

**POLITICAL COMMITTEE**  
**CITY/TOWN OF** \_\_\_\_\_  
**CAMPAIGN FINANCE REPORT**  
**2006 March/May Regular Election**

FOR OFFICE USE ONLY  
**RECEIVED**

APR 10 2006

CITY OF CHANDLER  
 CITY CLERK

~~APR 10 2006~~ hg

1. Rick Heumann for Chandler Council  
Full Name of Committee

4310 W Dublin ST  
Address

Chandler At Mariupn 85226 4809615458  
City ZIP Code County Phone

2. \_\_\_\_\_  
Sponsoring Organization or Candidate and office

\_\_\_\_\_ Name of Candidate and Office Sought (if applicable)

\_\_\_\_\_ E-Mail Address \_\_\_\_\_ Fax #

3A. ID#

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, 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, 2006 ..... June 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)		0
5b Cash on Hand at the Beginning of this Reporting Period	1262 <sup>95</sup>	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	8350	15491 <sup>16</sup>
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	9612 <sup>98</sup>	
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)	6980 <sup>15</sup>	12858 <sup>33</sup>
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	2632 <sup>83</sup>	2632 <sup>83</sup>

\*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.



CONTRIBUTIONS more than \$25 - from INDIVIDUALS\*

SCHEDULE A

1. Committee Name Ricki Herman for Chmnd. Council

2. ID #

3. Report covering period from 2/23/06 - 4/3/06 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>Brown</td> <td>ERIC</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">2939 N 48<sup>th</sup> Place</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>PHX</td> <td>AZ</td> <td>85018</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Builder</td> <td colspan="2">Artisan Homes</td> </tr> </table>	LAST	FIRST	MI	Brown	ERIC		STREET ADDRESS			2939 N 48 <sup>th</sup> Place			CITY	STATE	ZIP	PHX	AZ	85018	OCCUPATION	EMPLOYER		Builder	Artisan Homes		3/3/06	250	250
LAST	FIRST	MI																										
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b.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Konderik</td> <td>Brian</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">2945 N 47<sup>th</sup> Place</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>PHX</td> <td>AZ</td> <td>85018</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Project Mgr</td> <td colspan="2">Engle Homes</td> </tr> </table>	LAST	FIRST	MI	Konderik	Brian		STREET ADDRESS			2945 N 47 <sup>th</sup> Place			CITY	STATE	ZIP	PHX	AZ	85018	OCCUPATION	EMPLOYER		Project Mgr	Engle Homes		3/3/06	50	50
LAST	FIRST	MI																										
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STREET ADDRESS																												
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Project Mgr	Engle Homes																											
c.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Hall</td> <td>Brianna</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">3520 W Ironwood DR</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">Retired</td> </tr> </table>	LAST	FIRST	MI	Hall	Brianna		STREET ADDRESS			3520 W Ironwood DR			CITY	STATE	ZIP	Chandler	AZ	85226	OCCUPATION	EMPLOYER		Retired	Retired		3/1/06	25	25
LAST	FIRST	MI																										
Hall	Brianna																											
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d.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Gourley</td> <td>David</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">909 E Laburn DR</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Tempe</td> <td>AZ</td> <td>85282</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Retired</td> <td colspan="2">Retired</td> </tr> </table>	LAST	FIRST	MI	Gourley	David		STREET ADDRESS			909 E Laburn DR			CITY	STATE	ZIP	Tempe	AZ	85282	OCCUPATION	EMPLOYER		Retired	Retired		3/1/06	50	50
LAST	FIRST	MI																										
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LAST	FIRST	MI																										
BECIL	Wendell																											
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CONTRIBUTIONS more than \$25 - from INDIVIDUALS\*

SCHEDULE A

1. Committee Name Rick Humann for Chamber Council

2. ID #

3. Report covering period from 2/23/06 - 4/20/06 thru 4/3/06

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																								
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
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600  
Page 2 of 7

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CONTRIBUTIONS more than \$25 - from INDIVIDUALS\*

SCHEDULE A

1. Committee Name Rick Heuman  
 3. Report covering period from 2/23 - 4/3/06 thru 4/3/06

2. ID #

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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
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CONTRIBUTIONS more than \$25 - from INDIVIDUALS\*

SCHEDULE A

2. ID #

1. Committee Name Rick Hummer

3. Report covering period from 2/23 - 4/03/06 thru

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4545 N 42 <sup>ND</sup> ST																												
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OCCUPATION	EMPLOYER																											
Developer	JM Mgmt																											
b.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>McQuaid</td> <td>Peter</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3"><del>2719</del> 2719 E Carson Rd</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>PHX</td> <td>AZ</td> <td>85042</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Developer</td> <td colspan="2">JM Mgmt</td> </tr> </table>	LAST	FIRST	MI	McQuaid	Peter		STREET ADDRESS			<del>2719</del> 2719 E Carson Rd			CITY	STATE	ZIP	PHX	AZ	85042	OCCUPATION	EMPLOYER		Developer	JM Mgmt		3/3/06	250	250
LAST	FIRST	MI																										
McQuaid	Peter																											
STREET ADDRESS																												
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CITY	STATE	ZIP																										
PHX	AZ	85042																										
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
Shubert	W.C.																											
STREET ADDRESS																												
2313 E Montebello																												
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LAST	FIRST	MI																										
Allen	Jeffrey																											
STREET ADDRESS																												
7818 N Mohave																												
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1450  
Page 4 of 7

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CONTRIBUTIONS more than \$25 - from INDIVIDUALS\*

SCHEDULE A

2. ID #

1. Committee Name Rick Humann

3. Report covering period from 2/23 - 4/02/06 thru

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																								
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR																												
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
Pollack	Michael																											
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LAST	FIRST	MI																										
Pollack	Cheryl																											
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LAST	FIRST	MI																										
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real estate	Integrated INVESTMENT																											
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LAST	FIRST	MI																										
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CONTRIBUTIONS more than \$25 - from INDIVIDUALS\*

SCHEDULE A

1. Committee Name Rick Humann for Chamber Council

2. ID #

3. Report covering period from 2/23/06 - 4/3/06 thru

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																								
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LAST	FIRST	MI																										
Pollack	Robert																											
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LAST	FIRST	MI																										
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STREET ADDRESS																												
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c.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>KOCISKO</td> <td>Joe</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">1136 W Baseline RD</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Mesa</td> <td>AZ</td> <td>85200</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>real estate</td> <td colspan="2">Pollack investment</td> </tr> </table>	LAST	FIRST	MI	KOCISKO	Joe		STREET ADDRESS			1136 W Baseline RD			CITY	STATE	ZIP	Mesa	AZ	85200	OCCUPATION	EMPLOYER		real estate	Pollack investment		3/6/06	350	350
LAST	FIRST	MI																										
KOCISKO	Joe																											
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
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1750  
Page 6 of 7

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CONTRIBUTIONS more than \$25 - from INDIVIDUALS\*

SCHEDULE A

1. Committee Name Ricki Hummer for Chmolo County

2. ID #

3. Report covering period from 2/23/06 - 4/3/06 thru

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																								
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LAST	FIRST	MI																										
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CONTRIBUTIONS of \$25 or less - AGGREGATE TOTAL\*

SCHEDULE A-1

1. Committee Name Rich Hummer for Chamber Council

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	
<i>None</i>		<i>None</i>	
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]		6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]	

\*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 Hermann for Champaign Council

2. ID #

3. Report covering period from 2/23/06 thru 4/3/06

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  <i>None</i>	<i>0</i>	<i>0</i>
	DATE RECEIVED			
b.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
c.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
d.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
e.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
f.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
g.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
h.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
i.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE B <i>[If last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]</i>			

CANDIDATE LOANS

SCHEDULE C

1.	Committee Name <u>Rick Heumann for Chamber Council</u>	2. ID #		
3.	Report covering period from <u>2/23/06</u> thru <u>4/13/06</u>			
4.	<b>LOANS MADE OR GUARANTEED BY CANDIDATE</b>	<b>DATE RECEIVED</b>	<b>AMOUNT RECEIVED</b>	<b>CUMULATIVE TOTAL THIS CAMPAIGN TO DATE</b>
	NAME AND ADDRESS FROM WHOM RECEIVED			
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
b.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
c.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
d.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
e.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
f.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C (If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A)			

OTHER LOANS

SCHEDULE C1

1. Committee Name Rick Heumann for Chamber Council

2. ID #

3. Report covering period from 2/23/06 thru 4/3/06

4	ALL OTHER LOANS	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.			
4a	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID# <p style="text-align: center;"><i>None</i></p>	<del>0</del>	<del>0</del>	<del>0</del>
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4b	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4c	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4d	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 (If last page of Schedule C-1, transfer total to Detailed Summary Page, Line 5(a), Column A)			

EXPENDITURES FOR OPERATING EXPENSES\*

SCHEDULE D

1. Committee Name Rick Heumann for Chandler Council

2. ID #

3. Report covering period from 2/23/06 thru 4/3/06

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>RHWATUCKEE Foothill News</u> <u>Chandler Connector</u>	<u>2/24/06</u>	<u>220<sup>50</sup></u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>AD in Paper 1/8 pg</u>		
b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Alphagraphics</u> <u>2156 N Alma School Chmbl 85224</u>	<u>3/6/06</u>	<u>1300</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>MAILING</u>		
c.	NAME, ADDRESS, CITY, STATE AND ZIP <u>AAA Signs</u> <u>600 N Scottson RD Tempe 85281</u>	<u>3/6/06</u>	<u>2270<sup>16</sup></u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Campaign Signs</u>		
d.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Santan Newspaper</u>	<u>3/7/06</u>	<u>228<sup>35</sup></u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>1/4 page newspaper AD</u>		
e.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Alphagraphics</u>	<u>3/7/06</u>	<u>1752<sup>29</sup></u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>MAILING</u>		
f.	NAME, ADDRESS, CITY, STATE AND ZIP <u>AZ Republic</u>	<u>3/7/06</u>	<u>280</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Newspaper AD</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

6051.27

Page 1 of 2

EXPENDITURES FOR OPERATING EXPENSES\*

SCHEDULE D

1. Committee Name Rick Heumann for Chardon Council

2. ID #

3. Report covering period from 2/23/06 thru 4/3/06

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>MAJCA T's</u> <u>49 E Broadway Temp 85282</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>TSHIRTS</u>	<u>3/9/06</u>	<u>99<sup>45</sup></u>
b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>AAA Signs</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Campaign Signs</u>	<u>3/13/06</u>	<u>261<sup>03</sup></u>
c.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Groupcast</u> <u>ST Louis MO</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Phone Bank Call</u>	<u>3/13/06</u>	<u>432<sup>52</sup></u>
d.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Mims Cafe</u> <u>2800 W Chardon Blvd 85224</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Food for workers</u>	<u>3/14/06</u>	<u>42<sup>92</sup></u>
e.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Pasta's Pizza</u> <u>Dobson RD Chardon</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Campaign Food</u>	<u>3/14/06</u>	<u>92<sup>86</sup></u>
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)		<u>6980.15</u>

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

928.88

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EXPENDITURES FOR OPERATING EXPENSES\*

SCHEDULE D

1. Committee Name Rick Heuman for Chamoli Council

2. ID #

3. Report covering period from 2/23/06 thru 4/13/06

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		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
b.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
c.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
d.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
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)		

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



INDEPENDENT EXPENDITURES\*

SCHEDULE D-1

1. Committee Name Rick Heumann for Chandler Council

2. ID #

3. Report covering period from 2/23/06 thru 4/3/06


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)		

\*SEE A.R.S. § 16-901(14).

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



Signature of Treasurer

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

# LOANS MADE BY REPORTING COMMITTEE

# SCHEDULE D-2

1. Committee Name Rick Heuman for Chandler Council

2. ID #

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		
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#  <i>None</i>		
b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
h.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
i.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [Transfer total to Detail Summary Page Line 12, Column A]		

OFFSETS TO OPERATING EXPENSES \*

SCHEDULE D-3

1. Committee Name Rick Humann for Chandler Council

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			
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP  <i>None</i>		
	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 Rick Hummer for Chandler Council

2. ID #

3. Report covering period from 2/23/06 thru 4/3/06

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  <i>None None</i>		
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)		<i>0</i>

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

1. Committee Name Rick Humann for Chamber Council

2. ID #

3. Report covering period from 2/23/06 thru 4/3/06

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 Rick Humann for Chamber Council

2. ID #

3. Report covering period from 2/23/06 thru 4/3/06

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#  <p style="text-align: center;">None</p>		
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 Rick Hermann for Chamber Council 2. ID #

3. Report covering period from 2/23/06 thru 4/3/06

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 Rick Heuman for Council

2. ID #

3. Report covering period from 2/23/06 thru 4/3/06

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: 40%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td> <input type="checkbox"/> CONTRIBUTION  <input type="checkbox"/> EXPENDITURE                 </td> </tr> <tr> <td colspan="2" style="text-align: center;">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	<input type="checkbox"/> CONTRIBUTION <input type="checkbox"/> EXPENDITURE	DESCRIPTION		OCCUPATION	EMPLOYER		
NAME, ADDRESS, CITY, STATE, ZIP AND ID#	<input type="checkbox"/> CONTRIBUTION <input type="checkbox"/> EXPENDITURE								
DESCRIPTION									
OCCUPATION	EMPLOYER								
	<i>NONE</i>								
b.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td> <input type="checkbox"/> CONTRIBUTION  <input type="checkbox"/> EXPENDITURE                 </td> </tr> <tr> <td colspan="2" style="text-align: center;">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	<input type="checkbox"/> CONTRIBUTION <input type="checkbox"/> EXPENDITURE	DESCRIPTION		OCCUPATION	EMPLOYER		
NAME, ADDRESS, CITY, STATE, ZIP AND ID#	<input type="checkbox"/> CONTRIBUTION <input type="checkbox"/> EXPENDITURE								
DESCRIPTION									
OCCUPATION	EMPLOYER								
c.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td> <input type="checkbox"/> CONTRIBUTION  <input type="checkbox"/> EXPENDITURE                 </td> </tr> <tr> <td colspan="2" style="text-align: center;">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	<input type="checkbox"/> CONTRIBUTION <input type="checkbox"/> EXPENDITURE	DESCRIPTION		OCCUPATION	EMPLOYER		
NAME, ADDRESS, CITY, STATE, ZIP AND ID#	<input type="checkbox"/> CONTRIBUTION <input type="checkbox"/> EXPENDITURE								
DESCRIPTION									
OCCUPATION	EMPLOYER								
d.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td> <input type="checkbox"/> CONTRIBUTION  <input type="checkbox"/> EXPENDITURE                 </td> </tr> <tr> <td colspan="2" style="text-align: center;">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	<input type="checkbox"/> CONTRIBUTION <input type="checkbox"/> EXPENDITURE	DESCRIPTION		OCCUPATION	EMPLOYER		
NAME, ADDRESS, CITY, STATE, ZIP AND ID#	<input type="checkbox"/> CONTRIBUTION <input type="checkbox"/> EXPENDITURE								
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 6, Column A)								
6.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E (If last page of Schedule E, transfer total to Detailed Summary Page Line 11, Column A)		<i>0</i>						



DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

1. Committee Name Rick Humman for Chandler Council  
 3. Report covering period from 2/23/06 thru 4/3/06

2. ID #

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# <u>Washing Mural</u> <u>Chandler</u> DESCRIPTION OF RECEIPT <u>\$75 incentive to open acct</u>	<u>3/1/06</u>	<u>75</u>
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)

75

OFFSETS TO CONTRIBUTIONS RECEIVED \*

SCHEDULE F-2

1. Committee Name Bick Humman for Chandler Council

2. ID #

3. Report covering period from 2/13/00 thru 4/3/00

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#  <i>None</i>		
	DESCRIPTION OF REFUND		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-2 (if last page of Schedule F-2, transfer total to Detailed Summary Page, Line 4(E), Column A)

\* Includes return of contributions received by reporting committee

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

1. Committee Name Bike Human for Chamber Council

2. ID #

3. Report covering period from 2/23/06 thru 4/3/06

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#				0
	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]				