



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

FOR OFFICE USE ONLY

RECEIVED

JUN 28 2016

Coconino County Elections

1. Christine Gannon for County Supervisor

Full Name of Committee

Address

Parks 86018 928-853-4626

City Zip Code Committee Phone #

3. ID# 16-013

2. _____

Sponsoring Organization (if applicable)

Primary Election: August 30, 2016

General Election: November 8, 2016

Name of Candidate and Office Sought (if applicable)

Committee E-mail Address

Committee Fax #

Amended Report

4. Reporting Period (Please Check Appropriate Box)

Due Between

a	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	PRE-PRIMARY ELECTION REPORT - For Period of June 1, 2016 through August 18, 2016	Aug. 19 and Aug. 26, 2016
d	POST-PRIMARY ELECTION REPORT - For Period of August 19, 2016 through September 19, 2016	Sept. 20 and Sept. 29, 2016
e	PRE-GENERAL ELECTION REPORT - For Period of September 20, 2016 through October 27, 2016	Oct. 28 and Nov. 4, 2016
f	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)		
5b	Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous 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)		

**DETAILED SUMMARY PAGE OF
RECEIPTS AND DISBURSEMENTS**

1. Committee Name Christine Gannon for County Supervisor

2. ID# 16-013

3. Report covering period of Jan 1, 2016 - May 31, 2016

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
	105	105
	0	0
	0	0
	105	105
	0	0
	105	105
	0	0
	0	0
	0	0
	0	0
	105	105

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)

	\$19.98	\$19.98
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	\$19.98	\$19.98
	0	0
	\$19.98	\$19.98
	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.

John J Chadwick TD
Type or Print Name of Treasurer

[Signature]
Signature of Treasurer or Candidate or Designating Individual

6/7/16
Date

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Christine Gannon for County Supervisor

2. ID# 116-013

3. Report covering period from Jan 1, 2016 thru May 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 <u>Christine Gannon</u>			4/29/16	\$105	\$105
	Street Address [REDACTED]					
	City <u>Park</u>	State <u>AZ</u>	Zip <u>86018</u>			
	Occupation <u>Nurse</u>		Employer <u>Flagstaff Medical Center</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]				\$105	\$105

*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 Christine Gannon for County Supervisor

2. ID# 16-013

3. Report covering period from Jan 1, 2016 thru May 31, 2016

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.

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

1. Committee Name Christine Gannon for County Supervisor

2. ID# 16-013

3. Report covering period from Jan 1, 2016 thru May 31, 2016

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 Christine Gannon for County Supervisor

2. ID# 16-013

3. Report covering period from Jan 1, 2016 thru May 31, 2016

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 Christine Gannon for County Supervisor

2. ID# 16-013

3. Report covering period from Jan 1, 2010 thru May 31, 2010

ALL OTHER LOANS				
4.	NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OF LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
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 Christine Gannon for County Supervisor

2. ID# 16-013

3. Report covering period from Jan 1, 2016 thru May 31, 2016

EXPENDITURES				DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4. NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE					
a	Name <u>Christine Gannon</u>			6/14/16	\$19.98
	Street [REDACTED]				
	City <u>PARKS</u>	State <u>AZ</u>	Zip <u>86018</u>		
	Description of Items or Services Purchased <u>Business Cards</u>				
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]					\$19.98

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

1. Committee Name Christine Gannon for County Supervisor

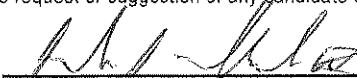
2. ID# 10-013

3. Report covering period from Jan 1, 2016 thru May 31, 2016

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
Christine Gannon Flagstaff Medical Center	\$105

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

1. Committee Name Christine Gannon For County Supervisor
 3. Report covering period from Jan 1, 2016 thru May 31, 2016

2. ID# 16-013

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 Christine Gannon for County Supervisor

2. ID# 16-013

3. Report covering period from Jan 1, 2016 thru May 31, 2016

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

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name Christine Gannon for County Supervisor 2. ID# 16-013
 3. Report covering period from Jan 1, 2016 thru May 31, 2016

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]		<u> </u>

REPAYMENT OF OTHER LOANS

SCHEDULE D-5

1. Committee Name Christine Gannon for County Supervisor

2. ID# 10-013

3. Report covering period from Jan 1, 2016 thru May 31, 2016

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)			—

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

1. Committee Name Christine Gannon for County Supervisor

2. ID# 16-013

3. Report covering period from Jan 1, 2016 thru May 31, 2016

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]			—

ANY OTHER DISBURSEMENT

SCHEDULE D-7

1. Committee Name Christine Gannon for County Supervisor

2. ID# 16-013

3. Report covering period from Jan 1, 2016 thru May 31, 2016

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]		—

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

1. Committee Name Christine Gannon for County Supervisor

2. ID# 16-013

3. Report covering period from Jan 1, 2016 thru May 31, 2016

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 Christine Gannon for County Supervisor

2. ID# 10-013

3. Report covering period from Jan 1, 2010 thru May 31, 2010

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]		<u>—</u>

OFFSETS TO CONTRIBUTIONS RECEIVED*

SCHEDULE F-2

1. Committee Name Christine Cannon for County Supervisor

2. ID# 16-013

3. Report covering period from Jan 1, 2016 thru May 31, 2016

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]		<u>—</u>

*Includes return of contributions received by reporting committee

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

1. Committee Name Christine Giannon for County Supervisor

2. ID# 16-013

3. Report covering period from Jan 1, 2016 thru May 31, 2016

4		OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
DEBTS AND OBLIGATIONS					
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]				—

