



City of YUMA

POLITICAL COMMITTEE
CITY OF YUMA
CAMPAIGN FINANCE REPORT 2015
August/November Regular Election

FOR OFFICE USE ONLY

RECEIVED

2015 JUN 26 AM 11:23

CITY OF YUMA
OFFICE OF THE CITY CLERK

1. Committee to Elect Jenny Farmer - Umphress

Full Name of Committee

1402 E. KUNS COURT

Address

YUMA

AZ 85365 YUMA

City

ZIP Code

County

Phone

2. Sponsoring Organization or Candidate and office

Jenny Farmer Umphress

Name of Candidate and Office Sought (if applicable)

E-Mail Address

Fax #

3A. ID# PC 2015-04



Primary



General

4. REPORTING PERIOD (Please check appropriate box)

DUE BETWEEN

- January 31 Report - For Period of 11/26/2013 thru December 31, 2014
June 30 Report - For Period of January 1, 2015 thru May 31, 2015
Pre-Primary Election Report - For Period of June 1, 2015 thru August 13, 2015
Post-Primary Election Report - For Period of August 14, 2015 thru September 14, 2015
Pre-General Election Report - For Period of September 15, 2015 thru October 22, 2015
Post-General Election Report - For Period of October 23, 2015 thru November 23, 2015
** January 31, Report - For Period of November 24, 2015 thru December 31, 2016

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]

Table with 2 columns: Column A Total This Reporting Period, Column B Election Period Total To Date. Rows include 5a-5d, 6a, 6b, and 7.

*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: Committee to Elect Jenny Farmer-Umpires
 3 Report covering period from Jan 1, 2015 Thru May 31, 2015

2. ID#	<u>PC2015-04</u>
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4 Contributions other than loans and in-kind:		
(a) Individuals - more than \$50 (Total from Schedule A)		
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)		
(c) Political Committees (Total from Schedule B)		
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]		
(e) Refund of contributions (Total from Schedule F-2)		
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]		
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	1000.00	1000.00
(b) All other loans (Total from Schedule C-1)		
(c) Total Loans [add 5(a) and 5(b)]		
6. In-kind contributions (Total from Schedule E)		
7 Dividends, interest, and other forms of receipts (Total from Schedule F-1)		
8 Total Receipts [add 4(f), 5(c), 6, and 7]	1000.00	1000.00

DISBURSEMENTS		
9 Expenditures for operating expenses (Total from Schedule D)	64.98	64.98
10. Independent Expenditures (Total from Schedule D-1)		
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)	64.98	
16 Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	64.98	64.98
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)	0	0
18. Total disbursements [subtract line 17 from line 16]	64.98	64.98
19 Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	0	0

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.

Elizabeth L. Escalante

Type or Print Name of Treasurer

Elizabeth L. Escalante

6-26-15

Signature of Treasurer or Candidate or Designating Individual

Date

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID# <u>PC-2015-04</u>
Primary
General

1. Committee Name Committee to Elect Jenny Farmer-Lumpness

3. Report covering period from Jan 1, 2015 thru May 31, 2015

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																							
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR																											
4a	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Lumpness</td> <td>Jenny Farmer</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">1402 E. KINGS COURT</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>YUMA</td> <td>AZ</td> <td>85365</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Municipal Court Judge</td> <td colspan="2"></td> </tr> </table>	LAST	FIRST	MI	Lumpness	Jenny Farmer		STREET ADDRESS			1402 E. KINGS COURT			CITY	STATE	ZIP	YUMA	AZ	85365	OCCUPATION	EMPLOYER		Municipal Court Judge				1,000.00
LAST	FIRST	MI																									
Lumpness	Jenny Farmer																										
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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]																										

*If contributions of \$50 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1

CONTRIBUTIONS of \$50 or less - AGGREGATE TOTAL*

SCHEDULE A-1

2 ID#
Primary
General

1. Committee Name _____

3. Report covering period from _____ thru _____

4. Aggregate Total of Contributions of \$50 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 \$50 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule.

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

2. ID#
Primary
General

1. Committee Name _____

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 [If last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]			

CANDIDATE LOANS

SCHEDULE C

1.	Committee Name <i>Committee to Elect Jenny Farmer - Umphress</i>			2. ID # <i>PZ2015-04</i>		
				Primary		
				General		
3	Report covering period from <i>Jan 1, 2015</i> thru <i>May 31, 2015</i>					
4.	LOANS MADE OR GUARANTEED BY CANDIDATE			DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME AND ADDRESS FROM WHOM RECEIVED					
4a	NAME, ADDRESS, CITY, STATE, AND ZIP <i>Jenny Farmer - Umphress</i>			<i>4-27-15</i>	<i>1000.00</i>	<i>1000.00</i>
	<i>1402 E. Kuns Court Yuma, AZ 85365</i>					
	DESCRIPTION <i>Candidate loan to Campaign</i>					
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]			<i>1000.00</i>	<i>1000.00</i>	

OTHER LOANS

SCHEDULE C1

2 ID#
Primary
General

1 Committee Name _____

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

2 ID#	PC2015-04
Primary	X
General	

1. Committee Name Committee to Elect Jenny Farmer

3. Report covering period from Jan 1, 2015 thru campaign may 31, 2015

4 EXPENDITURES		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE			
4a	<p>NAME, ADDRESS, CITY, STATE AND ZIP</p> <p><u>Foothill Bank</u> <u>2295 S. 4th Ave</u> <u>YUMA, AZ 85365</u></p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</p> <p><u>Campaign checks</u></p>	<u>4-29-15</u>	<u>56.98</u>
4b	<p>NAME, ADDRESS, CITY, STATE AND ZIP</p> <p><u>Foothills Bank</u> <u>2295 S. 4th Ave</u> <u>YUMA, AZ 85365</u></p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</p> <p><u>Foothills Bank service charge</u></p>	<u>5-29-15</u>	<u>8.00</u>
4c	<p>NAME, ADDRESS, CITY, STATE AND ZIP</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</p>		
4d	<p>NAME, ADDRESS, CITY, STATE AND ZIP</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</p>		
4e.	<p>NAME, ADDRESS, CITY, STATE AND ZIP</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</p>		
4f.	<p>NAME, ADDRESS, CITY, STATE AND ZIP</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</p>		
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>64.98</u>

*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 IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4a	NAME, ADDRESS, CITY, STATE AND ZIP PURPOSE AND DESCRIPTION OF PURCHASE <input type="checkbox"/> Benefitted <input type="checkbox"/> Opposed CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4b	NAME, ADDRESS, CITY, STATE AND ZIP PURPOSE AND DESCRIPTION OF PURCHASE <input type="checkbox"/> Benefitted <input type="checkbox"/> Opposed CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4c	NAME, ADDRESS, CITY, STATE AND ZIP PURPOSE AND DESCRIPTION OF PURCHASE <input type="checkbox"/> Benefitted <input type="checkbox"/> Opposed CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 [If last page of Schedule D-1, transfer total to Detailed Summary Page Line 10, Column A]		

*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#
Primary
General

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#		
4b	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4c	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4d	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4e	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4f	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4g	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4h	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4i	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#
Primary
General

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		
4b	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4c	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4d	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4e	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4f	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#	
<input type="checkbox"/>	Primary
<input type="checkbox"/>	General

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		
4b	NAME, ADDRESS, CITY, STATE, AND ZIP		
4c	NAME, ADDRESS, CITY, STATE, AND ZIP		
4d	NAME, ADDRESS, CITY, STATE, AND ZIP		
4e	NAME, ADDRESS, CITY, STATE, AND ZIP		
4f	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#
Primary
General

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#		
4b	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4c	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4d	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4e	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4f	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#
Primary
General

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#		
4b	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4c	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4d	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4e	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4f	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

2 ID#
Primary
General

1. Committee Name _____

3 Report covering period from _____ thru _____

4.	ANY OTHER DISBURSEMENTS	DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE, DESCRIPTION		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
4e.	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

2. ID#
Primary
General

1. Committee Name _____

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		
4b	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
4c	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
4d	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#
Primary
General

1 Committee Name _____

3 Report covering period from _____ thru _____

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

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		
4a	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
4b	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
4c	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
4d	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
4e	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
4f	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

2. ID#

1 Committee Name _____

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				
4a	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
4b	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
4c	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
4d	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
4e	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]				