POLITICAL COMMITTEE

CITY/TOWN OF **CAMPAIGN FINANCE REPORT**

2006 March/May Regular Election

	RICK	HEU	MANN for (Chambien	Course
Full Name		W	DUBLIN	57	
Address	CHANOL	ER	85226	MACIOPA	480 961-5455
City			ZIP Code	County	Phone
Sponsoring	Organization or Candid	late and office	(10 surmit - 10 su		
RICK	4 CCC CAC	•	· 480 90	615454	
	Address City Sponsoring Name of C	Full Name of Committee 4310 Address CHANDS City Sponsoring Organization or Candid Name of Candidate and Office Soc	Full Name of Committee 43/0 W Address CHANDLER City Sponsoring Organization or Candidate and office Name of Candidate and Office Sought (if applica RICK YCCC CAOL, Committee	Full Name of Committee 4310 W DUBLIN Address CHANDLER B5226 City ZIP Code Sponsoring Organization or Candidate and office Name of Candidate and Office Sought (if applicable) RICK YCCC CROL, Com. 480 90	Address CHANDLER B5226 MACLOPA City ZIP Code County Sponsoring Organization or Candidate and office Name of Candidate and Office Sought (if applicable) RICK 4 CCC CROL, Com Y80 96/5454

FOR OFFICE USE ONLY

3A. ID#

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`	portioning organization of outside one among				
7	RICK Y CCC C ROL , COM YBO 96/575Y Hamil Address Fax #	-			
4.	REPORTING PERIOD (Please check appropriate box)			DUE BETWEEN	
\boxtimes	January 31 Report - For Period of 6/10/05 * thru December 31, 2005 .		January	1, 2006 and January 31, 2006	
	Pre-Primary Election Report - For Period of January 1, 2006 thru February 22, 2006 February 23, 2006 and March 2, 2006				
	Post-Primary Election Report - For Period of February 23, 2006 thru April 3,	2006		April 4, 2006 and April 13, 2006	
	Pre-General Election Report - For Period of April 4, 2006 thru April 26, 2006			April 27, 2006 and May 4, 2006	
	Post-General Election Report - For Period of April 27, 2006 thru June 5, 200	6	J	une 6, 2006 and June 15, 2006	
	**January 31 Report - For Period of June 6, 2006 thru December 31, 2007		January	y 1, 2008 and January 31, 2008	
5.	SUMMARY	Te	olumn A otal This orting 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)			D	
5b	Cash on Hand at the Beginning of this Reporting Period		D		
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	,	1687 39	1687 ³⁹	
5d	Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	,	1687 35	1687 39	
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]			Ð	
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	-	387 ³⁹	387 ³⁵	
7.	Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]		1300	1300	

^{*}Insert date which is 21 days after date of last election (A.R.S. §16-913).

^{**}Other reports will be due before this reporting period if a special or recall election is held prior to the next general election.

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

1. Committee Name: RICK HELMANN for Chambler COUNCIL 3. Report covering period from 6/10/45 Thru 12/31/05	2. ID#	
3. Report covering period from 6/10/65 Thru 12/31/05		
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)	100 🟂	100
(b) Individuals - aggregate \$25 or less (Total from Schedule A-1)	0	0
(c) Political Committees (Total from Schedule B)	0	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	100	100
(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)]	/00	/00
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	1587 39	1587 35
(b) All other loans (Total from Schedule C-1)	Ð	· 0
(c) Total Loans [add 5(a) and 5(b)]	1587 35	1587 3
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]	1687 35	1687 35
QUALIFYING CONTRIBUTION RECEIPTS		
Qualifying Contributions of \$5 from Individuals (Total from Schedule A2).	NA	NIA
DISBURSEMENTS		
Expenditures for operating expenses (Total from Schedule D)	387 ³⁵	387 ^{3½}
10. Independent Expenditures (Total from Schedule D-1)	0	0
11. Value of In-kind expenditures (Total from Schedule E)	4	Ø
12. Loans made by reporting committee (Total from Schedule D-2)	Ð	0
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)	D	Ð
(b) Repayment of all other loans (Total from Schedule D-5)	D	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	Ð
15. Any other disbursement (Total from Schedule D-7)	Ð	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	38735	<i>3</i> \$7 ³³
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)	Θ	0
18. Total disbursements (subtract line 17 from line 16)	387 ³⁵	38735
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	6	8
I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and nplete.	to the best of my knowledge	e and belief it is true and
Kick Heumann		
RICH Hermann leb fun 1/2	6/06	
nature of Treasurer or Candidate or Designating Individual Dai	te	

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

	Quil Ila	an for Champier	DUNCIL	2. ID#	
	. 1 1 .		12/3//2	00.5	
	3. Report covering period from 6/10/05	thru			
4	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OR	CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
		MI	,		
4a.	/evis /e/a)	Elvise	11/25/05	5000	50°°
		DA ZIP			
	25834 S BON WOUD CITY STATE SUN LAKES AB OCCUPATION REFIRED	85278 EMPLOYER			
	RetiRED	Retired			
b.	LAST FIRST BARNETT MARILYN	МІ	12/7/05	5000	5000
	STREET ADDRESS 400 CAIR MITAMAY	ZIP			
	STREET ADDRESS 400 CAIR MILAMAY CITY STATE Repords Beach CA OCCUPATION SALES MANAGER	2IP 90277			
	Soles MANAGER	CMA		•	
ď	LAST FIRST	MI			
	STREET ADDRESS				
	CITY STATE	ZIP			
	OCCUPATION	EMPLOYER			
d.	LAST FIRST	Mi			
	STREET ADDRESS				
	CITY STATE	ZIP			
	OCCUPATION	EMPLOYER			
θ.	LAST FIRST	М			
	STREET ADDRESS				
	CITY STATE	ZIP			
	OCCUPATION	EMPLOYER			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page summary Page Line 4(z), Column A]	age of Schedule A, transfer total to Detailed		/00	100

CONTRIBUTIONS of \$25 or less - AGGREGATE TOTAL*

		SC	HED	ULE	ΕΑ	-1
2.	ID#					

1. Committee Name	RICK Herman for	Champler Coura	2. ID#
Report covering period from			31/05

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
None	0	0
5. TOTAL THIS PERIOD (Transfer total to Detailed Summary Page, Line 4(b), Column A)	ь	6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column 8]

^{*}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**

	Committee Name	RICK HELMANN FOR CHAMPLER COUNCE	2. ID#	
	3. Report covering period	RICK HELMANN FOR CHAMPLER COUNCE	2/31/05	
4		CONTRIBUTIONS	AMOUNT RECEIVED THIS	CUMULATIVE TOTAL THIS CAMPAIGN TO
	IDEI	NTITY OF CONTRIBUTOR AND DATE RECEIVED	PERIOD	DATE
4a	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	·	
	DATE RECEIVED	None	0	Ð
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 LA	AST PAGE OF SCHEDULE B [If last page of Schedule B, transfer total to ine 4(c), Column A]	Ð	Ð
ш	<u> </u>			

CANDIDATE LOANS SCHEDULE C RICK HEUMANN For Champier Council 2. ID# Committee Name thru 12/31/05 Report covering period from _____ AMOUNT CUMULATIVE DATE LOANS MADE OR GUARANTEED BY CANDIDATE TOTAL THIS CAMPAIGN RECEIVED RECEIVED NAME AND ADDRESS FROM WHOM RECEIVED TO DATE NAME, ADDRESS, CITY, STATE, AND ZIP RICK HEUMANN 4310 W Dublin ST Champur 85226 1500 0= 1500 42 11/22/05 Low to campaigo NAME, ADDRESS, CITY, STATE, AND ZIP Rich Heum Ann INCLOPE Abou 87 39 1587 39 4310 W DIBLINST Champie. AZ 85221 6/28-12/31 DESCRIPTION NAME, ADDRESS, CITY, STATE, AND ZIP DESCRIPTION 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] 158739

OTHER LOANS

SCHEDULE C1

1.	Committee Name KICL Human for Chamber Council		2. ID#		
3.	Report covering period from 6/10/07 thru 12/31/0	3-			
4	NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.		AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
4a	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#				
-	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#	·			
	DESCRIPTION				
4b	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#				
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#				
	DESCRIPTION				
4c	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#				
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#				
	DESCRIPTION				
4d	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#				
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#				
	DESCRIPTION				
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 [If last page of Schedule C-1, transfer total to Detailed Sur	mmary	0	177	

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

	1. Committee Name Rich Herman for Champles Council	2. ID#	
	1. Committee Name		
4	EXPENDITURES	DATE EXPENDITURE	AMOUNT OF THE
	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	MADE	EXPENDITURE
4a.	NAME, ADDRESS, CITY, STATE AND ZIP	12/9/05	300 %
	10213 & Crescent Ave Meso AZ SS208		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED WEB SITE SET UP		
b.	NAME, ADDRESS, CITY, STATE AND ZIP OFFICE MAX Climale	9/18/05	73
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED FOLD IN 1		
G.	NAME, ADDRESS, CITY, STATE AND ZIP	9/18/08	2863
	Kinkos et chome	11/27/06	552
	1780 W Champton Buro 85224	9/18/05	17 4
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Copy Solving	7272763	
d.	NAME, ADDRESS, CITY, STATE AND ZIP STARBULLS PUBSION Champin	6/28/05	3 1/2
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Cond Dr. Ms w. the web mas to		
ө.	NAME, ADDRESS, CITY, STATE AND ZIP	10/5/05	1700
	Dountous Chamou		

SCOT NATU Dec Prograteo shore of EMAIL

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]

NAME, ADDRESS, CITY, STATE AND ZIP

DESCRIPTION OF ITEMS OR SERVICES PURCHASED

EMAIL SOLULU

ADL Service Reston VA

387 35

91,-12/05

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

INDEPENDENT EXPENDITURES*

	1. Committee Name RICK Heem Nan for Champer Cornel 3. Report covering period from 6/10/05 thru 12/31/05	2. ID#	
	3. Report covering period from 6/13/65 thru 12/31/65		
4	INDEPENDENT EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED	MODE	EXI ENDITORIE
4a.	NAME, ADDRESS, CITY, STATE AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted Opposed Candidate OFFICE SOUGHT YEAR OF ELECTION		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted Opposed CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP	,	
•	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted 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
l certii reque	EE A.R.S. § 16-901(14). fy, under pently of perjury, that the above stated independent expenditure(s) was not made in cooperation, st or suggestion of any candidate or any campaign committee or agent of that candidate. Multiple of Treasurer	consultation or co	ncert with or at the
	NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS SIX MONTHS	WITHIN THE LAST	AMOUNT

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

	1. Committee Name Rich Hermon for Chamber Council 3. Report covering period from 6/10/05 thru 12/31/65	2. ID#	
	3. Report covering period from 6/3/05 thru 12/31/65		
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 10#		
b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
a	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 *

Bull Hermon for Champian Count	2. ID#	
1. Committee Name Bill Human for Champian Council 3. Report covering period from 6/10/05 thru 12/311	1,5	
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	RECEIVED	KEPUNO
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND		
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND		
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND	,	
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND		
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND		
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		0

REPAYMENT OF CANDIDATE LOANS

	1. Committee Name Rich Heumann for Champer Cornel	2. 10 #	
	REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
ŀ	NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	MADE	ALFA I MEIT
a.	NAME, ADDRESS, CITY, STATE, AND ZIP		
، [NAME, ADDRESS, CITY, STATE, AND ZIP		
]	NAME, ADDRESS, CITY, STATE, AND ZIP		
Ì			
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

	1. Committee Name RICL Hermann for Champus Council 3. Report covering period from 6/10/65 thru 12/31/05	2. ID#	
	3. Report covering period from 6/10/65 thru 12/31/65		
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#		
€.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
ſ.	NAME, ADDRESS, CITY, STATE, ZIP AND IO#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [Transfer total to Detailed Summary Page, Line 13(b), Column A]		e

TRANSFERS TO OTHER POLITICAL COMMITTEES

	Rich Hammy for Chimpus Council	2. ID#	
	1. Committee Name Rich Hermann for Chmobs Council 3. Report covering period from 6/10/05 thru 12	13,105	
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#		
	None		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
G.	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
	The second secon		

ANY OTHER DISBURSEMENT

SCHEDULE D-7

	1. Committee Name Rich Humman For Chamber Council	2. ID#	
	1. Committee Name Rich Humman For Chambur Council 3. Report covering period from 6/16/07 thru 12/3	ilor	
	ANY OTHER DISBURSEMENTS	DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION	MADE	DISBORSEMENT
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
Ċ.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
е.	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]		Ð

Page_l_of_l

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE **E**

	1. Committee Name Rich Har	MANN for Chample, Council	2. 10#	
	3. Report covering period from 6/10/	mon for Champler Council 105 thru 12/311	6r	
4	IN-KIND CONTRIBUTIONS and EXPENDITURES			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 NO NE		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION C		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
Ç.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION C		
	DESCRIPTION		į	
	OCCUPATION	EMPLOYER		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION C		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
5.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST Line 6, Column AJ	PAGE OF SCHEDULE E [If last page of Schedule E, transfer total to	o Detailed Summary Page	
6.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST Line 11, Column A)	PAGE OF SCHEDULE E [If last page of Schedule E, transfer total to	Detailed Summary Page	0
	<u> </u>			Page of

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

2. ID#

	Committee Name Rich Hernow for Report covering period from 6/1a/cr thru 12/3, /u-		
	1. Committee Name KICL Hernman for 3. Report covering period from 6/16/5 thru 12/3, /6;		
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	RECEIVED	NEGEN 1
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	None		
	DESCRIPTION OF RECEIPT		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
G.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
:			
	DESCRIPTION OF DESCRIPT	-	
	DESCRIPTION OF RECEIPT	,	
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
8.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	OFFICIAL OF BECSIOT		
	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		B

Page___of___

OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F-2

	1. Committee Name Bick Herman for Chamber Council 3. Report covering period from # 6/10/67 thru 12/3:/57		
	3 Record covering period from # 6/10/67 thru /2/3//37		
	5. Capoti covering bende non-		
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#		
	Noxe		
	DESCRIPTION OF REFUND		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
d	NAME, ADDRESS, CITY, STATE, ZIP AND IC#		
		,	
	DESCRIPTION OF REFUND		
đ.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
	BESONE HOLLOW ALL SHO		
8.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND IO#		
	ACCOUNTION OF DESIGNA		
	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]	6

Includes return of contributions received by reporting committee

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

2. ID#

	1. Committee Name Rich Herm Aw.	2. ID#			
	1. Committee Name Rich Herman For Chamber Council 3. Report covering period from 6/10/05 thru 12/31/05			-131/05	
4	DEBTS AND OBLIGATIONS NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
a.	COMMITTEE) TO WHOM DEBT IS OWED NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	Nove				
	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				THE SECTION SECTION
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT		4 4 H		: Alberta
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
5.	ENTER TOTAL OUTSTANDING BALANCE AT CLC F-3 [Transfer total to Detail Summary Page Line 19, Co	OSE OF THIS PERIOD	D ONLY IF LAST PAGE C	F SCHEDULE	0