

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

FOR OFFICE USE ONLY

RECEIVED

MAY - 6 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 Donovan  
Sponsoring Organization or Candidate and office  
trinityforchandler@gmail.com  
Name of Candidate and Office Sought (if applicable)  
E-Mail Address Fax #

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	0	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	4560.57	4560.57
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	4560.57	13901.28
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)	366.46	366.46
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	4194.11	13534.82

\*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 1/1/10 Thru 4/28/10

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)	3645.00	3645.00
(b) Individuals - aggregate \$25 or less (Total from Schedule A-1)	80.00	80.00
(c) Political Committees (Total from Schedule B)	650.00	650.00
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	4375.00	4375.00
(e) Refund of contributions (Total from Schedule F-2)	0	0
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	4375.00	4375.00
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	19.41	19.41
(b) All other loans (Total from Schedule C-1)	0	0
(c) Total Loans [add 5(a) and 5(b)]	19.41	19.41
6. In-kind contributions (Total from Schedule E)	165.87	165.87
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	.29	.29
8. Total Receipts [add 4(f), 5(c), 6, and 7]	4560.57	4560.57
<b>QUALIFYING CONTRIBUTION RECEIPTS</b>		
Qualifying Contributions of \$5 from Individuals (Total from Schedule A2)		
<b>DISBURSEMENTS</b>		
9. Expenditures for operating expenses (Total from Schedule D)	200.59	200.59
10. Independent Expenditures (Total from Schedule D-1)		
11. Value of In-kind expenditures (Total from Schedule E)	165.87	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]	366.46	366.46
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. Total disbursements [subtract line 17 from line 16]	366.46	366.46
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 Donovan  
 Type or Print Name of Treasurer  
Vicki Donovan  
 Signature of Treasurer or Candidate or Designating Individual  
 Date 5/2/10

CONTRIBUTIONS more than \$25 - from INDIVIDUALS\*

SCHEDULE A

1. Committee Name Trinity For Chandler

2. ID # C10-02

3. Report covering period from 01/1/10 thru 4/28/10

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>Fidlin</td> <td>Billie</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">6816 W. Avenida Del Rey</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Peoria</td> <td>AZ</td> <td>85383</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Director of Outreach</td> <td colspan="2">Desert SW Conference</td> </tr> </table>	LAST	FIRST	MI	Fidlin	Billie		STREET ADDRESS			6816 W. Avenida Del Rey			CITY	STATE	ZIP	Peoria	AZ	85383	OCCUPATION	EMPLOYER		Director of Outreach	Desert SW Conference		2/23/10	50.00	50.00
LAST	FIRST	MI																										
Fidlin	Billie																											
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
Donnelly	Terry																											
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PO Box 21531																												
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Phoenix	AZ	85036																										
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Requested	Requested																											
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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 01/1/10 thru 4/28/10

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>Stelling Robert M.</u> STREET ADDRESS <u>6257 S. Pinaleno Pl.</u> CITY STATE ZIP <u>Chandler AZ 85249</u> OCCUPATION EMPLOYER <u>retired none</u>	<u>4/6/10</u>	<u>100.00</u>	<u>100.00</u>
b.	LAST FIRST MI <u>Basha Eddie</u> STREET ADDRESS <u>15 N. Bullmoose Cir.</u> CITY STATE ZIP <u>Chandler AZ 85224</u> OCCUPATION EMPLOYER <u>CEO Bashas'</u>	<u>4/8/10</u>	<u>200.00</u>	<u>200.00</u>
c.	LAST FIRST MI <u>Donovan Walt + Diane</u> STREET ADDRESS <u>12121 Marlowe Dr.</u> CITY STATE ZIP <u>Garden Grove CA 92841</u> OCCUPATION EMPLOYER <u>retired none</u>	<u>4/8/10</u>	<u>100.00</u>	<u>100.00</u>
d.	LAST FIRST MI <u>Turner Jerry</u> STREET ADDRESS <u>1621 W. Laredo St.</u> CITY STATE ZIP <u>Chandler AZ 85224</u> OCCUPATION EMPLOYER <u>retired none</u>	<u>4/10/10</u>	<u>100.00</u>	<u>100.00</u>
e.	LAST FIRST MI <u>Levin Renee</u> STREET ADDRESS <u>2306 W. Park Ave.</u> CITY STATE ZIP <u>Chandler AZ 85224</u> OCCUPATION EMPLOYER <u>Comm. Relations Mgr. Intel</u>	<u>4/10/10</u>	<u>40.00</u>	<u>40.00</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]			

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CONTRIBUTIONS more than \$25 - from INDIVIDUALS\*

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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.	LAST FIRST MI <u>Anselmo Barbara</u> STREET ADDRESS <u>6180 W. Park Ave.</u> CITY STATE ZIP <u>Chandler AZ 85226</u> OCCUPATION EMPLOYER <u>Assistant Registrar LA College Intl.</u>	<u>4/11/10</u>	<u>50.00</u>	<u>50.00</u>
b.	LAST FIRST MI <u>Donovan Thomas</u> STREET ADDRESS <u>1070 S. Amber St.</u> CITY STATE ZIP <u>Chandler AZ 85286</u> OCCUPATION EMPLOYER <u>Default Collector Concord Servicing</u>	<u>4/11/10</u>	<u>35.00</u>	<u>35.00</u>
c.	LAST FIRST MI <u>Tang Anthony</u> STREET ADDRESS <u>120 W. Rochell Dr.</u> CITY STATE ZIP <u>Henderson NV 89015</u> OCCUPATION EMPLOYER <u>Pastor University UMC</u>	<u>4/12/10</u>	<u>200.00</u>	<u>200.00</u>
d.	LAST FIRST MI <u>Carlson Carol</u> STREET ADDRESS <u>1720 W. Saragosa St.</u> CITY STATE ZIP <u>Chandler AZ 85224</u> OCCUPATION EMPLOYER <u>Education Specialist CUSD</u>	<u>4/12/10</u>	<u>100.00</u>	<u>100.00</u>
e.	LAST FIRST MI <u>Deschens Clem + Dotty</u> STREET ADDRESS <u>24114 S. Briarcrest Dr.</u> CITY STATE ZIP <u>Sun Lakes AZ 85249</u> OCCUPATION EMPLOYER <u>retired none</u>	<u>4/12/10</u>	<u>50.00</u>	<u>50.00</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(2), 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

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3. Report covering period from 1/1/10 thru 4/28/10

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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

1. Committee Name Trinity For Chandler

2. ID # C10-02

3. Report covering period from 4/1/10 thru 4/28/10

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>Bradley Lew</u> STREET ADDRESS <u>1690 W. Saragosa St.</u> CITY STATE ZIP <u>Chandler AZ 85224</u> OCCUPATION EMPLOYER <u>retired none</u>	4/12/10	100.00	100.00
b.	LAST FIRST MI <u>Stockman Lori</u> STREET ADDRESS <u>6945 S. Sapphire Wy</u> CITY STATE ZIP <u>Chandler AZ 85249</u> OCCUPATION EMPLOYER <u>teacher Mesa Public Schools</u>	4/12/10	50.00	50.00
c.	LAST FIRST MI <u>Blake Marcia</u> STREET ADDRESS <u>3727 E. Sequoia Trl.</u> CITY STATE ZIP <u>Phoenix AZ 85044</u> OCCUPATION EMPLOYER <u>retired none</u>	4/12/10	50.00	50.00
d.	LAST FIRST MI <u>Hesse Maria</u> STREET ADDRESS <u>102 S. Diamond Key Ct.</u> CITY STATE ZIP <u>Gilbert AZ 85233</u> OCCUPATION EMPLOYER <u>Educator ASU</u>	4/12/10	50.00	50.00
e.	LAST FIRST MI <u>Withey Mike</u> STREET ADDRESS <u>2525 E. Arizona Biltmore Cir Ste A212</u> CITY STATE ZIP <u>Phoenix AZ 85016</u> OCCUPATION EMPLOYER <u>Attorney Withey Morris</u>	4/12/10	100.00	100.00
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

1/1/10

thru

4/28/10

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>Wirth</u></td> <td><u>Paula</u></td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3"><u>3214 E. Cardinal St.</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>85248</u></td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td><u>Sales</u></td> <td colspan="2"><u>Spartan Prom.</u></td> </tr> </table>	LAST	FIRST	MI	<u>Wirth</u>	<u>Paula</u>		STREET ADDRESS			<u>3214 E. Cardinal St.</u>			CITY	STATE	ZIP	<u>Chandler</u>	<u>AZ</u>	<u>85248</u>	OCCUPATION	EMPLOYER		<u>Sales</u>	<u>Spartan Prom.</u>		<u>4/12/10</u>	<u>400.00</u>	<u>400.00</u>
LAST	FIRST	MI																										
<u>Wirth</u>	<u>Paula</u>																											
STREET ADDRESS																												
<u>3214 E. Cardinal St.</u>																												
CITY	STATE	ZIP																										
<u>Chandler</u>	<u>AZ</u>	<u>85248</u>																										
OCCUPATION	EMPLOYER																											
<u>Sales</u>	<u>Spartan Prom.</u>																											
b.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td><u>Carstens</u></td> <td><u>Deborah</u></td> <td><u>Gann</u></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3"><u>7101 N. Desert Fairways</u></td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td><u>Phoenix</u></td> <td><u>AZ</u></td> <td><u>85253</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>Carstens</u>	<u>Deborah</u>	<u>Gann</u>	STREET ADDRESS			<u>7101 N. Desert Fairways</u>			CITY	STATE	ZIP	<u>Phoenix</u>	<u>AZ</u>	<u>85253</u>	OCCUPATION	EMPLOYER		<u>retired</u>	<u>none</u>		<u>4/14/10</u>	<u>100.00</u>	<u>100.00</u>
LAST	FIRST	MI																										
<u>Carstens</u>	<u>Deborah</u>	<u>Gann</u>																										
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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>DEY</u></td> <td><u>Bimal</u></td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3"><u>2701 W. Erie St.</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>85224</u></td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td><u>Dir. of Intel Test Operation</u></td> <td colspan="2"><u>Intel</u></td> </tr> </table>	LAST	FIRST	MI	<u>DEY</u>	<u>Bimal</u>		STREET ADDRESS			<u>2701 W. Erie St.</u>			CITY	STATE	ZIP	<u>Chandler</u>	<u>AZ</u>	<u>85224</u>	OCCUPATION	EMPLOYER		<u>Dir. of Intel Test Operation</u>	<u>Intel</u>		<u>4/15/10</u>	<u>250.00</u>	<u>250.00</u>
LAST	FIRST	MI																										
<u>DEY</u>	<u>Bimal</u>																											
STREET ADDRESS																												
<u>2701 W. Erie St.</u>																												
CITY	STATE	ZIP																										
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d.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td><u>Benham</u></td> <td><u>Barbara</u></td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3"><u>1741 E. Tyson Pl.</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>CPA</u></td> <td colspan="2"><u>Randy C. Kiesel CPA PC</u></td> </tr> </table>	LAST	FIRST	MI	<u>Benham</u>	<u>Barbara</u>		STREET ADDRESS			<u>1741 E. Tyson Pl.</u>			CITY	STATE	ZIP	<u>Chandler</u>	<u>AZ</u>	<u>85225</u>	OCCUPATION	EMPLOYER		<u>CPA</u>	<u>Randy C. Kiesel CPA PC</u>		<u>4/20/10</u>	<u>50.00</u>	<u>50.00</u>
LAST	FIRST	MI																										
<u>Benham</u>	<u>Barbara</u>																											
STREET ADDRESS																												
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e.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td><u>Cerge</u></td> <td><u>Stephanie</u></td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3"><u>3753 Martingale Rd.</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>85297</u></td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td><u>manager</u></td> <td colspan="2"><u>Intel</u></td> </tr> </table>	LAST	FIRST	MI	<u>Cerge</u>	<u>Stephanie</u>		STREET ADDRESS			<u>3753 Martingale Rd.</u>			CITY	STATE	ZIP	<u>Gilbert</u>	<u>AZ</u>	<u>85297</u>	OCCUPATION	EMPLOYER		<u>manager</u>	<u>Intel</u>		<u>4/23/10</u>	<u>100.00</u>	<u>100.00</u>
LAST	FIRST	MI																										
<u>Cerge</u>	<u>Stephanie</u>																											
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OCCUPATION	EMPLOYER																											
<u>manager</u>	<u>Intel</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 1/1/10 thru 4/28/10

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR			
4a.	LAST <u>Donovan</u> FIRST <u>Vicki</u> MI STREET ADDRESS <u>700 N. Dobson Rd # 50</u> CITY <u>Chandler</u> STATE <u>AZ</u> ZIP <u>85224</u> OCCUPATION <u>Accountant</u> EMPLOYER <u>CU3D</u>	4/25/10	410.00	410.00
b.	LAST _____ FIRST _____ MI STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____ OCCUPATION _____ EMPLOYER _____			
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]	3645.00	3645.00	

\*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# C 10-02

3. Report covering period from 1/1/10 thru 4/28/10

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
Vickers, Jimi	20.00	20.00	
Winsberg, Deborah	20.00	20.00	
Boothe, Linda	5.00	5.00	
Vela, Laurie	10.00	10.00	
Masias, Terra	25.00	25.00	
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]  80.00		6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]	80.00

\*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 1/1/10 thru 4/28/10

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		
	DATE RECEIVED			
		<u>Salt River Project Political Involvement Committee PO Box 52025 Phoenix AZ 85072</u>	<u>300.00</u>	<u>300.00</u>
b.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
		<u>Southwest Gas Ariz Political Action Committee PO Box 52075 Phoenix AZ 85072</u>	<u>350.00</u>	<u>350.00</u>
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 [If last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]		<u>650.00</u>	<u>650.00</u>

CANDIDATE LOANS

SCHEDULE C

1.	Committee Name <u>Trinity For Chandler</u>	2. ID # <u>C10-02</u>		
3.	Report covering period from <u>1/1/10</u> thru <u>4/28/10</u>			
4.	<b>LOANS MADE OR GUARANTEED BY CANDIDATE</b>			
	NAME AND ADDRESS FROM WHOM RECEIVED			
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP <u>Trinity Donovan 1070 S. Amber Chandler</u>	DATE RECEIVED <u>2/17/10</u>	AMOUNT RECEIVED <u>19.41</u>	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE <u>19.41</u>
	DESCRIPTION <u>copies</u>			
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]			<u>19.41</u>

# 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

2. ID # C10-02

3. Report covering period from 11/10 thru 4/28/10

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>Fed Ex Kinkos</u> <u>1780 W. Chandler Blvd.</u> <u>Chandler AZ 85224</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>COPIES</u>	<u>2/17/10</u>	<u>19.41</u>
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]		<u>200.59</u>

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

EXPENDITURES FOR OPERATING EXPENSES\*

SCHEDULE D

1. Committee Name Trinity For Chandler

2. ID # C10 - 02

3. Report covering period from 1/1/10 thru 4/28/10

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>Chandler Main Post Office</u> <u>Chandler AZ 85225</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Postage</u>	<u>2/23/10</u>	<u>58.83</u>
b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>US Bank</u> <u>Chandler AZ 85224</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>bank account checks</u>	<u>2/17/10</u>	<u>20.25</u>
c.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Fed Ex Kinkos</u> <u>1780 W. Chandler Blvd.</u> <u>Chandler AZ 85224</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>copies</u>	<u>2/28/10</u>	<u>19.41</u>
d.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Go Daddy.com</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>web hosting</u>	<u>3/29/10</u>	<u>56.88</u>
e.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Fed Ex Kinkos</u> <u>1780 W. Chandler Blvd.</u> <u>Chandler AZ 85224</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>copies</u>	<u>4/2/10</u>	<u>10.28</u>
f.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Fed Ex Kinkos</u> <u>1780 W. Chandler Blvd.</u> <u>Chandler AZ 85224</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>copies</u>	<u>4/17/10</u>	<u>15.53</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

# INDEPENDENT EXPENDITURES\*

# SCHEDULE D-1

2. ID #

1. Committee Name \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

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 • • CANDIDATE    OFFICE SOUGHT    YEAR OF ELECTION		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP  PURPOSE AND DESCRIPTION OF PURCHASE    Benefitted • •    Opposed • • CANDIDATE    OFFICE SOUGHT    YEAR OF ELECTION		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP  PURPOSE AND DESCRIPTION OF PURCHASE    Benefitted • •    Opposed • • CANDIDATE    OFFICE SOUGHT    YEAR OF ELECTION		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 <i>(If last page of Schedule D-1, transfer total to Detailed Summary Page Line 10, Column A)</i>		

\*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

2. ID #

1. Committee Name \_\_\_\_\_

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 \_\_\_\_\_

<b>REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES</b>		<b>DATE REFUND RECEIVED</b>	<b>AMOUNT OF THE REFUND</b>
<b>NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED</b>			
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

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

1. Committee Name \_\_\_\_\_

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	<b>REPAYMENT OF ALL OTHER LOANS</b>	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]

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**ANY OTHER DISBURSEMENT**

**SCHEDULE D-7**

1. Committee Name \_\_\_\_\_

2. ID #

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

<b>ANY OTHER DISBURSEMENTS</b>		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;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">DESCRIPTION</div>		
b.	<div style="border: 1px solid black; padding: 2px;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">DESCRIPTION</div>		
c.	<div style="border: 1px solid black; padding: 2px;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">DESCRIPTION</div>		
d.	<div style="border: 1px solid black; padding: 2px;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">DESCRIPTION</div>		
e.	<div style="border: 1px solid black; padding: 2px;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">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 Trinity For Chandler

2. ID # C10-02

3. Report covering period from 1/1/10 thru 4/28/10

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# Walt Donovan 700 N Dobson Rd #50 Chandler AZ 85224	CONTRIBUTION <input checked="" type="checkbox"/> EXPENDITURE <input type="checkbox"/>	4/12/10	158.46
DESCRIPTION fundraiser food / supplies		EMPLOYER Quanta Services		
OCCUPATION VP Bus. Dev. Telecom	EMPLOYER Quanta Services			
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# Walt Donovan 700 N. Dobson Rd #50 Chandler AZ 85224	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input checked="" type="checkbox"/>	4/12/10	158.46
DESCRIPTION fundraiser food / supplies		EMPLOYER Quanta Services		
OCCUPATION VP Bus. Dev. Telecom	EMPLOYER Quanta Services			
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# Walt Donovan 700 N. Dobson Rd #50 Chandler AZ 85224	CONTRIBUTION <input checked="" type="checkbox"/> EXPENDITURE <input type="checkbox"/>	2/26/10	7.41
DESCRIPTION office supplies		EMPLOYER Quanta Services		
OCCUPATION VP Bus. Dev. Telecom	EMPLOYER Quanta Services			
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# Walt Donovan 700 N. Dobson Rd #50 Chandler AZ 85224	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input checked="" type="checkbox"/>	2/26/10	7.41
DESCRIPTION office supplies		EMPLOYER Quanta Services		
OCCUPATION VP Bus Dev. Telecom	EMPLOYER Quanta Services			
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]			165.87
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]			165.87

**DIVIDENDS, INTEREST, AND OTHER RECEIPTS**

**SCHEDULE F-1**

1. Committee Name Trinity For Chandler

2. ID # C10-02

3. Report covering period from 1/9/10 thru 4/28/10

4	<b>DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS</b>	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>Pay Pal</u>	<u>3/31/10</u>	<u>.29</u>
	DESCRIPTION OF RECEIPT <u>test to set up account</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)

.29



**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	<b>DEBTS AND OBLIGATIONS</b>	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]				