



STATE OF ARIZONA
 COCONINO COUNTY
 POLITICAL COMMITTEE
 CAMPAIGN FINANCE REPORT

FOR OFFICE USE ONLY

RECEIVED

NOV 02 2016

Coconino County Elections

1. Jim Parks for Coconino County Supervisor, Dist. 4
 Full Name of Committee

Address [Redacted]

Address

Flagstaff,
 City

86004
 Zip Code

928 853-5635
 Committee Phone #

3. ID#

16-015

2. Sponsoring Organization (if applicable)
Jim Parks, County Supervisor, District 4
 Name of Candidate and Office Sought (if applicable)

Primary Election: August 30, 2016

General Election: November 8, 2016

by jimnee@commspeed.net
 Committee E-mail Address

Committee Fax #

Amended Report

4. Reporting Period (Please Check Appropriate Box)		Due Between
a	JANUARY 31ST REPORT - For Period of November 25, 2014 through December 31, 2015	Jan. 1 and Feb. 1, 2016
b	JUNE 30TH REPORT - For Period of January 1, 2016 through May 31, 2016	June 1 and June 30, 2016
c	PRE-PRIMARY ELECTION REPORT - For Period of June 1, 2016 through August 18, 2016	Aug. 19 and Aug. 26, 2016
d	POST-PRIMARY ELECTION REPORT - For Period of August 19, 2016 through September 19, 2016	Sept. 20 and Sept. 29, 2016
e	<input checked="" type="checkbox"/> 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)		<u>0</u>
5b	Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period)	<u>\$1155.49</u>	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	<u>\$950.00</u>	<u>\$5761.85</u>
5d	Subtotal (add lines b and c for column A and add lines a and c for column B)	<u>\$2105.49</u>	<u>\$5761.85</u>
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]		<u>0</u>
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	<u>\$839.24</u>	<u>\$4495.60</u>
7.	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	<u>\$1266.25</u>	

**DETAILED SUMMARY PAGE OF
RECEIPTS AND DISBURSEMENTS**

1. Committee Name Jim Parks for Coconino County

3. Report covering period of September 20, 2016 - October 27, 2016

2. ID#

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)	\$ 650.00	\$ 5461.85
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)	Ø	\$ 5461.85
(c) Political Committees (Total from Schedule B)	\$ 300.00	\$ 5761.85
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	\$ 950.00	\$ 5761.85
(e) Refund of contributions (Total from Schedule F-2)	Ø	Ø
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	\$ 950.00	\$ 5761.85
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	Ø	Ø
(b) All other loans (Total from Schedule C-1)	Ø	Ø
(c) Total Loans [add 5(a) and 5(b)]	Ø	Ø
6. In-kind contributions (Total from Schedule E)	Ø	Ø
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	Ø	\$ 5761.85
8. Total Receipts [add 4(f), 5(c), 6, and 7]	\$ 950.00	\$ 5761.85

DISBURSEMENTS

9. Expenditures for operating expenses (Total from Schedule D)	\$ 839.24	\$ 4267.60
10. Independent Expenditures (Total from Schedule D-1)	Ø	Ø
11. Value of in-kind expenditures (Total from Schedule E)	Ø	\$ 228.00
12. Loans made by reporting committee (Total from Schedule D-2)	Ø	Ø
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)	Ø	Ø
(b) Repayment of all other loans (Total from Schedule D-5)	Ø	Ø
(c) Total Loan Repayments [add 13(a) and 13(b)]	Ø	Ø
14. Transfers to other political committees (Total from Schedule D-6)	Ø	Ø
15. Any other disbursement (Total from Schedule D-7)	Ø	Ø
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	\$ 839.24	\$ 4495.60
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)	Ø	Ø
18. Total disbursements [subtract line 17 from line 16]	\$ 839.24	\$ 4495.60
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	Ø	\$ 1018.83

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.

Kim Horn
Type or Print Name of Treasurer

James R. Parks
Signature of Treasurer or Candidate or Designating individual

November 1, 2016
Date

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Jim Parks for Coronado County

2. ID#

3. Report covering period from September 20, 2016 thru October 27, 2016

4. CONTRIBUTIONS				DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR						
a	Name <u>J.T. & Glynis McCann</u> Street Address <u>Koch Field Rd.</u> City <u>Flagstaff, AZ</u> State <u>AZ</u> Zip <u>86004</u> Occupation <u>Retired law enforcement</u> Employer			17 Sept. 16	\$100.00	
b	Name <u>Jack & Catherine Mann</u> Street Address <u>P.O. Box 21</u> City <u>Mammoth, AZ</u> State <u>AZ</u> Zip <u>85618</u> Occupation <u>Ranchers</u> Employer <u>Self</u>			20 Sept. 16	\$200.00	
c	Name <u>Tim Copeland</u> Street Address <u>2409 Starlight Dr.</u> City <u>Happy Jack, AZ</u> State <u>AZ</u> Zip <u>86024</u> Occupation <u>Retired</u> Employer			6 Oct. 16	\$58.00	
d	Name <u>Gary & Judy Chester</u> Street Address <u>6175 Last Chance Rd.</u> City <u>Flagstaff, AZ</u> State <u>AZ</u> Zip <u>86004</u> Occupation <u>Retired</u> Employer			16 Oct. 16	\$200.00	
e	Name <u>Bruce Parks</u> Street Address <u>112 N. 10th</u> City <u>Union, Oregon</u> State <u>Oregon</u> Zip <u>97701</u> Occupation <u>Retired</u> Employer			4 Oct. 16	\$100.00	
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [Transfer total to Detailed Summary Page, Line 4(a), Column A]				\$950.00	\$5761.85

*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 Tim Parks for Coconino County

2. ID#

3. Report covering period from September 20, 2016 thru October 27, 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	6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column 13] \$5761.85

*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 Jim Parks for Cochise County

2. ID#

3. Report covering period from September 20, 2016 - thru October 27, 2016

CONTRIBUTIONS		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
IDENTITY OF CONTRIBUTOR AND DATE RECEIVED				
a	ID# <u>100161</u> DATE RECEIVED <u>Sept. 29, 2016</u>	NAME, ADDRESS, CITY, STATE AND ZIP <u>Arizona Farm Bureau- AGPAC</u>	<u>\$300.00</u>	<u>\$300.00</u>
b	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
c	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
d	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
e	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
f	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
g	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
h	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
i	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
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]		<u>\$300.00</u>	<u>\$300.00</u>

CANDIDATE LOANS

SCHEDULE C

1. Committee Name Jim Parks for Coconino County

2. ID#

3. Report covering period from Sept. 20, 2016 thru Oct. 27, 2016

LOANS MADE OR GUARANTEED BY CANDIDATE				DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, FROM WHOM RECEIVED						
4.						
4a	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
b	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
c	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
d	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
e	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C [if last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A]					

OTHER LOANS

SCHEDULE C-1

1- Committee Name Jim Parks for Coconino County

2. ID#

3. Report covering period from September 20, 2016 thru October 27, 2016

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#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	Description			
b	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			
c	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			
d	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			
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 [if last page of Schedule C-1, transfer total to Detailed Summary Page, Line 5(b), Column A]				

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name Jim Parks for Coconino County 2. ID#
 3. Report covering period from September 20, 2016 thru October 27, 2016

EXPENDITURES		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE			
a	Name <u>Homeco Lumber & Hardware</u> Street Address <u>1763 East Butler Avenue</u> City <u>Flagstaff</u> State <u>AZ</u> Zip <u>86001</u> Description of Items or Services Purchased <u>1/2" and 3/8" x 4 ft. steel/rebar for Stakes</u>	<u>9/28/16</u> <u>10/21/16</u>	<u>\$58.82</u>
b	Name <u>Fry's Supermarket</u> Street Address <u>199 N. Switzer Canyon</u> City <u>Flagstaff</u> State <u>AZ</u> Zip <u>86001</u> Description of Items or Services Purchased <u>Diesel fuel for Truck - Campaign Trips</u>	<u>10/12/16</u>	<u>\$59.00</u>
c	Name <u>Safeway Supermarket</u> Street Address <u>5020 N. Hwy 89</u> City <u>Flagstaff</u> State <u>AZ</u> Zip <u>86004</u> Description of Items or Services Purchased <u>Diesel fuel for Campaign Trips - Dodge P.U.</u>	<u>10/7/16</u> <u>10/15/16</u>	<u>\$101.76</u>
d	Name <u>Sam's Club</u> Street Address <u>5757 E. State Rte. 169</u> City <u>Prescott Valley</u> State <u>AZ</u> Zip <u>86314</u> Description of Items or Services Purchased <u>Diesel Fuel for Dodge P.U. - Campaign Trips</u>	<u>10/13/16</u>	<u>\$39.81</u>
e	Name <u>Maverik Store #290</u> Street Address <u>5700 N. Hwy 89</u> City <u>Flagstaff</u> State <u>AZ</u> Zip <u>86004</u> Description of Items or Services Purchased <u>Diesel fuel for Dodge P.U. - Campaign Trips</u>	<u>10/19/16</u>	<u>\$40.00</u>
f	Name <u>Office Max / Office Depot Store #6405</u> Street Address <u>4601 E. Market place</u> City <u>Flagstaff</u> State <u>AZ</u> Zip <u>86004</u> Description of Items or Services Purchased <u>Printing Labels, Cards, Broshures</u>	<u>10/3/16</u> <u>10/19/16</u> <u>10/14/16</u>	<u>\$386.05</u>
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]			

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name Jim Parks for Coconino County

2. ID#

3. Report covering period from September 20, 2016 thru October 27, 2016

EXPENDITURES		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE			
a	Name <u>The Village Store</u> Street Address <u>112 Main St.</u> City <u>Kukotsmovi</u> State <u>AZ</u> Zip <u>86039</u> Description of Items or Services Purchased <u>Food - Campaign trip</u>	<u>10/16/16</u>	<u>\$7.99</u>
b	Name <u>Sam's Club</u> Street Address <u>Babbitt Drive</u> City <u>Flagstaff</u> State <u>AZ</u> Zip <u>86001</u> Description of Items or Services Purchased <u>Food & Refreshments - Campaign Trips</u>	<u>10/14/16</u> <u>10/24/16</u>	<u>\$62.64</u>
c	Name <u>Safeway Store #1225</u> Street Address <u>1500 E. Cedar Avenue</u> City <u>Flagstaff</u> State <u>AZ</u> Zip <u>86004</u> Description of Items or Services Purchased <u>Cookies/Donuts - Campaign-Chapter Meeting</u>	<u>10/27/16</u>	<u>\$5.59</u>
d	Name <u>Navajo Trail Trading Post</u> Street Address <u>465 US Hwy 89 N</u> City <u>Cameron</u> State <u>AZ</u> Zip <u>8</u> Description of Items or Services Purchased <u>Food item - Campaign trip</u>	<u>10/14/16</u>	<u>\$2.10</u>
e	Name <u>Shell</u> Street Address <u>7970 Leupp Rd.</u> City <u>Leupp</u> State <u>AZ</u> Zip <u>86035</u> Description of Items or Services Purchased <u>Food - Campaign Trip to Leupp</u>	<u>10/11/16</u>	<u>\$6.27</u>
f	Name <u>Michael's Store #9608</u> Street Address <u>1500 Riordan Ranch Rd.</u> City <u>Flagstaff</u> State <u>AZ</u> Zip <u>86001</u> Description of Items or Services Purchased <u>U.S. Flags - miniatures - for signs</u>	<u>10/7/16</u>	<u>\$6.49</u>
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)			

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name Tim Parks for Coconino County

2. ID#

3. Report covering period from September 20, 2016 thru October 27, 2016

EXPENDITURES		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE			
a	Name <u>Walmart</u> Street Address <u>2750 S. Woodlands Village Blvd.</u> City <u>Flagstaff</u> State <u>AZ</u> Zip <u>86001</u> Description of Items or Services Purchased <u>U.S. Flag for Campaign</u>	<u>10/07/16</u>	<u>\$62.72</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]			<u>\$839.24</u>

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

1. Committee Name Tim Parks for Coconino County

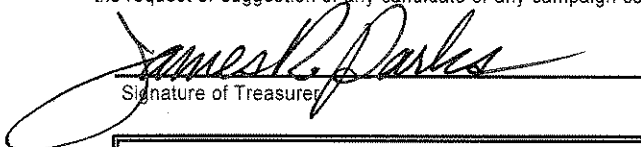
2. ID#

3. Report covering period from September 20, 2016 thru October 27, 2016

INDEPENDENT EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4. IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITED OR OPPOSED		
a		
Name		
Street Address		
City		State
		Zip
Purpose and Description of Purchase		Benefited Opposed
Candidate		Office Sought
		Year of Election
b		
Name		
Street Address		
City		State
		Zip
Purpose and Description of Purchase		Benefited Opposed
Candidate		Office Sought
		Year of Election
c		
Name		
Street Address		
City		State
		Zip
Purpose and Description of Purchase		Benefited Opposed
Candidate		Office Sought
		Year of Election
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 [if last page of Schedule D-1, transfer total to Detailed Summary Page Line 10, Column A]		

* SEE A.R.S. §16-901(14)

I certify, under penalty of perjury, that the above stated independent expenditure(s) was not made in cooperation, consultation or concert with or at the request or suggestion of any candidate or any campaign committee or agent of that candidate.


Signature of Treasurer

NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WITHIN THE LAST SIX MONTHS	AMOUNT
① <u>Tim & Duree Shiew, Ranchers, Self-employed</u>	<u>\$500.00</u>
② <u>Jack & Catherine Mann, Ranchers, Self-employed</u>	<u>\$400.00</u>
③ <u>Bob & Judy Prosser, Ranchers, Self-employed</u>	<u>\$400.00</u>

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

1. Committee Name Jim Parks for Coconino County 2. ID#

3. Report covering period from September 20, 2016 thru October 27, 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]				

OFFSETS TO OPERATING EXPENSES*

SCHEDULE D-3

1. Committee Name Tim Parks for Coconino County

2. ID#

3. Report covering period from Sept. 20, 2016 thru Oct. 27, 2016

	REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES	DATE REFUND RECEIVED	AMOUNT OF THE REFUND
NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED			
a	Name Street Address City State Zip Description of Refund		
b	Name Street Address City State Zip Description of Refund		
c	Name Street Address City State Zip Description of Refund		
d	Name Street Address City State Zip Description of Refund		
e	Name Street Address City State Zip Description of Refund		
f	Name Street Address City State Zip Description of Refund		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 [if last page of Schedule D-3, transfer total to Detailed Summary Page, Line 17, Column A]		

* Includes return of contributions made by reporting committee

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name Tim Parks for Coconino County

2. ID#

3. Report covering period from Sept. 20, 2016 thru Oct. 27, 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]		

REPAYMENT OF OTHER LOANS

SCHEDULE D-5

1. Committee Name Tim Parks for Coconino County

2. ID#

3. Report covering period from Sept. 20, 2016 thru Oct. 27, 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 <hr/> Street Address <hr/> City State Zip		
b	Name and ID Number <hr/> Street Address <hr/> City State Zip		
c	Name and ID Number <hr/> Street Address <hr/> City State Zip		
d	Name and ID Number <hr/> Street Address <hr/> City State Zip		
e	Name and ID Number <hr/> Street Address <hr/> City State Zip		
f	Name and ID Number <hr/> Street Address <hr/> 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 Tim Parks for Coconino County

2. ID#

3. Report covering period from Sept. 20, 2016 thru Oct. 27, 2016

4.	TRANSFERS MADE BY THE REPORTING COMMITTEE	DATE TRANSFER WAS MADE	AMOUNT OF THE TRANSFER
	NAME, ADDRESS AND ID# TO WHOM TRANSFER (DISBURSEMENT) WAS MADE		
a	Name and ID Number Street Address City State Zip		
b	Name and ID Number Street Address City State Zip		
c	Name and ID Number Street Address City State Zip		
d	Name and ID Number Street Address City State Zip		
e	Name and ID Number Street Address City State Zip		
f	Name and ID Number Street Address City State Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A]		

ANY OTHER DISBURSEMENT

SCHEDULE D-7

1. Committee Name

Tim Parks for Coconino County

2. ID#

3. Report covering period from

Sept. 20, 2016

thru

Oct. 27, 2016

4. ANY OTHER DISBURSEMENT		DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION			
a	Name and ID Number		
	Street Address		
	City State Zip		
	Description		
b	Name and ID Number		
	Street Address		
	City State Zip		
	Description		
c	Name and ID Number		
	Street Address		
	City State Zip		
	Description		
d	Name and ID Number		
	Street Address		
	City State Zip		
	Description		
e	Name and ID Number		
	Street Address		
	City State Zip		
	Description		
f	Name and ID Number		
	Street Address		
	City State Zip		
	Description		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [if last page of Schedule D-7, transfer total to Detailed Summary Page, Line 15, Column A]		

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

1. Committee Name Tina Parks for Coconino County

2. ID#

3. Report covering period from Sept. 20, 2016 thru Oct. 27, 2016

IN-KIND CONTRIBUTIONS and EXPENDITURES		DATE	FAIR MARKET VALUE
4.	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN		
a	Name, Address, City, State, Zip, and ID# CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> Description Occupation Employer		
b	Name, Address, City, State, Zip, and ID# CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> Description Occupation Employer		
c	Name, Address, City, State, Zip, and ID# CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> Description Occupation Employer		
d	Name, Address, City, State, Zip, and ID# CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> Description Occupation Employer		
5	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [(if last page of Schedule E, transfer total to Detailed Summary Page, Line 6, Column A)]		
6	ENTER TOTAL IN-KIND EXPENDITURES ONLY IF LAST PAGE OF SCHEDULE E [(if last page of Schedule E, transfer total to Detailed Summary Page, Line 11, Column A)]		<u>\$228.00</u>

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

1. Committee Name Jim Parks for Coconino County

2. ID#

3. Report covering period from Sept. 20, 2016 thru October 27, 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		
	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 Jim Parks for Coconino County

2. ID#

3. Report covering period from Sept. 20, 2016 thru Oct. 27, 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 <hr/> Street Address <hr/> City State Zip <hr/> Description of Refund		
b	Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> Description of Refund		
c	Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> Description of Refund		
d	Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> Description of Refund		
e	Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> Description of Refund		
f	Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> 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 Jim Parks of Coconino County

2. ID#

3. Report covering period from Sept. 20, 2016 thru Oct. 27, 2016

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



