



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

FOR OFFICE USE ONLY

RECEIVED

JUN 27 2016

Coconino County Elections

3. ID#

16010

1. Committee to Elect Steve Saville

Full Name of Committee

Address

Flagstaff

86004

928-526-1061

City

Zip Code

Committee Phone #

2. Sponsoring Organization (if applicable)
Steve Saville, Coconino County BOS, District #4

Name of Candidate and Office Sought (if applicable)

Steve @ cdoginc.com

Committee E-mail Address

N/A
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 type="checkbox"/> JANUARY 31ST REPORT - For Period of November 25, 2014 through December 31, 2015	Jan. 1 and Feb. 1, 2016
b	<input checked="" 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
5b	Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period)	0	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	\$ 5,050. ⁰⁰	
5d	Subtotal (add lines b and c for column A and add lines a and c for column B)	\$ 5,050. ⁰⁰	\$ 5,050. 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	
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	\$ 618. ⁹⁷	\$ 618. ⁹⁷
7.	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	\$ 4,431. ⁰³	\$ 4,431. ⁰³

**DETAILED SUMMARY PAGE OF
RECEIPTS AND DISBURSEMENTS**

1. Committee Name Committee to Elect Steve Saville
 3. Report covering period of 1/1/2016 thru 5/31/2016

2. ID#

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
\$ 50. ⁰⁰	\$ 50. ⁰⁰
\$ 5,000. ⁰⁰	\$ 5,000. ⁰⁰
\$ 5,050. ⁰⁰	\$ 5,050. 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)

\$ 618. ⁹⁷	\$ 618. ⁹⁷
\$ 618. ⁹⁷	\$ 618. ⁹⁷
\$ 618. ⁹⁷	\$ 618. ⁹⁷
\$ 1,440. ⁸²	\$ 1,440. ⁸²

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.

Steve Saville

Type or Print Name of Treasurer



6-27-2016

Signature of Treasurer or Candidate or Designating Individual

Date

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Committee to Elect Steve Saville

2. ID#

3. Report covering period from 1/1/2016 thru 5/31/2016

4. CONTRIBUTIONS		DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR					
a	Name	5/6/2016	\$50.00	\$50.00	
	Harry and Patricia Westerhaus				
	Street Address				
	3444 Childress				
	City	State	Zip		
	Hogstaff	AZ	86004		
	Occupation	Employer			
	Retired				
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]			\$50.00	

*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*

N/A

SCHEDULE A-1

1. Committee Name _____

2. ID#

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. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column 13]

*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.

N/A

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

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 Committee to Elect Steve Saville

2. ID#

3. Report covering period from 1/1/2016 thru 5/31/2016

	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	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Last <i>Saville</i></td> <td style="width: 30%;">First <i>Steve</i></td> <td style="width: 30%;">Initial <i>G.</i></td> </tr> <tr> <td colspan="3">Street Address <div style="background-color: black; height: 15px; width: 100%;"></div></td> </tr> <tr> <td>City <i>Flagstaff</i></td> <td>State <i>AZ</i></td> <td>Zip <i>86004</i></td> </tr> <tr> <td colspan="3">Description <i>loan to committee from candidate</i></td> </tr> </table>	Last <i>Saville</i>	First <i>Steve</i>	Initial <i>G.</i>	Street Address <div style="background-color: black; height: 15px; width: 100%;"></div>			City <i>Flagstaff</i>	State <i>AZ</i>	Zip <i>86004</i>	Description <i>loan to committee from candidate</i>			<i>5/9/2016</i>	<i>\$ 5,000.00</i>	<i>\$ 5,000.00</i>
Last <i>Saville</i>	First <i>Steve</i>	Initial <i>G.</i>														
Street Address <div style="background-color: black; height: 15px; width: 100%;"></div>																
City <i>Flagstaff</i>	State <i>AZ</i>	Zip <i>86004</i>														
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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]			<i>\$ 5,000.00</i>												

OTHER LOANS

N/A

SCHEDULE C-1

1- Committee Name _____

2. ID#

3. Report covering period from _____ thru _____

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				
4.				
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]				

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name Committee to Elect Steve Saville

2. ID#

3. Report covering period from 1/1/2016 thru 5/31/2016

EXPENDITURES				DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4. NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE					
a	Name	Steve Saville		5/26/2016	\$ 618.97
	Street Address	[REDACTED]			
	City	Flagstaff	AZ State Zip 86004		
	Description of Items or Services Purchased	Reimburse expenses i.e, office supplies, printing, etc			
b	Name				
	Street Address				
	City		State Zip		
	Description of Items or Services Purchased				
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)]					\$ 618.97

nc/A

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

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

N/A

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

1. Committee Name _____

2. ID#

3. Report covering period from _____

thru _____

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Committee Name</td> <td>ID#</td> </tr> <tr> <td colspan="3">Address</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> </table>	Committee Name		ID#	Address			City	State	Zip		
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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]											

N/A

OFFSETS TO OPERATING EXPENSES*

SCHEDULE D-3

1. Committee Name _____

2. ID#

3. Report covering period from _____ thru _____

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]		

* Includes return of contributions made by reporting committee

N/A

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name _____

2. ID#

3. Report covering period from _____ thru _____

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)		

N/A

REPAYMENT OF OTHER LOANS

SCHEDULE D-5

1. Committee Name _____

2. ID# _____

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			
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]		

N/A

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

4. TRANSFERS MADE BY THE REPORTING COMMITTEE			
	NAME, ADDRESS AND ID# TO WHOM TRANSFER (DISBURSEMENT) WAS MADE	DATE TRANSFER WAS MADE	AMOUNT OF THE TRANSFER
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]		

N/A

ANY OTHER DISBURSEMENT

SCHEDULE D-7

1. Committee Name _____

2. ID#

3. Report covering period from _____ thru _____

	ANY OTHER DISBURSEMENT	DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
4.	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]		

N/A

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

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# <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">Description</div> <div style="width: 50%;"> CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> </div> </div> Occupation _____ Employer _____		
b	Name, Address, City, State, Zip, and ID# <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">Description</div> <div style="width: 50%;"> CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> </div> </div> Occupation _____ Employer _____		
c	Name, Address, City, State, Zip, and ID# <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">Description</div> <div style="width: 50%;"> CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> </div> </div> Occupation _____ Employer _____		
d	Name, Address, City, State, Zip, and ID# <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">Description</div> <div style="width: 50%;"> CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> </div> </div> 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)		

N/A

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

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]		

N/A

OFFSETS TO CONTRIBUTIONS RECEIVED*

SCHEDULE F-2

1. Committee Name _____

2. ID#

3. Report covering period from _____ thru _____

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 Committee to Elect Steve Saville

2. ID#

3. Report covering period from 1/1/2016 thru 5/31/2016

4. DEBTS AND OBLIGATIONS		OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
a	Name, Address, City, State, Zip, and ID# <i>Tom Alexander Photography 427 S. San Francisco Flag. AZ 86001</i>		<i>\$70.82</i>	<i>0</i>	<i>\$70.82</i>
	Description of Debt <i>Photography Services</i>				
b	Name, Address, City, State, Zip, and ID# <i>Joan Curstensen Design 2601 N. Ft. Valley Rd. Flag. AZ 86001</i>		<i>\$800.00</i>	<i>0</i>	<i>\$800.00</i>
	Description of Debt <i>Design Services</i>				
c	Name, Address, City, State, Zip, and ID# <i>Anne Marie Mackler Wordsmith 3405 N. Harris Way Flag. AZ 86004</i>		<i>\$570.00</i>	<i>0</i>	<i>\$570.00</i>
	Description of Debt <i>Writing Services</i>				
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)				<i>\$1,440.82</i>

RESET