



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

FOR OFFICE USE ONLY

RECEIVED

SEP 06 2016

Coconino County Elections

1. Apirion for Coconino County Attorney Committee (16-011)

Address
 Flagstaff 86001 9286073044
 City Zip Code Committee Phone #

3. ID#

16-011

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

	Reporting Period	Due Between
a	JANUARY 31ST REPORT - For Period of November 25, 2014 through December 31, 2015	Jan. 1 and Feb. 1, 2016
b	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	<input checked="" type="checkbox"/> 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)		\$25.00
5b	Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period)	\$25.00	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	0.00	\$220.00
5d	Subtotal (add lines b and c for column A and add lines a and c for column B)	\$25.00	\$25.00
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)	25.00	220.00
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 Apirion for Coconino County Attorney Committee (16-011)

2. ID# 16-011

3. Report covering period of ~~January 1, 2016 through May 31, 2016~~ 08/19/16 - 09/05/16

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
	\$0.00	\$220.00
	\$0.00	\$0.00
	\$0.00	\$0.00
	\$0.00	\$220.00
	\$0.00	\$0.00
	\$0.00	\$220.00
	\$0.00	\$0.00
	\$0.00	\$0.00
	\$0.00	\$0.00
	\$0.00	\$0.00
	\$0.00	\$220.00
	\$0.00	\$0.00
	\$0.00	\$0.00
	\$0.00	\$220.00


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)

	\$25.00	\$220.00
	\$0.00	\$0.00
	\$0.00	\$0.00
	\$0.00	\$0.00
	\$0.00	\$0.00
	\$0.00	\$0.00
	\$0.00	\$0.00
	\$0.00	\$0.00
	\$0.00	\$0.00
	\$0.00	\$0.00
	\$0.00	\$0.00
	\$0.00	\$0.00
	\$0.00	\$0.00
	\$25.00	\$220.00
	\$0.00	\$0.00

20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to the best of my knowledge and belief it is true and complete.

type or Print Name of Treasurer JONATHAN APIRION

Signature of Treasurer or Candidate or Designating Individual 

Date 09/05/16

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Apirion for Coconino County Attorney Committee (16-011)

2. ID# 16-011

3. Report covering period from 08/19/16, 2016 thru 09/05, 2016

4. CONTRIBUTIONS		DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR				
a	Name Sprouts Street Address 1560 Riordan Ranch St. 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]		\$ 0.00	\$ 220.00

*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*

SCHEDULE A-1

1. Committee Name Apiron for Coconino County Attorney Committee (16-011)

2. ID# 16-011

3. Report covering period from 08/19, 2016 thru 09/05, 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]	\$ 0.00	6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column 13]
		\$ 0.00

*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 Apirion for Coconino County Attorney Committee (16-011)

2. ID# 16-011

3. Report covering period from ~~January 1, 2016~~ 08/14/16 thru 08/05, 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 Apirion for Coconino County Attorney Committee (16-011)

2. ID# 16-011

3. Report covering period from 08/19, 2016 thru 09/05, 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					
	1560 Riordan Ranch St.					
	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]					\$ 0.00

OTHER LOANS

SCHEDULE C-1

1- Committee Name Apirion for Coconino County Attorney Committee (16-011)

2. ID#

3. Report covering period from 09/19, 2016 thru 09/05, 2016

ALL OTHER LOANS			
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
<p>a</p> <p>NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#</p> <p>Street Address</p> <p>City, State, Zip</p> <p>NAME OF ENDORSER OR GUARANTOR OF LOAN</p> <p>Street Address</p> <p>City, State, Zip</p> <p>Description</p>			
<p>b</p> <p>NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#</p> <p>Street Address</p> <p>City, State, Zip</p> <p>NAME OF ENDORSER OR GUARANTOR OF LOAN</p> <p>Street Address</p> <p>City, State, Zip</p> <p>Description</p>			
<p>c</p> <p>NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#</p> <p>Street Address</p> <p>City, State, Zip</p> <p>NAME OF ENDORSER OR GUARANTOR OF LOAN</p> <p>Street Address</p> <p>City, State, Zip</p> <p>Description</p>			
<p>d</p> <p>NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#</p> <p>Street Address</p> <p>City, State, Zip</p> <p>NAME OF ENDORSER OR GUARANTOR OF LOAN</p> <p>Street Address</p> <p>City, State, Zip</p> <p>Description</p>			
<p>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]</p>			<p>\$ 0.00</p>

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name Apirion for Coconino County Attorney Committee (16-011)

2. ID# 16-011

3. Report covering period from 08/19, 2016 thru 09/05, 2016

EXPENDITURES				DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4.	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE				
a	Name Sprouts			9/1/2016	\$25.00
	Street Address 1560 Riordan Ranch St.				
	City Flagstaff	State AZ	Zip 86001		
	Description of Items or Services Purchased food for volunteer meal				
b	Name				
	Street Address				
	City Flagstaff	State AZ	Zip 86001		
	Description of Items or Services Purchased				
c	Name				
	Street Address				
	City Flagstaff	State AZ	Zip 86001		
	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)					\$25.00

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

1. Committee Name Apirion for Coconino County Attorney Committee (16-011)

2. ID#

3. Report covering period from 08/19, 2016 thru 04/05, 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]					\$0.00	

* 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
Jonathan Apirion, attorney, self employed	\$220.00

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

1. Committee Name Apirion for Coconino County Attorney Committee (16-011)

2. ID# 16-011

3. Report covering period from 08/16, 2016 thru 01/01, 2016

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)				\$0.00

OFFSETS TO OPERATING EXPENSES*

SCHEDULE D-3

1. Committee Name Apirion for Coconino County Attorney Committee (16-011)

2. ID# 16-011

3. Report covering period from 06/16, 2016 thru 06/01, 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]		\$0.00

* Includes return of contributions made by reporting committee

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name Apirion for Coconino County Attorney Committee (16-011)

2. ID# 16-011

3. Report covering period from 08/16, 2016 thru 09/05, 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)		\$0.00

REPAYMENT OF OTHER LOANS

SCHEDULE D-5

1. Committee Name Apirion for Coconino County Attorney Committee (16-011)

2. ID# 16-011

3. Report covering period from 08/16, 2016 thru 09/05, 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]		\$0.00

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

1. Committee Name Apirion for Coconino County Attorney Committee (16-011)

2. ID# 16-011

3. Report covering period from 08/16, 2016 thru 04/15, 2016

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]		\$0.00

ANY OTHER DISBURSEMENT

SCHEDULE D-7

1. Committee Name Apiron for Coconino County Attorney Committee (16-011)

2. ID# 16-011

3. Report covering period from 08/16, 2016 thru 08/05, 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]		\$0.00

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

1. Committee Name Apirion for Coconino County Attorney Committee (16-011)

2. ID# 16-011

3. Report covering period from 08/16, 2016 thru 01/03, 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)					\$0.00
6. ENTER TOTAL IN-KIND EXPENDITURES ONLY IF LAST PAGE OF SCHEDULE E (if last page of Schedule E, transfer total to Detailed Summary Page, Line 11, Column A)					\$0.00

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

1. Committee Name Apirion for Coconino County Attorney Committee (16-011)

2. ID# 16-011

3. Report covering period from 08/16, 2016 thru 04/05, 2016

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 1560 Riordan Ranch St. 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]		\$ 0.00

OFFSETS TO CONTRIBUTIONS RECEIVED*

SCHEDULE F-2

1. Committee Name Apirion for Coconino County Attorney Committee (16-011)

2. ID# 16-011

3. Report covering period from 02/16, 2016 thru 02/05, 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]		\$0.00

*Includes return of contributions received by reporting committee

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

1. Committee Name Apiron for Coconino County Attorney Committee (16-011)

2. ID# 16-011

3. Report covering period from 08/16, 2016 thru 09/05 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	<p>Name, Address, City, State, Zip, and ID#</p> <hr/> <p>Description of Debt</p>				
b	<p>Name, Address, City, State, Zip, and ID#</p> <hr/> <p>Description of Debt</p>				
c	<p>Name, Address, City, State, Zip, and ID#</p> <hr/> <p>Description of Debt</p>				
d	<p>Name, Address, City, State, Zip, and ID#</p> <hr/> <p>Description of Debt</p>				
e	<p>Name, Address, City, State, Zip, and ID#</p> <hr/> <p>Description of Debt</p>				
5	<p>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)</p>				<p>\$0.00</p>

