

POLITICAL COMMITTEE
CITY/TOWN OF CHANDLER
CAMPAIGN FINANCE REPORT
2008 September/November Regular Election

FOR OFFICE USE ONLY

RECEIVED

JUN 25 2008

CITY OF CHANDLER
 CITY CLERK

1. Kevin Hartke for Council
Full Name of Committee
536 N Apache
Address
Chandler 85224 USA 4803634433
City ZIP Code County Phone

3A. ID#
CO8-02

2. Kevin Hartke Chandler Councilmember
Sponsoring Organization or Candidate and office
Kevin Hartke Chandler Councilmember
Name of Candidate and Office Sought (if applicable)
KevinHartke@kevinhartke.com
E-Mail Address Fax #

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) | | 0 |
| 5b Cash on Hand at the Beginning of this Reporting Period | 0 | |
| 5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8) | 5640 ⁰⁰ | 5640 ⁰⁰ |
| 5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B] | 5640 ⁰⁰ | 5640 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] | | 0 |
| 6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18) | 2280.44 | 2280.44 |
| 7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d] | \$ 3359.56 | \$ 3359.56 |

*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: Kevin Hartke for Council
 3. Report covering period from 1/01/08 Thru 5/31/08

2. ID# C08-02

| 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) | 4765 | 4765 |
| (b) Individuals - aggregate \$25 or less (Total from Schedule A-1) | 75 ⁰⁰ | 75 ⁰⁰ |
| (c) Political Committees (Total from Schedule B) | 0 | 0 |
| (d) Subtotal Contributions [add 4(a), 4(b), and 4(c)] | 4840 ⁰⁰ | 4840 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)] | 4840 ⁰⁰ | 4840 ⁰⁰ |
| 5. (a) Loans made or guaranteed by candidate (Total from Schedule C) | 800 ⁰⁰ | 800 ⁰⁰ |
| (b) All other loans (Total from Schedule C-1) | 0 | 0 |
| (c) Total Loans [add 5(a) and 5(b)] | 800 ⁰⁰ | 800 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] | 5640 ⁰⁰ | 5640 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) | 2280.44 | 2280.44 |
| 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] | 2280.44 | 2280.44 |
| 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] | 2280.44 | 2280.44 |
| 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.

Lynne C Hartke

Type or Print Name of Treasurer

Lynne C Hartke

Signature of Treasurer or Candidate or Designating Individual

June 23, 2008

Date

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Kevin Hartke For Council

2. ID # C 08-02

3. Report covering period from Jan 21, 2008 - May 31 thru May 31, 2008

| 4 | CONTRIBUTIONS | DATE RECEIVED | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|-----|---|---------------|-----------------------------|--|
| 4a. | NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR | | | |
| | LAST FIRST MI <u>Kehrer Laura</u> STREET ADDRESS <u>612 W. Park AVE</u> CITY STATE ZIP <u>Chandler AZ 85225</u> OCCUPATION EMPLOYER <u>Custodian Trinity Christian Fellowship</u> | 4/13/08 | 100 ⁰⁰ | 100 |
| | LAST FIRST MI <u>Lovejoy Beverly</u> STREET ADDRESS <u>961 E W. Horse Dr</u> CITY STATE ZIP <u>Chandler AZ 85286</u> OCCUPATION EMPLOYER <u>home maker -</u> | 4/27/08 | 200 ⁰⁰ | 200 ⁰⁰ |
| | LAST FIRST MI <u>Bahorich Mike</u> STREET ADDRESS <u>12 Dunham Ln</u> CITY STATE ZIP <u>Houston TX 77024</u> OCCUPATION EMPLOYER <u>Exec Vice President Apache Corp</u> | 4/13/08 | 300 ⁰⁰ | 300 ⁰⁰ |
| | LAST FIRST MI <u>Renee Roehrs Renae</u> STREET ADDRESS <u>145 Fairway Pl</u> CITY STATE ZIP <u>Pagosa Springs CO 81147</u> OCCUPATION EMPLOYER <u>Restaurant Manager/Owner Plata Grill Restaurant</u> | 5/10/08 | 250 ⁰⁰ | 250 ⁰⁰ |
| | LAST FIRST MI <u>Weninger Jeffrey</u> STREET ADDRESS <u>267 W Alamosa</u> CITY STATE ZIP <u>Chandler AZ 85248</u> OCCUPATION EMPLOYER <u>Restaurant Owner AZ Sandwich Shops Inc</u> | 5/10/08 | 200 ⁰⁰ | 200 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) | | | |

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

2. ID #

1. Committee Name Kevin Hartke for Council

3. Report covering period from January 21, 2008 thru May 31, 2008

| 4 | CONTRIBUTIONS | DATE RECEIVED | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|--|---------------|-----------------------------|--|----------|----------------------|--|----------------|--|--|--------------------------|--|--|------|-------|-----|----------|----|-------|------------|----------|--|-----------------|-----------------------|--|---------|------------------------|------------------------|
| | NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4a. | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Desper</td> <td>Tori</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">941 W Folley St</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Chandler</td> <td>AZ</td> <td>85225</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Engineer</td> <td colspan="2"></td> </tr> </table> | LAST | FIRST | MI | Desper | Tori | | STREET ADDRESS | | | 941 W Folley St | | | CITY | STATE | ZIP | Chandler | AZ | 85225 | OCCUPATION | EMPLOYER | | Engineer | | | 5/16/08 | 100 ⁰⁰ | 100 ⁰⁰ |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Desper | Tori | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 941 W Folley St | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chandler | AZ | 85225 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Engineer | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Michaels</td> <td>Kevin</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">2593 E Teakwood Pl</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Chandler</td> <td>AZ</td> <td>85249</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Insurance Agent</td> <td colspan="2">Michaels & Associates</td> </tr> </table> | LAST | FIRST | MI | Michaels | Kevin | | STREET ADDRESS | | | 2593 E Teakwood Pl | | | CITY | STATE | ZIP | Chandler | AZ | 85249 | OCCUPATION | EMPLOYER | | Insurance Agent | Michaels & Associates | | 5/20/08 | 75 ⁰⁰ | 75 ⁰⁰ |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Michaels | Kevin | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2593 E Teakwood Pl | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chandler | AZ | 85249 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insurance Agent | Michaels & Associates | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Niemann</td> <td>Dorothy</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">977 S Pennington Dr #115</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Chandler</td> <td>AZ</td> <td>85224</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 | Niemann | Dorothy | | STREET ADDRESS | | | 977 S Pennington Dr #115 | | | CITY | STATE | ZIP | Chandler | AZ | 85224 | OCCUPATION | EMPLOYER | | Retired | - | | 5/11/08 | 100 ⁰⁰ | 100 ⁰⁰ |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Niemann | Dorothy | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 977 S Pennington Dr #115 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chandler | AZ | 85224 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retired | - | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>McDaniel</td> <td>Alejandro</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">1601 N Saba #261</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Chandler</td> <td>AZ</td> <td>85225</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td></td> <td colspan="2"></td> </tr> </table> | LAST | FIRST | MI | McDaniel | Alejandro | | STREET ADDRESS | | | 1601 N Saba #261 | | | CITY | STATE | ZIP | Chandler | AZ | 85225 | OCCUPATION | EMPLOYER | | | | | 5/18/08 | 50 ⁰⁰ | 50 ⁰⁰ |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| McDaniel | Alejandro | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1601 N Saba #261 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chandler | AZ | 85225 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Harris</td> <td>Beth Jady</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">747 N Meadowlark</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Chandler</td> <td>AZ</td> <td>85226</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 | Harris | Beth Jady | | STREET ADDRESS | | | 747 N Meadowlark | | | CITY | STATE | ZIP | Chandler | AZ | 85226 | OCCUPATION | EMPLOYER | | Retired | - | | 5/19/08 | 50 75 ⁰⁰ | 50 75 ⁰⁰ |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Harris | Beth Jady | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 747 N Meadowlark | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chandler | AZ | 85226 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retired | - | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List S5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

2. ID #

1. Committee Name Kevin Hartke for Council

3. Report covering period from January 1, 2008 thru May 31, 2008

| 4 | CONTRIBUTIONS | DATE RECEIVED | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|---|---------------|-----------------------------|--|----------|---------|---|----------------|--|--|-------------------------|--|--|------|-------|-----|----------|----|-------|------------|----------|--|------------|----------------------------|--|-------------------------------|-------------------|-------------------|
| | NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4a. | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Barnes</td> <td>Stan</td> <td>0</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">3412 E. Grandview</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>Consultant</td> <td colspan="2">Copper State Consulting Gp</td> </tr> </table> | LAST | FIRST | MI | Barnes | Stan | 0 | STREET ADDRESS | | | 3412 E. Grandview | | | CITY | STATE | ZIP | Mesa | AZ | 85213 | OCCUPATION | EMPLOYER | | Consultant | Copper State Consulting Gp | | 4/11/08 | 390 ⁰⁰ | 390 ⁰⁰ |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnes | Stan | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3412 E. Grandview | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mesa | AZ | 85213 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Consultant | Copper State Consulting Gp | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Hays</td> <td>Gary</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">1845 E Locust Pl</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Chandler</td> <td>AZ</td> <td>85249</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Lawyer</td> <td colspan="2">self</td> </tr> </table> | LAST | FIRST | MI | Hays | Gary | | STREET ADDRESS | | | 1845 E Locust Pl | | | CITY | STATE | ZIP | Chandler | AZ | 85249 | OCCUPATION | EMPLOYER | | Lawyer | self | | 4/26/08 4/26/08 | 200 ⁰⁰ | 200 ⁰⁰ |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hays | Gary | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1845 E Locust Pl | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chandler | AZ | 85249 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lawyer | self | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Livesay</td> <td>Roberta</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">908 S Cozumel</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Gilbert</td> <td>AZ</td> <td>85233</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Attorney</td> <td colspan="2">Helm & Kyle Ltd</td> </tr> </table> | LAST | FIRST | MI | Livesay | Roberta | | STREET ADDRESS | | | 908 S Cozumel | | | CITY | STATE | ZIP | Gilbert | AZ | 85233 | OCCUPATION | EMPLOYER | | Attorney | Helm & Kyle Ltd | | 4/19/08 | 390 ⁰⁰ | 390 ⁰⁰ |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Livesay | Roberta | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 908 S Cozumel | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gilbert | AZ | 85233 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attorney | Helm & Kyle Ltd | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Dobson</td> <td>Dennis</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">1410 N. Palm Springs Dr</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Gilbert</td> <td>AZ</td> <td>85234</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Investor</td> <td colspan="2">self</td> </tr> </table> | LAST | FIRST | MI | Dobson | Dennis | | STREET ADDRESS | | | 1410 N. Palm Springs Dr | | | CITY | STATE | ZIP | Gilbert | AZ | 85234 | OCCUPATION | EMPLOYER | | Investor | self | | 4/4/08 | 300 ⁰⁰ | 300 ⁰⁰ |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dobson | Dennis | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1410 N. Palm Springs Dr | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gilbert | AZ | 85234 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Investor | self | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Johnston</td> <td>Jim</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">2732 E James</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Gilbert</td> <td>AZ</td> <td>85296</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 | Johnston | Jim | | STREET ADDRESS | | | 2732 E James | | | CITY | STATE | ZIP | Gilbert | AZ | 85296 | OCCUPATION | EMPLOYER | | retired | - | | 4/14/08 | 200 ⁰⁰ | 200 ⁰⁰ |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Johnston | Jim | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2732 E James | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gilbert | AZ | 85296 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| retired | - | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

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. | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Schroeder</td> <td>Donna</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">8737 Del Vista Dr</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Saint Louis</td> <td>MO</td> <td>63126</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Physical Therapist</td> <td colspan="2">Rehab Inst of St Louis</td> </tr> </table> | LAST | FIRST | MI | Schroeder | Donna | | STREET ADDRESS | | | 8737 Del Vista Dr | | | CITY | STATE | ZIP | Saint Louis | MO | 63126 | OCCUPATION | EMPLOYER | | Physical Therapist | Rehab Inst of St Louis | | 4/9/08 | 100 ⁰⁰ | 100 ⁰⁰ |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Schroeder | Donna | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8737 Del Vista Dr | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Saint Louis | MO | 63126 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physical Therapist | Rehab Inst of St Louis | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Spinner</td> <td>Betty</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">PO Box 300</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Eminence</td> <td>MO</td> <td>65466</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Carpenter/Homemaker</td> <td colspan="2">self</td> </tr> </table> | LAST | FIRST | MI | Spinner | Betty | | STREET ADDRESS | | | PO Box 300 | | | CITY | STATE | ZIP | Eminence | MO | 65466 | OCCUPATION | EMPLOYER | | Carpenter/Homemaker | self | | 4/8/08 | 40 ⁰⁰ | 40 ⁰⁰ |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spinner | Betty | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PO Box 300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Eminence | MO | 65466 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Carpenter/Homemaker | self | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Thomas</td> <td>N</td> <td>L</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">700 N Dobson Rd #31</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Chandler</td> <td>AZ</td> <td>85224</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>president</td> <td colspan="2">Pioneer Equipment Inc</td> </tr> </table> | LAST | FIRST | MI | Thomas | N | L | STREET ADDRESS | | | 700 N Dobson Rd #31 | | | CITY | STATE | ZIP | Chandler | AZ | 85224 | OCCUPATION | EMPLOYER | | president | Pioneer Equipment Inc | | 4/10/08 | 390 ⁰⁰ | 390 ⁰⁰ |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thomas | N | L | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 700 N Dobson Rd #31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chandler | AZ | 85224 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| president | Pioneer Equipment Inc | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Thomas</td> <td>Jane</td> <td>M</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">700 N Dobson Rd #31</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Chandler</td> <td>AZ</td> <td>85224</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>homemaker</td> <td colspan="2">-</td> </tr> </table> | LAST | FIRST | MI | Thomas | Jane | M | STREET ADDRESS | | | 700 N Dobson Rd #31 | | | CITY | STATE | ZIP | Chandler | AZ | 85224 | OCCUPATION | EMPLOYER | | homemaker | - | | 4/10/08 | 390 ⁰⁰ | 390 ⁰⁰ |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thomas | Jane | M | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 700 N Dobson Rd #31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chandler | AZ | 85224 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| homemaker | - | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Kreipke</td> <td>Niels</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">630 E. Bridle Way</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Gilbert</td> <td>AZ</td> <td>85295</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Developer</td> <td colspan="2">Desert Viking</td> </tr> </table> | LAST | FIRST | MI | Kreipke | Niels | | STREET ADDRESS | | | 630 E. Bridle Way | | | CITY | STATE | ZIP | Gilbert | AZ | 85295 | OCCUPATION | EMPLOYER | | Developer | Desert Viking | | 5/7/08 | 390 ⁰⁰ | 390 ⁰⁰ |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kreipke | Niels | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 630 E. Bridle Way | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gilbert | AZ | 85295 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Developer | Desert Viking | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

2. ID #

1. Committee Name Kevin Hartke for Council

3. Report covering period from January 1, 2008 thru May 31, 2008

| 4 | CONTRIBUTIONS | DATE RECEIVED | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------|--|---------------|-----------------------------|--|--------------------------------|---------|---|----------------|--|--|----------------------|--|--|------|-------|-----|----------------|----|-------|------------|----------|--|----------------|------------------------|--|---------|-------------------|-------------------|
| | NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4a. | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Prelog</td> <td>Joel</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">15507 E Chaparral Wy</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Fountain Hills</td> <td>AZ</td> <td>85268</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Sn. V.P.</td> <td colspan="2">Fisher Investments</td> </tr> </table> | LAST | FIRST | MI | Prelog | Joel | | STREET ADDRESS | | | 15507 E Chaparral Wy | | | CITY | STATE | ZIP | Fountain Hills | AZ | 85268 | OCCUPATION | EMPLOYER | | Sn. V.P. | Fisher Investments | | 3/28/08 | 150 ⁰⁰ | 150 ⁰⁰ |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prelog | Joel | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15507 E Chaparral Wy | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fountain Hills | AZ | 85268 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sn. V.P. | Fisher Investments | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Muchow</td> <td>Mary</td> <td>B</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">2111 W. Harrison</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Chandler</td> <td>AZ</td> <td>85224</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>RN / Director</td> <td colspan="2">Geniva Health Services</td> </tr> </table> | LAST | FIRST | MI | Muchow | Mary | B | STREET ADDRESS | | | 2111 W. Harrison | | | CITY | STATE | ZIP | Chandler | AZ | 85224 | OCCUPATION | EMPLOYER | | RN / Director | Geniva Health Services | | 4/13/08 | 100 | 100 ⁰⁰ |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Muchow | Mary | B | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2111 W. Harrison | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chandler | AZ | 85224 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RN / Director | Geniva Health Services | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Bork</td> <td>Kim</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">1376 Barn Owl Ct</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Windsor</td> <td>CO</td> <td>80550</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>home maker</td> <td colspan="2">-</td> </tr> </table> | LAST | FIRST | MI | Bork | Kim | | STREET ADDRESS | | | 1376 Barn Owl Ct | | | CITY | STATE | ZIP | Windsor | CO | 80550 | OCCUPATION | EMPLOYER | | home maker | - | | 4/21/08 | 50 ⁰⁰ | 50 ⁰⁰ |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bork | Kim | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1376 Barn Owl Ct | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Windsor | CO | 80550 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| home maker | - | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>B. Roehrs Roehrs</td> <td>Brianna</td> <td>C</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">145 Fairway Pl</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Pagosa Springs</td> <td>CO</td> <td>81147</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>server</td> <td colspan="2">Plaza Grill Restaurant</td> </tr> </table> | LAST | FIRST | MI | B. Roehrs Roehrs | Brianna | C | STREET ADDRESS | | | 145 Fairway Pl | | | CITY | STATE | ZIP | Pagosa Springs | CO | 81147 | OCCUPATION | EMPLOYER | | server | Plaza Grill Restaurant | | 5/10/08 | 50 ⁰⁰ | 50 ⁰⁰ |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. Roehrs Roehrs | Brianna | C | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 145 Fairway Pl | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pagosa Springs | CO | 81147 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| server | Plaza Grill Restaurant | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>English</td> <td>Steve</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">599 N Apache Dr</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Chandler</td> <td>AZ</td> <td>85224</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Business Owner</td> <td colspan="2">Self</td> </tr> </table> | LAST | FIRST | MI | English | Steve | | STREET ADDRESS | | | 599 N Apache Dr | | | CITY | STATE | ZIP | Chandler | AZ | 85224 | OCCUPATION | EMPLOYER | | Business Owner | Self | | 5/29/08 | 200 ⁰⁰ | 200 ⁰⁰ |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| English | Steve | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 599 N Apache Dr | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chandler | AZ | 85224 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business Owner | Self | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | | 4765 | 4765 | | | | | | | | | | | | | | | | | | | | | | | | |

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS of \$25 or less - AGGREGATE TOTAL*

SCHEDULE A-1

1. Committee Name Kevin Hartke For Council

2. ID #

3. Report covering period from 1/01/08 thru 5/31/08

4. Aggregate Total of Contributions of \$25 or less

| DESCRIPTION | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE | |
|---|-----------------------------|---|------------------|
| Paul Carrothers | 25 ⁰⁰ | 25 ⁰⁰ | |
| O. Ray Williams | 20 ⁰⁰ | 20 ⁰⁰ | |
| Julie Santamaria | 20 ⁰⁰ | 20 ⁰⁰ | |
| Darlene Wika | 10 ⁰⁰ | 10 ⁰⁰ | |
| 5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A] | 75 ⁰⁰ | 6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B] | 75 ⁰⁰ |

*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

1. Committee Name Kevin Hartke for Council

2. ID #

3. Report covering period from 1/01/08 thru 5/31/08

| 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 [If last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A] | | | 0 | 0 |

CANDIDATE LOANS

SCHEDULE C

| | | | | |
|-----|--|----------------|-------------------------|--|
| 1. | Committee Name <i>Kevin Hartke for Council</i> | 2. ID # | | |
| 3. | Report covering period from <i>1/01/08</i> thru <i>5/01/08</i> | | | |
| 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 <i>Kevin Hartke</i> <i>536 N Apache Dr Chandler AZ 85224</i> | <i>2/8/08</i> | <i>500⁰⁰</i> | <i>500⁰⁰</i> |
| | DESCRIPTION <i>loan by self to campaign</i> | | | |
| b. | NAME, ADDRESS, CITY, STATE, AND ZIP <i>Kevin Hartke</i> <i>536 N Apache Dr Chandler AZ 85224</i> | <i>5/29/08</i> | <i>300⁰⁰</i> | <i>800⁰⁰</i> |
| | DESCRIPTION <i>loan by self to campaign</i> | | | |
| 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) | | <i>800⁰⁰</i> | <i>800⁰⁰</i> |

OTHER LOANS

SCHEDULE C1

1. Committee Name Kevin Hartke for Council

2. ID #

3. Report covering period from 01/01/08 thru 5/31/08

| 4 | ALL OTHER LOANS | DATE LOAN RECEIVED | AMOUNT OF LOAN | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|----|--|-----------------------|-------------------|---|
| 4a | NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN. | | | |
| | 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 AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN. | | | |
| | 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 AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN. | | | |
| | 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 AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN. | | | |
| | 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

1. Committee Name Kevin Hartke For Council

2. ID #

3. Report covering period from 1/01/08 thru 5/31/08

| 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 <u>Staples, 1157 W. Chandler Blvd, Chandler AZ 85224</u> | <u>3-22-08</u> | <u>3.45</u> |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Petition Copies</u> | <u>4-5-08</u> | <u>2.84</u> |
| | | <u>4-17-08</u> | <u>1.94</u> |
| b. | NAME, ADDRESS, CITY, STATE AND ZIP <u>Staples, address above</u> | | |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Mailings Copies</u> | <u>4-29-08</u> | <u>37.70</u> |
| c. | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Staples - address above Mailings Copies</u> | <u>5-9-08</u> | <u>55.70</u> |
| d. | NAME, ADDRESS, CITY, STATE AND ZIP <u>Staples - address above</u> | | |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Mailings</u> | <u>3-7-08</u> | <u>188.73</u> |
| e. | NAME, ADDRESS, CITY, STATE AND ZIP <u>Staples - address above</u> | | |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Mailing Copies</u> | <u>4-18-08</u> | <u>60.75</u> |
| | | <u>4-23-08</u> | <u>19.83</u> |
| f. | NAME, ADDRESS, CITY, STATE AND ZIP <u>Staples - address above</u> | | |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>thank you letters, envelopes, mailing</u> | <u>5-1-08</u> | <u>498.93</u> |
| 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) | | |

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

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name Kevin Hartke for Council

2. ID #

3. Report covering period from 1/01/08 thru 5/31/08

| 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 City Clerk Office, 55 N Arizona Pl, Suite 203, Chandler AZ 85225 voter records DESCRIPTION OF ITEMS OR SERVICES PURCHASED | 5-6-08 | 20.00 |
| b. | NAME, ADDRESS, CITY, STATE AND ZIP City Clerk Office - see above election maps DESCRIPTION OF ITEMS OR SERVICES PURCHASED | 5-29-08 | 20.00 |
| c. | NAME, ADDRESS, CITY, STATE AND ZIP Coleman And Dahm, 4719 N 32nd St, Suite 107, Phoenix AZ 85018 Business Cards DESCRIPTION OF ITEMS OR SERVICES PURCHASED | 5-29-08 | 65.00 |
| d. | NAME, ADDRESS, CITY, STATE AND ZIP Coleman And Dahm - see above Palm Cards DESCRIPTION OF ITEMS OR SERVICES PURCHASED | 5-1-08 | 680.00 |
| e. | NAME, ADDRESS, CITY, STATE AND ZIP Walmart, 800 W Warner Rd, Chandler AZ 85225 labels for mailing DESCRIPTION OF ITEMS OR SERVICES PURCHASED | 4-3-08 | 8.59 |
| f. | NAME, ADDRESS, CITY, STATE AND ZIP Chandler FedEx Kinko, #1780 W Chandler Blvd, Chandler AZ 85224 copies DESCRIPTION OF ITEMS OR SERVICES PURCHASED | 4-15-08 | 13.48 13.80 |
| 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) | | |

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

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID #

1. Committee Name Kevin Hartke for Council

3. Report-covering period from 1/01/08 thru 5/31/08

| 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 <u>Chandler AZ, Post Office, 101 N Colorado St, Chandler AZ 85225</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Postage</u> | 5-8-08 | 410.00 |
| b. | NAME, ADDRESS, CITY, STATE AND ZIP <u>Chandler Post Office - see above</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>postage</u> | 4-3-08 | 82.00 |
| c. | NAME, ADDRESS, CITY, STATE AND ZIP <u>Andersen Spring Post office, 1900 W Carla Vista, Chandler AZ 85224</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Postage</u> | 3-8-08 | 82.00 |
| d. | NAME, ADDRESS, CITY, STATE AND ZIP <u>Chase Bank, 1080 W Chandler Blvd, Chandler AZ 85224</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Stamp for back of checks</u> | 4-22-08 | 30.50 |
| e. | NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED | | |
| 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) | | 2280.44 |

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

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

1. Committee Name Kevin Hartke for Council

2. ID #

3. Report covering period from 1/01/08 thru 5/31/08

| 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 PURPOSE AND DESCRIPTION OF PURCHASE <input type="checkbox"/> Benefitted <input type="checkbox"/> Opposed CANDIDATE OFFICE SOUGHT YEAR OF ELECTION | | |
| 4b. | NAME, ADDRESS, CITY, STATE AND ZIP PURPOSE AND DESCRIPTION OF PURCHASE <input type="checkbox"/> Benefitted <input type="checkbox"/> Opposed CANDIDATE OFFICE SOUGHT YEAR OF ELECTION | | |
| 4c. | NAME, ADDRESS, CITY, STATE AND ZIP PURPOSE AND DESCRIPTION OF PURCHASE <input type="checkbox"/> Benefitted <input type="checkbox"/> Opposed 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) | | 0 |

*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.

Sydney C. Hartke
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

1. Committee Name Kevin Hartke Poo Council

2. ID #

3. Report covering period from 1/01/08 thru 5/31/08

| 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) | | 0 |

OFFSETS TO OPERATING EXPENSES *

SCHEDULE D-3

1. Committee Name Kevin Hartke for Council

2. ID #

3. Report covering period from 1/01/08 thru 5/31/08

| 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) | | 0 |

* Includes return of contributions made by reporting committee

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name Kevin Hartke for Council

2. ID #

3. Report covering period from 1/01/08 thru 5/31/08

| 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) | | 0 |

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

1. Committee Name Kevin Hartke for Council

2. ID #

3. Report covering period from 1/01/08 thru 5/31/08

| 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) | | 0 |

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

1. Committee Name Kevin Hartke Pds Council

2. ID #

3. Report covering period from 1/01/08 thru 5/31/08

| 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)

0

ANY OTHER DISBURSEMENT

SCHEDULE D-7

1. Committee Name Kevin Haske

2. ID #

3. Report covering period from 1/01/08 thru 5/31/08

| ANY OTHER DISBURSEMENTS | | DATE DISBURSEMENT MADE | AMOUNT OF THE DISBURSEMENT |
|---|--|------------------------|----------------------------|
| NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION | | | |
| 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 | | |
| e. | 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)

0

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

1. Committee Name Kevin Hastke Pcs Council

2. ID #

3. Report covering period from 1/01/08 thru 5/31/08

| 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. | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 30%;"> CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> </td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table> | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> | DESCRIPTION | | OCCUPATION | EMPLOYER | | |
| NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> | | | | | | | | |
| DESCRIPTION | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | |
| b. | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 30%;"> CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> </td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table> | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> | DESCRIPTION | | OCCUPATION | EMPLOYER | | |
| NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> | | | | | | | | |
| DESCRIPTION | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | |
| c. | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 30%;"> CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> </td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table> | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> | DESCRIPTION | | OCCUPATION | EMPLOYER | | |
| NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> | | | | | | | | |
| DESCRIPTION | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | |
| d. | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 30%;"> CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> </td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table> | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> | DESCRIPTION | | OCCUPATION | EMPLOYER | | |
| 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 5, Column A) | | 0 | | | | | | |
| 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) | | 0 | | | | | | |

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

1. Committee Name Kevin Hartke for Council

2. ID #

3. Report covering period from 1/01/08 thru 5/31/08

| 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)

0

OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F-2

1. Committee Name Kevin Hactke for Council

2. ID #

3. Report covering period from 1/01/08 thru 5/31/08

| 4 | REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE | DATE REFUND MADE | AMOUNT OF THE REFUND |
|----|---|------------------|----------------------|
| 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]

0

* Includes return of contributions received by reporting committee

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

1. Committee Name Kevin Hachtke Ps Council

2. ID #

3. Report covering period from 1/01/08 thru 5/31/08

| 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 |