



City of YUMA

POLITICAL COMMITTEE
CITY/TOWN OF YUMA, ARIZONA
CAMPAIGN FINANCE REPORT

2009 September/November Regular Election

1. COMMITTEE TO RE-ELECT EMA LEA SHOOP

Full Name of Committee

1057 W. PALMCROFT DRIVE

Address

YUMA

City

85364

ZIP Code

YUMA

County

344-2973

Phone

2. _____
Sponsoring Organization or Candidate and office

Name of Candidate and Office Sought (if applicable)

E-Mail Address Fax #

FOR OFFICE USE ONLY

RECEIVED

2009 NOV 24 PM 4:07

CITY OF YUMA
OFFICE OF THE CITY CLERK

3A. ID#

PC 2009-05

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

DUE BETWEEN

- January 31 Report - For Period of _____ * thru December 31, 2008 January 1, 2009 and January 31, 2009
- June 30 Report - For Period of January 1, 2009 thru May 31, 2009 June 1, 2009 and June 30, 2009
- Pre-Primary Election Report - For Period of June 1, 2009 thru August 12, 2009 August 13, 2009 and August 20, 2009
- Post-Primary Election Report - For Period of August 13, 2009 thru September 21, 2009 September 22, 2009 thru October 1, 2009
- Pre-General Election Report - For Period of September 22, 2009 thru October 14, 2009 October 15, 2009 and October 22, 2009
- Post-General Election Report - For Period of October 15, 2009 thru November 23, 2009 November 24, 2009 and December 3, 2009 ✓
- **January 31, Report - For Period of November 24, 2009 thru December 31, 2010 January 1, 2011 and January 31, 2011

5. **SUMMARY**

- 5a Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)
- 5b Cash on Hand at the Beginning of this Reporting Period
- 5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)
- 5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]
- 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)
- 7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]

	Column A Total This Reporting Period	Column B Election Period Total To Date
5a		
5b	43.74	
5c	256.26	
5d	\$300.00	351.26
6a		-
6b	300.00	351.26
7.	-0-	-0-

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name COMMITTEE TO RE-ELECT EMA LEA SHOOP

2. ID#

PC 2009-05

3. Report covering period from OCT 15 thru NOV 23 2009

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>SHOOP</u></td> <td><u>EMA</u></td> <td><u>LEA</u></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3"><u>1057 W. PALMCROFT DR</u></td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td><u>YUMA</u></td> <td><u>AZ</u></td> <td><u>85364</u></td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td><u>RETIRED</u></td> <td colspan="2"></td> </tr> </table>	LAST	FIRST	MI	<u>SHOOP</u>	<u>EMA</u>	<u>LEA</u>	STREET ADDRESS			<u>1057 W. PALMCROFT DR</u>			CITY	STATE	ZIP	<u>YUMA</u>	<u>AZ</u>	<u>85364</u>	OCCUPATION	EMPLOYER		<u>RETIRED</u>			<u>11/7/09</u>	<u>256.26</u>	<u>256.26</u>
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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)			<u>256.26</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 _____

2. ID # _____

3. Report covering period from _____ thru _____

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]		6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), 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 _____

2. ID # _____

3. Report covering period from _____ thru _____

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			
b.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
c.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
d.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
e.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
f.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
g.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
h.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
i.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE B <i>(If last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A)</i>			

CANDIDATE LOANS

SCHEDULE C

1.	Committee Name _____	2. ID# _____
3.	Report covering period from _____ thru _____	
4.	LOANS MADE OR GUARANTEED BY CANDIDATE	DATE RECEIVED
	NAME AND ADDRESS FROM WHOM RECEIVED	AMOUNT 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
4a	NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.			
	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			
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 COMMITTEE TO RE-ELECT EMA LEA SHOOP

2. ID.#. PC 2009-05

3. Report covering period from Oct 15 thru Nov 23, 2009

4	EXPENDITURES NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4a.	NAME, ADDRESS, CITY, STATE AND ZIP <u>EK DESIERTO</u> <u>P.O. Box 514</u> <u>Yuma Az 85364</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Political Ads (3)</u>	<u>11/7/09</u>	<u>300.⁰⁰</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>300.⁰⁰</u>

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

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 _____

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

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.	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												
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d.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%; font-size: small;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 65%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">CONTRIBUTION</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="font-size: x-small;">EXPENDITURE</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="font-size: x-small;">DESCRIPTION</td> </tr> <tr> <td style="font-size: x-small;">OCCUPATION</td> <td style="font-size: x-small;">EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">CONTRIBUTION</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="font-size: x-small;">EXPENDITURE</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	CONTRIBUTION	<input type="checkbox"/>	EXPENDITURE	<input type="checkbox"/>	DESCRIPTION		OCCUPATION	EMPLOYER		
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CONTRIBUTION	<input type="checkbox"/>												
EXPENDITURE	<input type="checkbox"/>												
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 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 <i>[If last page of Schedule F-1, transfer total to Detailed Summary Page Line 7 Column A]</i>		

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]					