POLITICAL COMMITTEE CITY/TOWN OF Champles **CAMPAIGN FINANCE REPORT**

2006 March/May Regular Election RICK HEUMARN FOR Champles Council

Full Name of Committee

4310 W Diblin 5.

Address

Champles 85226 Maricopa 961-5457

City ZIP Code County Phone

RECEIVED

FEB 2 8 2006

CITYOF CHANDLEF

3A. ID#

2. Sponsoring Organization or Candidate and office

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		
\boxtimes	Pre-Primary Election Report - For Period of January 1, 2006 thru February	22, 2006 Februar	y 23, 2006 and March 2, 2006		
	Post-Primary Election Report - For Period of February 23, 2006 thru April 3, 2006				
	Pre-General Election Report - For Period of April 4, 2006 thru April 26, 2006				
	Post-General Election Report - For Period of April 27, 2006 thru June 5, 2006 June 6, 2006 and				
**January 31 Report - For Period of June 6, 2006 thru December 31, 2007 January 1, 2008 and January 31, 20					
5.	SUMMARY	Column A Total This Reporting Period	Column B Election Period Total To Date		
5a	Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)		÷		
5b	Cash on Hand at the Beginning of this Reporting Period	1300	建筑市场通路		
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	5453 77	7141		
5d	Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	6753.77	•		
6а	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]		6		
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	5490 79	5878 7		
7.	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	1262 38	1262 95		

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

Line 6b from Line 5d]

^{**}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:	•	2. (D#	
3	. Report covering period from	Thru		1
	RE	CEIPTS	COLUMN A THIS PERIOD	COLUMN 8 CAMPAIGN TO DATE
4	. Contributions other than loans and in-kind:	•		
	(a) Individuals - more than \$25 (Total from So	chedule A)	48 49	4949
	(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	1 4(c)]	4849	4949
	(e) Refund of contributions (Total from Sched	lule F-2)	_	-
	(f) Total Contributions Other than Loans and	In-kind (subtract 4(e) from 4(d)]	4849	4949
5	i. (a) Loans made or guaranteed by candidate	(Total from Schedule C)	6047	2/92
	(b) All other loans (Total from Schedule C-1)	•		,
	(c) Total Loans [add 5(a) and 5(b)]		604 2	21921
ε	i. In-kind contributions (Total from Schedule E)		<i>♦</i> .	0
7	7. Dividends, interest, and other forms of receipt	is (Total from Schedule F-1)	0	<i>\tau</i>
8	3. Total Receipts [add 4(f), 5(c), 6, and 7]		5Y53. 77	7/4/2
	QUALIFYING CO	NTRIBUTION RECEIPTS		,
ď	Qualifying Contributions of \$5 from Individuals (T	otal from Schedule A2).	NA	NID
	DISBU	JRSEMENTS	- /-	- 61
9	3. Expenditures for operating expenses (Total fr	om Schedule D)	5490 75	5878.12
1	10. Independent Expenditures (Total from Sched	lule 0-1)	0	-0
1	11. Value of In-kind expenditures (Total from Sci	nedule E)	o	0
	12. Loans made by reporting committee (Total fr	om Schedule D-2)	Ð	Ð
	13. (a) Repayment of loans made or guaranteed	d by candidate (Total from Schedule D-4)	Ð	$\boldsymbol{\theta}$
	(b) Repayment of all other loans (Total from	Schedule D-5)	e)	0
	(c) Total Loan Repayments [add 13(a) and 1	3 (b)]	&	هُ ا
	14. Transfers to other political committees (Total	ıl from Schedule D-6)	<i>-0</i>	.Q
	15. Any other disbursement (Total from Schedu	le D-7)	0	
	16. Subtotal disbursements [add lines 9, 10, 11	, 12, 13(c), 14, and 15]	3440 %	5818-
	Rebates, refunds and other offsets to opera	ting expenses (Total from Schedule D-3)	- 6	D 5878'* 4 5878'*
	18. Total disbursements (subtract line 17 from li		5790°=	58 18
		Candidate or Political Committee (Schedule F-3)	2270" d	2270 2
20. 1	I certify, under penalty of perjury, that I have exa	mined the contents of this campaign finance report and l	to the best of my knowledge	and pelier it is tide and

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.

Rich Heuman.

Signature of Treasurer or Candidate or Designating Individual

2/28/06

Date

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

	1. Committee Name Rich Hermon For Chamour Co	. /	2. ID#	
	1. Committee Name 1/1/2006 - There thru	2/2	2/06	
4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR		THIS PERIOD	TO DATE
4 a .	HEUMANN JOSEPH STREET ADDRESS	1/23/06	100	100
	2317 SATATOLA PL STATE ZIP Charleston IL 61920	•		
	OCCUPATION EMPLOYER EASTERN ILLIANS UNIC	,		
b.	HASKIN Thomas			
	STREET ADDRESS 8089 & V.A Del Alber CITY STATE ZIP	1/27/06	270	250
	Switsonu At 8525		•	
	OCCUPATION Prosident HASILIN inholes on		•	
Ċ.	STREET ADDRESS		,	
	3205 RFD	1/25/06	300	<i>3</i> 00
	OCCUPATION OWNER CONTRACTOR CONTRACTOR			
	OWNER CONTINUENTAL PLASTIC			
Q.	BATLUS SANFOLD	1/1/04	50	~
	2674 N EL DUTADO DA	////04	50	30
	OCCUPATION RETIRED EMPLOYER NONE			
e.	MUKAVET + DALE			
	STREET ACCORGS	1/2/06	100	100
	Clipaden AZ 85226	•		
	OCCUPATION & Engineer Honoywell			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If lest page of Schedule A, transfer total to Detailed Summary Page Line 4(z), Column A]		800	800
		andre ed a		Page of

	1. Committee Name Rich Herman for Change 3. Report covering period from 1/1/2016 thr	Council	2. 10 #	
	3. Report covering period from ////2000 thr	2/27	100	
4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS	CUMULATIVE TOTAL THIS CAMPAIGN
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR		PERIOD	TO DATE
4a.	HEUMANN JUDITH STREET ADDRESS			
	BERKERS CA 94705	1/1/06	144	144
. b.	DISABILITY DIRECTOR WORLD Brank			
	BOLES CATOLYN STREET ADDRESS 1928 & Stephins DA	2/5/06	300	300
	Temps R7 85283 OCCUPATION COUNTERS SELF Employed	· ·	***	
c.	Shaw Christiphen		•	
	5350 N 16 ST CITY PHOENIN A7 85016	2/2/06	175	175
d.	OCCUPATION PROTECT FIRST MI			•
	WILLIAMS ALAW STREET ADDRESS 115 E 14" ST	2/2/06	175	175
	Tempe A7 85261	, , , , ,	ŕ	·
a.	MANAGER Tripus partners Lepin KATEN			
	CITY DHOEN.» AT STORY	2/3/06	100	100
<u> </u>	OCCUPATION Property MANAGE LEPIN + REACHON	i	ا بیم	0.64
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]	!	894	899

	1. Committee Name Rich Herman for Chander	Cornel	2. 10#	
	3. Report covering period from 1/1/2016 thru	_ /	12006	
4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR		THIS PERIOD	CAMPAIGN TO DATE
4a ,	PEW WRALPH			
	STREET ADDRESS 1757 & INDIGO CITY STATE ZIP MESD A7 85203 OCCUPATION EMPLOYER LAWYOR PEW + LAKE	2/2/06	200	200
b.	LAST FIRST MA VARQUES - MORAIS PAULINA STREET ADDRESS 6/14 N 3'D ST CITY STATE ZIP PHOENIN AT 85012 OCCUPATION . LEMPLOYER	2/5/06	370	370
c	OCCUPATION GENERAL COUNSEL AT STATE RESENTS LAST FIRST MI MORRIS JASEN STREET ADDRESS 6/14 N 3'957 CITY STATE ZIP PHOENIN AT STOYLE OCCUPATION EMPLOYER EMPLOYER	zhloc	370	370
d.	LAWYOR Morr'S Wifty + Andress BADURA JOHN STREET ADDRESS 5118 N 82 ^{NO} ST CITY STATE ZIP Scotts DAY AF S5250 OCCUPATION EMPLOYER	m Zholoc	370	370
e.	Venu estate manajer Armstrong Dovelopmet SCLISON SC STREET ADDRESS CITY Templ AT 85250 OCCUPATION EMPLOYER	·	370	370
5.	OCCUPATION PLAT CS FATT MANAGE. EMPLOYER Arm's from s. Derelog me ENTER TOTAL ONLY IF LAST PAGE OF SCHEOULE A [If lest page of Schedule A, transfer total to Detailed Summary Page Line 4(z), Column A]	.4	1680	1680
'	· · · · · · · · · · · · · · · · · · ·	,	1	

	Ril 1/2 Coche de	Count	2. IO#	
	1. Committee Name Rick Hermann for Champter 3. Report covering period from 9 1/1/2006 thr	2/2	2/06	
4	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
42.	CODY MA Hew STREET ADDRESS			
		2/9/06	150	150
b.	LAST FIRST MI SYNDAN BNIBNYA STREET ADDRESS			*"
	9096 W LATED C STATE ZIP Chandler AZ 85226	2/16/06	50	50
	BUSINESS AMINIT COX		•	
G.	STREET ADDRESS PO BOX 1630	2/16/06	100	100
	Champler A7 85244 OCCUPATION BRI INSURANCE CUT Sorvice	27.0700	, 00	, , ,
đ.	Herman Leupur			
	1107 Mendowwoods DR STATE ZIP EAST MENDOW NY 11554	zhrloc	25	25
 e.	CCCUPATION EMPLOYER LAST FIRST MI RECTOR DAVID			
	STREET ADDRESS 4223 W Jumphoc CT CITY Champler OCCUPATION EMPLOYER	2/18/06	100	100
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A IN less page of Schedule A, iransfer total to Detailed	1	425	112 /
İ	Summary Page Line 4(z), Column A)	1	721	[7 2)

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

	1. Committee Name Re	ch Hummar	Cur chmai	Cornel	2. ID#	
	3. Report covering period from	11,2006	thru	1 1	:	
4	NAME, ADDRESS, OCCUPATION A	CONTRIBUTIONS AND EMPLOYER OR CONTRIBU	TOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN
42.	GOODMAN STREET ADDRESS	STUATT	Mi	1 ,		TO DATE
	Scu HIDNU	STATE A7 8 EMPLOYER FF AMS GOOD	zo 1525Y nam Schwarz	2/11/04	/00	/00
b.	Brubs 7 STREET ADDRESS	EAURA WALTAAN	Mi	- 10/		
	Swift DAW OCCUPATION MARRY ONL	STATE A 7- SI EMPLOYER	TO 254 S ON Demond	2/9/06	350	350
e.	Brubs T STREET ADDRESS 4912 CITY South DAY OCCUPATION	EMPLOYER	254	2/9/06	312	3 ₁ 0
ď.	WAST Chak STREET ADDRESS	PIRST D2 VAN	on Pernono			
 e.	Chowo Lea OCCUPATION	AZ I employer	8524f sile Consulty	2/13/06	/50	120
	Dzurinko street Address 431 W city Tempe	• – –	2£Y	באוזאטנ	100	100
s.	OCCUPATION IN LOCATION OF SECURITIES FOR SECURITIES	As A EMPLOYER TROY CHEDULE A [If last page of Schedule A		-	1070	1050

CONTRIBUTIONS of \$25 or less - AGGREGATE TOTAL*

SCHEDULE A-1

Rich Humann for Champter Council 1. Committee Name

3. Report covering period from

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

DESCRIPTION

AMOUNT RECEIVED THIS PERIOD

CUMULATIVE TOTAL THIS CAMPAIGN TO DATE

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),

*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.

1. Committee Name

Rick Heumann for Champter 2/22/06 3. Report covering period from CUMULATIVE AMOUNT CONTRIBUTIONS RECEIVED **TOTAL THIS** CAMPAIGN TO THIS IDENTITY OF CONTRIBUTOR AND DATE RECEIVED DATE **PERIOD** NAME, ADDRESS, CITY, STATE AND ZIP NONE DATE RECEIVED NAME, ADDRESS, CITY, STATE AND ZIP 1D# DATE RECEIVED NAME, ADDRESS, CITY, STATE AND ZIP c. DATE RECEIVED NAME, ADDRESS, CITY, STATE AND ZIP đ. DATE RECEIVED NAME, ADDRESS, CITY, STATE AND ZIP !D# DATE RECEIVED NAME, ADDRESS, CITY, STATE AND ZIP 10# f. DATE RECEIVED NAME, ADDRESS, CITY, STATE AND ZIP q. DATE RECEIVED NAME, ADDRESS, CITY, STATE AND ZIP ID# h. DATE RECEIVED NAME, ADDRESS, CITY, STATE AND ZIP ID# 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)

	CANDIDATE LOANS	SCI	HEDULE C
1. 3.	Report covering period from 1/1/06 MH Chambier Council	2. ID# 2/22/06 p.#	
4.	LOANS MADE OR GUARANTEED BY CANDIDATE NAME AND ADDRESS FROM WHOM RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP RICK HEUMANN		
b.	DESCRIPTION LOAN to CAMPAGN CIEDIT CAMPAGN COMPAGN COMPAGN ADVANCES 5-PPLS 2/22/66	604 AM	2/92 15
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		

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)

DESCRIPTION

	OTHER LOANS		SCI	HEDULE C1
1.	OTHER LOANS Committee Name Rich Hermon for Chimoler Co Report covering period from 1/1/0: thru	ined	2. ID#	
3.	Report covering period from ///o t thru	2/22/06	ı	
4	ALL OTHER LOANS			CUMULATIVE
	NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.	DATE LOAN RECEIVED	AMOUNT OF LOAN	TOTAL THIS CAMPAIGN TO DATE
ŧa	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND IC#			
	None			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4 b	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#			
	7			
	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#			
	occopation			
	DESCRIPTION			

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)

4d NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND 10#

NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#

Page___of__

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

			<i>1</i> .	2. 10 #	
	1. Committee Name Rich	Lumman for Chroson	Corner	,	
	3. Report-covering period from	1/1/2006	thru 2/v	2/06	
4		EXPENDITURES		DATE AMOUNT EXPENDITURE OF THE	
	NAME AND ADDRESS TO WHOM	I EXPENDITURE (DISBURSEMENT) WAS	MADE	MADE EXPENDITURE	E
42.	NAME, ADDRESS, CITY, STATE AND 2	ZIP		, os	
	• • ,	A7 85226		1/19/06 2808	
	DESCRIPTION OF ITEMS OR SERVICE				
	Postage				
b.	NAME, ADDRESS, CITY, STATE AND Z	ge G		416	
	Alphagraphics	A School RD Cl	1 2 2 2 2 2 4	1/16/06 336	
	DESCRIPTION OF ITEMS OR SERVICE	· · · · · · · · · · · · · · · · · · ·	indu 83 LLY	, -	
	Broch				
C.	NAME, ADDRESS, CITY, STATE AND 2	op 600 NSWHSDAUR	n	29	
	Tempe AZ			1/18/01 386	
	DESCRIPTION OF ITEMS OR SERVICE				
	YARD S				
đ.	NAME, ADDRESS, CITY, STATE AND 2	JP		,	
	Alpha graphis			2/9/01 34563	
	SCL Ab			_	
	RAch CA				
€.	NAME, ADDRESS, CITY, STATE AND Z				
	C176 C1			2/14/06 1000	
	C.TY C	Lenh ES PURCHASED		, ,	
	Eanly W	10fer Dish		11.0 mm	
f.	NAME, ADDRESS, CITY, STATE AND Z	IP .			
	Alphagen	•		2/21/vi 1200	
	DESCRIPTION OF ITEMS OR SERVICE	S PURCHASED		- /	
	Pish	or for main		1	
5.	ENTER TOTAL ONLY IF LAST PAGE OF 9. Column A)	F SCHEDULE D [If last page of Schedule D, transl	fer total to Detail Summary Page Line	-	
	*Expenditures, other than a contract	tt, promise or agreement to make an expen	diture resulting in credit	2390	,. Y O
				Pageof_	_

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

	1. Committee Name Rich Humman for Champier Covard	2. ID#	
	1. Committee Name NICU Accommon to Chim Dur Covaria 3. Report covering period from 1/1/2000 thru 2/221	 6 k	1
4	EXPENDITURES	DATE EXPENDITURE	AMOUNT OF THE
42 .	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE NAME, ADDRESS, CITY, STATE AND ZIP AUPRO STAPLICS	MADE	EXPENDITURE
	See Abou	2/22/66	2517
b.	DESCRIPTION OF ITEMS OR SERVICES PURCHASED MA/Lur + CNYP NAME, ADDRESS, CITY, STATE AND ZIP	,	
	Chmour Blue Champin 85221	2/11/06	937
c.	DESCRIPTION OF ITEMS OR SERVICES PURCHASED 20 4 50 NAME, ADDRESS, CITY, STATE AND ZIP		
-	Kinhos Chmolir Blio S5224	2/1406	18 75
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Cop>		
đ.	NAME, ADDRESS, CITY, STATE AND ZIP Home Dopot Champer sivo Champer	2/10/00	21 45
₽.	DESCRIPTION OF ITEMS OR SERVICES PURCHASED NAME, ADDRESS, CITY, STATE AND ZIP		
	Locus su Abre	2/,0/01	9 40
f.	DESCRIPTION OF ITEMS OR SERVICES PURCHASED RELOTY NAME, ADDRESS, CITY, STATE AND ZIP		
	Kinhas See Alva	2/7/01	120
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Copin		
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		2577.9Y Pageof

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE ${\bf D}$

		2. 10#	
	1. Committee Name Rich Heummer for Champter Covard 3. Report covering period from 1/1/2006 thru 2/2	1.6	
	3. Report-covering period from ////240 b thru C/L	DATE	AMOUNT
4	EXPENDITURES	EXPENDITURE MADE	OF THE EXPENDITURE
	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE		
4 a .	NAME, ADDRESS, CITY, STATE AND ZIP		7/
	Loew's see Abra	2/10/06	462
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Rebor + Tied		
þ.	NAME, ADDRESS, CITY, STATE AND ZIP		44
	Lo ens See Above	2/obi	53 75
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Q-los		•
c.	NAME, ADDRESS, CITY, STATE AND ZIP		
		. ∂	
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
ď.	NAME, ADDRESS, CITY, STATE AND ZIP	•	
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
€.	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]		5140 75 516.1
	*Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit		Dage of

INDEPENDENT EXPENDITURES*

SCHEDULE **D-1**

		2. 3D#	
	1. Committee Name Rich Human Gor Champur Council 3. Report covering period from 1/1/06 thru 2/22/06		
	3. Report covering period from 1/1/06 thru 2/12/06		
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 Benefitted Opposed Opposed YEAR OF ELECTION		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted Opposed CANDIDATE OFFICE SOUGHT YEAR OF ELECTION	87	
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]	
	EE A.R.S. § 16-901(14).		
equé	fy, under pently of perjury, that the above stated independent expenditure(s) was not made in cooperation ist or suggestion of any candidate or any campaign committee or agent of that candidate. **Multiple Committee of State Committee or agent of the candidate	, consultation or cor	cert 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
			0
		Schedule ()-1 Pageof

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE **D-2**

Page__of ___

4		HEM ATT	COMMIT	TEE	Corneil 2/22/20	2. ID # DATE LOAN MADE	AMOUNT OF THE LOAN
4 a .	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	N	ONC				
b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#						
ا ء	NAME, ADDRESS, CITY, STATE, ZIP, AND 10#						
d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#				! 		
e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	y			,		
t.	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 Deta	ail Summery l	Page Line 12, Column .	A j		

OFFSETS TO OPERATING EXPENSES *

SCHEDULE D-3

	1. Committee Name Rich Human for Champter Cornal 3. Report covering period from 4 1/1/26 thru 2/22/36	2. ID#	ļ
	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		
a.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
5.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
د_	NAME, ADDRESS, CITY, STATE, AND ZIP	; :	
	· · · · · · · · · · · · · · · · · · ·		
	DESCRIPTION OF REFUND	,	
d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
٠.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
t.	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
٠	Includes return of contributions made by reporting committee	1	
		Schedule E)-3 Pageof

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

Schedule 0-4 Page___of ____

	1. Committee Name Rich Humans for Class to Count 1/1/00 thru 2/22	2. 10 # /uc	
	3. Report covering period from REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
4a.	NAME, ADORESS, CITY, STATE, AND ZIP		
b.	NAME, ADORESS, CITY, STATE, AND ZIP		
c.	NAME, ADDRESS, CITY, STATE, AND ZIP	* 3	
đ.	NAME, ADDRESS, CITY, STATE, AND ZIP	,	
ė,	NAME, ADDRESS, CITY, STATE, AND ZIP		
ſ.	NAME, ADDRESS, CITY, STATE, AND ZIP		-
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE 0-4 (Transfer total to Detail Summary Page, Line 13(a), Column A)		0

REPAYMENT OF ALL OTHER LOANS

SCHEDULE **D-5**

		0.	1/		, 1		2. ID#	
	1. Committee Name	Kich.	Humans	for Ch	mpby Cov	red ,		
	3. Report covering period from		1/1	/oc	thru	2/226	K	
4			ENT OF ALL OTH				OATE REPAYMENT MAOE	AMOUNT OF THE REPAYMENT
	NAME AND ADDRESS OF I	NDIVIDUAL (O) WHOM REPA	R NAME, ID# AND A YMENT (DISBURSE	DORESS OF THE MENT) WAS MAD	POLITICAL COMI E	MITTEE)		
42.	NAME, ADDRESS, CITY, STATE, Z	TP AND ID#						
b.	NAME, ADDRESS, CITY, STATE, Z	(IP ANO IC#						
c.	NAME, ADDRESS, CITY, STATE, 2	ŽIP AND IČ#	,				· ·	
đ.	NAME, ADDRESS, CITY, STATE, 2	ZIP AND ID#					,	
• .	NAME, ADDRESS, CITY, STATE, 2	ZIP AND IČ#						
f.	NAME, ADDRESS, CITY, STATE,	ZIP AND ID#						
5.	ENTER TOTAL ONLY IF LAST PA	GE OF SCHEDU	LE 0-5 (Transfer total to	Detailed Summary R	łage, Line 13(b), Colu	mn A]		0

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE **D-6**

	1. Committee Name Rich Howman for Chample Corner 3. Report covering period from 1/1/oc thru	2/22/06	
4	TRANSFERS MADE BY THE REPORTING COMMITTEE	DATE TRANSFER MADE	AMOUNT OF THE TRANSFER
4 a .	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, 10# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
·-•.	None		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		S
<u>-</u> c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	;	
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
₽.	NAME, ADDRESS, CITY, STATE, ZIP AND IO#		
t.	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)		U
			Pageof

ANY OTHER DISBURSEMENT

SCHEDULE D-7

1. Committee Name

Rich Human To Cornel

3. Report covering period from

ANY OTHER DISBURSEMENTS

DISBURSEMENT MADE

DATE

S .

AMOUNT OF THE DISBURSEMENT

NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION

NAME, ADDRESS, CITY, STATE, ZIP AND ID#

DESCRIPTION

NAME, ADDRESS, CITY, STATE, ZIP AND ID#

DESCRIPTION

NAME, ADDRESS, CITY, STATE, ZIP AND ID#

DESCRIPTION

NAME, ADORESS, CITY, STATE, ZIP AND ID#

DESCRIPTION

NAME, ADDRESS, CITY, STATE, ZIP AND ID#

DESCRIPTION

ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [Transfer total to Detailed Summary Page Line 15 Column A]

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

	1. Committee Name Recut A 3. Report covering period from	kumnna	L	chima	oler C	Tours	2. ID#		
		.11				2/21	,		1
	3. Report covering period from	1/1/06		thr	TU .	2122	-6		
4	IN-KIND CONTRIBUTION	S and EXPEN	DITURE	s			DATE	MAR	FAIR KET VALUE
	NAME AND ADDRESS OF INDIVIDUAL (I POLITICAL COMMITTEE) FROM WHO	OR NAME, ADDR M RECEIVED O	RESS AND IR TO WH	DID# OF THE OM GIVEN	E				
42 .	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION CI		NUN	C				
	DESCRIPTION								
	OCCUPATION	EMPLOYER							
b.	NAME, ADORESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION C						•	
	DESCRIPTION								
	OCCUPATION	EMPLOYER						• .:	
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION CONTR						,	
	DESCRIPTION	I							
	OCCUPATION	EMPLOYER							
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION C							
	DESCRIPTION	1							
	OCCUPATION	EMPLOYER							
5.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAC Line 8, Column A)	GE OF SCHEDULE	E [If lest p	ege of Schedu	ie E, transi	fer total to Detai	ied Summery F	⁷ age	
6.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAG Line 11, Column AJ	GE OF SCHEDULE	E∏fiastp	age of Schedu	ie E, trans	fer total to Deta	led Summary F	Page .	0

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

2. 10 #

	1 Camping Name Rich Humman for Champer Coul	2. 10 #	
	1. Committee Halife	İ	
	3. Report covering period from thru		
4	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS	DATE AMOUNT	AMOUNT OF THE
	NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND 1D# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED	RECEIVED	RECEIPT
a.	NAME, ADDRESS, CITY, STATE, ZIP AND IO#		
	None		
	DESCRIPTION OF RECEIPT		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND 10#		
	DESCRIPTION OF RECEIPT		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	5 7	
	γ		
	DESCRIPTION OF RECEIPT	,	
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
€.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND IO#		
	DESCRIPTION OF RECEIPT		
5.	ENTER TOTAL ONLY IF LAŚT PAGE OF SCHEDULE F-1 [if last page of Schedule F-1, transfer total to Detailed Summary Page Line T Column A		0
	and a continue	,	
			Pageof

OFFSETS TO CONTRIBUTIONS RECEIVED *

	1. Committee Name Rich Ho	ummar for ch	impr Co	und	2. ID#	
	3. Report covering period from	1/1/00	thru	Upric		
4	REFUNDS AND OTHER OFF	SETS TO CONTRIBUTIONS	RECEIVED		DATE REFUND MADE	AMOUNT OF THE REFUND
	NAME AND ADDRESS OF INDIVIDUAL (OR NA TO WHOM	ME, ADDRESS AND ID# OF THE I REFUND WAS MADE	POLITICAL CO	MMITTEE)		
a.	NAME, ACCRESS, CITY, STATE, ZIP AND ID#					
		Non				
	DESCRIPTION OF REFUND					
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#					
					•	
	DESCRIPTION OF REFUND					
C.	NAME, ADDRESS, CITY, STATE, ZIP AND IO#	,				
					,	
	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, ADORESS, CITY, STATE, ZIP AND IO#					
	DESCRIPTION OF REFUND					•
					I	2
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE FA	2 [If last page of Schedule F-2, transfer	total to Detailed Su	mmary Page, Line	I(E), Column A]	-6
•	Includes return of contributions received by reporti	ng committee				
						Page of

1. Committee Name

3. Report covering period from

DEBTS AND OBLIGATIONS

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#

AAA SISMA 600 N 300 HSDALAD

Temp AZ

DESCRIPTION OF DEBT

NAME, ADDRESS, CITY, STATE, ZIP AND ID#

OUTSTANDING BALANCE BEGINNING THIS PERIOD

AMOUNT INCURRED THIS PERIOD

thru

PAYMENT THIS PERIOD OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

0

227016

0

2270 19.









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]