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

| | |
|-------------------------------------|---------|
| 2. ID# M13-01 | |
| <input checked="" type="checkbox"/> | Primary |
| <input type="checkbox"/> | General |

1. Committee Name Re-Elect Tibshraeny Mayor 2014

3. Report covering period from 8/15/14 thru 9/15/14

| 4 | CONTRIBUTIONS | DATE RECEIVED | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------|-----------------------------|--|----------|---------|--|----------------|--|--|---------------------------------|--|--|------|-------|-----|------------|----|-------|------------|----------|--|---------|--|--|--------|----------|--|
| NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4a. | <table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Propstra</td> <td>John</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">5108 N. 40th St.</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Phoenix</td> <td>AZ</td> <td>85018</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Retired</td> <td colspan="2"></td> </tr> </table> | LAST | FIRST | MI | Propstra | John | | STREET ADDRESS | | | 5108 N. 40th St. | | | CITY | STATE | ZIP | Phoenix | AZ | 85018 | OCCUPATION | EMPLOYER | | Retired | | | 9/3/14 | 1,000.00 | |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Propstra | John | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5108 N. 40th St. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phoenix | AZ | 85018 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retired | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. | <table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Propstra</td> <td>Marilyn</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">2737 E. Arizona Biltmore Circle</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Phoenix</td> <td>AZ</td> <td>85016</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Retired</td> <td colspan="2"></td> </tr> </table> | LAST | FIRST | MI | Propstra | Marilyn | | STREET ADDRESS | | | 2737 E. Arizona Biltmore Circle | | | CITY | STATE | ZIP | Phoenix | AZ | 85016 | OCCUPATION | EMPLOYER | | Retired | | | 9/6/14 | 1,000.00 | |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Propstra | Marilyn | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2737 E. Arizona Biltmore Circle | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phoenix | AZ | 85016 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retired | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. | <table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Willian</td> <td>Diane</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">7519 N. Silvercrest Way</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Scottsdale</td> <td>AZ</td> <td>85253</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Retired</td> <td colspan="2"></td> </tr> </table> | LAST | FIRST | MI | Willian | Diane | | STREET ADDRESS | | | 7519 N. Silvercrest Way | | | CITY | STATE | ZIP | Scottsdale | AZ | 85253 | OCCUPATION | EMPLOYER | | Retired | | | 9/9/14 | 1,000.00 | |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Willian | Diane | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7519 N. Silvercrest Way | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scottsdale | AZ | 85253 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retired | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. | <table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3"></td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td></td> <td colspan="2"></td> </tr> </table> | LAST | FIRST | MI | | | | STREET ADDRESS | | | | | | CITY | STATE | ZIP | | | | OCCUPATION | EMPLOYER | | | | | | | |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. | <table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3"></td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td></td> <td colspan="2"></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(z), Column A] | | 3,000.00 | | | | | | | | | | | | | | | | | | | | | | | | | |

*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.

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

| | |
|-------------------------------------|---------|
| 2. ID# | M13-01 |
| <input checked="" type="checkbox"/> | Primary |
| <input type="checkbox"/> | General |

1. Committee Name Re-Elect Tibshraeny Mayor 2014

3. Report covering period from 8/15/14 thru 9/15/14

| 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 Coleman, Dahm & Associates 4715 N. 32nd St Phoenix, AZ 85018 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Mailing Services | 8/20/14 | 250.00 |
| 4b. | NAME, ADDRESS, CITY, STATE AND ZIP Michael Alyn 4217 N. 15th Drive Phoenix, AZ 85015 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Information Technology Services | 8/20/14 | 386.00 |
| 4c. | NAME, ADDRESS, CITY, STATE AND ZIP Jay Tibshraeny 2158 E. Teakwood Place Chandler, AZ 85249 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Reimbursement for Expenses | 9/11/14 | 226.32 |
| 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] | | 862.32 |

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

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

| | |
|-------------------------------------|---------|
| 2. ID# | M13-01 |
| <input checked="" type="checkbox"/> | Primary |
| <input type="checkbox"/> | General |

1. Committee Name Re-Elect Tibshraeny Mayor 2014

3. Report covering period from 8/15/14 thru 9/15/14

| 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# J.P. Morgan Chase Bank | 8/15/14 to 9/15/14 | 22.89 |
| | DESCRIPTION OF RECEIPT Interest | | |
| 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 | | 22.89 |