

POLITICAL COMMITTEE
CITY/TOWN OF CHANDLER
CAMPAIGN FINANCE REPORT
2010 May Special Election

FOR OFFICE USE ONLY

RECEIVED

JUN 17 2010

CITY OF CHANDLER
 CITY CLERK

1. Trinity For Chandler
Full Name of Committee
1070 S. Amber St.
Address
Chandler 85286 Maricopa 602-295-8746
City ZIP Code County Phone

2. Trinity Dominican, Chandler City Council
Sponsoring Organization or Candidate and office
trinityforchandler@gmail.com
Name of Candidate and Office Sought (if applicable) E-Mail Address

3A. ID#
 C10-02

4. **REPORTING PERIOD** (Please check appropriate box) **DUE BETWEEN**

- January 31 Report - For Period of _____ * thru December 31, 2009 January 1, 2010 and January 31, 2010
- Pre-Election Report - For Period of January 1, 2010 thru April 28, 2010 April 29, 2010 and May 6, 2010
- Post-Election Report - For Period of April 29, 2010 thru June 7, 2010 June 8, 2010 and June 17, 2010
- January 31, Report - For Period of June 8, 2010 thru December 31, ____** January 1, ____** and January 31, ____**

| 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) | | 9340.71 |
| 5b Cash on Hand at the Beginning of this Reporting Period | 13534.82 | |
| 5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8) | 7254.13 | 11814.70 |
| 5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B] | 20788.95 | 21155.41 |
| 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] | | |
| 6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18) | 192.65 | 559.11 |
| 7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d] | 20596.30 | 20596.30 |

*Insert date which is 21 days after date of last election (A.R.S. §16-913).
 **This will depend on the year next election is held. The "due between" year will be the year of an election and the date following "December 31" will be the immediately prior year.

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

1. Committee Name: Trinity For Chandler
 3. Report covering period from 4/29/10 Thru 6/7/10

2. ID# C10-02

| RECEIPTS | COLUMN A THIS PERIOD | COLUMN B CAMPAIGN TO DATE |
|---|-------------------------|------------------------------|
| 4. Contributions other than loans and in-kind: | | |
| (a) Individuals - more than \$25 (Total from Schedule A) | 3584.13 | 7229.13 |
| (b) Individuals - aggregate \$25 or less (Total from Schedule A-1) | 280.00 | 360.00 |
| (c) Political Committees (Total from Schedule B) | 3390.00 | 4040.00 |
| (d) Subtotal Contributions [add 4(a), 4(b), and 4(c)] | 7254.13 | 11629.13 |
| (e) Refund of contributions (Total from Schedule F-2) | | |
| (f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)] | 7254.13 | 11629.13 |
| 5. (a) Loans made or guaranteed by candidate (Total from Schedule C) | | 19.41 |
| (b) All other loans (Total from Schedule C-1) | | |
| (c) Total Loans [add 5(a) and 5(b)] | | 19.41 |
| 6. In-kind contributions (Total from Schedule E) | | 165.87 |
| 7. Dividends, interest, and other forms of receipts (Total from Schedule F-1) | | .29 |
| 8. Total Receipts [add 4(f), 5(c), 6, and 7] | 7254.13 | 11814.70 |
| QUALIFYING CONTRIBUTION RECEIPTS | | |
| Qualifying Contributions of \$5 from Individuals (Total from Schedule A2) | | |
| DISBURSEMENTS | | |
| 9. Expenditures for operating expenses (Total from Schedule D) | 192.65 | 393.24 |
| 10. Independent Expenditures (Total from Schedule D-1) | | |
| 11. Value of In-kind expenditures (Total from Schedule E) | | 165.87 |
| 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 D-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] | 192.65 | 559.11 |
| 17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3) | | |
| 18. Total disbursements [subtract line 17 from line 16] | 192.65 | 559.11 |
| 19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3) | | |

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.

Vicki L. Donovan

Type or Print Name of Treasurer

Vicki L. Donovan

Signature of Treasurer or Candidate or Designating Individual

6/9/10
Date

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Trinity For Chandler

2. ID # C10-02

3. Report covering period from 4/29/10 thru 6/7/10

| 4 | CONTRIBUTIONS | DATE RECEIVED | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|-----|--|----------------|-----------------------------|--|
| | NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR | | | |
| 4a. | LAST <u>Harish</u> FIRST <u>Marcelle</u> MI STREET ADDRESS <u>1742 W. Lynx Way</u> CITY <u>Chandler</u> STATE <u>AZ</u> ZIP <u>85248</u> OCCUPATION <u>Acupuncturist</u> EMPLOYER <u>Nat. Inst. of Healing Arts</u> | <u>5/1/10</u> | <u>50.00</u> | <u>50.00</u> |
| b. | LAST <u>Ruth</u> FIRST <u>Janet</u> MI STREET ADDRESS <u>4899 W. Tyson St.</u> CITY <u>Chandler</u> STATE <u>AZ</u> ZIP <u>85226</u> OCCUPATION <u>Homemaker</u> EMPLOYER <u>None</u> | <u>5/7/10</u> | <u>100.00</u> | <u>100.00</u> |
| c. | LAST <u>Hodel</u> FIRST <u>Charlotte</u> MI STREET ADDRESS <u>2831 S. Tumbleweed Ln.</u> CITY <u>Chandler</u> STATE <u>AZ</u> ZIP <u>85248</u> OCCUPATION <u>Senior VP</u> EMPLOYER <u>Arizona Small Business Association</u> | <u>5/10/10</u> | <u>50.00</u> | <u>50.00</u> |
| d. | LAST <u>Bachelder</u> FIRST <u>Debbie</u> MI STREET ADDRESS <u>1172 W. Orchid Ln.</u> CITY <u>Chandler</u> STATE <u>AZ</u> ZIP <u>85224</u> OCCUPATION <u>Sonographer</u> EMPLOYER <u>Scottsdale Cardiovascular</u> | <u>5/12/10</u> | <u>100.00</u> | <u>100.00</u> |
| e. | LAST <u>Crawford</u> FIRST <u>William</u> MI STREET ADDRESS <u>1252 N. McKemy Ave.</u> CITY <u>Chandler</u> STATE <u>AZ</u> ZIP <u>85226</u> OCCUPATION <u>VP</u> EMPLOYER <u>Maricopa Co. Community College</u> | <u>5/12/10</u> | <u>100.00</u> | <u>100.00</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] | | | |

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

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Trinity For Chandler

2. ID # C10-02

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| 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><u>Henderson</u></td> <td><u>Susan</u></td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3"><u>5382 W. Harrison Ct.</u></td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td><u>Chandler</u></td> <td><u>AZ</u></td> <td><u>85226</u></td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td><u>Educator</u></td> <td colspan="2"><u>University Public Schools</u></td> </tr> </table> | LAST | FIRST | MI | <u>Henderson</u> | <u>Susan</u> | | STREET ADDRESS | | | <u>5382 W. Harrison Ct.</u> | | | CITY | STATE | ZIP | <u>Chandler</u> | <u>AZ</u> | <u>85226</u> | OCCUPATION | EMPLOYER | | <u>Educator</u> | <u>University Public Schools</u> | | <u>5/12/10</u> | <u>30.00</u> | <u>30.00</u> |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Henderson</u> | <u>Susan</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>5382 W. Harrison Ct.</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Chandler</u> | <u>AZ</u> | <u>85226</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Educator</u> | <u>University Public Schools</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td><u>Saba</u></td> <td><u>Joan</u></td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3"><u>2128 W. Wildhorse Dr.</u></td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td><u>Chandler</u></td> <td><u>AZ</u></td> <td><u>85286</u></td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td><u>Retired</u></td> <td colspan="2"><u>None</u></td> </tr> </table> | LAST | FIRST | MI | <u>Saba</u> | <u>Joan</u> | | STREET ADDRESS | | | <u>2128 W. Wildhorse Dr.</u> | | | CITY | STATE | ZIP | <u>Chandler</u> | <u>AZ</u> | <u>85286</u> | OCCUPATION | EMPLOYER | | <u>Retired</u> | <u>None</u> | | <u>5/17/10</u> | <u>50.00</u> | <u>50.00</u> |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Saba</u> | <u>Joan</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>2128 W. Wildhorse Dr.</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Chandler</u> | <u>AZ</u> | <u>85286</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Retired</u> | <u>None</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td><u>Sentz</u></td> <td><u>John</u></td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3"><u>711 E. Park Ave.</u></td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td><u>Gilbert</u></td> <td><u>AZ</u></td> <td><u>85234</u></td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td><u>Retired</u></td> <td colspan="2"><u>None</u></td> </tr> </table> | LAST | FIRST | MI | <u>Sentz</u> | <u>John</u> | | STREET ADDRESS | | | <u>711 E. Park Ave.</u> | | | CITY | STATE | ZIP | <u>Gilbert</u> | <u>AZ</u> | <u>85234</u> | OCCUPATION | EMPLOYER | | <u>Retired</u> | <u>None</u> | | <u>5/18/10</u> | <u>200.00</u> | <u>200.00</u> |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Sentz</u> | <u>John</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>711 E. Park Ave.</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Gilbert</u> | <u>AZ</u> | <u>85234</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Retired</u> | <u>None</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td><u>Sentz</u></td> <td><u>Mary</u></td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3"><u>711 E. Park Ave.</u></td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td><u>Gilbert</u></td> <td><u>AZ</u></td> <td><u>85234</u></td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td><u>Retired</u></td> <td colspan="2"><u>None</u></td> </tr> </table> | LAST | FIRST | MI | <u>Sentz</u> | <u>Mary</u> | | STREET ADDRESS | | | <u>711 E. Park Ave.</u> | | | CITY | STATE | ZIP | <u>Gilbert</u> | <u>AZ</u> | <u>85234</u> | OCCUPATION | EMPLOYER | | <u>Retired</u> | <u>None</u> | | <u>5/18/10</u> | <u>200.00</u> | <u>200.00</u> |
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| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| e. | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td><u>Bruno</u></td> <td><u>Patti</u></td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3"><u>481 W. Half Moon Way</u></td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td><u>Chandler</u></td> <td><u>AZ</u></td> <td><u>85225</u></td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td><u>Community Volunteer</u></td> <td colspan="2"><u>None</u></td> </tr> </table> | LAST | FIRST | MI | <u>Bruno</u> | <u>Patti</u> | | STREET ADDRESS | | | <u>481 W. Half Moon Way</u> | | | CITY | STATE | ZIP | <u>Chandler</u> | <u>AZ</u> | <u>85225</u> | OCCUPATION | EMPLOYER | | <u>Community Volunteer</u> | <u>None</u> | | <u>5/20/10</u> | <u>200.00</u> | <u>200.00</u> |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Bruno</u> | <u>Patti</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>481 W. Half Moon Way</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Chandler</u> | <u>AZ</u> | <u>85225</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Community Volunteer</u> | <u>None</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) | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Trinity For Chandler

2. ID #
C10-02

3. Report covering period from 4/29/10 thru 6/7/10

| 4 | CONTRIBUTIONS | DATE RECEIVED | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|-----|--|----------------|-----------------------------|--|
| | NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR | | | |
| 4a. | LAST FIRST MI <u>Updike Leslie</u> STREET ADDRESS <u>18 N. Bullmoose Cir.</u> CITY STATE ZIP <u>Chandler Az 85224</u> OCCUPATION EMPLOYER <u>N/A Self</u> | <u>5/21/10</u> | <u>200.00</u> | <u>200.00</u> |
| b. | LAST FIRST MI <u>Dean John</u> STREET ADDRESS <u>2510 N. Longmore St.</u> CITY STATE ZIP <u>Chandler Az 85224</u> OCCUPATION EMPLOYER <u>Firefighter City of Phoenix</u> | <u>5/26/10</u> | <u>250.00</u> | <u>250.00</u> |
| c. | LAST FIRST MI <u>Edman Joel</u> STREET ADDRESS <u>554 W. Yale Dr.</u> CITY STATE ZIP <u>Tempe Az 85283</u> OCCUPATION EMPLOYER <u>Staff David Lujan for Attorney General</u> | <u>5/26/10</u> | <u>50.00</u> | <u>50.00</u> |
| d. | LAST FIRST MI <u>Rios Joaquin</u> STREET ADDRESS <u>3500 W. Ironwood Dr.</u> CITY STATE ZIP <u>Chandler Az 85226</u> OCCUPATION EMPLOYER <u>student None</u> | <u>5/26/10</u> | <u>200.00</u> | <u>200.00</u> |
| e. | LAST FIRST MI <u>Donovan Walt</u> STREET ADDRESS <u>700 N. Dobson Rd #50</u> CITY STATE ZIP <u>Chandler Az 85224</u> OCCUPATION EMPLOYER <u>VP Telekom Bus. Dev. Quanta Serv.</u> | <u>5/27/10</u> | <u>244.13</u> | <u>244.13</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] | | | |

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|-----|--|---------------|-----------------------------|--|
| | NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR | | | |
| 4a. | LAST FIRST MI <u>Borchardt Erik</u> STREET ADDRESS <u>9316 E. Via de Vaquero Dr.</u> CITY STATE ZIP <u>Scottsdale AZ 85255</u> OCCUPATION EMPLOYER <u>owner Evolution Hair</u> | <u>6/1/10</u> | <u>410.00</u> | <u>410.00</u> |
| b. | LAST FIRST MI <u>Borchardt Nicole</u> STREET ADDRESS <u>9962 Desert Jewel Dr.</u> CITY STATE ZIP <u>Scottsdale AZ 85255</u> OCCUPATION EMPLOYER <u>Buyer Innovative Consulting & Marketing</u> | <u>6/1/10</u> | <u>410.00</u> | <u>410.00</u> |
| c. | LAST FIRST MI <u>Nowakowski Martin C.</u> STREET ADDRESS <u>3810 W. Golden Ln.</u> CITY STATE ZIP <u>Phoenix AZ 85051-3729</u> OCCUPATION EMPLOYER <u>Dir. Govt + Community Relations - Southwest Ambulance</u> | <u>6/1/10</u> | <u>200.00</u> | <u>200.00</u> |
| d. | LAST FIRST MI <u>Seaverns Jody</u> STREET ADDRESS <u>15600 N. Frank Lloyd Wright Blvd.</u> CITY STATE ZIP <u>Scottsdale AZ 85260 #1180</u> OCCUPATION EMPLOYER <u>Group Buyer Auto Network</u> | <u>6/1/10</u> | <u>410.00</u> | <u>410.00</u> |
| e. | LAST FIRST MI <u>Fountain James D.</u> STREET ADDRESS <u>112 W. Raven Dr.</u> CITY STATE ZIP <u>Chandler AZ 85248</u> OCCUPATION EMPLOYER <u>Teacher Rio Salado Comm. College</u> | <u>6/6/10</u> | <u>50.00</u> | <u>50.00</u> |
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SCHEDULE A

1. Committee Name Trinity For Chandler

2. ID # C10-02

3. Report covering period from 4/29/10 thru 6/7/10

| 4 | | CONTRIBUTIONS | DATE RECEIVED | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|-----|---|---|---------------|-----------------------------|--|
| | | NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR | | | |
| 4a. | LAST | FIRST | MI | | |
| | Gallegos | | Lori | | |
| | STREET ADDRESS | | | | |
| | 435 E. Coconino Pl. | | | | |
| | CITY | STATE | ZIP | | |
| | Chandler | AZ | 85249 | | |
| | OCCUPATION | EMPLOYER | | | |
| | VP | First Credit Union | 6/6/10 | 30.00 | 30.00 |
| b. | LAST | FIRST | MI | | |
| | Sater | | Julie | | |
| | STREET ADDRESS | | | | |
| | 9194 N. 103rd St. | | | | |
| | CITY | STATE | ZIP | | |
| | Scottsdale | AZ | 85258 | | |
| | OCCUPATION | EMPLOYER | | | |
| | Program Mgr. | Valley of the Sun United Way | 6/6/10 | 50.00 | 50.00 |
| c. | LAST | FIRST | MI | | |
| | STREET ADDRESS | | | | |
| | CITY STATE ZIP | | | | |
| | OCCUPATION EMPLOYER | | | | |
| 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 Summary Page Line 4(z), Column A] | | | 3584.13 | 3584.13 |

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

CONTRIBUTIONS of \$25 or less - AGGREGATE TOTAL*

SCHEDULE A-1

1. Committee Name Trinity For Chandler 2. ID# C10-02
 3. Report covering period from 4/29/10 thru 6/7/10

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

| DESCRIPTION | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|---|-----------------------------|---|
| Donovan, Tara | 25.00 | 25.00 |
| vander Knoop, Trudy | 25.00 | 25.00 |
| Courtney, Mary | 20.00 | 20.00 |
| Poe, Patti | 25.00 | 25.00 |
| Harbison, Corey | 20.00 | 20.00 |
| Hickman, Cole | 20.00 | 20.00 |
| Joseph Larios, Joseph N. | 15.00 | 15.00 |
| Mahan, Stephanie | 20.00 | 20.00 |
| McPherson, Megan | 20.00 | 20.00 |
| Moellering, Matt | 20.00 | 20.00 |
| Pickett, Eshe | 25.00 | 25.00 |
| Pollack, Frieda | 25.00 | 25.00 |
| Sweeden, Seth | 20.00 | 20.00 |
| 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 Trinity For Chandler

2. ID #
C10-02

3. Report covering period from 4/29/10 thru 6/7/10

| 4 | CONTRIBUTIONS | | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|----|--|--|-----------------------------|--|
| | IDENTITY OF CONTRIBUTOR AND DATE RECEIVED | | | |
| 4a | ID # <u>84-1016</u> | NAME, ADDRESS, CITY, STATE AND ZIP <u>Pinnacle West PAC</u> <u>400 N. 5th St.</u> <u>Phoenix AZ 85004</u> | <u>410.00</u> | <u>410.00</u> |
| | DATE RECEIVED <u>5/1/10</u> | | | |
| b. | ID # <u>001129</u> | NAME, ADDRESS, CITY, STATE AND ZIP <u>Arizona Multihousing Assoc. PAC</u> <u>5110 N. 44th St., Ste. #160L</u> <u>Phoenix AZ 85018</u> | <u>500.00</u> | <u>500.00</u> |
| | DATE RECEIVED <u>5/17/10</u> | | | |
| c. | ID # <u>2004-02532</u> | NAME, ADDRESS, CITY, STATE AND ZIP <u>Southwest Ambulance EMS Employee PAC</u> <u>PO Box 5919</u> <u>Mesa AZ 85211-5919</u> | <u>400.00</u> | <u>400.00</u> |
| | DATE RECEIVED <u>6/1/10</u> | | | |
| d. | ID # <u>0000-02083</u> | NAME, ADDRESS, CITY, STATE AND ZIP <u>United Food + Commercial Workers</u> <u>Union Local 99 PAC</u> <u>3401 N. Central Ave. 2nd Floor</u> <u>Phoenix AZ 85004</u> | <u>2080.00</u> | <u>2080.00</u> |
| | DATE RECEIVED <u>6/3/10</u> | | | |
| 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> | | <u>3390.00</u> | <u>3390.00</u> |

CANDIDATE LOANS

SCHEDULE C

| | | | |
|-----|--|---------------|--|
| 1. | Committee Name _____ | | 2. ID # _____ |
| 3. | Report covering period from _____ thru _____ | | |
| 4. | LOANS MADE OR GUARANTEED BY CANDIDATE | DATE RECEIVED | AMOUNT RECEIVED |
| | NAME AND ADDRESS FROM WHOM RECEIVED | | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
| 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 _____

2. ID # _____

3. Report covering period from _____ thru _____

| 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# | | | |
| | 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 Trinity For Chandler
 3. Report covering period from 4/29/10 thru 6/7/10

2. ID # C10-02

| 4 | EXPENDITURES | DATE EXPENDITURE MADE | AMOUNT OF THE EXPENDITURE |
|-----|---|-----------------------|---------------------------|
| 4a. | NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE NAME, ADDRESS, CITY, STATE AND ZIP <u>Paypal.com</u> <u>online contributions fees</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED | 5/12/10 | 8.60 |
| b. | NAME, ADDRESS, CITY, STATE AND ZIP <u>Vicki Donovan</u> <u>700 N. Dobson Rd #50 Chandler AZ 85224</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>supplies</u> | 5/12/10 | 19.38 |
| c. | NAME, ADDRESS, CITY, STATE AND ZIP <u>City of Chandler</u> <u>55 N. Arizona Pl.</u> <u>Chandler AZ 85225</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>voter file</u> | 5/20/10 | 10.00 |
| d. | NAME, ADDRESS, CITY, STATE AND ZIP <u>ADP</u> <u>2910 N. Central Ave.</u> <u>Phoenix AZ 85012</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>voter file</u> | 6/4/10 | 150.00 |
| e. | NAME, ADDRESS, CITY, STATE AND ZIP <u>Paypal.com</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>online contributions fees</u> | 6/6/10 | 4.67 |
| 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] | | 192.65 |

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

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

1. Committee Name _____

| |
|---------|
| 2. ID # |
|---------|

3. Report covering period from _____ thru _____

| 4 | LOANS MADE BY THE REPORTING COMMITTEE | DATE LOAN MADE | AMOUNT OF THE LOAN |
|-----|---|-------------------|-----------------------|
| | NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE | | |
| 4a. | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| b. | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| c. | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| d. | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| e. | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| f. | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| g. | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| h. | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| i. | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| 5. | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [Transfer total to Detail Summary Page Line 12, Column A] | | |

OFFSETS TO OPERATING EXPENSES *

SCHEDULE D-3

| |
|---------|
| 2. ID # |
|---------|

1. Committee Name _____

3. Report covering period from _____ thru _____

| REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES | | DATE REFUND RECEIVED | AMOUNT OF THE REFUND |
|--|--|----------------------|----------------------|
| NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED | | | |
| 4a. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| | DESCRIPTION OF REFUND | | |
| b. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| | DESCRIPTION OF REFUND | | |
| c. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| | DESCRIPTION OF REFUND | | |
| d. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| | DESCRIPTION OF REFUND | | |
| e. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| | DESCRIPTION OF REFUND | | |
| f. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| | DESCRIPTION OF REFUND | | |
| 5. | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 [If last page of Schedule D-3, transfer total to Detailed Summary Page Line 17 Column A] | | |
| * | Includes return of contributions made by reporting committee | | |

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name _____

| |
|---------|
| 2. ID # |
|---------|

3. Report covering period from _____ thru _____

| | REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE | DATE REPAYMENT MADE | AMOUNT OF THE REPAYMENT |
|-----|--|---------------------|-------------------------|
| | NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE | | |
| 4a. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| b. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| c. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| d. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| e. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| f. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [Transfer total to Detail Summary Page, Line 13(a), Column A]

| |
|--|
| |
|--|

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

| |
|---------|
| 2. ID # |
|---------|

1. Committee Name _____

3. Report covering period from _____ thru _____

| 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] | | |

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____

| 4 | TRANSFERS MADE BY THE REPORTING COMMITTEE | DATE TRANSFER MADE | AMOUNT OF THE TRANSFER |
|-----|---|--------------------|------------------------|
| | NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE | | |
| 4a. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| c. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| d. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| e. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| f. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| 5. | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A] | | |

ANY OTHER DISBURSEMENT

SCHEDULE D-7

1. Committee Name _____

| |
|---------|
| 2. ID # |
|---------|

3. Report covering period from _____ thru _____

| ANY OTHER DISBURSEMENTS | | DATE DISBURSEMENT MADE | AMOUNT OF THE DISBURSEMENT |
|---|---|------------------------------|----------------------------------|
| NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION | | | |
| a. | <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div style="border: 1px solid black; padding: 2px;">DESCRIPTION</div> | | |
| b. | <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div style="border: 1px solid black; padding: 2px;">DESCRIPTION</div> | | |
| c. | <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div style="border: 1px solid black; padding: 2px;">DESCRIPTION</div> | | |
| d. | <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div style="border: 1px solid black; padding: 2px;">DESCRIPTION</div> | | |
| e. | <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div style="border: 1px solid black; padding: 2px;">DESCRIPTION</div> | | |
| 5. 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 _____

| |
|---------|
| 2. ID # |
|---------|

3. Report covering period from _____ thru _____

| 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. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION • • EXPENDITURE • • | |
| | DESCRIPTION | | |
| | OCCUPATION | EMPLOYER | |
| | | | |
| b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION • • EXPENDITURE • • | |
| | DESCRIPTION | | |
| | OCCUPATION | EMPLOYER | |
| | | | |
| c. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION • • EXPENDITURE • • | |
| | DESCRIPTION | | |
| | OCCUPATION | EMPLOYER | |
| | | | |
| d. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION • • 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] | | |

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____

| 4 | DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS | DATE AMOUNT RECEIVED | AMOUNT OF THE RECEIPT |
|-----|---|----------------------------|-----------------------------|
| | NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED | | |
| 4a. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT | | |
| b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT | | |
| c. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT | | |
| d. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT | | |
| e. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT | | |
| f. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT | | |

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 *(If last page of Schedule F-1, transfer total to Detailed Summary Page Line 7 Column A)*

OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F-2

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____

| 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# 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 _____

| |
|---------|
| 2. ID # |
|---------|

3. Report covering period from _____ thru _____

| 4 | DEBTS AND OBLIGATIONS | | OUTSTANDING BALANCE BEGINNING THIS PERIOD | AMOUNT INCURRED THIS PERIOD | PAYMENT THIS PERIOD | OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|----|---|--|--|--------------------------------|------------------------|---|
| | NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED | | | | | |
| a. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | | | | |
| | DESCRIPTION OF DEBT | | | | | |
| b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | | | | |
| | DESCRIPTION OF DEBT | | | | | |
| c. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | | | | |
| | DESCRIPTION OF DEBT | | | | | |
| d. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | | | | |
| | DESCRIPTION OF DEBT | | | | | |
| e. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | | | | |
| | DESCRIPTION OF DEBT | | | | | |
| 5. | ENTER TOTAL OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD ONLY IF LAST PAGE OF SCHEDULE F-3 [Transfer total to Detail Summary Page Line 19, Column A] | | | | | |