



**COCONINO COUNTY
POLITICAL COMMITTEE
TERMINATION STATEMENT**

A.R.S. §§16-904, 16-914 and 16-915.01

RECEIVED

AUG 26 2016

Coconino County Elections

ID #
16-0001

Candidate Committee

Political Committee

NAME OF CANDIDATE/COMMITTEE (For a ballot measure committee, name shall include official petition serial number)			DATE	
ROBBINS FOR SUPERIOR COURT JUDGE			8/26/16	
RESIDENCE ADDRESS (Number and Street)		CITY	STATE	ZIP
[REDACTED]		FLAGSTAFF	AZ	86004
MAILING ADDRESS (if different from above)		CITY	STATE	ZIP
[REDACTED]		FLAGSTAFF	AZ	86001
COMMITTEE TELEPHONE #	COMMITTEE FAX #	COMMITTEE E-MAIL ADDRESS		
928-774-4321		robbins.law@gmail.com		

SELECT THE BOX(ES) THAT APPLY:

- A. For committees registered with a \$500 Threshold Exemption Statement: This is to certify that all contributions received and all expenditures made on behalf of the political committee indicated above did not exceed \$500 for the _____ election cycle, that the committee will no longer receive any contributions or make any expenditures, that the committee has no outstanding debts or obligations, and that the surplus monies have been disposed of pursuant to ARS §16-915.01.
- B. For committees registered with a Statement of Organization: This is to certify that all contributions received and all expenditures made on behalf of the political committee indicated above have been reported as required by ARS §16-913. We further certify that the political committee will no longer receive any contributions or make any expenditures, that the committee has no outstanding debts or obligations, and that the surplus monies have been disposed of pursuant to ARS §16-915.01.
- Please mark the appropriate statement below:
- The disposition of surplus monies was reported on the campaign finance report filed on: 8/26/16
- The disposition of surplus monies is reported on the **attached** campaign finance report.
- C. This is to certify that the political committee indicated above has terminated its activities in **Coconino County**. The undersigned chairman and treasurer hereby attest that the intent of this political committee is to remain active in other jurisdictions and that all remaining monies shall be used for activity in other jurisdictions.
- D. This is to certify that the political committee indicated above has transferred the committee's debts and obligations to a subsequent committee as indicated below:

Name of Political Committee

ID Number

\$500 THRESHOLD EXEMPTION COMMITTEES

CANDIDATE – or – POLITICAL COMMITTEE OFFICER'S STATEMENT: I certify under penalty of perjury that this statement of termination pursuant to ARS §16-914 is true and complete.

DATE	PRINTED NAME	SIGNATURE

STATEMENT OF ORGANIZATION COMMITTEES

CHAIRMAN AND TREASURER'S STATEMENT: I certify under penalty of perjury that this statement of termination pursuant to ARS §16-914 is true and complete.

DATE	PRINTED NAME	SIGNATURE
8/26/16	GARY ROBBINS	<i>[Signature]</i>
8/26/16	VIRIA RUSSO	<i>[Signature]</i> For Viria Russo



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@qwest.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

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

1. Committee Name _____

2. ID#

3. Report covering period of _____

RECEIPTS

	Column A This Period	Column B Campaign to Date
4. Contributions other than loans and in-kind:		
(a) Individuals - more than \$50 (Total from Schedule A)		
(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]		

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)

	400.00	688.60
	130.40	130.40
	530.40	819.00

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.

GARY ROBBINS FOR KIRA RUSSO

Type or Print Name of Treasurer

[Signature]

8/26/16

Signature of Treasurer or Candidate or Designating Individual

Date

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 18

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 CONSTABLER GER</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>	7/13/16	400.00
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: _____		/
g	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>	<i>7/29/16</i>	<i>130.40</i>
			
	City <i>FLAGSTAFF</i> State <i>AZ</i> Zip <i>86001</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 _____

	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]		

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 _____

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 _____

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