POLITICAL COMMITTEE

CITY/TOWN OF

CAMPAIGN FINANCE REPORT

2006 March/May Regular Election

1	BILL HOLLS FOR Chimpler Con- Full Name of Committee 4310 W Deblow ST Address Climples At 85726 48096	and CITY OF	CHANDEER CLERK PR 1 0 2006
_	Address Chimoles At 85226 You 96 City ZIP Code County Phone	71457	
2	Sponsoring Organization or Candidate and office	3A. ID#	į
-	Name of Candidate and Office Sought (If applicable)	_	
_	E-Mail Address Fax #		
4.	REPORTING PERIOD (Please check appropriate box)		DUE BETWEEN
	January 31 Report - For Period of* thru December 31, 2005 .	January	1, 2006 and January 31, 2006
	Pre-Primary Election Report - For Period of January 1, 2006 thru February 22	2, 2006 Februa	ry 23, 2006 and March 2, 2006
X	Post-Primary Election Report - For Period of February 23, 2006 thru April 3, 2	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, 2006	3 Jı	une 6, 2006 and June 15, 2006
	**January 31 Report - For Period of June 6, 2006 thru December 31, 2007	January	1, 2008 and January 31, 2008
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)	13.13.98	6
5b	Cash on Hand at the Beginning of this Reporting Period	1262 12	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	8320	15491 16
5d	Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	9612 98	
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]		<i>\theta</i>
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	6980 15	12858 33 2632 83 2632 83
7.	Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	2632 ⁸³	2632 %

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APR 1 0 2006

^{*}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 Humans for Chambir Cornal 3. Report covering period from 2/13/06 Thru 4/3/06	2. ID#	
3. Report covering period from 2/23/06 Thru 2//3/06		
RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
Contributions other than loans and in-kind:		12221
(a) Individuals - more than \$25 (Total from Schedule A)	8275	13224
(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)]	8275	13221
(e) Refund of contributions (Total from Schedule F-2)	***	_
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	8275	13224
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)		219216
(b) All other loans (Total from Schedule C-1)	***	` -
(c) Total Loans [add 5(a) and 5(b)]		2192 16
6. In-kind contributions (Total from Schedule E)	4 .	+
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	→ 75	75
8. Total Receipts [add 4(f), 5(c), 6, and 7]	8350	15491.完
QUALIFYING CONTRIBUTION RECEIPTS		,
Qualifying Contributions of \$5 from Individuals (Total from Schedule A2).	NIO	NIO
DISBURSEMENTS		
Expenditures for operating expenses (Total from Schedule D)	6980 %	1782835
10. Independent Expenditures (Total from Schedule 0-1)		
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 0-5)		
(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]	6980 12	12858 33
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule 0-3)	_	73
18. Total disbursements [subtract line 17 from line 16]	6980 T.	12858 33
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	Ð	Ð
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
Type or Print Name of Treasurery Well Jen 4,	1,0/00	
Signature of Treasurer or Candidate or Designating Individual Date		

SCHEDULE A

	1. Committee Name Rick Human for Chample	Cornel	2. 10 #	
	1. Committee Name / CCC Apparation 4-17 Committee Name / CCC Apparation 4-17 Committee Name / CCC Apparation			
4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS	CUMULATIVE TOTAL THIS CAMPAIGN
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR		PERIOD	TO DATE
4a.	Brown Eric STREET ADDRESS	3/3/06	250	250
	2939 N 48 Place			
	PHP At 85018			
	OCCUPATION BUILD EMPLOYER Artismu Homes			
b.	LAST KONDERIK BriAN			
	STREET ADDRESS 2945 N 47" Plan	3/3/06	50	50
	CITY PH20 STATE ZIP SJOIN		**	
	OCCUPATION EMPLOYER Engle Horns		•	
G.	HALL BRIDGE	3/1/06	25	25
	STREET ADDRESS 3520 W ITONWOOD DR			
	Change At 85226	1		
	OCCUPATION RetireD EMPLOYER RetireD			
d.	LAST GOULLY PIRST MI	3/1/06	50	50
	STREET ADDRESS 909 & LABURA DR	3/1/20		
	Tempe A7 85282			
	OCCUPATION Refiles Refiles			
e.	BECIL WENDELL	3/3/06	200	200
	THE TADDRESS 1222 N Val Vista DA	7/3/		
	CITY MOSA At 85213			
	OCCUPATION CONSINT TANT EMPLOYER SECT		ļ	<u> </u>
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]			
L	1			575

SCHEDULE A

	1. Committee Name Rich Human for Chample		2. 10 #	
	1. Committee Name R: CLL ADMINISTRA FOR CHIMPSON 3. Report covering period from 2/23/06 - 442/06 thru	1//3/06		
4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS	CUMULATIVE TOTAL THIS CAMPAIGN
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR		PERIOD	TO DATE
4a.	TAYLOR Steven	3/3/06	100	/00
	STREET ADDRESS 654 W MUIT WOOD DR CITY STATE ZIP	3/3/06	, 00	, -
	OCCURATION EMPLOYER			
	MATTON BIRST MI			
b.	STREET ADDRESS			-
	18 Houper ST. STATE ZIP	3/3/04	150	120
	Nest would MA - 7096		•	
_	MI MI			
۵	RUNNER Jim	-	,	100
	STREET ADDRESS 3 20 8 N DOS 1 TO DAS 1 ZIP	3/3/06	700	
	Mosa At 85207			
	OCCUPATION Developer SUBBUTY CONSULTING			
d.	LAST Perry MIKE	3/3/06	150	150
	STREET ADDRESS 34384 N GCLOMING GULCH STATE ZIP	3/3/06		
	CITY Queen Creck A2 85242	_		
	OCCUPATION Arch. to-T EMPLOYER Wh. twey Bell			
e.	Bell Phillip	3/2/06	100	100
	STREET ADDRESS 9290 E Thompson Peak CITY STATE OF ZIP			
	Saftiony No 8161			
	OCCUPATION Chrimm EMPLOYER Bell			
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detaile Summary Page Line 4(z), Column A]	od .		600

SCHEDULE A

2. ID#

	1. Committee Name Rick Humpan		2. 10 #	
	3. Report covering period from 2/23 - 462/64 thm	u 4/3/0	<u> </u>	
4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS	CUMULATIVE TOTAL THIS CAMPAIGN
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR		PERIOD	TO DATE
4a.	Whitney Bell Douglas		(5.0	100
	STREET ADDRESS //0 2 & MISSOUR.	3/3/06	700	700
	CITY PHO AZ STATE ZIP SSO14			
	OCCUPATION Arch, Let Whothey Bell			
b.	LAST PARIOSON GARY			
	STREET ADDRESS 1/30 E MILSOUT!	3/3/06	250	5120
	CITY PHK AZ STOLY		3 •	
	OCCUPATION REAL ESTATE EMPLOYER Drivinson+Meyers		•	
C.	RYL DAN	3/3/06	2 CO '	250
	STREET ADDRESS 1/30 E MISSOURI	7/3/06	~	2,0
	CITY STATE ZIP STOLY			
	OCCUPATION Real Estate EMPLOYER ONVOSON & Meyers			
d.	Levine William		2.0	250
	STREET ADDRESS 1702 E Highling	3/3/06	210	210
	CITY PHO STATE ZIP SS 0/6			
	OCCUPATION SHOWAR PACIFIC BUIL SHUAL	e		
đ.	LAST FIRST MI While heap James			·
	STREET ADDRESS SIYI N 40 5T	3/3/00	250	250
	CITY PHA DI STOPE	,		
	OCCUPATION Developer STATE STOLE STATE STATE STATE STATE STATE STOLE STATE STOLE STATE STOLE STATE STOLE STATE STOLE STOLE STATE STOLE STOLE STOLE STATE STOLE STO			
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]			

SCHEDULE A

2. 10 #

	1. Committee Name Rich Humna		2. 10 #	
	3. Report covering period from 2/23 - 4/03/06 thr	u		
4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS	CUMULATIVE TOTAL THIS CAMPAIGN
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR		PERIOD	TO DATE
4a.	Mc Quaid R. Michale			
	STREET ADDRESS 4545 N 42 0 57	3/3/04	250	510
	CITY PHO AZ SIVIS			
	OCCUPATION Developer JM M9mT			
b.	LAST ME QUAID PETER MI			-
	STREET ADDRESS 2719 & CAYS~ RO	3/3/06	250	Sip
	CITY PHD STATE ZIP SLOYZ			
	OCCUPATION Develope JM MgmT		•	
۵	LAST FIRST MI Mc QUAID SHANON		,	
	STREET ADDRESS 2719 & CAYS ~ RP	3/3/06	250	210
	Office State ZIP 81042			
	OCCUPATION Develop IM MGMT			
đ.	Shub. T W.C.		•	
	2313 & Monk bulls	3/3/06	350	350
	CITY PHX STATE ZIP STO/6 OCCUPATION SEMPLOYER			
	Develop. Fifchell Developm	<i>></i> 7-		
6.	Allen Jeffrey			
	STREET ADDRESS 7818 N Mc have CITY STATE ZIP	3/3/00	350	350
	PATADIN VAILY NZ 85253			
	OCCUPATION Develop. EMPLOYER KITCHELL Develop.			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEOULE A [If last page of Schedule A, transfer total to Detailed Summary Page Line 4(z), Column A]			

SCHEDULE A

2. 1D#

	1. Committee Name Rick Humann			
	3. Report covering period from 2/13 - 4/03/00 thr	··		
4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS	CUMULATIVE TOTAL THIS CAMPAIGN
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR		PERIOD	TO DATE
43.	STREET ADDRESS FIRST MANU STREET ADDRESS	3/3/06	310	310
	5416 & CALL VENTURA			
	PAN At 85018			
	OCCUPATION Developer EMPLOYER Kitchell Developm	Ti		
ы	LAST Pollack Michael			
	STREET ADDRESS 1/36 W BASILM	3/6/06	350	350
	CITY MOJA STATE ZIP 85C/0		2.5	
	OCCUPATION Renz Estate S'ELF		•	
c	LAST Pollach Cheige		,	
	STREET ADDRESS //36 W BASCLIME STATE ZIP	3/6/06	310	310
	Meso AZ 85210			
	OCCUPATION Reni Estare SELF			
d.	Schoen Emil	3/6/06	310	310
	STREET ADDRESS 2554 LINCOLN BLVD STATE ZIP	3/6/36		
	MATINA Del Des CA 90292			
	OCCUPATION PLAL ESTALL Takey, 1700 / NVOST-	ON		
۹.	LAST FIRST MI Schoen Norwy			
	STREET ADDRESS 2554 LINCOLN & BLUD	3/0/06	300	ى دو
	MArina Del Ry CA 90252			
	OCCUPATION FEAL ESTAR 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(z), Column A]			
Ь				1757

SCHEDULE A

	1. Committee Name Rick Shumon For Chample	Cosant	2. ID#	
	3. Report covering period from 2/23/06 - 4/3/06 thn			
4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR		THIS PERIOD	TO DATE
4a.	PollAck Robert			5
	STREET ADDRESS 1450 Big Basin Wing	3/6/06	350	350
	SATA TO GA CA 21P 950 70 OCCUPATION EMPLOYER			
	real estare SELF			
b.	LAST POLIACK WANDA			
	STREET ADDRESS /YIDO BIS BASIN WAY	3/6/06	350	300
	SATATO SATATE ZIP SATATO SA CA 95070 OCCUPATION SEMPLOYER			
	OCCUPATION Real Estate SELF		•	
P	Kocisko Joe			2 —)
	STREET ADDRESS //36 W BASCINC RP CITY STATE ZIP	3/1/10	30	350
	Mesa RZ 8522			
	occupation real Estate Pellach investment			
đ.	LAST POLIACL FIRST PATTI			
	STREET ADDRESS 14500 Big Basin Way	3/6/06	350	350
	SATATOSA CA SID 70 OCCUPATION EMPLOYER S			
	rem estate sele			
е.	Pollach Shorr."			
	14707 Grantk Way	3/6/06	310	310
	SATATOSA CA SIPO			
	CECUPATION FIRE 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(z), Column A]			

SCHEDULE A

	1. Committee Name Rick Shumman for Chample	Cornel		
	3. Report covering period from 2/23/06 - 4/3/06 thr			
4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS	CUMULATIVE TOTAL THIS CAMPAIGN
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR		PERIOD	TO DATE
4a.	STREET ADDRESS G970 & Emergio Way	3/6/06	350	310
	STATE ZIP SUN LAIKES AT SIZYS OCCUPATION EMPLOYER			
	MAI ESTATE SELF			
b.	Pollach DANIEL			-
	STREET ADDRESS 4215 N Dr.NICWATER BLVD CITY STATE ZIP STATE STATE STAT	3/6/06	350	350
	Switsonu At STWI		<i>}</i> *	
	OCCUPATION FORE SSTATE MAP INT		•	
c.	LAST FIRST ME HO!		,	
	STREET ADDRESS 1136 W BAYELING RD	3/6/06	30	350
	CITY MOJA STATE AZ 85210			
	OCCUPATION EMPLOYER MAP INT			
d.	LAST FIRST MI			
	STREET ADDRESS			
	CITY STATE ZIP			
	OCCUPATION EMPLOYER			
e.	LAST FIRST MI			
	STREET ADDRESS			
	CITY STATE ZIP			
	OCCUPATION EMPLOYER			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed			8275
	Summary Page Line 4(z), Column A]		_1	1020

CONTRIBUTIONS of \$25 or less - AGGREGATE TOTAL*

SCHEDULE A-1

6. CUMMULATIVE TOTAL THIS

CAMPAIGN TO DATE

Column B]

[Transfer total to Detailed Summary Page, Line 4(b),

1. Committee Name Rich Human f	for Champles C	2. ID#
3. Report covering period from 2/23/06	thru_	4/3/06
4. Aggregate Total of Contributions of \$25 or	less	
DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
None		None
· · · · · · · · · · · · · · · · · · ·		

5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b),

Column A]

^{*}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	Rick Humann for Champles Cos.	2. ID#	
	Report covering period	from 2/23/06 thru	4/3/06	
4		CONTRIBUTIONS	AMOUNT RECEIVED THIS	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	IDE!	ATITY OF CONTRIBUTOR AND DATE RECEIVED	PERIOD	DATE
4a	!D#	NAME, ADDRESS, CITY, STATE AND ZIP	D	D
	DATE RECEIVED	70010		
b .	10#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
c.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	2 ·	
	DATE RECEIVED			
d.	10#	NAME, ADDRESS, CITY, STATE AND ZIP		,
	DATE RECEIVED			
e.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
f.	10 #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
g.	10 #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
h.	IO#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
i.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
5.	ENTER TOTAL ONLY IF L	AST PAGE OF SCHEDULE B [If last page of Schedule B, transfer total to Line 4(c), Column A]		

SCHEDULE C CANDIDATE LOANS RICK Hermann for Champler Coverel 2.10# 1 2/23/06 thry 4/3/06 Committee Name Report covering period from 2/23/06 **AMOUNT** CUMULATIVE DATE LOANS MADE OR GUARANTEED BY CANDIDATE TOTAL THIS RECEIVED RECEIVED CAMPAIGN NAME AND ADDRESS FROM WHOM RECEIVED TO DATE NAME, ADDRESS, CITY, STATE, AND ZIP 4a. DESCRIPTION NAME, ADDRESS, CITY, STATE, AND ZIP DESCRIPTION NAME, ADDRESS, CITY, STATE, AND ZIP DESCRIPTION d. NAME, ADDRESS, CITY, STATE, AND ZIP

DESCRIPTION

DESCRIPTION

DESCRIPTION

NAME, ADDRESS, CITY, STATE, AND ZIP

NAME, ADDRESS, CITY, STATE, AND ZIP

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]

OTHER LOANS

SCHEDULE C1

1.	Committee Name Kick Heumann for Champ	Ker Council	2. ID#	
3.	Report covering period from 2/23/06 thru	4/3/06		
4	ALL OTHER LOANS NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF	OATE	AMOUNT	CUMULATIVE TOTAL THIS CAMPAIGN
	THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.	LOAN RECEIVED	OF LOAN	TO DATE
4a	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ICH ${\cal N}{\cal D} {\cal N}{\cal C}$	0	0.	10
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ICH			
	DESCRIPTION			
4b	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			Ì
	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 Page, Line 5(a), Column A]	to Detailed Summary		

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID#

	1. Committee Name RICK Heumann For Champler Council	2. 10#	
	3. Report covering period from 2/23/06 thru 4/3/06		
4	EXPENDITURES	OATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	MAUE	EXPENDITURE
42.	NAME, ADDRESS, CITY, STATE AND ZIP RHWA TUKE FOUTHILL NEWS	2/24/00	220
	Chrapher Connector	2/2//00	
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED POIN Pape 1/8 P3		
ъ.	NAME, ADDRESS, CITY, STATE AND ZIP	3/1/06	(200)
	Alphaginph. 4 2156 N Alma School Chimple Eszzy	3/6/86	7500
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED MAILING		
ا ا	NAME, ADDRESS, CITY, STATE AND ZIP		
	ADD (KN)	3/6/00	2270
	600 N Scotson RD Tempe 85281	376,	
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Company Sijes		
d.	NAME, ADDRESS, CITY, STATE AND ZIP		24
	SANTAN Newspape	3/7/06	228
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED 14 PAGE NEWS PAGE AD		
•	NAME, ADDRESS, CITY, STATE AND ZIP		
"	Alphajenghis	3/2/11	1752 29
) ////	1132
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED MAILIN		
ſ.	NAME, ADDRESS, CITY, STATE AND ZIP		
	AZ Republic	3/7/06	280
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	1	
<u></u>	Newspape AD		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE 0 [If last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A]		<u></u>

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

6051.27

Page __of___

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID#

	1. Committee Name BILL HEUMANN for Champler Council	,	
	3. Report-covering period from 2/33/06 thru 4/3/0) (
4	EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE		
42.	NAME, ADDRESS, CITY, STATE AND ZIP MAJCA T'S 49 & BEURDUM TEMP 85282 DESCRIPTION OF ITEMS OR SERVICES PURCHASED	3/9/06	995
	7 Shints		
b.	NAME, ADDRESS, CITY, STATE AND ZIP ARA SISAS	3/13/06	261 ⁶³
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
c.	CAMPAIS~ SI) M NAME, ADDRESS, CITY, STATE AND ZIP		- 2
	Grouperit ST Lous Mo	3/11/01	43232
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED PHINC BANK COLL		
đ	NAME, ADDRESS, CITY, STATE AND ZIP MIM.S CAPE 2800 W Chronolor Bloo 85224	3/14/4	42 97
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED FULLY GOVERNMENT WORLD		
•.	NAME, ADDRESS, CITY, STATE AND ZIP POS 16'S P. ZZA DO 1650- RD Chamble- DESCRIPTION OF ITEMS OR SERVICES PURCHASED CAMPAD FOUD	3/14/00	92 86
f.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE O [If last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A]		6980.2.

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

EXPENDITURES FOR OPERATING EXPENSES*

	1. Committee Name RICK Herman for Chamble Council 3. Report covering period from 2/33/06 thru 4/3/6		
	3. Report-covering period from 2/33/06 thru 4/3/c	, 6	
4	EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	10000	CAPENDITORIE
4a.	NAME, ADORESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
b.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
ď	NAME, ADDRESS, CITY, STATE AND ZIP	<u>.</u> .	
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
d.	NAME, ADDRESS, CITY, STATE AND ZIP	,	
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
0.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
ſ.	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]		

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

INDEPENDENT EXPENDITURES*

	1. Committee Name Rick / Leumann For changes Council 3. Report covering period from 2/23/06 thru 4/3/06	2. 10 #	
	3. Report covering period from 2/23/o c thru 4/3/o	6	
4	INDEPENDENT EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
Ī	IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED	,	
la.	NAME, ADDRESS, CITY, STATE AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted		
	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	3.7	
4 C.	NAME, ADORESS, CITY, STATE AND ZIP	1	
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted Copposed Condidate 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]	
erti	fy, under pentty of perjury, that the above stated independent expenditure(s) was not made in cooperation set or suggestion of any candidate or any campaign committee or agent of that candidate. Committee of the candidate of	, consultation or co	ncert with or at the
	NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS SIX MONTHS	S WITHIN THE LAST	AMOUNT

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

	1. Committee Name BICK Heum Nan for Channer Couscil 3. Report covering period from 2/23/06 thru 4/3/06	2. 10 #	
	3. Report covering period from 2/23/06 thru 4/3/06		
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		
43.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP, AND IC#		·
c.	NAME, ADORESS, CITY, STATE, ZIP, AND ID#		
đ.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
•.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	:	
1.	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]		

age 1_of _

OFFSETS TO OPERATING EXPENSES *

1. Committee Name Rick Heum Ann For Change Count 3. Report covering period from 2/23/06 thru 4/	2. ID#	
3. Report covering period from 2/23/06 thru 4/	3/06	
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	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME, ADDRESS, CITY, STATE, AND ZIP. NO AL		
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 Pa Line 17 Column A]	ge	0
 Includes return of contributions made by reporting committee 		

REPAYMENT OF CANDIDATE LOANS

Rick	Humoran 1	Cos Champler	Council	2. 10 #	
. Committee Name	2/23/	loc	_thru	ζ	
	LOANS MADE OR GU			DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
NAME AND ADDRES	S TO WHOM REPAYMEN	IT (DISBURSEMENT) WA	S MADE		
NAME, ADORESS, CITY, STATE, AND ZIP					
	lima	None			
NAME, ADDRESS, CITY, STATE, AND ZIP					
					-
	•				
NAME, ADDRESS, CITY, STATE, AND ZIF	•				
		,			
·					
NAME, ADDRESS, CITY, STATE, AND ZI	·				
NAME, ADDRESS, CITY, STATE, AND ZI	P				
NAME, ADDRESS, CITY, STATE, AND Z	<u>. </u>				
ENTER TOTAL ONLY IF LAST PAGE OF	SCHEDULE D-4 (Transfer tol	tal to Oetail Summary Page, Li	ne 13(a), Column A]		0

REPAYMENT OF ALL OTHER LOANS

	1. Committee Name Rick HernAnn For Chronicer Council 3. Report covering period from 2/23/04 thru 4/3/	2. ID#	
	3. Report covering period from 2/23/01 thru 4/3/	06	
	5. Report covering period non		
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		
42.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
			:
۵.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	,		
	,		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND IO#		
0.	NAME, ADDRESS, CITY, STATE, ZIP AND IC#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND IC#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [Transfer total to Detailed Summary Page, Line 13(b), Column A]		0
L			<u> </u>

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

2. 10 #

	1. Committee Name RICLE Leumann for Chim Der Cornel 2. 10 # 3. Report covering period from 2/23/06 thru 4/3/06			
	1. Committee Name			
	3. Report covering period from			
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#		İ	
ł			·-	
ļ				
		*		
۵	NAME, ADDRESS, CITY, STATE, ZIP AND IO#			
	,			
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
€.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
		•		
1.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
"				
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE 0-6 (Transfer total to Detailed Summary Page, Line 14, Column A)		0	

ANY OTHER DISBURSEMENT

SCHEDULE D-7

	1. Committee Name RICLE Human for Chample Count 3. Report covering period from 2/23/06 thru 4/3	2. 10#	
	3. Report covering period from $2/23/oC$ thru $4/3$	/oc	
	ANY OTHER DISBURSEMENTS	DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION	14702	5,000
a.	NAME, ACORESS, CITY, STATE, ZIP AND IC#		
	DESCRIPTION		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
ď	NAME, ADDRESS, CITY, STATE, ZIP AND IO#		
	,		·
	DESCRIPTION		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
8.	NAME, ADDRESS, CITY, STATE, ZIP AND IO#		
	DESCRIPTION		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 (Transfer total to Detailed Summary Page Line 15 Column A)		-6-

Page ___of ___

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE **E**

	1. Committee Name Rich He	Z/23/OL thru 4/3	2. 10 #	
	Report covering period from	2/23/06 thru 4/3	106	
4	IN-KIND CONTRIBUT	TIONS and EXPENDITURES	DATE	FAIR MARKET VALUE
	NAME AND ADDRESS OF INDIVIDU POLITICAL COMMITTEE) FROM	IAL (OR NAME, ADDRESS AND ID# OF THE WHOM RECEIVED OR TO WHOM GIVEN		
43.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION CI NONE EXPENDITURE CI		
	DESCRIPTION			· ·
	OCCUPATION	EMPLOYER		
ь	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION CI EXPENDITURE CI		-
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
c.	NAME, ADORESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION CI		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION C		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
5.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAS	T PAGE OF SCHEDULE E [If last page of Schedule E, transfer total	i to Detailed Summary Page	
6.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAS	T PAGE OF SCHEDULE E [if lest page of Schedule E, transfer total	I to Detailed Summary Page	0
	 			Pageof

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

	1. Committee Name Rich Hernan for Chronic Count 3. Report covering period from 2/23/06 thru 4/3/06	2. 10 #	
	1. Committee Name / // repum/fan for Chimber		
	3. Report covering period from		
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	1,230.730	
42.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT \$75 INC while to open ACCT	3/1/00	75
	C U W U M		
	DESCRIPTION OF RECEIPT \$75 INC while to open Acit		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
			;
	DESCRIPTION OF RECEIPT		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND IC#		
	,		
	, , , , , , , , , , , , , , , , , , ,		
	DESCRIPTION OF RECEIPT	,	
4	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
_			
	DESCRIPTION OF RECEIPT		
<u> </u>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	<u> </u>	
е.			
			ı
	DESCRIPTION OF RECEIPT	1	
1.	NAME, ADDRESS, CITY, STATE, ZIP AND IO#		
	DESCRIPTION OF RECEIPT	1	
<u></u>			
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		G75

OFFSETS TO CONTRIBUTIONS RECEIVED *

	1 Committee Name R	cle Humman for	chomple.	COURT		
	Report covering period from	cle Herman for 21:3/00	thru	4/3/0	ţ	
	3. Naport covering period norm					
4	REFUNDS AND	OTHER OFFSETS TO CONTRIBU	TIONS RECEIVED		OATE REFUND MADE	AMOUNT OF THE REFUND
	NAME AND ADDRESS OF INDIVI	IDUAL (OR NAME, ADDRESS AND ID# TO WHOM REFUND WAS MADE	OF THE POLITICAL COM	IMITTEE)		
а.	NAME, ADDRESS, CITY, STATE, ZIP AND	O IC#				
		Non				
-	DESCRIPTION OF REFUND					
ъ.	NAME, ADDRESS, CITY, STATE, ZIP AN	O IC#				
					-	
	•					
	DESCRIPTION OF REFUND		•		<u> </u>	
c.	NAME, ADDRESS, CITY, STATE, ZIP AN	O 10# /				
					•	
	DESCRIPTION OF REFUND					
d.	NAME, ADDRESS, CITY, STATE, ZIP AN	10 ID#				
	•					
	DESCRIPTION OF REFUND					
0.	NAME, ADDRESS, CITY, STATE, ZIP AN	IO IO#				
	DESCRIPTION OF REFUND					
f.	NAME, ADDRESS, CITY, STATE, ZIP AN	10 ID#				
	DESCRIPTION OF REFUND					
<u> </u>	SATER TOTAL ONE VISUARY RACE OF	F SCHEDULE F-2 [If last page of Schedule F-2,	transfer total to Detailed Sum	mary Page, Line 4	(E), Column Aj	
5.	ENIER TOTAL UNLY IF LAST PAGE OF	- GOUCHOLD Let In lest bede or government Let	,	.,	• •	

Includes return of contributions received by reporting committee

DEBTS AND OBLIGATIONS (Excluding Loans)

	1. Committee Name Bick Hum. 3. Report covering period from 2/2	no for	Champler Co	unel	2. ID#		
	3. Report covering period from 2 /2	23/06	thru	4/3/01			
4	DEBTS AND OBLIGATIONS NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED	OUTSTANDING BALANCE BEGINNING THIS PERIOO	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				6		
	DESCRIPTION OF DEBT						
ъ.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				·-		
	DESCRIPTION OF DEBT						
ď	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				,		
	DESCRIPTION OF DEBT						
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		·				
	DESCRIPTION OF DEBT						
е.	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]						