



**STATE OF ARIZONA  
COCONINO COUNTY  
POLITICAL COMMITTEE  
CAMPAIGN FINANCE REPORT**

FOR OFFICE USE ONLY

**RECEIVED**

JAN 28 2016

Coconino County Elections

3. ID#

15-004

1. Sarah Benatar 4 Treasurer



Address

Flagstaff

86004

Zip Code

(928) 853-2155

Committee Phone #

2.

Sponsoring Organization (if applicable)

Sarah Benatar, Coconino County Treasurer

Name of Candidate and Office Sought (if applicable)

benatar4treasurer@gmail.com

Committee E-mail Address

Committee Fax #

**Primary Election: August 30, 2016**

**General Election: November 8, 2016**

Amended Report

4. Reporting Period (Please Check Appropriate Box)

Due Between

		Due Between
a	<input checked="" type="checkbox"/> JANUARY 31ST REPORT - For Period of November 25, 2014 through December 31, 2015	Jan. 1 and Feb. 1, 2016
b	<input type="checkbox"/> JUNE 30TH REPORT - For Period of January 1, 2016 through May 31, 2016	June 1 and June 30, 2016
c	<input type="checkbox"/> PRE-PRIMARY ELECTION REPORT - For Period of June 1, 2016 through August 18, 2016	Aug. 19 and Aug. 26, 2016
d	<input type="checkbox"/> POST-PRIMARY ELECTION REPORT - For Period of August 19, 2016 through September 19, 2016	Sept. 20 and Sept. 29, 2016
e	<input type="checkbox"/> PRE-GENERAL ELECTION REPORT - For Period of September 20, 2016 through October 27, 2016	Oct. 28 and Nov. 4, 2016
f	<input type="checkbox"/> POST-GENERAL ELECTION REPORT - For Period of October 28, 2016 through November 28, 2016	Nov. 29 and Dec. 8, 2016

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)		\$0.00
5b	Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period)	\$0.00	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	\$650.00	\$650.00
5d	Subtotal (add lines b and c for column A and add lines a and c for column B)	\$650.00	\$650.00
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]		\$0.00
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	\$440.00	\$440.00
7.	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	\$210.00	\$210.00

**DETAILED SUMMARY PAGE OF  
RECEIPTS AND DISBURSEMENTS**

1. Committee Name Sarah Benatar 4 Treasurer  
 3. Report covering period of November 25, 2014 - December 31, 2015

2. ID#  
 15-004

**RECEIPTS**

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)  
 (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]

	Column A This Period	Column B Campaign to Date
	\$450.00	\$450.00
	\$100.00	\$100.00
	\$0.00	\$0.00
	\$550.00	\$550.00
	\$0.00	\$0.00
	\$550.00	\$550.00
	\$0.00	\$0.00
	\$0.00	\$0.00
	\$0.00	\$0.00
	\$100.00	\$100.00
	\$0.00	\$0.00
	\$650.00	\$650.00

**DISBURSEMENTS**

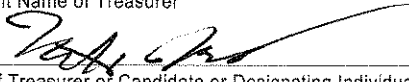
9. Expenditures for operating expenses (Total from Schedule D)
10. Independent Expenditures (Total from Schedule D-1)
11. Value of In-kind expenditures (Total from Schedule E)
12. Loans made by reporting committee (Total from Schedule D-2)
13. (a) Repayment of loans made or guaranteed by candidate (Total 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]
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)
18. Total disbursements [subtract line 17 from line 16]
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)

	\$340.00	\$340.00
	\$0.00	\$0.00
	\$100.00	\$100.00
	\$0.00	\$0.00
	\$0.00	\$0.00
	\$0.00	\$0.00
	\$0.00	\$0.00
	\$0.00	\$0.00
	\$440.00	\$440.00
	\$0.00	\$0.00
	\$440.00	\$440.00
	\$0.00	\$0.00

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.

**Nathan Jones**

Type or Print Name of Treasurer



1/27/2016

Signature of Treasurer or Candidate or Designating Individual

Date

**CONTRIBUTIONS more than \$50 - from INDIVIDUALS\***

**SCHEDULE A**

1. Committee Name Sarah Benatar 4 Treasurer

2. ID# 15-004

3. Report covering period from November 25, 2014 thru December 31, 2015

4.		CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
		NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR				
a	Name <b>James Dykes</b>	Street Address 1168 N Fox Hill Rd	09/22/2015	\$ 250.00	\$ 250.00	
	City <b>Flagstaff</b>	State <b>AZ</b>				Zip <b>86004-7882</b>
	Occupation <b>Attorney</b>	Employer <b>W.L. Gore</b>				
b	Name <b>Nathan Jones</b>	Street Address [REDACTED]	12/04/2015	\$ 200.00	\$ 200.00	
	City <b>Flagstaff</b>	State <b>AZ</b>				Zip <b>86004</b>
	Occupation <b>Attorney</b>	Employer <b>NARBHA Institute</b>				
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]			<b>\$ 450.00</b>	<b>\$ 450.00</b>	

\*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 Sarah Benatar 4 Treasurer

2. ID# 15-004
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3. Report covering period from November 25, 2014 thru December 31, 2015

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
Two individual donations of \$50 or less	\$ 100.00	\$ 100.00
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b) Column A]	<b>\$ 100.00</b>	6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column 13]
		<b>\$ 100.00</b>

\*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 Sarah Benatar 4 Treasurer

2. ID# 15-004
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3. Report covering period from November 25, 2014 thru December 31, 2015

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]			

**CANDIDATE LOANS**

**SCHEDULE C**

1. Committee Name Sarah Benatar 4 Treasurer

2. ID#
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3. Report covering period from November 25, 2014 thru December 31, 2015

LOANS MADE OR GUARANTEED BY CANDIDATE				DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, FROM WHOM RECEIVED						
4.						
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]					

**OTHER LOANS**

**SCHEDULE C-1**

1- Committee Name Sarah Benatar 4 Treasurer

2. ID#

3. Report covering period from November 25, 2014 thru December 31, 2015

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# <hr/> Street Address <hr/> City, State, Zip <hr/> NAME OF ENDORSER OR GUARANTOR OF LOAN <hr/> Street Address <hr/> City, State, Zip <hr/> Description			
b	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID# <hr/> Street Address <hr/> City, State, Zip <hr/> NAME OF ENDORSER OR GUARANTOR OF LOAN <hr/> Street Address <hr/> City, State, Zip <hr/> Description			
c	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID# <hr/> Street Address <hr/> City, State, Zip <hr/> NAME OF ENDORSER OR GUARANTOR OF LOAN <hr/> Street Address <hr/> City, State, Zip <hr/> Description			
d	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID# <hr/> Street Address <hr/> City, State, Zip <hr/> NAME OF ENDORSER OR GUARANTOR OF LOAN <hr/> Street Address <hr/> City, State, Zip <hr/> 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]				

**EXPENDITURES FOR OPERATING EXPENSES\***

**SCHEDULE D**

1. Committee Name Sarah Benatar 4 Treasurer

2. ID#  
15-004

3. Report covering period from November 25, 2014 thru December 31, 2015

4. EXPENDITURES		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE			
a	Name Page Chamber of Commerce Street Address 5 Lake Powell Blvd., Unit 3 City Page AZ State Zip 86040 Description of Items or Services Purchased Booth at 2015 Page Balloon Regatta	12/4/2015	\$75.00
b	Name American Shows Inc. Street Address 4 Via Verde City Rancho Mirage CA State Zip 92270 Description of Items or Services Purchased Booth at 2016 Flagstaff Home and Garden Show	12/4/2015	\$265.00
c	Name Street Address City State Zip Description of Items or Services Purchased		
d	Name Street Address City State Zip Description of Items or Services Purchased		
e	Name Street Address City State Zip Description of Items or Services Purchased		
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]			<b>\$340.00</b>



**INDEPENDENT EXPENDITURES\***

**SCHEDULE D-1**

1. Committee Name Sarah Benatar 4 Treasurer

2. ID# 15-004
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3. Report covering period from November 25, 2014 thru December 31, 2015

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		Zip
	Purpose and Description of Purchase			Benefited   Opposed
	Candidate	Office Sought		Year of Election
b	Name			
	Street Address			
	City	State		Zip
	Purpose and Description of Purchase			Benefited   Opposed
	Candidate	Office Sought		Year of Election
c	Name			
	Street Address			
	City	State		Zip
	Purpose and Description of Purchase			Benefited   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**

1. Committee Name Sarah Benatar 4 Treasurer

2. ID# 15-004

3. Report covering period from November 25, 2014 thru December 31, 2015

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)					

**OFFSETS TO OPERATING EXPENSES\***

**SCHEDULE D-3**

1. Committee Name Sarah Benatar 4 Treasurer

2. ID# 15-004
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3. Report covering period from November 25, 2014 thru December 31, 2015

4. <b>REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES</b>		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]		

\* Includes return of contributions made by reporting committee

**REPAYMENT OF CANDIDATE LOANS**

**SCHEDULE D-4**

1. Committee Name Sarah Benatar 4 Treasurer

2. ID# 15-004

3. Report covering period from November 25, 2014 thru December 31, 2015

4. <b>REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE</b>		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)		

**REPAYMENT OF OTHER LOANS**  
**Sarah Benatar 4 Treasurer**

**SCHEDULE D-5**

1. Committee Name

2. ID#	15-004
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3. Report covering period from November 25, 2014 thru December 31, 2015

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		
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-5 [if last page of schedule Transfer total to Detailed Summary Page, Line 13(b), Column A]		

**TRANSFERS TO OTHER POLITICAL COMMITTEES**

**SCHEDULE D-6**

1. Committee Name Sarah Benatar 4 Treasurer

2. ID# 15-004

3. Report covering period from November 25, 2014 thru December 31, 2015

4.	<b>TRANSFERS MADE BY THE REPORTING COMMITTEE</b>		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]			

**ANY OTHER DISBURSEMENT**

**SCHEDULE D-7**

1. Committee Name Sarah Benatar 4 Treasurer

2. ID# 15-004
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3. Report covering period from November 25, 2014 thru December 31, 2015

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 Photography Services		
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]		

**IN-KIND CONTRIBUTIONS and EXPENDITURES**

**SCHEDULE E**

1. Committee Name Sarah Benatar 4 Treasurer

2. ID# 15-004
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3. Report covering period from November 25, 2014 thru December 31, 2015

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# Areina Contreras 3725 S. Yaqui Dr. Apt. 2B Flagstaff, AZ 86005	CONTRIBUTION <input checked="" type="checkbox"/> EXPENDITURE <input checked="" type="checkbox"/>	9/16/2015	\$100.00
Description Photography Services			
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]		\$100.00
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]		\$100.00



**DIVIDENDS, INTEREST, AND OTHER RECEIPTS**

**SCHEDULE F-1**

1. Committee Name Sarah Benatar 4 Treasurer

2. ID# 15-004

3. Report covering period from November 25, 2014 thru December 31, 2015

4. DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS		DATE RECEIVED	AMOUNT OF THE RECEIPT
NAME AND ADDRESS OF INDIVIDUAL (OR NAME AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM THE RECEIPT WAS RECEIVED			
a	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Receipt		
b	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Receipt		
c	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Receipt		
d	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Receipt		
e	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Receipt		
f	Name and ID Number		
	Street Address		
	City State Zip		
	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]		

**OFFSETS TO CONTRIBUTIONS RECEIVED\***

**SCHEDULE F-2**

1. Committee Name Sarah Benatar 4 Treasurer

2. ID# 15-004

3. Report covering period from November 25, 2014 thru December 31, 2015

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)		

\*Includes return of contributions received by reporting committee

**DEBTS AND OBLIGATIONS (Excluding Loans)**

**SCHEDULE F-3**

1. Committee Name Sarah Benatar 4 Treasurer

2. ID# 15-004

3. Report covering period from November 25, 2014 thru December 31, 2015

4.	<b>DEBTS AND OBLIGATIONS</b>	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED				
a	Name, Address, City, State, Zip, and ID#  Description of Debt				
b	Name, Address, City, State, Zip, and ID#  Description of Debt				
c	Name, Address, City, State, Zip, and ID#  Description of Debt				
d	Name, Address, City, State, Zip, and ID#  Description of Debt				
e	Name, Address, City, State, Zip, and ID#  Description of Debt				
5	ENTER TOTAL OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD ONLY IF LAST PAGE OF SCHEDULE F-3 (if last page of Schedule F-3, transfer total to Detailed Summary Page, Line 19, Column A)				

**RESET**