

Amended to update
Occupation

POLITICAL COMMITTEE

CITY/TOWN OF _____

CAMPAIGN FINANCE REPORT

2008 September/November Regular Election

FOR OFFICE USE ONLY

1. Tracy Buelna for Chandler City Council
Full Name of Committee
736 W. Park Ave
Address
Chandler 85225 Maricopa
City ZIP Code County
4802341066
Phone

2. _____
Sponsoring Organization or Candidate and office

_____ Name of Candidate and Office Sought (if applicable)

_____ E-Mail Address _____ Fax #

RECEIVED

JUL 24 2008

CITY OF CHANDLER
CITY CLERK

3A. ID#

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

DUE BETWEEN

- January 31 Report - For Period of _____ * thru December 31, 2007 January 1, 2008 thru January 31, 2008
- June 30 Report - For Period of January 1, 2008 thru May 31, 2008 June 1, 2008 thru June 30, 2008
- Pre-Primary Election Report - For Period of June 1, 2008 thru August 13, 2008 August 14, 2008 thru August 21, 2008
- Post-Primary Election Report - For Period of August 14, 2008 thru September 22, 2008 September 23, 2008 thru October 2, 2008
- Pre-General Election Report - For Period of September 23, 2008 thru October 15, 2008 October 16, 2008 thru October 23, 2008
- Post-General Election Report - For Period of October 16, 2008 thru November 24, 2008 November 25, 2008 thru December 4, 2008
- **January 31, Report - For Period of November 25, 2008 thru December 31, 2009 January 1, 2010 thru January 31, 2010

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		
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	7810.00	7810.00
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	7810.00	7810.00
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)	1394.87	1394.87
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	6,415.13	6,415.13

*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**

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JUL 24 2008

Page 2

1. Committee Name: _____
3. Report covering period from _____ Thru _____

CITY OF CHANDLER
CITY CLERK
2. ID# _____

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)	7,710.00	7,710.00
(b) Individuals - aggregate \$25 or less (Total from Schedule A-1)		
(c) Political Committees (Total from Schedule B)		
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	7,710.00	7,710.00
(e) Refund of contributions (Total from Schedule F-2)		
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	7,710.00	7,710.00
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	100.00	100.00
(b) All other loans (Total from Schedule C-1)		
(c) Total Loans [add 5(a) and 5(b)]	100.00	100.00
6. 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]	7,810.00	7,810.00
QUALIFYING CONTRIBUTION RECEIPTS		
Qualifying Contributions of \$5 from Individuals (Total from Schedule A2).		
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	1394.87	1394.87
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]	1394.87	1394.87
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. Total disbursements [subtract line 17 from line 16]	1394.87	1394.87
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)		

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.

Tracy Buelna
Type or Print Name of Treasurer

Tracy M. Buelna
Signature of Treasurer or Candidate or Designating Individual

7/24/08
Date

Amended to update occupation

RECEIVED

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

JUL 24 2008 SCHEDULE A

CITY OF PHOENIX
CITY CLERK

1. Committee Name _____

3. Report covering period from _____ thru _____

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Amended to update occupation

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CONTRIBUTIONS more than \$25 - from INDIVIDUALS* JUL 24 2008 SCHEDULE A

CITY OF CHANDLER
CITY CLERK

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3. Report covering period from _____ thru _____

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JUL 24 2008 SCHEDULE A

218#
CITY OF CHANDLER
CITY CLERK

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3. Report covering period from _____ thru _____

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Amended to update occupation

RECEIVED

CONTRIBUTIONS more than \$25 - from INDIVIDUALS JUL 24 2008 SCHEDULE A

CITY OF CHANDLER
CITY CLERK

1. Committee Name _____

3. Report covering period from _____ thru _____

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																								
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POLITICAL COMMITTEE

**CITY/TOWN OF
CAMPAIGN FINANCE REPORT**

2008 September/November Regular Election

1. Tracy Buelna for Chandler City Council
Full Name of Committee

736 W. Park Ave
Address

Chandler 85225 Maricopa 480 334 1066
City ZIP Code County Phone

FOR OFFICE USE ONLY

RECEIVED

JUN 30 2008

CITY OF CHANDLER
CITY CLERK

2. _____
Sponsoring Organization or Candidate and office

Name of Candidate and Office Sought (if applicable)

E-Mail Address Fax #

3A. ID#

C07-01

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

- January 31 Report - For Period of _____ * thru December 31, 2007 January 1, 2008 thru January 31, 2008
- June 30 Report - For Period of January 1, 2008 thru May 31, 2008 June 1, 2008 thru June 30, 2008
- Pre-Primary Election Report - For Period of June 1, 2008 thru August 13, 2008 August 14, 2008 thru August 21, 2008
- Post-Primary Election Report - For Period of August 14, 2008 thru September 22, 2008 September 23, 2008 thru October 2, 2008
- Pre-General Election Report - For Period of September 23, 2008 thru October 15, 2008 October 16, 2008 thru October 23, 2008
- Post-General Election Report - For Period of October 16, 2008 thru November 24, 2008 November 25, 2008 thru December 4, 2008
- **January 31, Report - For Period of November 25, 2008 thru December 31, 2009 January 1, 2010 thru January 31, 2010

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		
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	7810.00	7810.00
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	7810.00	7810.00
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)	1394.87	1394.87
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	6,415.13	6,415.13

*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**

1. Committee Name: _____

2. ID# _____

3. Report covering period from _____ Thru _____

RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4. Contributions other than loans and in-kind:	0	0
(a) Individuals - more than \$25 (Total from Schedule A)	7,710.00	7,710.00
(b) Individuals - aggregate \$25 or less (Total from Schedule A-1)	0	0
(c) Political Committees (Total from Schedule B)	0	0
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	7,710.00	7,710.00
(e) Refund of contributions (Total from Schedule F-2)	0	0
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	7,710.00	7,710.00
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	100.00	100.00
(b) All other loans (Total from Schedule C-1)	0	0
(c) Total Loans [add 5(a) and 5(b)]	100.00	100.00
6. In-kind contributions (Total from Schedule E)	0	0
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	0	0
8. Total Receipts [add 4(f), 5(c), 6, and 7]	7,810.00	7,810.00
QUALIFYING CONTRIBUTION RECEIPTS		
Qualifying Contributions of \$5 from Individuals (Total from Schedule A2)	0	0
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	1,394.87	1,394.87
10. Independent Expenditures (Total from Schedule D-1)	0	0
11. Value of in-kind expenditures (Total from Schedule E)	0	0
12. Loans made by reporting committee (Total from Schedule D-2)	0	0
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)	0	0
(b) Repayment of all other loans (Total from Schedule D-5)	0	0
(c) Total Loan Repayments [add 13(a) and 13(b)]	0	0
14. Transfers to other political committees (Total from Schedule D-6)	0	0
15. Any other disbursement (Total from Schedule D-7)	0	0
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	1,394.87	1,394.87
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)	0	0
18. Total disbursements [subtract line 17 from line 16]	1,394.87	1,394.87
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	0	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.

Tracy Buelna

Type or Print Name of Treasurer

Tracy M. Buelna

Signature of Treasurer or Candidate or Designating Individual

Date

6-30-08

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Tracy Buelna for Chandler City

2. ID #

3. Report covering period from _____ thru _____

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SCHEDULE A

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4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																								
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4a.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Howard</td> <td>Chante</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">14006 S. Sonora Way</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Bluffdale</td> <td>UT</td> <td>841065</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td colspan="3">Information Requested</td> </tr> </table>	LAST	FIRST	MI	Howard	Chante		STREET ADDRESS			14006 S. Sonora Way			CITY	STATE	ZIP	Bluffdale	UT	841065	OCCUPATION	EMPLOYER		Information Requested			5-10-08	390. ⁰⁰	390. ⁰⁰
LAST	FIRST	MI																										
Howard	Chante																											
STREET ADDRESS																												
14006 S. Sonora Way																												
CITY	STATE	ZIP																										
Bluffdale	UT	841065																										
OCCUPATION	EMPLOYER																											
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b.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Kilpatrick</td> <td>Katy</td> <td>C.</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">17341 N. Rico Cir.</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Mesa</td> <td>Az</td> <td>85213</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td colspan="3">Information Requested</td> </tr> </table>	LAST	FIRST	MI	Kilpatrick	Katy	C.	STREET ADDRESS			17341 N. Rico Cir.			CITY	STATE	ZIP	Mesa	Az	85213	OCCUPATION	EMPLOYER		Information Requested			5-10-08	390. ⁰⁰	390. ⁰⁰
LAST	FIRST	MI																										
Kilpatrick	Katy	C.																										
STREET ADDRESS																												
17341 N. Rico Cir.																												
CITY	STATE	ZIP																										
Mesa	Az	85213																										
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c.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Marceau</td> <td>Sean</td> <td>P.</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">3230 S. Holquin Way</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Chandler</td> <td>Az</td> <td>85248</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td colspan="3">Information Requested</td> </tr> </table>	LAST	FIRST	MI	Marceau	Sean	P.	STREET ADDRESS			3230 S. Holquin Way			CITY	STATE	ZIP	Chandler	Az	85248	OCCUPATION	EMPLOYER		Information Requested			5-10-08	390. ⁰⁰	390. ⁰⁰
LAST	FIRST	MI																										
Marceau	Sean	P.																										
STREET ADDRESS																												
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CITY	STATE	ZIP																										
Chandler	Az	85248																										
OCCUPATION	EMPLOYER																											
Information Requested																												
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LAST	FIRST	MI																										
Marceau	Jennifer	L.																										
STREET ADDRESS																												
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Chandler	Az	85248																										
OCCUPATION	EMPLOYER																											
Information Requested																												
e.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Geerdes</td> <td>Matthew</td> <td>A.</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">4241 E. Calle Redonda</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 colspan="3">Information Requested</td> </tr> </table>	LAST	FIRST	MI	Geerdes	Matthew	A.	STREET ADDRESS			4241 E. Calle Redonda			CITY	STATE	ZIP	Phoenix	Az.	85018	OCCUPATION	EMPLOYER		Information Requested			5-10-08	390. ⁰⁰	390. ⁰⁰
LAST	FIRST	MI																										
Geerdes	Matthew	A.																										
STREET ADDRESS																												
4241 E. Calle Redonda																												
CITY	STATE	ZIP																										
Phoenix	Az.	85018																										
OCCUPATION	EMPLOYER																											
Information Requested																												
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (If last page of Schedule A, transfer total to Detailed Summary Page Line 4(2), Column A)																											

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.	LAST Tilton FIRST Judy MI E. STREET ADDRESS 11411 East Starflower Court CITY Chandler STATE AZ ZIP 85249 OCCUPATION Information Requested EMPLOYER	5-10-08	390 ⁰⁰	390 ⁰⁰
b.	LAST Tilton FIRST Patrick MI W. STREET ADDRESS 11411 East Starflower Court CITY Chandler STATE AZ ZIP 85249 OCCUPATION Information Requested EMPLOYER	5-10-08	390 ⁰⁰	390 ⁰⁰
c.	LAST Trowbridge FIRST Peter MI W. STREET ADDRESS 719 E. Bridleway CITY Gilbert STATE AZ ZIP 85295 OCCUPATION Information Requested EMPLOYER	5-10-08	390 ⁰⁰	390 ⁰⁰
d.	LAST Kilpatrick FIRST Charles MI STREET ADDRESS 642 W. Calle Largo CITY Mesa STATE AZ ZIP 85207 OCCUPATION Information Requested EMPLOYER	5-10-08	390 ⁰⁰	390 ⁰⁰
e.	LAST Geerdes FIRST Mrs. Matthew MI STREET ADDRESS 4241 E. Calle Redonda CITY PHX STATE AZ ZIP 85018 OCCUPATION Info Req. EMPLOYER	5-10-08	390 ⁰⁰	390 ⁰⁰
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (If last page of Schedule A, transfer total to Detailed Summary Page Line 4(2), Column A)			

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.	<p>LAST FIRST MI Trowbridge Mrs Peter</p> <p>STREET ADDRESS 719 E. Bridle way</p> <p>CITY STATE ZIP Gilbert AZ 85295</p> <p>OCCUPATION EMPLOYER Information Req.</p>	5-10-08	390 ⁰⁰	390 ⁰⁰
b.	<p>LAST FIRST MI</p> <p>STREET ADDRESS</p> <p>CITY STATE ZIP</p> <p>OCCUPATION EMPLOYER</p>			
c.	<p>LAST FIRST MI</p> <p>STREET ADDRESS</p> <p>CITY STATE ZIP</p> <p>OCCUPATION EMPLOYER</p>			
d.	<p>LAST FIRST MI</p> <p>STREET ADDRESS</p> <p>CITY STATE ZIP</p> <p>OCCUPATION EMPLOYER</p>			
e.	<p>LAST FIRST MI</p> <p>STREET ADDRESS</p> <p>CITY STATE ZIP</p> <p>OCCUPATION EMPLOYER</p>			
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)		7710.00	7710.00

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	
<p>5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]</p>		<p>6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]</p>	

*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

2. ID #

1. Committee Name _____

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 Tracy Buelna	8-13-07	100. ⁰⁰	100. ⁰⁰
	736 W. Pack Ave			
	DESCRIPTION Start up			
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)		100.00	100.00

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)		0	

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 Light Rain Images Chandler Az. 85224	6-2-08	165.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Campaign Photo		
b.	NAME, ADDRESS, CITY, STATE AND ZIP Pixel Graphics Chandler Az 85225	6-11-08	53.90
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Campaign Cards		
c.	NAME, ADDRESS, CITY, STATE AND ZIP Donald Sanders	6-11-08	918.43
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Campaign Signs		
d.	NAME, ADDRESS, CITY, STATE AND ZIP Daniel Robson 2713 W. Oak Grove lane Chandler Az 85224	6-21-08	150.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Installation Campaign Signs		
e.	NAME, ADDRESS, CITY, STATE AND ZIP Costco Gilbert Az	6-23-08	53.77
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Ink for Campaign Info		
f.	NAME, ADDRESS, CITY, STATE AND ZIP Costco Gilbert Az	6-23-08	53.77
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Gas		
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)		1394.87

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

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____

4	INDEPENDENT EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED		
4a.	NAME, ADDRESS, CITY, STATE AND ZIP <hr/> PURPOSE AND DESCRIPTION OF PURCHASE Benefitted <input type="checkbox"/> Opposed <input type="checkbox"/> CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP <hr/> PURPOSE AND DESCRIPTION OF PURCHASE Benefitted <input type="checkbox"/> Opposed <input type="checkbox"/> CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP <hr/> PURPOSE AND DESCRIPTION OF PURCHASE Benefitted <input type="checkbox"/> Opposed <input type="checkbox"/> 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 10, Column A)		<i>0</i>

*SEE A.R.S. § 16-901(14).

I certify, under penalty of perjury, that the above stated independent expenditure(s) was not made in cooperation, consultation or concert with or at the request or suggestion of any candidate or any campaign committee or agent of that candidate.

Signature of Treasurer

NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WITHIN THE LAST SIX MONTHS	AMOUNT

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

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____

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		
	DESCRIPTION OF REFUND		
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)

* Includes return of contributions made by reporting committee

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

2. ID #

1. Committee Name _____

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

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____

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#		
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]

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.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <hr/> <p>DESCRIPTION</p>		
b.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <hr/> <p>DESCRIPTION</p>		
c.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <hr/> <p>DESCRIPTION</p>		
d.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <hr/> <p>DESCRIPTION</p>		
e.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <hr/> <p>DESCRIPTION</p>		

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 (Transfer total to Detailed Summary Page Line 15 Column A)

(Signature)



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.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/>	
	DESCRIPTION		
	OCCUPATION	EMPLOYER	
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/>	
	DESCRIPTION		
	OCCUPATION	EMPLOYER	
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/>	
	DESCRIPTION		
	OCCUPATION	EMPLOYER	
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/>	
	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 8, 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 (If last page of Schedule F-1, transfer total to Detailed Summary Page Line 7 Column A)

[Signature]

OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F-2

2. ID #

1. Committee Name _____

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

1. Committee Name _____

2. ID # _____

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]				0