

STATE OF ARIZONA COCONINO COUNTY POLITICAL COMMITTEE CAMPAIGN FINANCE REPORT

Apirion for Coconino County Attorney Committee (16-011)

FOR OFFICE USE ONLY

RECEIVED

SEP 0 6 2016

Coconino County Elections

						oconino County Elections		
	Address				3. ID#			
	Flagstaff	86001	928607	73044		-011		
_	City	Zip Code	Commi	ttee Phone #				
2.	Sponsoring Organization (f applicable)				ction: August 30, 2016 tion: November 8, 2016		
	Name of Candidate and O	ffice Sought (if applicable)						
	Committee E-mail Address	3	Com	ımittee Fax #		Amended Report		
4.	Reporting Period	(Please Check Appropriate Box)			Ĺ	ue Between		
а	JANUARY 31ST	ember 25, 2014 through December 31, 20	15		Jan. 1 ar	nd Feb. 1, 2016		
b	JUNE 30TH RE For Period of Janu	PORT - pary 1, 2016 through May 31, 2016			June 1 a	nd June 30, 2016		
C	1 1	ELECTION REPORT - 1, 2016 through August 18, 2016			Aug. 19 a	nd Aug. 26, 2016		
d	✓ POST-PRIMAR	Y ELECTION REPORT - ist 19, 2016 through September 19, 2016			Sept. 20 a	nd Sept. 29, 2016		
е	PRE-CENERAL ELECTION REPORT					Oct. 28 and Nov. 4, 2016		
f	POST-GENERA	L ELECTION REPORT - ber 28, 2016 through November 28, 2016			Nov. 29 a	and Dec. 8, 2016		
	JL. W. S. C.		<u> </u>		***	A CONTRACTOR OF THE PROPERTY O		
5.		Summary		ļ	mn A porting Period	Column B Election Period Total to Date		
5a	Total Surplus from Prev Organization was filed f	ious Campaign (or at time Statement of or the new committee)				\$25.00		
5b	Cash on Hand at the Be from the previous report	ginning of this Reporting Period (ending b ing period)	alance		\$25.00			
	Line 8)	rresponding columns on Detailed Summa			0.00	\$220.00 \$ 25 ,00		
5d	B)	d c for column A and add lines a and c fo			€ Z 5.50	₹25,00		
da 	Election Period (or at time [Do not add or subtract this	-	committee)			0		
di	Page, Line 18)	om corresponding columns on Detailed Su			25.00	ZZD.00		
7.	Cash on Hand at Close	of Reporting Period (Subtract Line 6b from	Line 5d)					

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2

1. Committee Name Apirion for Coconino County Attorney Committee (16-011)	2.110# 16	-011
3. Report covering period of Anuary 1, 2016 through May 31, 2016 OS/19/16	09/01/6	
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)	\$0.00	\$220.00
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)	\$0.00	\$0.00
(c) Political Committees (Total from Schedule B)	\$0.00	\$0.00
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	\$0.00	\$220.00
(e) Refund of contributions (Total from Schedule F-2)	\$0.00	\$0.00
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	\$0.00	\$220.00
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	\$0.00	\$0.00
(b) All other loans (Total from Schedule C-1)	\$0.00	\$0.00
(c) Total Loans [add 5(a) and 5(b)]	\$0.00	\$0.00
6. In-kind contributions (Total from Schedule E)	\$0.00	\$0.00
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	\$0.00	\$0.00
8. Total Receipts [add 4(f), 5(c), 6, and 7]	\$0.00	\$220.00
9. Expenditures for operating expenses (Total from Schedule D)	\$25.00	\$220.00
DISBURSEMENTS		
		<u> </u>
10. Independent Expenditures (Total from Schedule D-1)	\$0.00	\$0.00
11. Value of In-kind expenditures (Total from Schedule E)	\$0.00	\$0.00
12. Loans made by reporting committee (Total from Schedule D-2)	\$0.00	\$0.00
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)	\$0.00	\$0.00
(b) Repayment of all other loans (Total from Schedule D-5)	\$0.00	\$0.00
(c) Total Loan Repayments [add 13(a) and 13(b)]	\$0.00	\$0.00
14. Transfers to other political committees (Total from Schedule D-6)	\$0.00	\$0.00
15. Any other disbursement (Total from Schedule D-7)	\$0.00	
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	\$0.00	\$0.00
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)	\$0.00	\$0.00
18. Total disbursements [subtract line 17 from line 16]	\$25.00	\$220.00
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	\$0.00	\$0.00
20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report a and complete.	and to the best of my knowled	ge and belief it is true
Type or Print Name of Treasurer APINION	VIII NOOMAN LIINAAN AANAAN AANAAN AANAAN AANAAN AANAAN AANAAN	
2 11	09/05/16	
Signature of Treasurer or Cardidate or Designating Individual	Date	
V		revised 12/2013

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Apiric	n for Coconin	o County	Attorney Committee (16-011)	2. ID# (6-01)
3. Report covering period from	Of /19/18	,2016	thru 09/55, 2016	

Г		CONTRIBUTIONS		h 12/01/01/	CUMULATIVE	
4.	NAME, ADDRES:	S, OCCUPATION AND EMPLOYER OF	CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	TOTAL THIS CAMPAIGN TO DATE
a	Name Sprouts					
	Street Address 1560 Riordan Ran	ch St.				
	City	State	Zip			
	Occupation	Employer				
b	Name					
	Street Address				·	
	City	State	Zip			
	Occupation	Employer				
С	Name					
	Street Address					
	City	State	Zip			
	Occupation	Employer			·	
d	Name					
	Street Address					
	City	State	Zip			
	Occupation	Employer				
е	Name					
	Street Address					And the second s
	City	State	Zip			
	Occupation	Employer				
5		ENTER TOTAL ONLY IF LAST PAGE OF Transfer total to Detailed Summary Page, Li	F SCHEDULE A ine 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.

Schedule A Page _____ of ____ revised 12/2013

CONTRIBUTIONS of \$50 or less - AGGREGATE TOTAL* 1. Committee Name Apirion for Coconino County Attorney Committee (16-011) 2. ID# (6-01) 3. Report covering period from 6.2016 thru 6.2016 thru 6.2016

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		6. CUMULATIVE TOTAL THIS	
Detailed Summary Page, Line 4(b) Column AJ	\$ 0.00	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.

	CONTRIB	SUTIONS FROM POLITICAL COMM	MITTEES	SCHEDULE B
1.	Committee Name Apirion fo	or Coconino County Attorney Committee (16-01	l1)	2. ID# (6-0)1
3.	Report covering period from	Ja puary 1, 2016 - 08/14//6	thru <u>09/85,</u> 201	6
		CONTRIBUTIONS	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS
4.	IDENTIT	Y OF CONTRIBUTOR AND DATE RECEIVED	THIS PERIOD	CAMPAIGN TO DATE
a	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
Б	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED	-		
Ç	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
đ	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
е	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	1		

NAME, ADDRESS, CITY, STATE AND ZIP

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]

i ID#

DATE RECEIVED

Schedule B	Page_	1	of	<u> </u>
		revise	d	12/2013

CANDIDATE LOANS

SCHEDULE C

1. Committee Name	Apirion f	or Coconinc	County A	Attorney Committee (16-011)	2.10# /6-011
3 Report covering per	riad from	02/19	,2016	m. 09/57 . 2016	

	T LOSSIC SEADE	OD OHAL		1	DATE	AMOUNT	CUMULATIVE
	LUAN3 MADE	LOANS MADE OR GUARANTEED BY CANDIDATE				RECEIVED	TOTAL THIS
4.	NAME, A	DDRESS, FI	ROM WHOM RE	ECEIVED		THIS PERIOD	CAMPAIGN TO DATE
48	Last	First		Initial			
	Street Address 1560 Riordan Ranch S	<u></u>					
	City	<u>(.</u>	State	Zip		1	
			State	Δ1μ		1	!
	Description						
b	Last	First		Initial			
	Street Address						1
	City		State	Zip			
	Description						1
			-				
С	Last	First		Initial			
	Street Address			MARKET 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	City		State	Zip			
	Description						
đ	Last	First		Initial			
	Street Address					The state of the s	
	City		State	Zip			
	Description		**************************************			Accompany	
е	Last	First		Initial			
	Street Address		•======================================				
	City		State	Zip			
	Description					MAGNAGARA	İ
5.	LEMIEK TOTAL OF LOAMS IN	MADE OR GI	JARANTEED B	Y CANDIDATE ONLY IF	LAST PAGE OF SCHEI	DULE C [if last page	60.00
	of Schedule C, transfer total t	.o Detailed Sr	ummary Page, L	ine 5(a), Column A]			\$ 0.00

OTHER LOANS

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

		-	-		•	1	
		······································	······································			L	
3. Report covering period from	08/19	,2016	thru	Q9/05,21	016		
				Weblied Commence of the Commen			
	ALL OTHER LC	VANIO					

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
NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
Street Address			
City, State, Zip	-		
NAME OF ENDORSER OR GUARANTOR OF LOAN			
Street Address			
City, State, Zip			
Description			
NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
Street Address			
City, State, Zip			
NAME OF ENDORSER OR GUARANTOR OF LOAN			
Street Address			
City, State, Zip			
Description			
NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
Street Address			
City, State, Zip			
NAME OF ENDORSER OR GUARANTOR OF LOAN	_		
TO WILL OF CONTROLLED TO LONG			
Street Address			
City, State, Zip			
Description	 		•
NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
Street Address			
City, State, Zip]
NAME OF ENDORSER OR GUARANTOR OF LOAN	-		
Street Address			
City, State, Zip	1		
Description			
ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 [if last page of Schedu	ule C-1, transfer total		6000
to Detailed Summary Page, Line 5(b), Column A]			\$ 0.00

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1 . Committee Name Apirion	for Coconino	County Att	orney Committee (16-011)	[6-0]]
3. Report covering period from	08/19	,2016	thru A/05, 2016	6

,	EXPENION NAME AND ADDRESS TO WHOM EXPE	DATE EXPENDITURE MADE	AMOUNT OF THE		
4. a	Name	MDITURE (DISBURSEN	TENT) WAS MADE	MADE	EXPENDITURE
ď	Sprouts				
	Street Address 1560 Rjordan Ranch St.				
	City	State	Zip	9/1/2016	\$25.00
	Flagstaff Description of Items or Services Purchased	AZ	86001		
Ш	food for volunteer meal				
b	Name				
	Street Address			1	
	City	State	19:_	-	
	Flagstaff	AZ	Zip 86001		
	Description of Items or Services Purchased			1	
С	Name				
	Street Address				
	oreer Address				
	City Flagstaff	State AZ	Zip 86001		
	Description of Items or Services Purchased	/ No.	60001	1	
	Name	ne analysis and a supplication of the supplica			
u					
	Street Address				
	City	State	Zip	-	
	Description of Items or Services Purchased		<u> </u>	1	
		WEST WAR AND AND A STATE OF THE			
е	Name				
	Street Address			†	
	City	State	Zip	4	
		Oldio	Σip		
	Description of Items or Services Purchased				
f	Name				
	Street Address			-	
		·		<u>.</u>	
	City	State	Zip		
	Description of Items or Services Purchased			1	
H	ENTER TOTAL ONLY IF LAST PAGE OF SC	HEDULE D. Littlast nace	of Schedule D. transfe	r total to Detailed	
	Summary Page Line 9, Column A]	www.rr.n lu east bade	or concusie D, italisie	i iolai lu Delaneu	\$25.00
Ш		Ţ=0.00			

Schedule D Page _ l _ of _ l revised 12/2013

		INDELEVDE	II EXPENI	DITURES*		SCHEDULE D-
1. Committee Name	Apirion	for Coconino	County At	torney Committee (16-011)	2. ID#	
		08/19	2016	6// /c F 2016	********	

3.	Report covering period from	, 2010	thru	09/86,2010	·····	
	INDEPEND	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE			
4 <u>.</u> a	Name	CE THIS OTHER	TE WHO TO BENEFIT	ED ON OFFOSED		
ŭ						
	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		·	
		Cialc		7		
	Purpose and Description of Purchase		Benefited	Opposed		
	Candidate	Office Sought		Year of Election		
С	Name					
	Street Address			***		
	City	State	Zip			
	Purpose and Description of Purchase Benefited			d Opposed		
r .	Candidate	Office Sought		Year of Election		
5.	ENTER TOTAL ONLY IF LAST PAGE OF Summary Page Line 10, Column A]	SCHEDULE D-1 (i	f last page of Schedu	le D-1, transfer total	to Detailed	\$0.00
* (SEE A.R.S. §16-901(14)				***************************************	
l c	ertify, under penalty of perjury, that the ab e request or suggestion of any candidate o	ove stated indepen r any campaign cor	dent expenditure(s) v nmittee or agent of th	vas not made in coop nat candidate.	eration, consultation	or concert with or at
•	Signature of Treasurer					
1	NAMES OCCURATIONS AND ENGLOY					

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
Schertule D-1 Pa	ae of

revised 12/2013

LOANS MADE BY REPORTING COMMITTEE

1. Committee Name

Apirion for Coconino County Attorney Committee (16-011)

	3. Report covering period from	OG (/ b ,2016	. thru <u>01/01 , 2</u>	2016		
4.	· · · · · · · · · · · · · · · · · · ·	MADE BY THE REPORT D# OF COMMITTEE TO WHOM			DATE LOAN MADE	AMOUNT OF LOAN
а		D# O. COMMITTEL TO WITOM	LOWIS (DIODOLOUN	ID#	WADE	LOAN
	Address					
	City	State	Zip			
b	Committee Name			ID#		
	Address			<u> </u>		
	City	State	Zip			
С	Committee Name	1		ID#		
	Address					
	City	State	Zip			
d	Committee Name	<u> </u>		ID#		
	Address					
	City	State	Zip		1	
е	Committee Name			ID#		
	Address	***************************************				
	City	State	Zip		1	
f	Committee Name			ID#		
	Address					
	City	State	Ziρ			
9	Committee Name			ID#		
	Address					•
	City	State	Zip			
h	Committee Name			ID#		
	Address					
	City	State	Zip			
5	ENTER TOTAL ONLY IF LAST PAGE	E OF SCHEDULE D-2 (if last page of Sc	chedule D-2, transfer lot	al to Detailed Summary Page, I	Line 12, Column AJ	\$0.00

OFFSETS TO OPERATING EXPENSES*

	1. Committee Name Apirion for Coconino County Attorney Committee (16-011))	2. ID# (6—01)		
	3. Report covering pe	riod from	04/16	, ,2	016	thru Ol	/ _{D(} , 2016				
4.	REBATES, RE					PERATING TE WAS REC			E REFUND ECEIVED	AMOUNT OF THE REFUND	
а	Name										
	Street Address			·····				-			
	City			State		Żip					
	Description of Refund										
b	Name										
	Street Address							7			
	City		5	State		Zip		1			
	Description of Refund	·						1			
С	Name		***************************************					1			
	Street Address				·			1			
	City			State		Zip		1			
	Description of Refund							-			
d	Name										
	Street Address							1			
	City			State		Zip					
	Description of Refund										
е	Name										
	Street Address										
	City			State		Zip					
	Description of Refund										
f	Name							T			
	Street Address				,						
	City			State		Zip					
	Description of Refund							1			
5	ENTER TOTAL ONLY IF	LAST PAGE (F SCHEDULE D	-3 [if last pa	ige of Schedule	D-3, transfer lotal	to Detailed Summary	Page, Lin	e 17, Column A]	\$0.00	
	* Includes return of	contribution	ons made by	reportin	g committee)					
								;	Schedule D-3 P	age of revised 12/2013	

REPAYMENT OF CANDIDATE LOANS

1. Committee Name	Apirion for Coconino	2. ID# /6~0j\		
3. Report covering per	riod from <u>68//6</u>	,2016	thru 01/05, 2016	,

١.	REPAYMENT OF LOANS MA	ADE OR GUARAI	ITEED BY CANDIDATE	DATE REPAYMENT	AMOUNT OF THE
	NAME AND ADDRESS TO WHO	M REPAYMENT (DIS	BURSEMENT) WAS MADE	MADE	REPAYMENT
ı	Name				
	Street Address		· · · · · · · · · · · · · · · · · · ·		
	City	State	Zip		
1	Name		ALCONO CARACTERISTA CONTRACTOR CONTRACTOR CARACTERISTA CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR C		
	Street Address				
	City	State	Zip	-	
:	Name				
	Street Address				
	City	State	Zip		
	Name			Marine Company of the second process of the	
	Street Address				
	City	State	Zip		
	Name				
	Street Address				
	City	State	Zip		
	Name				
	Street Address				
	City	State	Zip	-	
	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDUI	F.D.4 lift last page of Schedu	ale D.A. transfer total to Datallad Summary Pa	Line 42(n) Critima N	\$0.00

Schedule D-4	Page	of
	re	vised 12/201

REPAYMENT OF OTHER LOANS

1. Committee Name

Apirion for Coconino County Attorney Committee (16-011)

SCHEDULE D-5

2. ID#

	3. Report covering period from		
4.		<u> </u>	·
l''	REPAYMENT OF ALL OTHER LOANS	DATE	*******
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	REPAYMENT MADE	AMOUNT OF THE REPAYMENT
а	Name and ID Number		
	Street Address		
	City State Zip		
	State Zip		ł
b	Name and ID Number		
	Street Address		
	City State Zip	1	
C	Name and ID Number		
	Street Address	•	
ĺ	Out out Addition	İ	
ŀ	City State Zip	{	
ŀ			
d	Name and ID Number		
ļ		ĺ	į
	Street Address		
	City State Zip	1	
	Name and ID Number		
е	Name and ID Number	<u> </u>	
	Street Address	ł	
İ			
	City State Zip		
	•		
f	Name and ID Number		
	Street Address	gaute.	
	City State Zip		
,	ENTED TOTAL ONLY STANDARD PROGRAMMENT AND AND AND AND AND AND AND AND AND AND		@ 0.00
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
L			•

Schedule D-5 Page	of	
	revised	12/2013

TRANSFERS TO OTHER POLITICAL COMMITTEES

1. Committee Name	Apirior	for Coconino	County Att	orney Committee (16-011)	2. ID# /6~0
3. Report covering pe	riod from	08/16	,2016	thru 04/65, 2016	

4.	TRANSFER	TRANSFERS MADE BY THE REPORTING COMMITTEE			
	NAME, ADDRESS AN	DATE TRANSFER WAS MADE	AMOUNT OF THE TRANSFER		
а	Name and ID Number				
	Street Address				
	City	State	Zip		
b	Name and ID Number				
	Street Address	· · · · · · · · · · · · · · · · · · ·			
	City	State	Zip		
¢	Name and ID Number				
	Street Address				
	City	State	Zip		
ď	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 [T	ransfer total to Detailed Summary Page, L	ine 14, Column A]	\$0.00

Schedule	D-6	Page	<u>l</u>	o	f
			revise	h	12/2013

ANY OTHER DISBURSEMENT

SCHEDULE D-7

1. Committee Name Apirior	n for Coconing	County Att	orney Committee (16-011)	16-011
3. Report covering period from	08/16	,2016	thru 09/05, 2016	

4.	ANY OTHER DISBURSEMENT	DATE DISBURSEMENT	AMOUNT OF THE
ļ''	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION	MADE	DISBURSEMENT
а	Name and ID Number		
	Street Address	1	
	City State Zip	1	
	Description		
b	Name and ID Number		
	Street Address		
	City State Zip		
	Description		
<u> </u>			
С	Name and ID Number		
	Street Address		
	City State Zip		
	Description		
d	Name and ID Number		
	Street Address		
	City State Zip	1	
	Description	1	
e	Name and ID Number		
	Street Address		
	City State Zip		
	'		
	Description		
f	Name and ID Number		
	Street Address		
	City State Zip		
	Description		
Salatora.			
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [If last page of Schedule D-7, transfer total to Detailed Summary F	age, Line 15, Column A]	\$0.00
		Mark and the second of the sec	ΨΟ.ΟΟ

Schedule D-7 Page _____ of___ revised 12/2013

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

	1. Committee Name Apirion for Coconino County Attorney Committee (16-011)				-011
	3. Report covering period from	m <u>0B(16</u> ,2016	Phru 01/05; 2016		
	I INT Y				
	}	IND CONTRIBUTIONS ar]	EVID MVDNEL
4.		FROM WHOM RECEIVED OR	SS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM GIVEN	DATE	FAIR MARKET VALUE
а	Name, Address, City, State, Z	Zip, and ID#	CONTRIBUTION		
			EXPENDITURE	127	
	Description				
	Occupation		I lave		
			Employer		
b	Name, Address, City, State, Z	Zip, and ID#	CONTRIBUTION		
			EXPENDITURE		
	Description		***************************************		
	Occupation		Employer		
С	Name, Address, City, State, Z	Zip, and ID#			The second of th
			CONTRIBUTION		
			EXTENDITURE		
	Description				
	Occupation		Employer		
d	Name, Address, City, State, Z	Zip, and ID#	CONTRIBUTION		
			EXPENDITURE		
	Description				
	Occupation		Employer		
					** **
5	ENTER TOTAL IN-KIND CONTRIBUTION	ONS ONLY IF LAST PAGE OF SCHEDULE	E E (If last page of Schedule E, transfer total to Detailed Summary	/ Page, Line 6, Column A	\$0.00
6	ENTER TOTAL IN-KIND EXPENDITUR	RES 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 \$0.00

Schedule E Page ____ of ____ revised 12/2013

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

1. Committee Name	Committee Name Apirion for Coconino County Attorney Committee (16-011)				2.1D# 16-01/
3. Report covering pe	eriod from _	68/16	,2016	thru <u>64 /</u> 05, 2016	
1					

4.	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS	DATE	AMOUNT
4.	NAME AND ADDRESS OF INDIVIDUAL (OR NAME AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM THE RECEIPT WAS RECEIVED	RECEIVED	OF THE RECEIPT
а	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		
С	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Receipt		
đ	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Receipt		
е	Name and ID Number		
Ì	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 P	³age, Łine 7, Column A]	\$ 0.00

Schedule F-1 Page ____of___

revised 12/2013

OFFSETS TO CONTRIBUTIONS RECEIVED*

Apirion for Coconino County Attorney Committee (16-011)

	1. Committee Name Apirion for C	Joconino County /	Attorney Committee (16-011)		5-611
	3. Report covering period from	<u> 2016 ,2016 </u>	thru <u>A/0</u> 5, 2016		
4.	REFUNDS AND OTHER	DEESETS TO CON	TRIRIITIONS RECEIVED		
	3		OF THE POLITICAL COMMITTEE) TO	DATE REFUND WAS MADE	AMOUNT OF THE REFUND
a	WHOM THE P Name and ID Number	REFUND WAS MADE; D	ESCRIPTION		,
-				_	
	Street Address				
	City	State	Zip	1	
	Description of Refund				
b	Name and ID Number				
	Street Address			1	
	City	State	Zìp		
	Description of Refund	· · · · · · · · · · · · · · · · · · ·		-	
С	Name and ID Number				
	Street Address				
	City	State	Zip	1	
	Description of Refund				
q	Name and ID Number				
	Street Address			1	
	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		
	L	Oldic	64)		
	Description of Refund				
5	ENTER TOTAL ONLY IF LAST PAGE OF SCH	EDULE F-2 (if last page of Sci	hedule F-2, transfer total to Detailed Summary Pa	ige, Line 4(e), Column A]	\$0.00
	*Includes return of contributions re	ceived by reporting c	committee		
				Schedule F-2 I	Page of
					revised 12/201

			•		
		en en en en en en en en en en en en en e	No.		
			The state of the s		

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

· · · · · · · · · · · · · · · · · · ·		
3. Report covering period from $\frac{69/6}{6}$,2016	thru 09/05 2016	

,	DEBTS AND OBLIGATIONS	BALANCE	INCURRED THIS	PERIOD	BALANCE AT
4.	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED	BEGINNING THIS PERIOD	PERIOD		CLOSE OF THIS PERIOD
а	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			·	
đ	Name, Address, City, State, Zip, and ID#				
	Description of Debt				
е	Name, Address, City, State, Zip, and ID#				
	Description of Debt				
5	ENTER TOTAL OUTSTANDING BALANCE AT CLOSE OF THIS PI last page of Schedule F-3, transfer total to Detailed Summary Page,	RIOD ONLY IF LA Line 19, Column A	AST PAGE OF SO	HEDULE F-3 (if	\$0.00

Schedule F-3 Page _____ of _____ revised 12/2013

