FOR OFFICE USE ONLY

## CITY/TOWN OF Chandler POLITICAL COMMITTEE NO ACTIVITY STATEMENT

## Trinity for Chandler Full Name of Committee 5730 W Ivanhoe St. Address Chandler 85226 Maricopa 602-295-8746 City ZIP Code County Phone Number Trinity Donovan, City Council trinityforchandler@gmail.com Sponsoring Organization or Candidate and office E-mail address Fax #

**RECEIVED** 

SEP 2 5 2014

CITY OF CHANDLER CITY CLERK 30°

3. ID# C10-02

| 4.<br>(Please check s   | REPORTING PERIOD 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       |
| X   | 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  |
| *Inport dat   | January 31, Report - For Period of  November 25, 2014 thru December 31,**            | January 1,** and January 31,**            |
| *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.                                     |  |   |
| , Trinity Donovan upon my oath and under penalty of perjury, say that this political (name of treasurer or candidate- printed) committee received no contributions and made no expenditures for the period indicated above, and therefore is filing a |  |   |
| No Activity Statement pursuant to A.R.S. §16-913 (D), and this statement, pursuant to A.R.S. §16-913 (E) is true and  |  |   |
| complete.   |  |   |
| 9/20  | 0/14 Chip  | ty m Dr                                   |
|   | Date   | ✓ Signature of Candidate or Treasurer     |