

**POLITICAL COMMITTEE**  
**CITY/TOWN OF Chandler**  
**CAMPAIGN FINANCE REPORT**  
**2010 August/November Regular Election**

FOR OFFICE USE ONLY

RECEIVED

AUG 12 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, Chandler City Council  
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
- June 30 Report - For Period of January 1, 2010 thru May 31, 2010 ..... June 1, 2010 and June 30, 2010
- Pre-Primary Election Report - For Period of June 8, 2010 thru August 4, 2010 ..... August 5, 2010 and August 12, 2010
- Post-Primary Election Report - For Period of August 5, 2010 thru September 13, 2010 ..... September 14, 2010 thru September 23, 2010
- Pre-General Election Report - For Period of September 14, 2010 thru October 13, 2010 ..... October 14, 2010 and October 21, 2010
- Post-General Election Report - For Period of October 14, 2010 thru November 22, 2010 ..... November 23, 2010 and December 2, 2010
- \*\* January 31, Report - For Period of November 23, 2010 thru December 31, 2011 ..... January 1, 2012 and January 31, 2012

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	20596.30	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	15095.00	26909.70
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	35691.30	36250.41
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)	13877.58	14436.69
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	21813.72	21813.72

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

\*\*Other reports will be due before this reporting period if a special or recall election is held prior to the next general election.

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

1. Committee Name: Trinity For Chandler  
 3. Report covering period from 6/8/10 Thru 8/4/10

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)			
	13360.00	20589.13	
(b) Individuals - aggregate \$25 or less (Total from Schedule A-1)			
	75.00	435.00	
(c) Political Committees (Total from Schedule B)			
	1660.00	5700.00	
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]			
	15095.00	26724.13	
(e) Refund of contributions (Total from Schedule F-2)			
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]			
	15095.00	26724.13	
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)			
		19.41	
(b) All other loans (Total from Schedule C-1)			
		19.41	
(c) Total Loans [add 5(a) and 5(b)]			
		165.87	
6. In-kind contributions (Total from Schedule E)			
		.29	
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)			
	15095.00	26909.70	
8. Total Receipts [add 4(f), 5(c), 6, and 7]			
QUALIFYING CONTRIBUTION RECEIPTS			
Qualifying Contributions of \$5 from Individuals (Total from Schedule A2)			
DISBURSEMENTS			
9. Expenditures for operating expenses (Total from Schedule D)			
	13877.58	14270.82	
10. Independent Expenditures (Total from Schedule D-1)			
		165.87	
11. Value of In-kind expenditures (Total from Schedule E)			
12. Loans made by reporting committee (Total from Schedule D-2)			
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)			
(b) Repayment of all other loans (Total from Schedule 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]			
	13877.58	14436.69	
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)			
18. Total disbursements [subtract line 17 from line 16]			
	13877.58	14436.69	
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

Andy M. J.  
 Signature of Treasurer or Candidate or Designating Individual

8/12/10  
 Date

CONTRIBUTIONS more than \$25 - from INDIVIDUALS\*

SCHEDULE A

1. Committee Name Trinity For Chandler

2. ID # C10-02

3. Report covering period from 6/8/10 thru 8/4/10

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR				
4a.	LAST <u>O'Brien</u> FIRST <u>Tom</u> MI STREET ADDRESS <u>PO Box 3455</u> CITY <u>Tempe</u> STATE <u>AZ</u> ZIP <u>85280</u> OCCUPATION <u>General Mgr.</u> EMPLOYER <u>Auto Citi Towing</u>	<u>6/8/10</u>	<u>410.00</u>	<u>410.00</u>
b.	LAST <u>Rice</u> FIRST <u>Robert</u> MI STREET ADDRESS <u>463 W. Kent Dr.</u> CITY <u>Chandler</u> STATE <u>AZ</u> ZIP <u>85225</u> OCCUPATION <u>Retired</u> EMPLOYER <u>None</u>	<u>6/8/10</u>	<u>100.00</u>	<u>100.00</u>
c.	LAST <u>Horan</u> FIRST <u>Susan</u> MI STREET ADDRESS <u>2890 E. Carla Vista Dr.</u> CITY <u>Chandler</u> STATE <u>AZ</u> ZIP <u>85225</u> OCCUPATION <u>Director</u> EMPLOYER <u>CUSD</u>	<u>6/10/10</u>	<u>100.00</u>	<u>100.00</u>
d.	LAST <u>Boggs</u> FIRST <u>Peggy</u> MI STREET ADDRESS <u>3233 W. Adobe Dam Rd.</u> CITY <u>Phoenix</u> STATE <u>AZ</u> ZIP <u>85027</u> OCCUPATION <u>homemaker</u> EMPLOYER <u>None</u>	<u>6/12/10</u>	<u>200.00</u>	<u>200.00</u>
e.	LAST <u>Morris</u> FIRST <u>Jason</u> MI STREET ADDRESS <u>6018 N. 21st Pl.</u> CITY <u>Phoenix</u> STATE <u>AZ</u> ZIP <u>85016</u> OCCUPATION <u>Attorney</u> EMPLOYER <u>Withey Morris</u>	<u>6/15/10</u>	<u>410.00</u>	<u>410.00</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  
 3. Report covering period from 6/8/10 thru 8/4/10

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>Vazquez-Morris Paulina</u> STREET ADDRESS <u>6018 N. 21<sup>st</sup> Pl.</u> CITY STATE ZIP <u>Phoenix AZ 85016</u> OCCUPATION EMPLOYER <u>Attorney None</u>	<u>6/15/10</u>	<u>410.00</u>	<u>410.00</u>
b.	LAST FIRST MI <u>Sellers David</u> STREET ADDRESS <u>6815 N. Joshua Tree Ln.</u> CITY STATE ZIP <u>Paradise Valley AZ 85253</u> OCCUPATION EMPLOYER <u>Requested/Undeclared</u>	<u>6/15/10</u>	<u>410.00</u>	<u>410.00</u>
c.	LAST FIRST MI <u>Sellers Kathryn</u> STREET ADDRESS <u>6815 N. Joshua Tree Ln.</u> CITY STATE ZIP <u>Paradise Valley AZ 85253</u> OCCUPATION EMPLOYER <u>Requested/Undeclared</u>	<u>6/15/10</u>	<u>410.00</u>	<u>410.00</u>
d.	LAST FIRST MI <u>Severson Cory</u> STREET ADDRESS <u>227 18<sup>th</sup> St.</u> CITY STATE ZIP <u>Huntington Beach CA 92648</u> OCCUPATION EMPLOYER <u>President Pacific Aquascape</u>	<u>6/15/10</u>	<u>250.00</u>	<u>250.00</u>
e.	LAST FIRST MI <u>Severson Rochelle</u> STREET ADDRESS <u>227 18<sup>th</sup> St.</u> CITY STATE ZIP <u>Huntington Beach CA 92648</u> OCCUPATION EMPLOYER <u>Homemaker None</u>	<u>6/15/10</u>	<u>250.00</u>	<u>250.00</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

3. Report covering period from 6/8/10 thru 8/4/10

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>Van Quathem Michèle</u> STREET ADDRESS <u>7030 N. 3rd St.</u> CITY STATE ZIP <u>Phoenix AZ 85020</u> OCCUPATION EMPLOYER <u>Attorney Ryley Carlock &amp; Applewhite</u>	<u>6/15/10</u>	<u>50.00</u>	<u>50.00</u>
b.	LAST FIRST MI <u>Baum David</u> STREET ADDRESS <u>6850 E. Highland</u> CITY STATE ZIP <u>Scottsdale AZ 85251</u> OCCUPATION EMPLOYER <u>Requested / Undisclosed</u>	<u>6/16/10</u>	<u>400.00</u>	<u>400.00</u>
c.	LAST FIRST MI <u>Bourdo Scott</u> STREET ADDRESS <u>2137 N. Kachina</u> CITY STATE ZIP <u>Mesa AZ 85203</u> OCCUPATION EMPLOYER <u>VP Kovach Inc.</u>	<u>6/18/10</u>	<u>410.00</u>	<u>410.00</u>
d.	LAST FIRST MI <u>Dean Rebecca</u> STREET ADDRESS <u>2510 N. Longmore St.</u> CITY STATE ZIP <u>Chandler AZ 85224</u> OCCUPATION EMPLOYER <u>Fair Lending Analyst Wells Fargo</u>	<u>6/18/10</u>	<u>100.00</u>	<u>100.00</u>
e.	LAST FIRST MI <u>Westbrooks Phillip</u> STREET ADDRESS <u>576 S. Meadows Dr.</u> CITY STATE ZIP <u>Chandler AZ 85224</u> OCCUPATION EMPLOYER <u>President Self</u>	<u>6/18/10</u>	<u>200.00</u>	<u>200.00</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

3. Report covering period from 6/8/10 thru 8/4/10

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>Bolkan Raymond</u> STREET ADDRESS <u>319 Circle P Dr.</u> CITY STATE ZIP <u>Prescott AZ 86303</u> OCCUPATION EMPLOYER <u>Maritime Officer Oceanering Intl</u>	<u>6/20/10</u>	<u>300.00</u>	<u>300.00</u>
b.	LAST FIRST MI <u>Hays Gary</u> STREET ADDRESS <u>1845 E. Locust Pl.</u> CITY STATE ZIP <u>Chandler AZ 85286</u> OCCUPATION EMPLOYER <u>Attorney Self</u>	<u>6/20/10</u>	<u>410.00</u>	<u>410.00</u>
c.	LAST FIRST MI <u>Deutsch Jill</u> STREET ADDRESS <u>33 E. Oakwood Hills Dr.</u> CITY STATE ZIP <u>Chandler AZ 85248</u> OCCUPATION EMPLOYER <u>Homemaker None</u>	<u>6/22/10</u>	<u>410.00</u>	<u>410.00</u>
d.	LAST FIRST MI <u>Deutsch Michael</u> STREET ADDRESS <u>33 E. Oakwood Hills Dr.</u> CITY STATE ZIP <u>Chandler AZ 85248</u> OCCUPATION EMPLOYER <u>Owner Fitness Forum</u>	<u>6/22/10</u>	<u>410.00</u>	<u>410.00</u>
e.	LAST FIRST MI <u>Wirth Joel</u> STREET ADDRESS <u>3214 E. Cardinal St.</u> CITY STATE ZIP <u>Chandler AZ 85286</u> OCCUPATION EMPLOYER <u>CFD CUSD</u>	<u>6/22/10</u>	<u>410.00</u>	<u>410.00</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

3. Report covering period from 6/8/10 thru 8/4/10

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR			
4a.	<p>LAST FIRST MI <u>Chamberlain Jim</u></p> <p>STREET ADDRESS <u>1050 W. Washington St.</u></p> <p>CITY STATE ZIP <u>Tempe AZ 85281</u></p> <p>OCCUPATION EMPLOYER <u>Bus. Park / Industrial Builder Sun State Builders</u></p>	<u>7/1/10</u>	<u>410.00</u>	<u>410.00</u>
b.	<p>LAST FIRST MI <u>King Gary</u></p> <p>STREET ADDRESS <u>568 W. Orchid Ln.</u></p> <p>CITY STATE ZIP <u>Chandler AZ 85225</u></p> <p>OCCUPATION EMPLOYER <u>Principal Planner Earl Curley + Lagarde</u></p>	<u>7/1/10</u>	<u>100.00</u>	<u>100.00</u>
c.	<p>LAST FIRST MI <u>Lagarde Lynne</u></p> <p>STREET ADDRESS <u>6190 N. 28th Pl.</u></p> <p>CITY STATE ZIP <u>Phoenix AZ 85016</u></p> <p>OCCUPATION EMPLOYER <u>Attorney Earl Curley + Lagarde</u></p>	<u>7/1/10</u>	<u>150.00</u>	<u>150.00</u>
d.	<p>LAST FIRST MI <u>Curley Michael</u></p> <p>STREET ADDRESS <u>5990 E. Orange Blossom Ln.</u></p> <p>CITY STATE ZIP <u>Phoenix AZ 85018</u></p> <p>OCCUPATION EMPLOYER <u>Attorney Earl Curley + Lagarde</u></p>	<u>7/1/10</u>	<u>390.00</u>	<u>390.00</u>
e.	<p>LAST FIRST MI <u>Wood Nicholas</u></p> <p>STREET ADDRESS <u>14632 S. 3rd Ave.</u></p> <p>CITY STATE ZIP <u>Phoenix AZ 85045</u></p> <p>OCCUPATION EMPLOYER <u>Attorney Snell + Wilmer</u></p>	<u>7/1/10</u>	<u>410.00</u>	<u>410.00</u>
5.	ENTER TOTAL ONLY IN 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 6/8/10 thru 8/4/10

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>Kovach IV Stephen</u> STREET ADDRESS <u>2372 W. Longhorn Pl.</u> CITY STATE ZIP <u>Chandler AZ 85286</u> OCCUPATION EMPLOYER <u>President Kovach Inc.</u>	<u>7/1/10</u>	<u>300.00</u>	<u>300.00</u>
b.	LAST FIRST MI <u>Earl Stephen</u> STREET ADDRESS <u>3101 N. Central Ave.</u> CITY STATE ZIP <u>Phoenix AZ 85012</u> OCCUPATION EMPLOYER <u>Attorney Earl Curley + Lagarde</u>	<u>7/1/10</u>	<u>300.00</u>	<u>300.00</u>
c.	LAST FIRST MI <u>Brice Teresa</u> STREET ADDRESS <u>111 W. Portland St. #423A</u> CITY STATE ZIP <u>Phoenix AZ 85003</u> OCCUPATION EMPLOYER <u>Executive Director LISC</u>	<u>7/1/10</u>	<u>100.00</u>	<u>100.00</u>
d.	LAST FIRST MI <u>Williams Alan</u> STREET ADDRESS <u>115 E. 14<sup>th</sup> St.</u> CITY STATE ZIP <u>Tempe AZ 85281</u> OCCUPATION EMPLOYER <u>TriPlus Bar owner TriPlus Partners</u>	<u>7/5/10</u>	<u>200.00</u>	<u>200.00</u>
e.	LAST FIRST MI <u>Abraham Andrew</u> STREET ADDRESS <u>5829 E. Joshua Tree Ln.</u> CITY STATE ZIP <u>Paradise Valley AZ 85253</u> OCCUPATION EMPLOYER <u>Attorney Burch + Cracchiolo</u>	<u>7/5/10</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)			

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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 6/8/10 thru 8/4/10

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>Shaw Christopher</u> STREET ADDRESS <u>5350 N. 16<sup>th</sup> St.</u> CITY STATE ZIP <u>Phoenix AZ 85016</u> OCCUPATION EMPLOYER <u>Owner Triplus Partners</u>	<u>7/5/10</u>	<u>200.00</u>	<u>200.00</u>
b.	LAST FIRST MI <u>Wilson Darrell</u> STREET ADDRESS <u>1144 E. Thunderhill Pl.</u> CITY STATE ZIP <u>Phoenix AZ 85048</u> OCCUPATION EMPLOYER <u>Principal Hilgart Wilson</u>	<u>7/5/10</u>	<u>75.00</u>	<u>75.00</u>
c.	LAST FIRST MI <u>Manhart Daryl</u> STREET ADDRESS <u>3812 E. Ahwatukkk Dr.</u> CITY STATE ZIP <u>Phoenix AZ 85044</u> OCCUPATION EMPLOYER <u>Attorney Burch+Cracchiolo</u>	<u>7/5/10</u>	<u>250.00</u>	<u>250.00</u>
d.	LAST FIRST MI <u>Bull Ed</u> STREET ADDRESS <u>3835 E. Sahuaro Blvd.</u> CITY STATE ZIP <u>Phoenix AZ 85028</u> OCCUPATION EMPLOYER <u>Attorney Burch+Cracchiolo</u>	<u>7/5/10</u>	<u>250.00</u>	<u>250.00</u>
e.	LAST FIRST MI <u>Cody Matthew</u> STREET ADDRESS <u>17200 N. Perimeter Dr.</u> CITY STATE ZIP <u>Scottsdale AZ 85255</u> OCCUPATION EMPLOYER <u>President Cachet Homes</u>	<u>7/5/10</u>	<u>200.00</u>	<u>200.00</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\*

SCHEDULE A

1. Committee Name Trinity For Chandler 2. ID # C10-02  
 3. Report covering period from 6/8/10 thru 8/4/10

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>Pratte Ron</u> STREET ADDRESS <u>4400 W. Earhart Wy</u> CITY STATE ZIP <u>Chandler AZ 85226</u> OCCUPATION EMPLOYER <u>Retired None</u>	<u>7/5/10</u>	<u>410.00</u>	<u>410.00</u>
b.	LAST FIRST MI <u>Troggio Dennis</u> STREET ADDRESS <u>700 N. Dobson Rd. #34</u> CITY STATE ZIP <u>Chandler AZ 85224</u> OCCUPATION EMPLOYER <u>Contractor Achen Gardner Engineering</u>	<u>7/7/10</u>	<u>400.00</u>	<u>400.00</u>
c.	LAST FIRST MI <u>Sierra Lorenzo</u> STREET ADDRESS <u>3584 E. Washington Ave.</u> CITY STATE ZIP <u>Gilbert AZ 85234</u> OCCUPATION EMPLOYER <u>Marketing LVM Systems</u>	<u>7/8/10</u>	<u>30.00</u>	<u>30.00</u>
d.	LAST FIRST MI <u>Singh Pamela</u> STREET ADDRESS <u>125 S. Alma School #1225</u> CITY STATE ZIP <u>Chandler AZ 85224</u> OCCUPATION EMPLOYER <u>Program Coordinator Flinn Foundation</u>	<u>7/10/10</u>	<u>50.00</u>	<u>50.00</u>
e.	LAST FIRST MI <u>Macafese-Richey Lisa</u> STREET ADDRESS <u>2152 E. Wildhorse Dr.</u> CITY STATE ZIP <u>Chandler AZ 85286</u> OCCUPATION EMPLOYER <u>VP of Human Resources Crescent Distributing</u>	<u>7/12/10</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(z), Column A)			

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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 6/8/10 thru 8/4/10

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>Veres Diane</u> STREET ADDRESS <u>452 Hillcrest Ave. NE</u> CITY STATE ZIP <u>Atlanta GA 30307</u> OCCUPATION EMPLOYER <u>President Clear Channel</u>	7/12/10	100.00	100.00
b.	LAST FIRST MI <u>de Marnette Katrin</u> STREET ADDRESS <u>5823 N. 44th Pl.</u> CITY STATE ZIP <u>Phoenix AZ 85018</u> OCCUPATION EMPLOYER <u>VP Public Affairs Clear Channel</u>	7/12/10	50.00	50.00
c.	LAST FIRST MI <u>Sawyer Tony</u> STREET ADDRESS <u>9337 E. Monument Dr.</u> CITY STATE ZIP <u>Scottsdale AZ 85262</u> OCCUPATION EMPLOYER <u>VP Real Estate Clear Channel</u>	7/12/10	200.00	200.00
d.	LAST FIRST MI <u>Withsy Mike</u> STREET ADDRESS <u>2525 E. Arizona Biltmore Cir.</u> CITY STATE ZIP <u>Phoenix AZ 85016</u> OCCUPATION EMPLOYER <u>Attorney Withsy Morris</u>	7/12/10	310.00	410.00
e.	LAST FIRST MI <u>Tobin Shawn</u> STREET ADDRESS <u>5335 E. Calle del Norte</u> CITY STATE ZIP <u>Phoenix AZ 85018</u> OCCUPATION EMPLOYER <u>Requested/Undeclared</u>	7/12/10	210.00	210.00
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 6/8/10 thru 8/4/10

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR			
4a.	LAST <u>Tobin</u> FIRST <u>Martha</u> MI STREET ADDRESS <u>5335 E. Calle del Norte</u> CITY <u>Phoenix</u> STATE <u>AZ</u> ZIP <u>85018</u> OCCUPATION <u>Requested/Undeclared</u> EMPLOYER	<u>7/12/10</u>	<u>210.00</u>	<u>210.00</u>
b.	LAST <u>Hermes</u> FIRST <u>Ed</u> MI STREET ADDRESS <u>4709 W. Whitten St.</u> CITY <u>Chandler</u> STATE <u>AZ</u> ZIP <u>85226</u> OCCUPATION <u>Teacher</u> EMPLOYER <u>St. Michael Indian School</u>	<u>7/14/10</u>	<u>50.00</u>	<u>50.00</u>
c.	LAST <u>Gorsegner</u> FIRST <u>Eric</u> MI STREET ADDRESS <u>5407 E. Virginia Ave.</u> CITY <u>Phoenix</u> STATE <u>AZ</u> ZIP <u>85008</u> OCCUPATION <u>Associate Director</u> EMPLOYER <u>Sonoran Institute</u>	<u>7/21/10</u>	<u>30.00</u>	<u>30.00</u>
d.	LAST <u>Marr</u> FIRST <u>B.</u> MI STREET ADDRESS <u>6545 S. Bell Ct</u> CITY <u>Chandler</u> STATE <u>AZ</u> ZIP <u>85249</u> OCCUPATION <u>Requested/Undeclared</u> EMPLOYER	<u>7/23/10</u>	<u>50.00</u>	<u>50.00</u>
e.	LAST <u>Clontz</u> FIRST <u>Darren</u> MI STREET ADDRESS <u>625 S. Scallop Dr.</u> CITY <u>Gilbert</u> STATE <u>AZ</u> ZIP <u>85233</u> OCCUPATION <u>VP-Employee Services</u> EMPLOYER <u>PMT Ambulance</u>	<u>7/23/10</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(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 6/8/10 thru 8/4/10

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR				
4a.	<p>LAST FIRST MI <u>Ramsley Gary</u></p> <p>STREET ADDRESS <u>16324 E. Montross Dr.</u></p> <p>CITY STATE ZIP <u>Fountain Hills AZ 85268</u></p> <p>OCCUPATION EMPLOYER <u>Sr. VP for Operational Support PMT Ambulance</u></p>	<u>7/23/10</u>	<u>200.00</u>	<u>200.00</u>
b.	<p>LAST FIRST MI <u>Angle Michelle</u></p> <p>STREET ADDRESS <u>925 W. Augusta Ave.</u></p> <p>CITY STATE ZIP <u>Phoenix AZ 85021</u></p> <p>OCCUPATION EMPLOYER <u>VP Community Relations PMT Ambulance</u></p>	<u>7/23/10</u>	<u>100.00</u>	<u>100.00</u>
c.	<p>LAST FIRST MI <u>Basha Nadine</u></p> <p>STREET ADDRESS <u>15 N. Bullmoose Circle</u></p> <p>CITY STATE ZIP <u>Chandler AZ 85224</u></p> <p>OCCUPATION EMPLOYER <u>Retired None</u></p>	<u>7/23/10</u>	<u>100.00</u>	<u>100.00</u>
d.	<p>LAST FIRST MI <u>Hutton Katherine</u></p> <p>STREET ADDRESS <u>8713 E. Montebello Ave.</u></p> <p>CITY STATE ZIP <u>Scottsdale AZ 85250</u></p> <p>OCCUPATION EMPLOYER <u>Managing Director Thunderbird School</u></p>	<u>7/30/10</u>	<u>50.00</u>	<u>50.00</u>
e.	<p>LAST FIRST MI <u>Giles Paula</u></p> <p>STREET ADDRESS <u>1650 S. Arizona Ave. #17</u></p> <p>CITY STATE ZIP <u>Chandler AZ 85286</u></p> <p>OCCUPATION EMPLOYER <u>None None</u></p>	<u>8/1/10</u>	<u>105.00</u>	<u>105.00</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

3. Report covering period from 6/8/10 thru 8/4/10

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR				
4a.	LAST <u>Weber</u> FIRST <u>Martin</u> MI STREET ADDRESS <u>1896 E. Tonto</u> CITY <u>Chandler</u> STATE <u>AZ</u> ZIP <u>85249</u> OCCUPATION <u>CEO</u> EMPLOYER <u>Weber Group LC</u>	<u>8/2/10</u>	<u>410.00</u>	<u>410.00</u>
b.	LAST <u>Martinez</u> FIRST <u>Mario</u> MI STREET ADDRESS <u>788 E. Prescott Dr.</u> CITY <u>Chandler</u> STATE <u>AZ</u> ZIP <u>85249</u> OCCUPATION <u>CEO + Co-Founder</u> EMPLOYER <u>360 Vantage</u>	<u>8/2/10</u>	<u>410.00</u>	<u>410.00</u>
c.	LAST <u>Ceballos</u> FIRST <u>Michael</u> MI STREET ADDRESS <u>5233 Ewing Ave. S.</u> CITY <u>Minneapolis</u> STATE <u>MN</u> ZIP <u>55410</u> OCCUPATION <u>VP Global Health</u> EMPLOYER <u>United Health Group</u>	<u>8/3/10</u>	<u>50.00</u>	<u>50.00</u>
d.	LAST <u>Dean</u> FIRST <u>John</u> MI STREET ADDRESS <u>2510 N. Longmors St.</u> CITY <u>Chandler</u> STATE <u>AZ</u> ZIP <u>85224</u> OCCUPATION <u>Firefighter</u> EMPLOYER <u>City of Phoenix</u>	<u>8/3/10</u>	<u>100.00</u>	<u>350.00</u>
e.	LAST <u>Harrell</u> FIRST <u>Lloyd</u> MI STREET ADDRESS <u>3701 S. Marigold Pl.</u> CITY <u>Chandler</u> STATE <u>AZ</u> ZIP <u>85248</u> OCCUPATION <u>Retired</u> EMPLOYER <u>None</u>	<u>8/4/10</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

3. Report covering period from 6/8/10 thru 8/4/10

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 colspan="3"><u>Donnelly Terry</u></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3"><u>PO Box 21531</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>85036</u></td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td><u>US Postal Inspector</u></td> <td colspan="2"><u>USPS</u></td> </tr> </table>	LAST	FIRST	MI	<u>Donnelly Terry</u>			STREET ADDRESS			<u>PO Box 21531</u>			CITY	STATE	ZIP	<u>Phoenix</u>	<u>AZ</u>	<u>85036</u>	OCCUPATION	EMPLOYER		<u>US Postal Inspector</u>	<u>USPS</u>		<u>8/4/10</u>	<u>50.00</u>	<u>100.00</u>
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LAST	FIRST	MI																										
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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]	<u>13360.00</u>																										

\*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 6/8/10 thru 8/4/10

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
Ford, Jackie	25.00	25.00	
Frei, Heidi	25.00	25.00	
Armijo, Roberto	25.00	25.00	
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]	75.00	6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]	435.00

\*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 6/8/10 thru 8/4/10

4	CONTRIBUTIONS		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
		IDENTITY OF CONTRIBUTOR AND DATE RECEIVED		
4a	ID # <u>0000-01452</u>	NAME, ADDRESS, CITY, STATE AND ZIP <u>Home Builder Assoc. of Central AZ PAC</u> <u>7720 N. 16th St, Ste 310</u> <u>Phoenix AZ 85020</u>	<u>250.00</u>	<u>250.00</u>
	DATE RECEIVED <u>7/5/10</u>			
b.	ID # <u>1969</u>	NAME, ADDRESS, CITY, STATE AND ZIP <u>Wells Fargo Bank Arizona PAC</u> <u>100 W. Washington St.</u> <u>Phoenix AZ 85003</u>	<u>410.00</u>	<u>410.00</u>
	DATE RECEIVED <u>7/5/10</u>			
c.	ID # <u>1155</u>	NAME, ADDRESS, CITY, STATE AND ZIP <u>Realtors of Arizona PAC</u> <u>255 E. Osborn Rd., Ste. 200</u> <u>Phoenix AZ 85012</u>	<u>1000.00</u>	<u>1000.00</u>
	DATE RECEIVED <u>7/30/10</u>			
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>1660.00</u>	

**CANDIDATE LOANS**

**SCHEDULE C**

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

# OTHER LOANS

# SCHEDULE C1

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

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 6/8/10 thru 8/4/10

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>Jet Media Promotions</u> <u>325 S. Westwood Dr. Unit #1</u> <u>Mesa AZ 85210</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>campaign signs</u>	6/14/10	646.12
b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>J+R Graphics + Printing</u> <u>638 W. Indian School Rd.</u> <u>Phoenix AZ 85013</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>campaign literature</u>	7/5/10	511.17
c.	NAME, ADDRESS, CITY, STATE AND ZIP <u>PayPal.com</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Online contribution fees</u>	7/12/10	14.82
d.	NAME, ADDRESS, CITY, STATE AND ZIP <u>PayPal.com</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>online contribution fees</u>	7/27/10	1.75
e.	NAME, ADDRESS, CITY, STATE AND ZIP <u>J+R Graphics + Printing</u> <u>638 W. Indian School Rd.</u> <u>Phoenix AZ 85013</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>postage</u>	7/28/10	7450.72
f.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Southwest Campaigns</u> <u>537 E. Willotta St. Unit 6</u> <u>Phoenix AZ 85004</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>consultant fees</u>	7/12/10	750.00
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

EXPENDITURES FOR OPERATING EXPENSES\*

SCHEDULE D

1. Committee Name Trinity For Chandler

2. ID # C10-02

3. Report covering period from 6/8/10 thru 8/4/10

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>J+R Graphics + Printing</u> <u>638 W. Indian School Rd</u> <u>Phoenix AZ 85013</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>campaign mailer</u>	7/29/10	4475.84
b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>PayPal.com</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>online contribution fees</u>	8/4/10	27.16
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)	13877.58	

\*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	<b>LOANS MADE BY THE REPORTING COMMITTEE</b>	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

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

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

2. ID # \_\_\_\_\_

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	<b>TRANSFERS MADE BY THE REPORTING COMMITTEE</b>	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.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#  DESCRIPTION		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#  DESCRIPTION		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#  DESCRIPTION		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#  DESCRIPTION		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#  DESCRIPTION		
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [Transfer total to Detailed Summary Page Line 15 Column A]			

# 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	<b>DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS</b> NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED	DATE AMOUNT RECEIVED	AMOUNT OF THE RECEIPT
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]				