



STATE OF ARIZONA
COCONINO COUNTY
POLITICAL COMMITTEE
CAMPAIGN FINANCE REPORT

FOR OFFICE USE ONLY

RECEIVED

AUG 26 2016

Coconino County Elections

3. ID#

16-0001

1. ROBBINS FOR SUPERIOR COURT JUDGE
Full Name of Committee

[Redacted]

Address FLAG STAFF 86001 928-774-9321
City Zip Code Committee Phone #

2. Sponsoring Organization (if applicable)
GARY ROBBINS, SUPERIOR CT., DIV. 5

Name of Candidate and Office Sought (if applicable)

Committee E-mail Address robbins.lzw@gnars1.com Committee Fax #

Primary Election: August 30, 2016
General Election: November 8, 2016

Amended Report

| 4. Reporting Period | (Please Check Appropriate Box) | 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 type="checkbox"/> JUNE 30TH REPORT - For Period of January 1, 2016 through May 31, 2016 | June 1 and June 30, 2016 |
| c | <input checked="" 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) | | 4 |
| 5b | Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period) | 530.40 | |
| 5c | Total Receipts (from corresponding columns on Detailed Summary Page, Line 8) | 6 | 819.00 |
| 5d | Subtotal (add lines b and c for column A and add lines a and c for column B) | 530.40 534.50 | 819.00 |
| 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] | | |
| 6b | Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18) | 530.40 | 819.00 |
| 7. | Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d) | 0 | 0 |

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name ROBBINS FOR SUPERIOR COURT

2. ID#

3. Report covering period from JUNE 1 - AUG 15 thru AUG 15

| 4. | CONTRIBUTIONS | | | DATE RECEIVED | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|----|---|----------|-----|---------------|-----------------------------|--|
| | NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR | | | | | |
| a | Name | | | | | |
| | Street Address | | | | | |
| | City | State | Zip | | | |
| | Occupation | Employer | | | | |
| 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) | | | | | |

*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 _____

| |
|--------|
| 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 |
|---|-----------------------------|--|
| <p><i>NONE</i></p> | | |
| <p>5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b) Column A]</p> | | <p>6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column 13]</p> |

*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 _____

| |
|--------|
| 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 _____

| |
|--------|
| 2. ID# |
|--------|

3. Report covering period from _____ thru _____

| 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] | | | | | |

OTHER LOANS

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 |
|---|---|--------------------|----------------|--|
| 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 | | | |
| 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

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

| | EXPENDITURES | DATE EXPENDITURE MADE | AMOUNT OF THE EXPENDITURE |
|--|--|-----------------------|---------------------------|
| 4. | NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE | | |
| a | Name: <u>DEAN CONSTANBERGER</u> Street Address: <u>850 F SLOVIEW ST</u> City: <u>FLAGSTAD</u> State: <u>AZ</u> Zip: <u>86004</u> Description of Items or Services Purchased: <u>REPAYMENT OF CONTRIBUTION</u> | <u>7/13/16</u> | <u>400.00</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] | | | |

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 |
|--|--------|
| | |
| | |
| | |

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 | 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 _____

| |
|--------|
| 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

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

2. ID#

1. Committee Name _____

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 <i>GARY E. ROBBINS</i> <div style="background-color: black; width: 100%; height: 15px; margin-top: 5px;"></div> City State Zip <i>FLAGSTAFF AZ 86001</i> | <i>7/29/16</i> | <i>130.40</i> |
| 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 | | |
| g | 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

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) | | |

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 | 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 _____

| |
|--------|
| 2. ID# |
|--------|

3. Report covering period from _____ thru _____

| 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 <hr/> Street Address <hr/> City State Zip <hr/> Description | | |
| b | Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> Description | | |
| c | Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> Description | | |
| d | Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> Description | | |
| e | Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> Description | | |
| f | Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> 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 _____

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 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;">Name, Address, City, State, Zip, and ID#</td> <td> CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> </td> </tr> <tr> <td colspan="2">Description</td> </tr> <tr> <td>Occupation</td> <td>Employer</td> </tr> </table> | Name, Address, City, State, Zip, and ID# | CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> | Description | | Occupation | Employer | / | |
| Name, Address, City, State, Zip, and ID# | CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> | | | | | | | | |
| Description | | | | | | | | | |
| Occupation | Employer | | | | | | | | |
| b | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;">Name, Address, City, State, Zip, and ID#</td> <td> CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> </td> </tr> <tr> <td colspan="2">Description</td> </tr> <tr> <td>Occupation</td> <td>Employer</td> </tr> </table> | Name, Address, City, State, Zip, and ID# | CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> | Description | | Occupation | Employer | | |
| Name, Address, City, State, Zip, and ID# | CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> | | | | | | | | |
| Description | | | | | | | | | |
| Occupation | Employer | | | | | | | | |
| c | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;">Name, Address, City, State, Zip, and ID#</td> <td> CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> </td> </tr> <tr> <td colspan="2">Description</td> </tr> <tr> <td>Occupation</td> <td>Employer</td> </tr> </table> | Name, Address, City, State, Zip, and ID# | CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> | Description | | Occupation | Employer | | |
| Name, Address, City, State, Zip, and ID# | CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> | | | | | | | | |
| Description | | | | | | | | | |
| Occupation | Employer | | | | | | | | |
| d | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;">Name, Address, City, State, Zip, and ID#</td> <td> CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> </td> </tr> <tr> <td colspan="2">Description</td> </tr> <tr> <td>Occupation</td> <td>Employer</td> </tr> </table> | Name, Address, City, State, Zip, and ID# | CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> | Description | | Occupation | Employer | | |
| 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 _____

2. ID# _____

3. Report covering period from _____ thru _____

| | 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 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 _____

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 _____

| |
|--------|
| 2. ID# |
|--------|

3. Report covering period from _____ thru _____

| | DEBTS AND OBLIGATIONS | OUTSTANDING BALANCE BEGINNING THIS PERIOD | AMOUNT INCURRED THIS PERIOD | PAYMENT THIS PERIOD | OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|----|--|--|-----------------------------------|------------------------|--|
| 4. | 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