

POLITICAL COMMITTEE
CITY/TOWN OF
CAMPAIGN FINANCE REPORT
2010 March/May Regular Election

FOR OFFICE USE ONLY

1. Celia Barotz for Council

Full Name of Committee

900 N. Switzer Canyon Drive, #248

Address

Flagstaff 86001 Coconino 928.853.7295

City

ZIP Code

County

Phone

2. Celia Barotz

Flagstaff City Council

Sponsoring Organization or Candidate and office

Name of Candidate and Office Sought (if applicable)

cbarotz@gmail.com

E-Mail Address

(928) 774-9150

Fax #

3A. ID#

4. **REPORTING PERIOD** (Please check appropriate box)

DUE BETWEEN

- January 31 Report - For Period of 6/10/2008 thru December 31, 2009 January 1, 2010 and January 31, 2010
- Pre-Primary Election Report - For Period of January 1, 2010 thru February 17, 2010 February 18, 2010 and February 25, 2010
- Post-Primary Election Report - For Period of February 18, 2010 thru March 29, 2010 March 30, 2010 thru April 8, 2010
- Pre-General Election Report - For Period of March 30, 2010 thru April 28, 2010 April 29, 2010 thru May 6, 2010
- Post-General Election Report - For Period of April 29, 2010 thru June 7, 2010 June 8, 2010 and June 17, 2010
- **January 31 Report - For Period of June 8, 2010 thru December 31, 2011 January 1, 2012 and January 31, 2012

5. **SUMMARY**

| | Column A Total This Reporting Period | Column B Election Period Total To Date |
|---|---|---|
| 5a Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee) | 0 | 0 |
| 5b Cash on Hand at the Beginning of this Reporting Period | 0 | |
| 5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8) | 8,380.00 | 8,380.00 |
| 5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B] | 8,380.00 | 8,380.00 |
| 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) | 1,709.90 | 1,709.90 |
| 7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d] | 6,670.10 | 6,670.10 |

*Insert date which is 21 days after date of last election (A.R.S. §16-913).

**Other reports will be due before this reporting period if a special or recall election is held prior to the next general election.

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

1. Committee Name: Celia Barotz for Council
 3. Report covering period from 6/10/2008 Thru 12/31/2009

2. ID#

| RECEIPTS | COLUMN A THIS PERIOD | COLUMN B CAMPAIGN TO DATE |
|---|-------------------------|------------------------------|
| 4. Contributions other than loans and in-kind: | | |
| (a) Individuals - more than \$25 (Total from Schedule A) | 7,915.00 | 7,915.00 |
| (b) Individuals - aggregate \$25 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) | 465.00 | 465.00 |
| 7. Dividends, interest, and other forms of receipts (Total from Schedule F-1) | | |
| 8. Total Receipts [add 4(f), 5(c), 6, and 7] | 8,380.00 | 8,380.00 |
| QUALIFYING CONTRIBUTION RECEIPTS | | |
| Qualifying Contributions of \$5 from Individuals (Total from Schedule A2) | | |
| DISBURSEMENTS | | |
| 9. Expenditures for operating expenses (Total from Schedule D) | 1,244.90 | 1,244.90 |
| 10. Independent Expenditures (Total from Schedule D-1) | | |
| 11. Value of In-kind expenditures (Total from Schedule E) | 465.00 | 465.00 |
| 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] | 1,709.90 | 1,709.90 |
| 17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3) | | |
| 18. Total disbursements [subtract line 17 from line 16] | 1,709.90 | 1,709.90 |
| 19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3) | | |

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.

Celia Barotz
 Type or Print Name of Treasurer

Celia Barotz
 Signature of Treasurer or Candidate or Designating Individual

1/21/2010
 Date

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Celia Barotz A Council

2. ID #

3. Report covering period from June 10, 2008

thru Dec 31, 2009

| 4 | | DATE RECEIVED | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|---|---|---------------|-----------------------------|--|
| CONTRIBUTIONS | | | | |
| NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR | | | | |
| 4a | <p>LAST FIRST MI * Barotz Celia</p> <p>STREET ADDRESS 900 N. Switzer Canyon Dr. #248</p> <p>CITY STATE ZIP Flagstaff, AZ 86001</p> <p>OCCUPATION EMPLOYER Consultant Self</p> | 5/20/09 | \$ 300 | \$ 300 |
| b | <p>LAST FIRST MI * Wisenthal Ellen</p> <p>STREET ADDRESS 117 East 57th St</p> <p>CITY STATE ZIP NY NY 10022</p> <p>OCCUPATION EMPLOYER Retired</p> | 5/26/09 | \$ 400 | \$ 400 |
| c | <p>LAST FIRST MI * Gussack Seymour R</p> <p>STREET ADDRESS 86 Jerome Ave</p> <p>CITY STATE ZIP New Rochelle NY 10804</p> <p>OCCUPATION EMPLOYER business executive lawyer General Bearing</p> | 5/26/09 | \$ 400 | \$ 400 |
| d | <p>LAST FIRST MI * Weinrib Jerome</p> <p>STREET ADDRESS 888 Broadway 4th floor</p> <p>CITY STATE ZIP New York NY 10003</p> <p>OCCUPATION EMPLOYER business executive lawyer ABC Carpet</p> | 5/26/09 | \$ 410 | \$ 410 |
| e | <p>LAST FIRST MI * Mendez Carol</p> <p>STREET ADDRESS 4 Baiting Hollow Rd</p> <p>CITY STATE ZIP East Hampton NY 11937</p> <p>OCCUPATION EMPLOYER Retired</p> | 6/18/09 | \$ 410 | \$ 410 |
| 5. | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (If last page of Schedule A, transfer total to Detailed Summary Page Line 4(z), Column A) | | | |

*If contributions of \$25 or less are listed with contributor's 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 more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Celia Barotz Council

2. ID #

3. Report covering period from June 10, 2008

thru Dec 31, 2009

| 4 CONTRIBUTIONS | | | | DATE RECEIVED | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|---|---|----------------------|----|---------------|-----------------------------|--|
| NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR | | | | | | |
| 4a | LAST * Barotz | FIRST Martha | MI | 6/22/09 | \$410.00 | \$410.00 |
| STREET ADDRESS 116 Overlook Rd | | | | | | |
| CITY New Rochelle | | | | | | |
| STATE NY | | ZIP 10804 | | | | |
| OCCUPATION Retired | | EMPLOYER | | | | |
| b | LAST * Barotz | FIRST Peter | MI | 4/22/09 | \$410.00 | \$410.00 |
| STREET ADDRESS 116 Overlook Rd | | | | | | |
| CITY New Rochelle | | | | | | |
| STATE NY | | ZIP 10804 | | | | |
| OCCUPATION Retired | | EMPLOYER | | | | |
| c | LAST * Brandt | FIRST Frank | MI | 6/22/09 | \$100.00 | \$100.00 |
| STREET ADDRESS 2131 Sarazen Drive | | | | | | |
| CITY Dunedin | | | | | | |
| STATE FL | | ZIP 34698 | | | | |
| OCCUPATION Retired | | EMPLOYER | | | | |
| d | LAST * Barotz - Lederman | FIRST Carnie, Dr. | MI | 8/27/09 | \$410.00 | \$410.00 |
| STREET ADDRESS 272 Madison Road | | | | | | |
| CITY Scarsdale | | | | | | |
| STATE NY | | ZIP 10583 | | | | |
| OCCUPATION Physician | | EMPLOYER self | | | | |
| e | LAST * Manuel | FIRST Marc | MI | 8/27/09 | \$410.00 | \$410.00 |
| STREET ADDRESS 450 N. End Ave. #121 | | | | | | |
| CITY New York | | | | | | |
| STATE NY | | ZIP 10202 | | | | |
| OCCUPATION Consultant | | EMPLOYER self | | | | |
| 5 | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page Line 4(2), Column A] | | | | | |

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List S5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Celia Baroty in Council

2. ID #

3. Report covering period from June 10, 2008 thru Dec. 31, 2009

| 4 | | CONTRIBUTIONS | DATE RECEIVED | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|-----|---|--|---------------|-----------------------------|--|
| 4a | | NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR | | | |
| * ⚡ | Baroty Nathan | 272 Madison Rd Scarsdale NY 10583 Attorney self | 8/27/09 | \$410.00 | 410.00 |
| * ⚡ | McCarthy Jim | 2087 West Fresh Aire Flagstaff, AZ 86001 Retired | 9/28/09 | \$50.00 | 50.00 |
| * ⚡ | Putzova Eva | 700 N. Magma Flagstaff AZ 86001 Policy Analyst NAU | 10/1/09 | \$50.00 | 50.00 |
| * ⚡ | Duncan Georgia | 3529 W. Lois Lane FLAGSTAFF AZ 86009 Retired | 10/6/09 | \$25.00 | 25.00 |
| * ⚡ | Ragaller Kevin | 4875 Hidden Hollow Rd Flagstaff, AZ 86001 artist self | 10/6/09 | \$20.00 | 20.00 |
| 5 | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (If last page of Schedule A, transfer total to Detailed Summary Page Line 4(z), Column A) | | | | |

*If contributions of \$25 or less are listed with contributor's 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 more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Alia Baratz A Council

2. ID #

3. Report covering period from ~~2008~~ 2008 ~~2008~~ June 1, 2008 thru Dec 31, 2009

| 4 | | CONTRIBUTIONS | DATE RECEIVED | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|-----------------------|-------|---|---------------|-----------------------------|--|
| 4a | | NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR | | | |
| LAST | FIRST | MI | | | |
| * McGrath | Sam | | 10/6/09 | \$25.00 | 25.00 |
| STREET ADDRESS | | | | | |
| HC 1, Box 1585 | | | | | |
| CITY | | STATE | ZIP | | |
| Strawberry | | AZ | 85444 | | |
| OCCUPATION | | EMPLOYER | | | |
| musician | | self employed | | | |
| * Taylor | John | | 10/6/09 | \$25.00 | 25.00 |
| STREET ADDRESS | | | | | |
| 1115 Apple Way | | | | | |
| CITY | | STATE | ZIP | | |
| Flagstaff | | AZ | 86001 | | |
| OCCUPATION | | EMPLOYER | | | |
| Landscaper | | self | | | |
| * Olsen | Tom | | 10/6/09 | \$350.00 | 350.00 |
| STREET ADDRESS | | | | | |
| 1724 North Mesa | | | | | |
| CITY | | STATE | ZIP | | |
| Flagstaff | | AZ | 86001 | | |
| OCCUPATION | | EMPLOYER | | | |
| business owner | | self | | | |
| * Souders | ERIC | | 10/6/09 | \$75.00 | 75.00 |
| STREET ADDRESS | | | | | |
| 7880 Rain Valley Road | | | | | |
| CITY | | STATE | ZIP | | |
| Flagstaff, AZ | | | 86004 | | |
| OCCUPATION | | EMPLOYER | | | |
| financial consultant | | Ascendant Financial | | | |
| * Charler | GAY | | 10/6/09 | \$50.00 | 50.00 |
| STREET ADDRESS | | | | | |
| 2918 Creekside Dr | | | | | |
| CITY | | STATE | ZIP | | |
| Flagstaff, AZ | | | 86001 | | |
| OCCUPATION | | EMPLOYER | | | |
| Culinary Instructor | | Self Employed | | | |
| 5. | | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (If last page of Schedule A, transfer total to Detailed Summary Page Line 4(z), Column A) | | | |

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List S5 Clean Election qualifying contributions separately on Schedule A-2

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Celia Barotz in Council

2. ID #

3. Report covering period from June 10, 2008 thru Dec 31, 2009

| 4 | | CONTRIBUTIONS | DATE RECEIVED | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|----|---|---|-----------------|-----------------------------|--|
| | | NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR | | | |
| 4a | ★ | LAST <u>Johnson</u> FIRST <u>Cynthia</u> MI STREET ADDRESS <u>1545 E. Linda Vista Dr</u> CITY <u>Flagstaff</u> STATE <u>AZ</u> ZIP <u>86004</u> OCCUPATION <u>IT Manager</u> EMPLOYER <u>W.L. Gore</u> | <u>10/6/09</u> | <u>\$ 50.00</u> | <u>50.00</u> |
| b | ★ | LAST <u>Stebila</u> FIRST <u>Gary</u> MI STREET ADDRESS <u>1111 Navajo Dr</u> CITY <u>Flagstaff</u> STATE <u>AZ</u> ZIP <u>86001</u> OCCUPATION <u>Retired</u> EMPLOYER | <u>10/6/09</u> | <u>\$ 25.00</u> | <u>25.00</u> |
| c | ★ | LAST <u>Clark</u> FIRST <u>Kathi</u> MI STREET ADDRESS <u>609 N. Humphreys</u> CITY <u>Flagstaff</u> STATE <u>AZ</u> ZIP <u>86001</u> OCCUPATION <u>Realtor</u> EMPLOYER <u>(Self) City Country Realty</u> | <u>10/6/09</u> | <u>\$ 100.00</u> | <u>100.00</u> |
| d | ★ | LAST <u>Boazn-Ozman</u> FIRST <u>Jish</u> MI STREET ADDRESS <u>5271 Mount Pleasant Dr.</u> CITY <u>Flagstaff</u> STATE <u>AZ</u> ZIP <u>86004</u> OCCUPATION <u>Retired</u> EMPLOYER | <u>10/6/09</u> | <u>\$ 50.00</u> | <u>50.00</u> |
| e | ★ | LAST <u>Cooper</u> FIRST <u>Karen</u> MI STREET ADDRESS <u>3358 North Crest</u> CITY <u>Flagstaff</u> STATE <u>AZ</u> ZIP <u>86001</u> OCCUPATION <u>Retired</u> EMPLOYER | <u>10/13/09</u> | <u>\$ 50.00</u> | <u>50.00</u> |
| 5 | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page Line 4(z), Column A] | | | | |

*If contributions of \$25 or less are listed with contributor's 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 more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Celia Baroff in Council

2. ID #

3. Report covering period from June 10, 2008 thru Dec 31, 2009

| 4 | | CONTRIBUTIONS | DATE RECEIVED | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|----|---|---|-----------------|-----------------------------|--|
| 4a | | NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR | | | |
| * | <p>LAST FIRST MI <u>Buck Barbara</u></p> <p>STREET ADDRESS <u>80 Overlook Rd</u></p> <p>CITY STATE ZIP <u>New Rochelle NY 10804</u></p> <p>OCCUPATION EMPLOYER <u>Retired</u></p> | <u>10/13/09</u> | <u>\$200.00</u> | <u>200.00</u> | |
| * | <p>LAST FIRST MI <u>Colnes Sandra</u></p> <p>STREET ADDRESS <u>15 Hayward Place</u></p> <p>CITY STATE ZIP <u>Rye NY 10580</u></p> <p>OCCUPATION EMPLOYER <u>Realtor self</u></p> | <u>10/13/09</u> | <u>\$100.00</u> | <u>100.00</u> | |
| * | <p>LAST FIRST MI <u>Sebila Sue</u></p> <p>STREET ADDRESS <u>605 William Road</u></p> <p>CITY STATE ZIP <u>Flagstaff AZ 86001</u></p> <p>OCCUPATION EMPLOYER <u>Business owner self</u></p> | <u>10/15/09</u> | <u>\$100.00</u> | <u>100.00</u> | |
| * | <p>LAST FIRST MI <u>Leaw Sam</u></p> <p>STREET ADDRESS <u>5 Carol Lane</u></p> <p>CITY STATE ZIP <u>South Salem NY 10590</u></p> <p>OCCUPATION EMPLOYER <u>Chief Information Officer (CIS) Westchester County</u></p> | <u>10/21/09</u> | <u>\$75.00</u> | <u>75.00</u> | |
| * | <p>LAST FIRST MI <u>Weissman Bella</u></p> <p>STREET ADDRESS <u>46 Brookridge Rd</u></p> <p>CITY STATE ZIP <u>New Rochelle NY 10804</u></p> <p>OCCUPATION EMPLOYER <u>Retired</u></p> | <u>10/21/09</u> | <u>\$300.00</u> | <u>300.00</u> | |
| 5 | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page Line 4(z), Column A] | | | | |

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List S5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Celia Baroz In Council

2. ID #

3. Report covering period from June 10, 2008

thru Dec 31, 2009

| 4 | | DATE RECEIVED | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|---|---|---------------|-----------------------------|--|
| CONTRIBUTIONS | | | | |
| NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR | | | | |
| 4a | <p>LAST FIRST MI Tortiglione Ray</p> <p>STREET ADDRESS 101 Westmoreland Ave</p> <p>CITY STATE ZIP White Plains, NY 10606</p> <p>OCCUPATION EMPLOYER business owner self</p> | 10/26/09 | \$300.00 | 300.00 |
| b | <p>LAST FIRST MI Tier Philip</p> <p>STREET ADDRESS 824 Radcliffe Ave</p> <p>CITY STATE ZIP Pacific Palisades CA 90272</p> <p>OCCUPATION EMPLOYER financial consultant Focus Advisory Services LLC</p> | 10/26/09 | \$50.00 | 50.00 |
| c | <p>LAST FIRST MI Broderick Tom</p> <p>STREET ADDRESS 4279 E. COBURN DR.</p> <p>CITY STATE ZIP Flagstaff AZ 86004</p> <p>OCCUPATION EMPLOYER Consultant self</p> | 10/26/09 | \$25.00 | 25.00 |
| d | <p>LAST FIRST MI Averbeck George</p> <p>STREET ADDRESS PO Box 22446</p> <p>CITY STATE ZIP Flagstaff AZ 86002</p> <p>OCCUPATION EMPLOYER artist (glass) self</p> | 10/26/09 | \$100.00 | 100.00 |
| e | <p>LAST FIRST MI Newton Hud</p> <p>STREET ADDRESS 805 Homestead Rd</p> <p>CITY STATE ZIP Flagstaff AZ 86001</p> <p>OCCUPATION EMPLOYER Superior Court Judge Colonino County / state of AZ</p> | 10/27/09 | \$50.00 | 50.00 |
| 5 | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (If last page of Schedule A, transfer total to Detailed Summary Page Line 4(z), Column A) | | | |

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List 55 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Celia Barstie In Council 2. ID #
 3. Report covering period from June 10, 2008 thru Dec 31, 2009

| 4 | | CONTRIBUTIONS | DATE RECEIVED | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|----|---|---|-----------------|-----------------------------|--|
| | | NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR | | | |
| 4a | * | LAST <u>Drumright</u> FIRST <u>Steve</u> MI STREET ADDRESS <u>604 W. Santa Fe</u> CITY <u>Flagstaff</u> STATE <u>AZ</u> ZIP <u>86001</u> OCCUPATION <u>Construction</u> EMPLOYER <u>self</u> | <u>10/29/09</u> | <u>\$50.00</u> | <u>50.00</u> |
| b | * | LAST <u>Leary</u> FIRST <u>Michael</u> MI STREET ADDRESS <u>4339 E. Rustic Knolls Ln</u> CITY <u>Flagstaff, AZ</u> STATE <u>AZ</u> ZIP <u>86004</u> OCCUPATION <u>Project Manager</u> EMPLOYER <u>National Park Service Department of the Interior</u> | <u>10/29/09</u> | <u>\$200.00</u> | <u>200.00</u> |
| c | * | LAST <u>Castleberry</u> FIRST <u>George</u> MI STREET ADDRESS <u>2233 N. Homburg Dr.</u> CITY <u>Flagstaff</u> STATE <u>AZ</u> ZIP <u>86004</u> OCCUPATION <u>Real Estate Professional</u> EMPLOYER <u>self</u> | <u>10/29/09</u> | <u>\$75.00</u> | <u>75.00</u> |
| d | * | LAST <u>Munger</u> FIRST <u>Gene</u> MI STREET ADDRESS <u>4675 E. Inwood way</u> CITY <u>Flagstaff</u> STATE <u>AZ</u> ZIP <u>86004</u> OCCUPATION <u>Retired</u> EMPLOYER | <u>11/2/09</u> | <u>\$50.00</u> | <u>50.00</u> |
| e | * | LAST <u>Mirielb</u> FIRST <u>Ralph</u> MI STREET ADDRESS <u>19 Third St.</u> CITY <u>Flagstaff</u> STATE <u>CT</u> ZIP <u>06905</u> OCCUPATION <u>Retired Construction</u> EMPLOYER <u>self</u> | <u>11/2/09</u> | <u>\$200.00</u> | <u>200.00</u> |
| 5 | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page Line 4(z), Column A] | | | | |

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List S5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Celia Banaty & Louis
 3. Report covering period from June 10, 2008 thru Dec 31, 2009

2. ID #

| 4 | | CONTRIBUTIONS | DATE RECEIVED | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|----|---|--|---------------|-----------------------------|--|
| | | NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR | | | |
| 4a | * Brewster Tom | MI STREET ADDRESS 2410 EAST Route 66 CITY Flagstaff AZ 86004 OCCUPATION Real estate developer EMPLOYER AZ NORTH | 11/2/09 | \$200.00 | 200.00 |
| b | * Phillips Lany | MI STREET ADDRESS 142 E. 16th ST CITY New York NY 10003 OCCUPATION Retired EMPLOYER | 11/9/09 | \$50.00 | 50.00 |
| c | * AuCoin Sue | MI STREET ADDRESS 444 Lori Lane CITY Ashland OR 97520 OCCUPATION Retired EMPLOYER | 11/9/09 | \$50.00 | 50.00 |
| d | * Phillips Dorothy | MI STREET ADDRESS 142 E. 16th ST. CITY New York NY 10003 OCCUPATION Retired EMPLOYER | 11/9/09 | \$50.00 | 50.00 |
| e | * McKinnon Taylor | MI STREET ADDRESS 275 S. River Run Road Apt 4 CITY Flagstaff AZ 86001 OCCUPATION Artist EMPLOYER Center For Biological Diversity | 11/20/09 | \$100.00 | 100.00 |
| 5 | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (If last page of Schedule A, transfer total to Detailed Summary Page Line 4(z), Column A) | | | | |

*If contributions of \$25 or less are listed with contributor's 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 more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Blue Party in Council

2. ID #

3. Report covering period from June 10 2008 thru Dec 31, 2009

| 4 | CONTRIBUTIONS | DATE RECEIVED | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|---|--|-----------------|-----------------------------|--|
| NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR | | | | |
| 4a | <p>LAST FIRST MI * <u>Riedy</u> <u>Norbert</u></p> <p>STREET ADDRESS <u>PO Box 788</u></p> <p>CITY STATE ZIP <u>Pescadero CA 94060</u></p> <p>OCCUPATION EMPLOYER <u>Executive Director WILDSpaces</u></p> | <u>11/20/09</u> | <u>\$200.00</u> | <u>\$200.00</u> |
| b | <p>LAST FIRST MI * <u>Maysohn</u> <u>Bernard</u></p> <p>STREET ADDRESS <u>34 Brae Burn Dr</u></p> <p>CITY STATE ZIP <u>Purchase NY 10577</u></p> <p>OCCUPATION EMPLOYER <u>Retired</u></p> | <u>11/30/09</u> | <u>\$50.00</u> | <u>\$50.00</u> |
| c | <p>LAST FIRST MI * <u>Baierlein</u> <u>Ralph</u></p> <p>STREET ADDRESS <u>4717 Hightimber</u></p> <p>CITY STATE ZIP <u>Flagstaff AZ 86004</u></p> <p>OCCUPATION EMPLOYER <u>retired</u></p> | <u>12/16/09</u> | <u>\$100.00</u> | <u>\$100.00</u> |
| d | <p>LAST FIRST MI * <u>Rabbott</u> <u>Heather</u></p> <p>STREET ADDRESS <u>1414 N Rim Dr.</u></p> <p>CITY STATE ZIP <u>Flagstaff AZ 86001</u></p> <p>OCCUPATION EMPLOYER <u>nurse Northland Hospice</u></p> | <u>12/17/09</u> | <u>\$50.00</u> | <u>\$50.00</u> |
| e | <p>LAST FIRST MI * <u>Cass</u> <u>Brian</u></p> <p>STREET ADDRESS <u>318 West Birch, #2</u></p> <p>CITY STATE ZIP <u>Flagstaff AZ 86001</u></p> <p>OCCUPATION EMPLOYER <u>Videographer EchoProductions</u></p> | <u>12/29/09</u> | <u>\$50.00</u> | <u>\$50.00</u> |
| 5 | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (If last page of Schedule A, transfer total to Detailed Summary Page Line 4(z), Column A) | | | |

*If contributions of \$25 or less are listed with contributor's 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 more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Pelia Baratz in Council 2. ID#
 3. Report covering period from June 10, 2008 thru Dec 31, 2009

| 4 | CONTRIBUTIONS | DATE RECEIVED | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------|---|-------------------------------------|-----------------------------|--|--|--------------------------------------|--|--|--|----------------|--|--|--|------------------------|--|--|--|----------------|--|--|--|------------------|-----------|--------------|--|------------|--|----------|--|---------------------------------|--|-------------------------------------|--|-----------------|----------------|----------------|
| | NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4a | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">LAST</td> <td style="width: 25%;">FIRST</td> <td style="width: 25%;">MI</td> <td></td> </tr> <tr> <td>Brinkman <u>Anastasia</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">STREET ADDRESS</td> </tr> <tr> <td colspan="4"><u>310 E. Dale Ave</u></td> </tr> <tr> <td colspan="4">CITY STATE ZIP</td> </tr> <tr> <td><u>Flagstaff</u></td> <td><u>AZ</u></td> <td><u>86001</u></td> <td></td> </tr> <tr> <td colspan="2">OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td colspan="2">office administrator</td> <td colspan="2"><u>Shozall, McGoldrick Brinkman</u></td> </tr> </table> | LAST | FIRST | MI | | Brinkman <u>Anastasia</u> | | | | STREET ADDRESS | | | | <u>310 E. Dale Ave</u> | | | | CITY STATE ZIP | | | | <u>Flagstaff</u> | <u>AZ</u> | <u>86001</u> | | OCCUPATION | | EMPLOYER | | office administrator | | <u>Shozall, McGoldrick Brinkman</u> | | <u>12/29/09</u> | <u>\$75.00</u> | <u>\$75.00</u> |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brinkman <u>Anastasia</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>310 E. Dale Ave</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY STATE ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Flagstaff</u> | <u>AZ</u> | <u>86001</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| office administrator | | <u>Shozall, McGoldrick Brinkman</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">LAST</td> <td style="width: 25%;">FIRST</td> <td style="width: 25%;">MI</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">STREET ADDRESS</td> </tr> <tr> <td colspan="4"></td> </tr> <tr> <td colspan="4">CITY STATE ZIP</td> </tr> <tr> <td colspan="4"></td> </tr> <tr> <td colspan="2">OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> </table> | LAST | FIRST | MI | | | | | | STREET ADDRESS | | | | | | | | CITY STATE ZIP | | | | | | | | OCCUPATION | | EMPLOYER | | | | | | | | |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CITY STATE ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| OCCUPATION | | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| c | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">LAST</td> <td style="width: 25%;">FIRST</td> <td style="width: 25%;">MI</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">STREET ADDRESS</td> </tr> <tr> <td colspan="4"></td> </tr> <tr> <td colspan="4">CITY STATE ZIP</td> </tr> <tr> <td colspan="4"></td> </tr> <tr> <td colspan="2">OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> </table> | LAST | FIRST | MI | | | | | | STREET ADDRESS | | | | | | | | CITY STATE ZIP | | | | | | | | OCCUPATION | | EMPLOYER | | | | | | | | |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CITY STATE ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| OCCUPATION | | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| d | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">LAST</td> <td style="width: 25%;">FIRST</td> <td style="width: 25%;">MI</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">STREET ADDRESS</td> </tr> <tr> <td colspan="4"></td> </tr> <tr> <td colspan="4">CITY STATE ZIP</td> </tr> <tr> <td colspan="4"></td> </tr> <tr> <td colspan="2">OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> </table> | LAST | FIRST | MI | | | | | | STREET ADDRESS | | | | | | | | CITY STATE ZIP | | | | | | | | OCCUPATION | | EMPLOYER | | | | | | | | |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CITY STATE ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CITY STATE ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (If last page of Schedule A, transfer total to Detailed Summary Table, line 4(2), Column A) | | <u>\$7,915.00</u> | <u>7,915.00</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Summary Table. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

Reported on Schedule A

CONTRIBUTIONS of \$25 or less - AGGREGATE TOTAL*

SCHEDULE A-1

1. Committee Name _____

2. ID #

3. Report covering period from _____ thru _____

4. Aggregate Total of Contributions of \$25 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] | | 6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B] | |

*If contributions of \$25 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule. List \$5 Clearinghouse qualifying contributions separately on Schedule A-2.

none

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

1. Committee Name _____

2. ID # _____

3. Report covering period from _____ thru _____

| 4 | | CONTRIBUTIONS | | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|---|---|------------------------------------|--|-----------------------------|--|
| IDENTITY OF CONTRIBUTOR AND DATE RECEIVED | | | | | |
| 4a | 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 <i>(If last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A)</i> | | | | |

None

CANDIDATE LOANS

SCHEDULE C

| | | | | |
|-----|--|---------------|-----------------|--|
| 1. | Committee Name | 2. ID # | | |
| 3. | Report covering period from _____ thru _____ | | | |
| 4. | LOANS MADE OR GUARANTEED BY CANDIDATE | DATE RECEIVED | AMOUNT RECEIVED | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
| | NAME AND ADDRESS FROM WHOM RECEIVED | | | |
| 4a. | NAME, ADDRESS, CITY, STATE, AND ZIP | | | |
| | | | | |
| | DESCRIPTION | | | |
| b. | NAME, ADDRESS, CITY, STATE, AND ZIP | | | |
| | | | | |
| | DESCRIPTION | | | |
| c. | NAME, ADDRESS, CITY, STATE, AND ZIP | | | |
| | | | | |
| | DESCRIPTION | | | |
| d. | NAME, ADDRESS, CITY, STATE, AND ZIP | | | |
| | | | | |
| | DESCRIPTION | | | |
| e. | NAME, ADDRESS, CITY, STATE, AND ZIP | | | |
| | | | | |
| | DESCRIPTION | | | |
| f. | NAME, ADDRESS, CITY, STATE, AND 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] | | | |

none

OTHER LOANS

SCHEDULE C1

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

| 4 ALL OTHER LOANS | | | | |
|-------------------|--|--------------------|----------------|--|
| | NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN. | DATE LOAN RECEIVED | AMOUNT OF LOAN | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
| 4a | NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID# | | | |
| | NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID# | | | |
| | DESCRIPTION | | | |
| 4b | NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID# | | | |
| | NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID# | | | |
| | DESCRIPTION | | | |
| 4c | NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID# | | | |
| | NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID# | | | |
| | DESCRIPTION | | | |
| 4d | NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID# | | | |
| | NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID# | | | |
| | 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(a), Column A) | | | |

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name Celia Barot, In Lornal

2. ID #

3. Report covering period from June 10, 2008 - thru Dec 31, 2009

| 4 EXPENDITURES | | | |
|----------------|---|-----------------------|---------------------------|
| | NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE | DATE EXPENDITURE MADE | AMOUNT OF THE EXPENDITURE |
| 4a | <p>NAME, ADDRESS, CITY, STATE AND ZIP</p> <p>Chase Card Services (credit card) PO Box 94014 Palatine, IL 60094-4014</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</p> <p>hotel in candidate training class</p> | 9/27/09 | 159.10 |
| b | <p>NAME, ADDRESS, CITY, STATE AND ZIP</p> <p>Chase card services (credit card) PO Box 94014 Palatine, IL 60094-4014</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</p> <p>lump stickers (Best Deal)</p> | 10/02/09 | 98.00 |
| c | <p>NAME, ADDRESS, CITY, STATE AND ZIP</p> <p>Chase card services (credit card) PO Box 94014 Palatine, IL 60094-4014</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</p> <p>food (weatherford)</p> | 10/23/09 | 32.14 |
| d | <p>NAME, ADDRESS, CITY, STATE AND ZIP</p> <p>Chase card services (credit card) PO Box 94014 Palatine, IL 60094-4014</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</p> <p>paper printer toner (QuikShip) printer toner</p> | 10/16/09 | 55.09 |
| e | <p>NAME, ADDRESS, CITY, STATE AND ZIP</p> <p>Chase card services (credit card) PO Box 94014 Palatine, IL 60094-4014</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</p> <p>office supplies (Staples)</p> | 10/07/09 | 2.16 |
| f | <p>NAME, ADDRESS, CITY, STATE AND ZIP</p> <p>Chase card services PO Box 94014 Palatine, IL 60094-4014</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</p> <p>office supplies (walmart)</p> | 10/05/09 | 11.98 |
| 5 | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D (If last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A) | | |

*Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name Celia Barotz

2. ID #

3. Report covering period from June 10, 2008 thru Dec 31, 2009

| 4 | | DATE EXPENDITURE MADE | AMOUNT OF THE EXPENDITURE |
|---|--|-----------------------|---------------------------|
| EXPENDITURES | | | |
| NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE | | | |
| 4a | <p>NAME, ADDRESS, CITY, STATE AND ZIP <u>City of Flagstaff</u> <u>211 West Aspen</u> <u>Flagstaff, AZ 86001</u></p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Copy of Snowbowl reclaimed water contract</u></p> | <u>11/3/09</u> | <u>7.50</u> |
| b | <p>NAME, ADDRESS, CITY, STATE AND ZIP <u>Himalayan Grill</u> <u>8015. Milton Rd</u> <u>Flagstaff, AZ 86001</u></p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>food</u></p> | <u>11/6/09</u> | <u>60.85</u> |
| c | <p>NAME, ADDRESS, CITY, STATE AND ZIP <u>Sams Club</u> <u>Flagstaff, AZ</u></p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>copier toner and paper</u></p> | <u>11/6/09</u> | <u>81.35</u> |
| d | <p>NAME, ADDRESS, CITY, STATE AND ZIP <u>Basha's</u> <u>1000 N. Humphrey's</u> <u>Flagstaff, AZ 86001</u></p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>food</u></p> | <u>11/6/09</u> | <u>17.34</u> |
| e | <p>NAME, ADDRESS, CITY, STATE AND ZIP <u>City of Flagstaff</u> <u>211 West Aspen</u> <u>Flagstaff, AZ 86001</u></p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>ticket to Diversity Breakfast @ NAU</u></p> | <u>11/10/09</u> | <u>6.00</u> |
| f | <p>NAME, ADDRESS, CITY, STATE AND ZIP <u>Weatherford Hotel</u> <u>23 N. Lenoix</u> <u>Flagstaff, AZ 86001</u></p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>food</u></p> | <u>11/10/09</u> | <u>30.59</u> |
| 5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D (if last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A) | | | |

*Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name

Celia Barotz

2. ID #

3. Report covering period from

June 10, 2008

thru

Dec 31, 2009

| 4 | | DATE EXPENDITURE MADE | AMOUNT OF THE EXPENDITURE |
|--|--|-----------------------|---------------------------|
| EXPENDITURES | | | |
| NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE | | | |
| 4a | NAME, ADDRESS, CITY, STATE AND ZIP City of Flagstaff 211 West Aspen Flagstaff, AZ 86001 | 11/13/09 | 28.50 |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED Copy of 2009-2010 Budget in City of Flagstaff | | |
| b | NAME, ADDRESS, CITY, STATE AND ZIP Superior Labels 2390 Cumberland Square Dr. Beltsville, IA 52722-3219 | 11/13/09 | 15.40 |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED Return address stamp | | |
| c | NAME, ADDRESS, CITY, STATE AND ZIP Katie Anderson 5250 E. Cortland Blvd #96 Flagstaff, AZ 86004 | 11/16/09 | 80.00 |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED data entry services | | |
| d | NAME, ADDRESS, CITY, STATE AND ZIP KNAU - Arizona Public Radio PO Box 5764 Flagstaff, AZ 86011 | 11/30/09 | 201.00 |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED advertising - day sponsorship - radio | | |
| e | NAME, ADDRESS, CITY, STATE AND ZIP Ericson Design 1134 Tulip Place Colorado Springs, CO 80907 | 12/5/09 | 220.00 |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED Graphic design services | | |
| f | NAME, ADDRESS, CITY, STATE AND ZIP Valley Insight Group 928 West Glenwood Ave Phoenix, AZ 85013 | 12/7/09 | 117.00 |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED Political consulting services | | |
| 5 | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D (If last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A) | | |

*Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name Celia Barotz 2. ID#
 3. Report covering period from June 10, 2008 thru Dec 31, 2009

| 4 | EXPENDITURES | DATE EXPENDITURE MADE | AMOUNT OF THE EXPENDITURE |
|----|--|--|---------------------------|
| | NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE | | |
| 4a | NAME, ADDRESS, CITY, STATE AND ZIP <u>Chase Card Services</u> <u>Po Box 94014</u> <u>Palatine, IL 60094-4014</u> | <u>11/30/09</u> 11/28/09 | <u>14.28</u> |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>office supplies (Wal-Mart)</u> | | |
| b | NAME, ADDRESS, CITY, STATE AND ZIP <u>Chase Card Services</u> <u>Po Box 94014</u> <u>Palatine, IL 60094-4014</u> | <u>10/26/09</u> | <u>6.62</u> |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>coffee - Little America</u> | | |
| c | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED | | |
| d | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED | | |
| e | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED | | |
| f | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED | | |
| 5 | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [if last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A] | | <u>1,244.90</u> |

*Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit

None

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

1. Committee Name _____
 3. Report covering period from _____ thru _____

2. ID# _____

| 4 | | INDEPENDENT EXPENDITURES | DATE EXPENDITURE MADE | AMOUNT OF THE EXPENDITURE |
|----|---|--|-----------------------|---------------------------|
| | | IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED | | |
| 4a | NAME, ADDRESS, CITY, STATE AND ZIP | | | |
| | PURPOSE AND DESCRIPTION OF PURCHASE | Benefitted <input type="checkbox"/> Opposed <input type="checkbox"/> | | |
| | CANDIDATE | OFFICE SOUGHT | YEAR OF ELECTION | |
| 4b | NAME, ADDRESS, CITY, STATE AND ZIP | | | |
| | PURPOSE AND DESCRIPTION OF PURCHASE | Benefitted <input type="checkbox"/> Opposed <input type="checkbox"/> | | |
| | CANDIDATE | OFFICE SOUGHT | YEAR OF ELECTION | |
| 4c | NAME, ADDRESS, CITY, STATE AND ZIP | | | |
| | PURPOSE AND DESCRIPTION OF PURCHASE | Benefitted <input type="checkbox"/> Opposed <input type="checkbox"/> | | |
| | 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 |
|--|--------|
| | |
| | |
| | |

None

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

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

1. Committee Name _____

3. Report covering period from _____ thru _____

| 4 | LOANS MADE BY THE REPORTING COMMITTEE | DATE LOAN MADE | AMOUNT OF THE LOAN |
|----|---|-------------------|-----------------------|
| | NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE | | |
| 4a | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| b | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| c | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| d | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| e | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| f | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| g | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| h | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| i | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| 5 | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [Transfer total to Detail Summary Page Line 12, Column A] | | |

none

OFFSETS TO OPERATING EXPENSES *

SCHEDULE D-3

1. Committee Name _____

2. ID # []

3. Report covering period from _____ thru _____

| 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 | | | |
| 4a | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| | DESCRIPTION OF REFUND | | |
| b | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| | DESCRIPTION OF REFUND | | |
| c | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| | DESCRIPTION OF REFUND | | |
| d | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| | DESCRIPTION OF REFUND | | |
| e | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| | DESCRIPTION OF REFUND | | |
| f | NAME, ADDRESS, CITY, STATE, AND 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 | | |

None

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

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

1. Committee Name _____

3. Report covering period from _____ thru _____

| REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE | | DATE REPAYMENT MADE | AMOUNT OF THE REPAYMENT |
|--|---|---------------------|-------------------------|
| NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE | | | |
| 4a. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| b. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| c. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| d. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| e. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| f. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| 5. | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [Transfer total to Detail Summary Page, Line 13(a), Column A] | | |

NOTE

REPAYMENT OF ALL 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 | | |
| 4a | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| c. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| d. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| e. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| f. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| 5. | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [Transfer total to Detailed Summary Page, Line 13(b), Column A] | | |

None

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

1. Committee Name _____
3. Report covering period from _____ thru _____

2. ID #

| 4 | TRANSFERS MADE BY THE REPORTING COMMITTEE | DATE TRANSFER MADE | AMOUNT OF THE TRANSFER |
|----|---|--------------------|------------------------|
| | NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE | | |
| 4a | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| c | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| d. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| e. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| f. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| 5 | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A] | | |

None

ANY OTHER DISBURSEMENT

SCHEDULE D-7

1. Committee Name _____

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

3. Report covering period from _____ thru _____

| ANY OTHER DISBURSEMENTS | | DATE DISBURSEMENT MADE | AMOUNT OF THE DISBURSEMENT |
|---|---|------------------------|----------------------------|
| | NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION | | |
| a. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION | | |
| b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION | | |
| c. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION | | |
| d. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION | | |
| e. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION | | |
| 5. ENTER TOTAL ONLY 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 Celia Barok for Council

2. ID #

3. Report covering period from June 10, 2008 thru Dec 31, 2009

| 4 | IN-KIND CONTRIBUTIONS and EXPENDITURES | DATE | FAIR MARKET VALUE |
|----|--|--|---------------------|
| | NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN | | |
| 4a | NAME, ADDRESS, CITY, STATE, ZIP AND ID# <u>John Running</u> <u>111 E. Aspen J</u> <u>Flagstaff, AZ 86001</u> DESCRIPTION <u>Photography services</u> OCCUPATION <u>photographer</u> | CONTRIBUTION <input checked="" type="checkbox"/> EXPENDITURE <input checked="" type="checkbox"/> EMPLOYER <u>self</u> | 10/4/09 \$395.00 |
| b | NAME, ADDRESS, CITY, STATE, ZIP AND ID# <u>Eva Putzova</u> <u>700 Magna Way</u> <u>Flagstaff, AZ 86001</u> DESCRIPTION <u>Website domain name</u> OCCUPATION <u>Policy Analyst</u> | CONTRIBUTION <input checked="" type="checkbox"/> EXPENDITURE <input checked="" type="checkbox"/> EMPLOYER <u>NAU</u> | /09 \$70.00 |
| c | NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OCCUPATION | CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> EMPLOYER | |
| d | NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OCCUPATION | CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> 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) | | \$465.00 |
| 6 | 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 11, Column A) | | \$465.00 |

none

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

1. Committee Name _____
3. Report covering period from _____ thru _____

2. ID # _____

| 4 | | DATE AMOUNT RECEIVED | AMOUNT OF THE RECEIPT |
|---|---|----------------------|-----------------------|
| DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS | | | |
| NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED | | | |
| 4a | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF RECEIPT | | |
| b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF RECEIPT | | |
| c. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF RECEIPT | | |
| d. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF RECEIPT | | |
| e. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF RECEIPT | | |
| f. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF RECEIPT | | |
| 5 | | | |

ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 (If last page of Schedule F-1, transfer total to Detailed Summary Page Line 7 Column A)

none

OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F-2

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

| 4 | REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED | DATE REFUND MADE | AMOUNT OF THE REFUND |
|---|--|------------------|----------------------|
| | NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE | | |
| a | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF REFUND | | |
| b | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF REFUND | | |
| c | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF REFUND | | |
| d | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF REFUND | | |
| e | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF REFUND | | |
| f | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | 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

NOTE

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

1. Committee Name _____

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

3. Report covering period from _____ thru _____

| 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 [Transfer total to Detail Summary Page Line 19, Column A] | | | | | |