



STATE OF ARIZONA
COCONINO COUNTY
POLITICAL COMMITTEE
CAMPAIGN FINANCE REPORT

FOR OFFICE USE ONLY

RECEIVED

NOV 03 2014

Coconino County Elections

1. Yes for FUSD

Full Name of Committee

P.O. Box [REDACTED]

Address

Flagstaff 86002 9288536458

City Zip Code Committee Phone #

3. ID#
12-016

2. Citizens for School Success

Sponsoring Organization (if applicable)

Primary Election: August 26 2014
General Election: November 4, 2014

Name of Candidate and Office Sought (if applicable)

info@yesforfUSD.com 9287527667

Committee E-mail Address

Committee Fax #

Amended Report

4. Reporting Period	(Please Check Appropriate Box)	Due Between
a	<input type="checkbox"/> JANUARY 31ST REPORT - For Period of November 27, 2012 through December 31, 2013	Jan. 1 and Jan. 31, 2014
b	<input type="checkbox"/> JUNE 30TH REPORT - For Period of January 1, 2014 through May 31, 2014	June 1 and June 30, 2014
c	<input type="checkbox"/> PRE-PRIMARY ELECTION REPORT - For Period of June 1, 2014 through August 14, 2014	Aug. 15 and Aug. 22, 2014
d	<input type="checkbox"/> POST-PRIMARY ELECTION REPORT - For Period of August 15, 2014 through September 15, 2014	Sept. 16 and Sept. 25, 2014
e	<input checked="" type="checkbox"/> PRE-GENERAL ELECTION REPORT - For Period of September 16, 2014 through October 23, 2014	Oct. 24 and Oct. 31, 2014
f	<input type="checkbox"/> POST-GENERAL ELECTION REPORT - For Period of October 24, 2014 through November 24, 2014	Nov. 25 and Dec. 4, 2014

5.	Summary	Column A Total This Reporting Period	Column B Election Period Total to Date
5a	Total Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)		4778.32
5b	Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period)	14,166.33	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	2445.22	18,637.22
5d	Subtotal (add lines b and c for column A and add lines a and c for column B)	16,611.55	23,415.54
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)	8388.66	15192.65
7.	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	8222.89	8222.89

**DETAILED SUMMARY PAGE OF
RECEIPTS AND DISBURSEMENTS**

1. Committee Name Yes for FUSD
 3. Report covering period of September 16 - October 23, 2014

2. ID#

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)	2421.25	18,012.25
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)	23.97	624.97
(c) Political Committees (Total from Schedule B)		
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	2445.22	18637.22
(e) Refund of contributions (Total from Schedule F-2)		
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	2445.22	18,637.22
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)		
(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]	2445.22	18,637.22

DISBURSEMENTS

9. Expenditures for operating expenses (Total from Schedule D)	8,388.66	15,192.65
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)		
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	8388.66	15,192.65
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. Total disbursements [subtract line 17 from line 16]	8388.66	15,192.65
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.

Lydia C. Smith-Hemphill
 Type or Print Name of Treasurer

[Signature]
 Signature of Treasurer or Candidate or Designating Individual

11/4/14
 Date

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Yes for FUSD

2. ID#

3. Report covering period from September 16 thru October 23, 2014

4.	CONTRIBUTIONS			
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a	Name <u>Paul Rojas - CEC Electric</u> Street Address <u>1504 E Villa Rita Drive</u> City <u>Phoenix</u> State <u>AZ</u> Zip <u>85022-1268</u> Occupation _____ Employer _____	<u>9/17</u>	<u>500.00</u>	<u>500.00</u>
b	Name <u>Dolores Biggerstaff</u> Street Address _____ City _____ State _____ Zip _____ Occupation _____ Employer _____		<u>250.00</u> (less PayPal) <u>242.45</u>	<u>250.00</u> <u>242.45</u>
c	Name <u>Laura Nicol</u> Street Address _____ City _____ State _____ Zip _____ Occupation _____ Employer _____		<u>500.00</u> (less PayPal) <u>485.20</u>	<u>500.00</u> <u>485.20</u>
d	Name <u>Lucinda Andreani</u> Street Address _____ City _____ State _____ Zip _____ Occupation _____ Employer _____	<u>9/22</u>	<u>100.00</u> (less PayPal) <u>96.80</u>	<u>100.00</u> <u>96.80</u>
e	Name <u>Kerry Blume</u> Street Address <u>3505 NE Ranier Loop</u> City <u>Flagstaff</u> State <u>AZ</u> Zip <u>86004</u> Occupation _____ Employer _____	<u>9/22</u>	<u>100.00</u> (less PayPal) <u>96.80</u>	<u>100.00</u> <u>96.80</u>
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [Transfer total to Detailed Summary Page, Line 4(a), Column A]			

*If contributions of \$50 or less are listed with contributors 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 \$50 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Yes for FUSD

2. ID#

3. Report covering period from September 16 thru October 23, 2014

	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4.	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR			
a	Name <u>Norcon Industries</u> Street Address <u>5412 E Calle Cerrito</u> City <u>Guadalupe</u> State <u>AZ</u> Zip <u>85283</u> Occupation _____ Employer _____	<u>9/30/14</u>	<u>1000.00</u>	<u>1000.00</u>
b	Name _____ Street Address _____ City _____ State _____ Zip _____ Occupation _____ Employer _____			
c	Name _____ Street Address _____ City _____ State _____ Zip _____ Occupation _____ Employer _____			
d	Name _____ Street Address _____ City _____ State _____ Zip _____ Occupation _____ Employer _____			
e	Name _____ Street Address _____ City _____ State _____ Zip _____ Occupation _____ Employer _____			
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (Transfer total to Detailed Summary Page, Line 4(a), Column A)		<u>2421.25</u>	<u>2421.25</u>

*If contributions of \$50 or less are listed with contributors 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 \$50 or less - AGGREGATE TOTAL *

SCHEDULE A-1

1. Committee Name Yes for FUSD 2. ID#

3. Report covering period from September 16 thru October 23 2014

4. Aggregate Total of Contributions of \$50 or less

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
Ann McDonald	23.97	23.97
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b) Column A]	23.97	6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column 13]
		23.97

*If contributions of \$50 or less are listed with contributors 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 Yes for EUSD

2. ID#

3. Report covering period from September 16 2014 thru October 23 2014

CONTRIBUTIONS		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
IDENTITY OF CONTRIBUTOR AND DATE RECEIVED			
4.			
a	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]		
		0.00	0.00

CANDIDATE LOANS

SCHEDULE C

1. Committee Name Yes for FUSD

2. ID#

3. Report covering period from September 16, 2014 thru October 23, 2014

LOANS MADE OR GUARANTEED BY CANDIDATE				DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4. NAME, ADDRESS, FROM WHOM RECEIVED						
4a	Last	First	Initial			
Street Address						
City		State	Zip			
Description						
b	Last	First	Initial			
Street Address						
City		State	Zip			
Description						
c	Last	First	Initial			
Street Address						
City		State	Zip			
Description						
d	Last	First	Initial			
Street Address						
City		State	Zip			
Description						
e	Last	First	Initial			
Street Address						
City		State	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]					0.00

OTHER LOANS

SCHEDULE C-1

1- Committee Name Yes for FUSD

2. ID#

3. Report covering period from September 16, 2014 thru October 23, 2014

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) OF LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN				
a	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
Street Address				
City, State, Zip				
NAME OF ENDORSER OR GUARANTOR OF LOAN				
Street Address				
City, State, Zip				
Description				
b	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
Street Address				
City, State, Zip				
NAME OF ENDORSER OR GUARANTOR OF LOAN				
Street Address				
City, State, Zip				
Description				
c	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
Street Address				
City, State, Zip				
NAME OF ENDORSER OR GUARANTOR OF LOAN				
Street Address				
City, State, Zip				
Description				
d	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
Street Address				
City, State, Zip				
NAME OF ENDORSER OR GUARANTOR OF LOAN				
Street Address				
City, State, Zip				
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(b), Column A]			0.00	6.00

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name Yes for FUSD

2. ID#

3. Report covering period from September 16 2014 thru October 23, 2014

EXPENDITURES		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4. NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE			
a	Name <u>Direct Impressions</u> Street Address <u>1751 S. Thompson Street</u> City <u>Flagstaff</u> State <u>AZ</u> Zip <u>86001</u> Description of Items or Services Purchased <u>Postcard Printing</u>	<u>9/26/14</u>	<u>1978.12</u>
b	Name <u>United States Postmaster</u> Street Address <u>Postal Blvd</u> City <u>Flagstaff</u> State <u>AZ</u> Zip <u>86004</u> Description of Items or Services Purchased <u>Postage</u>	<u>9/26/14</u>	<u>2470.63</u>
c	Name <u>AZ Daily Sun</u> Street Address <u>1751 S. Thompson Street</u> City <u>Flagstaff</u> State <u>AZ</u> Zip <u>86001</u> Description of Items or Services Purchased <u>Newspaper Ads</u>	<u>10/13/14</u>	<u>3305.93</u>
d	Name <u>Jen Saunders</u> Street Address <u>742 N Bertrand</u> City <u>Flagstaff</u> State <u>AZ</u> Zip <u>86001</u> Description of Items or Services Purchased <u>Design Campaign Materials</u>	<u>10/13/14</u>	<u>604.20</u>
e	Name <u>PayPal</u> Street Address <u>PayPal.com</u> City _____ State _____ Zip _____ Description of Items or Services Purchased <u>PayPal Fees</u>	<u>10/23</u>	<u>29.78</u>
f	Name _____ Street Address _____ City _____ State _____ Zip _____ Description of Items or Services Purchased _____		
ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D (If last page of Schedule D, transfer total to Detailed Summary Page Line 9, Column A)			<u>8388.66</u>

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

1. Committee Name Yes for FUSD

2. ID#

3. Report covering period from September 16 thru October 23, 2014

INDEPENDENT EXPENDITURES		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4. IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITED OR OPPOSED			
a	Name		
	Street Address		
	City	State	
	Purpose and Description of Purchase		
	Benefited <input type="checkbox"/> Opposed <input type="checkbox"/>		
Candidate		Office Sought	Year of Election
b	Name		
	Street Address		
	City	State	
	Purpose and Description of Purchase		
	Benefited <input type="checkbox"/> Opposed <input type="checkbox"/>		
Candidate		Office Sought	Year of Election
c	Name		
	Street Address		
	City	State	
	Purpose and Description of Purchase		
	Benefited <input type="checkbox"/> Opposed <input type="checkbox"/>		
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]			0.00

* 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
	0.00

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

1. Committee Name

Yes for FUSD

2. ID#

3. Report covering period from

September 16 thru October 23, 2014

4. LOANS MADE BY THE REPORTING COMMITTEE				DATE LOAN MADE	AMOUNT OF LOAN
NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE					
a	Committee Name		ID#		
	Address				
	City	State	Zip		
b	Committee Name		ID#		
	Address				
	City	State	Zip		
c	Committee Name		ID#		
	Address				
	City	State	Zip		
d	Committee Name		ID#		
	Address				
	City	State	Zip		
e	Committee Name		ID#		
	Address				
	City	State	Zip		
f	Committee Name		ID#		
	Address				
	City	State	Zip		
g	Committee Name		ID#		
	Address				
	City	State	Zip		
h	Committee Name		ID#		
	Address				
	City	State	Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [if last page of Schedule D-2, transfer total to Detailed Summary Page, Line 12, Column A]				0.00

OFFSETS TO OPERATING EXPENSES*

SCHEDULE D-3

1. Committee Name Yes for FUSD

2. ID#

3. Report covering period from September 16 thru October 23, 2014

4. 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			
a	Name Street Address City State Zip Description of Refund		
b	Name Street Address City State Zip Description of Refund		
c	Name Street Address City State Zip Description of Refund		
d	Name Street Address City State Zip Description of Refund		
e	Name Street Address City State Zip Description of Refund		
f	Name Street Address City State 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]		0.00

* Includes return of contributions made by reporting committee

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name Yes for FUSD

2. ID#

3. Report covering period from September 16 thru October 23, 2014

4. REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE		DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE			
a	Name		
	Street Address		
	City State Zip		
b	Name		
	Street Address		
	City State Zip		
c	Name		
	Street Address		
	City State Zip		
d	Name		
	Street Address		
	City State Zip		
e	Name		
	Street Address		
	City State Zip		
f	Name		
	Street Address		
	City State Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [If last page of Schedule D-4, transfer total to Detailed Summary Page, Line 13(a), Column A]		0.00

REPAYMENT OF OTHER LOANS

SCHEDULE D-5

1. Committee Name Yes for FUSD

2. ID#

3. Report covering period from September 16 thru October 23, 2014

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		
a	Name and ID Number <hr/> Street Address <hr/> City State Zip		
b	Name and ID Number <hr/> Street Address <hr/> City State Zip		
c	Name and ID Number <hr/> Street Address <hr/> City State Zip		
d	Name and ID Number <hr/> Street Address <hr/> City State Zip		
e	Name and ID Number <hr/> Street Address <hr/> City State Zip		
f	Name and ID Number <hr/> Street Address <hr/> City State Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [if last page of schedule Transfer total to Detailed Summary Page, Line 13(b), Column A]		0.00

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

1. Committee Name Yes for FUSD

2. ID#

3. Report covering period from September 16 thru October 23, 2014

4.	TRANSFERS MADE BY THE REPORTING COMMITTEE	DATE TRANSFER WAS MADE	AMOUNT OF THE TRANSFER
	NAME, ADDRESS AND ID# TO WHOM TRANSFER (DISBURSEMENT) WAS MADE		
a	Name and ID Number		
	Street Address		
	City State Zip		
b	Name and ID Number		
	Street Address		
	City State Zip		
c	Name and ID Number		
	Street Address		
	City State Zip		
d	Name and ID Number		
	Street Address		
	City State Zip		
e	Name and ID Number		
	Street Address		
	City State Zip		
f	Name and ID Number		
	Street Address		
	City State Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A]		0.00

ANY OTHER DISBURSEMENT

SCHEDULE D-7

1. Committee Name Yes for FUSD

2. ID#

3. Report covering period from September 16 thru October 23, 2014

4. ANY OTHER DISBURSEMENT		DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION			
a	Name and ID Number Street Address City State Zip Description		
b	Name and ID Number Street Address City State Zip Description		
c	Name and ID Number Street Address City State Zip Description		
d	Name and ID Number Street Address City State Zip Description		
e	Name and ID Number Street Address City State Zip Description		
f	Name and ID Number Street Address City State Zip Description		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [if last page of Schedule D-7, transfer total to Detailed Summary Page, Line 15, Column A]		0.00

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

1. Committee Name Yes for FUSD 2. ID# _____
 3. Report covering period from September 16th October 23, 2014

IN-KIND CONTRIBUTIONS and EXPENDITURES		DATE	FAIR MARKET VALUE
4.	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN		
a	Name, Address, City, State, Zip, and ID#	CONTRIBUTION <input type="checkbox"/>	
		EXPENDITURE <input type="checkbox"/>	
	Description		
	Occupation	Employer	
b	Name, Address, City, State, Zip, and ID#	CONTRIBUTION <input type="checkbox"/>	
		EXPENDITURE <input type="checkbox"/>	
	Description		
	Occupation	Employer	
c	Name, Address, City, State, Zip, and ID#	CONTRIBUTION <input type="checkbox"/>	
		EXPENDITURE <input type="checkbox"/>	
	Description		
	Occupation	Employer	
d	Name, Address, City, State, Zip, and ID#	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 EXPENDITURES 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

1. Committee Name Yes for FUSD

2. ID#

3. Report covering period from September 16 thru October 23, 2014

	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS	DATE RECEIVED	AMOUNT OF THE RECEIPT
4.	NAME AND ADDRESS OF INDIVIDUAL (OR NAME AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM THE RECEIPT WAS RECEIVED		
a	Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> Description of Receipt		
b	Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> Description of Receipt		
c	Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> Description of Receipt		
d	Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> Description of Receipt		
e	Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> Description of Receipt		
f	Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> Description of Receipt		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-11 (if last page of Schedule F-1, transfer total to Detailed Summary Page, Line 7, Column A)		0.00

OFFSETS TO CONTRIBUTIONS RECEIVED*

SCHEDULE F-2

1. Committee Name Yes for FUSD

2. ID#

3. Report covering period from September 16 thru October 23, 2014

4.	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED	DATE REFUND WAS MADE	AMOUNT OF THE REFUND
NAME AND ADDRESS OF INDIVIDUAL (OR NAME AND ID# OF THE POLITICAL COMMITTEE) TO WHOM THE REFUND WAS MADE; DESCRIPTION			
a	Name and ID Number Street Address City State Zip Description of Refund		
b	Name and ID Number Street Address City State Zip Description of Refund		
c	Name and ID Number Street Address City State Zip Description of Refund		
d	Name and ID Number Street Address City State Zip Description of Refund		
e	Name and ID Number Street Address City State Zip Description of Refund		
f	Name and ID Number Street Address City State Zip 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]		0.00

*Includes return of contributions received by reporting committee

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

1. Committee Name Yes for FUSD

2. ID#

3. Report covering period from September 16 thru October 23, 2014

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 [if last page of Schedule F-3, transfer total to Detailed Summary Page, Line 19, Column A]				0.00