FOR OFFICE USE ONLY

POLITICAL COMMITTEE CITY/TOWN OF **CAMPAIGN FINANCE REPORT** 2010 August/November Regular Election

RECEIVED

DEC - 2 2010

3A. ID#

CITY OF CHANDLER CITY CLERK

C10-02

4.	REPORTING PERIOD (Please check appropriate box)		DUE BETWEEN			
	January 31 Report - For Period of* thru December 31, 2009					
	June 30 Report - For Period of January 1, 2010 thru May 31, 2010					
	Pre-Primary Election Report - For Period of June 2 2010 thru August 4, 2010		August 5, 2010 and August 12, 2010			
	Post-Primary Election Report - For Period of August 5, 2010 thru September 13, 2	2010 Septembe	r 14, 2010 thru September 23, 2010			
	Pre-General Election Report - For Period of September 14, 2010 thru October 13,	2010 Oct	ober 14, 2010 and October 21, 2010			
\boxtimes	Post-General Election Report - For Period of October 14, 2010 thru November 22	, 2010 Novem	ber 23, 2010 and December 2, 2010			
	**January 31, Report - For Period of November 23, 2010 thru December 31, 2011	Ja	nuary 1, 2012 and January 31, 2012			
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)		9340.71			
5b	Cash on Hand at the Beginning of this Reporting Period	5706.34				
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	1230.00	30699.70			
5d	Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	6936.34	30699.70 40040.41			
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)	0	33104.07			
7.	Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	6936.34	6936.34			

^{*}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.

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

1. Committee Name: Trinty For Chandler 3. Report covering period from 10/14/15 Thru 1122 10	c10-02			
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)	820.00	23439.13		
(b) Individuals - aggregate \$25 or less (Total from Schedule A-1)		.555.00		
(c) Political Committees (Total from Schedule B)	410.00	6520.00		
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	1230.00	30514.13		
(e) Refund of contributions (Total from Schedule F-2)				
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	1230.00	30514.13		
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)		19.41		
(b) All other loans (Total from Schedule C-1)				
(c) Total Loans [add 5(a) and 5(b)]		19.41		
6. In-kind contributions (Total from Schedule E)		165.87		
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)		.29		
8. Total Receipts [add 4(f), 5(c), 6, and 7]	1230.00	30699.78		
QUALIFYING CONTRIBUTION RECEIPTS				
Qualifying Contributions of \$5 from Individuals (Total from Schedule A2).				
DISBURSEMENTS				
Expenditures for operating expenses (Total from Schedule D)		32938.20		
10. Independent Expenditures (Total from Schedule D-1)				
11. Value of In-kind expenditures (Total from Schedule E)		165.87		
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]		33104.07		
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)				
18. Total disbursements [subtract line 17 from line 16]		33104.07		
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)				
1. 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 emplete.				
ripe or Print Name of Treasurer U. & Donnton III 3 Institute of Treasurer or Candidate or Designating Individual Date	30/10			

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

	1. Committee Name Trinity For Chandler			2. ID# C10-02	
	3. Report covering period from 101410 thr	ulaali	٥		
4	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
4a.	LAST FIRST MI		PERIOD	IODAIE	
	Kreioke Niels Street ADDRESS 130 & Bridge 11/411				
	Gilbert AZ 85295				
	OCCUPATION DESERT VI KINGPO	11/20/10	410.00	410.00	
b.	Kreicke Cheryl Street address				
	630 É. Bridle Way				
	Gilbert AZ 85295	ا ر ا			
	OCCUPATION DESCRIPTION DESCRI	b. 11/20/10	410.00	410.00	
C.	LAST FIRST MI U				
	STREET ADDRESS				
	CITY STATE ZIP				
	OCCUPATION EMPLOYER				
d.	LAST FIRST MI				
	STREET ADDRESS	1			
	CITY STATE ZIP	1			
	OCCUPATION EMPLOYER				
e.	LAST FIRST MI				
	STREET ADDRESS	1			
	CITY STATE ZIP				
	OCCUPATION EMPLOYER	1			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If lest page of Schedule A, transfer total to Detailed Summary Page Line 4(z), Column A]		820.00		

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE **B**

	1. Committee Name	Trinity For Chandler	2. ID#	1-02	
	3. Report covering period from				
4	IDE	CONTRIBUTIONS NTITY OF CONTRIBUTOR AND DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
4a	200602848	NAME, ADDRESS, CITY, STATE AND ZIP Arizona Families United For Lies	Lines	<u></u>	
	DATE RECEIVED	Arizona Families United For Strong Communities 1800 Massachusetts Ave. NW Washington DC 20036	410.00	410.00	
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			100	
5.	ENTER TOTAL ONLY IF LA	AST PAGE OF SCHEDULE B [If last page of Schedule B, transfer total to ine 4(c), Column A]	410.00		

CONTRIBUTIONS of \$25 or less - AGGREGATE TOTAL*

SCHEDULE A-1

	2. ID#	
1. Committee Name		
3. Report covering period from	thru_	
4. Aggregate Total of Contributions of \$25 or	less	
DESCRIPTION	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 Bj

^{*}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.

	CANDIDATE LOANS		SCHEDULE C	
1.	Committee Name		2. ID#	
3.	Report covering period fromthru			
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
	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			
е.	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 [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a	PAGE OF SCHEDULE C (a), Column A]		

OTHER LOANS

SCHEDULE C1

1.	Committee Name		2. ID#	
3.	Report covering period fromthru			
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			
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		e contract contract

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE **D**

		2. ID#	
	1. Committee Name		
	3. Report covering period fromthru_		
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		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
b.	NAME, ADDRESS, CITY, STATE AND ZIP		
<u> </u>			
	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		
u.	TANIE, ADDRESS, SITT, STATE AND ZIF		
	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		
	TAME, ADDICES, OFF, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
	The state of the s		
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 AJ		

of

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

INDEPENDENT EXPENDITURES*

SCHEDULE **D-1**

		2. ID#	
	Committee Name 3. Report covering period from		
4	INDEPENDENT EXPENDITURES	DATE	AMOUNT
	HADEL ENDERT EXCENDED	EXPENDITURE	OF THE
	IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED	MADE	EXPENDITURI
a.	NAME, ADDRESS, CITY, STATE AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted Opposed	7	
	CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
lb.	NAME, ADDRESS, CITY, STATE AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted ' Opposed '		
	CANDIDATE OFFICE SOUGHT YEAR OF ELECTION	┪	
1c.	NAME, ADDRESS, CITY, STATE AND ZIP		
		-	
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted · Opposed · CANDIDATE OFFICE SOUGHT YEAR OF ELECTION	4	
	THIRD 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	e 10, Column AJ	
_			
	EE A.R.S. § 16-901(14).		
ertif aue:	y, under pently of perjury, that the above stated independent expenditure(s) was not made in cooperation st or suggestion of any candidate or any campaign committee or agent of that candidate.	ı, consultation or cor	ncert with or at t
•	of any company committee of agent of that darididate.		
natı –	ure of Treasurer		
I	NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS SIX MONTHS	S WITHIN THE LAST	AMOUNT
			1
П			

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE **D-2**

		2. ID#	
	1. Committee Name		
	Report covering period fromthru		
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 WADE	OF THE LOAN
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
b	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
		,	
C.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		Ψ.
d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
	NAME ADDRESS OFFICE AND ADDRESS OF THE ADDRESS OF T		
е.	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#		
	To start, and the start of the		
i,	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		- <u> </u>
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	2. ID#	
	3. Report covering period fromthru		
	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
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
b.	NAME, ADDRESS, CITY, STATE, AND ZIP		** H
	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]		
*	Includes return of contributions made by reporting committee		

Schedule D-3 Page___of ___

REPAYMENT OF CANDIDATE LOANS

SCHEDULE **D-4**

1. Committee Name	• · · · · · · · · · · · · · · · · · · ·	
B. Report covering period fromthru		
REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE	DATE REPAYMENT	AMOUN OF THI
NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	MADE	REPAYM
IAME, ADDRESS, CITY, STATE, AND ZIP		
IAME, ADDRESS, CITY, STATE, AND ZIP		<u> </u>
AME, ADDRESS, CITY, STATE, AND ZIP		
AME, ADDRESS, CITY, STATE, AND ZIP		
AME, ADDRESS, CITY, STATE, AND ZIP		
		F
AME, ADDRESS, CITY, STATE, AND ZIP		
NTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [Transfer total to Detail Summary Page, Line 13(a), Column A]		

Schedule D-4 Page____of ____

REPAYMENT OF ALL OTHER LOANS

SCHEDULE **D-5**

2. ID#

	1. Committee Name		
	3. Report covering period fromthru_		
4	REPAYMENT OF ALL OTHER LOANS	DATE REPAYMENT	AMOUNT OF THE REPAYMENT
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	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#		
€.	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**

2. ID#

	1. Committee Name			
	3. Report covering period fromthru			
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#	 		
		l		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			-
C.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		- "	
		ŀ		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
			İ	
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e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			<u> </u>
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l				
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
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5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A]			
	•		L	

ANY OTHER DISBURSEMENT

SCHEDULE D-7

	1. Committee Name 2. ID #			
	3. Report covering period fromthru	· · ·		
	ANY OTHER DISBURSEMENTS	DISB	DATE BURSEMENT	AMOUNT OF THE
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION	1	MADE	DISBURSEMENT
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			
θ.	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#	
	Report covering period from	thruthru_		
4	IN-KIND CONTRIBUTIONS and EXPENDITURES NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN		DATE	FAIR
			-	MARKET VALUE
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		-	
		CONTRIBUTION ·		l
		EXPENDITURE ·		
	DESCRIPTION		1	
	OCCUPATION	EMPLOYER	1	
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
		CONTRIBUTION ·		1
		EXPENDITURE :		
	DESCRIPTION			
	OCCUPATION	EMPLOYER	_	
C.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
		CONTRIBUTION -	1	
		EXPENDITURE .		!
	DESCRIPTION		-	
	OCCUPATION	EMPLOYER	=	
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			· · · · · · · · · · · · · · · · · · ·
u .	INNIE, ADDRESS, CHT, STATE, ZIP AND ID#	CONTRIBUTION ·		
		EXPENDITURE :		
	DESCRIPTION			
	OCCUPATION	EMPLOYER	-	
			<u></u> _	
5.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST P Line 6, Column A]	AGE OF SCHEDULE E [If last page of Schedule E, transfer total to	Detailed Summary Page	
6.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST P	AGE OF SCHEDULE E [If last page of Schedule E, transfer total to	Detailed Summary Page	
				Page of

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

		2. ID#	
	1. Committee Name		
	3. Report covering period fromthru		
4	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
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT	7	
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
C.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
i	DESCRIPTION OF RECEIPT	_	
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT	7	
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
-	DESCRIPTION OF RECEIPT	_	
	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 [If last page of Schedule F-1, transfer total to Detailed Summary Page Line 7 Column A		
	Elilo I Codullii A	L	

OFFSETS TO CONTRIBUTIONS RECEIVED*

SCHEDULE **F-2**

		2. ID#	
	1. Committee Name		
	3. Report covering period fromthru	···	
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
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	·		
	DESCRIPTION OF REFUND	1	
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND	1	
C.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
е.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
ŀ	DESCRIPTION OF REFUND		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
ľ	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

	Γ.					
	1. Committee Name					
	3. Report covering period from					
4	DEBTS AND OBLIGATIONS	OUTSTANDING BALANCE AMOUNT INCURRED PAYMENT THIS		PAYMENT THIS	OUTSTANDING	
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED	BEGINNING THIS PERIOD	THIS PERIOD	PERIOD	BALANCE AT CLOSE OF THIS PERIOD	
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#					
	DESCRIPTION OF DEBT					
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#					
	DESCRIPTION OF DEBT					
Ċ	NAME, ADDRESS, CITY, STATE, ZIP AND ID#					
	DESCRIPTION OF DEBT		And the second of the second o	Processor Consequence		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#					
	DESCRIPTION OF DEBT	and the second s	Control of the contro		Amerikan di Am Amerikan di Amerikan di Ame	
е.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#					
	DESCRIPTION OF DEBT	Decrease and the Confession of				
5.	ENTER TOTAL OUTSTANDING BALANCE AT CLOS F-3 [Transfer total to Detail Summary Page Line 19, Colu	SE OF THIS PERIOD	ONLY IF LAST PAGE OF	SCHEDULE		