

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

FOR OFFICE USE ONLY



1. Kara Kelty For Flagstaff
Full Name of Committee
1175 N Hemlock Way
Address
Flagstaff, 86001 Coconino
City ZIP Code County Phone

2. Kara Kelty/ Mayor
Sponsoring Organization or Candidate and office
Kara Kelty/ Mayor
Name of Candidate and Office Sought (if applicable)
kara.kelty@keltyformayor.com
E-Mail Address Fax #

3A. ID#

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

January 31 Report - For Period of 11/5/2009 * 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)	\$6,290	\$6,290
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	\$6,290	\$6,290
6a Total Debts and Obligations from Previous Campaign Committee at Beginning of this Election Period (or at time Statement of Organization was filed for the new committee) [Do not add or subtract this line from the other lines]		\$0
6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	\$791.90	\$791.90
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	\$5,498.10	\$5,498.10

*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: Kara Kelty For Flagstaff
 3. Report covering period from 11/5/2009 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)	\$5,585	\$5,585
(b) Individuals - aggregate \$25 or less (Total from Schedule A-1)	\$330	\$330
(c) Political Committees (Total from Schedule B)	\$0	\$0
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	\$5,915	\$5,915
(e) Refund of contributions (Total from Schedule F-2)	\$0	\$0
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	\$5,915	\$5,915
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	\$0	\$0
(b) All other loans (Total from Schedule C-1)	\$0	\$0
(c) Total Loans [add 5(a) and 5(b)]	\$0	\$0
6. In-kind contributions (Total from Schedule E)	\$375	\$375
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	\$0	\$0
8. Total Receipts [add 4(f), 5(c), 6, and 7]	\$6,290	\$6,290
QUALIFYING CONTRIBUTION RECEIPTS		
Qualifying Contributions of \$5 from Individuals (Total from Schedule A2).	\$0	\$0
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	\$416.90	\$416.90
10. Independent Expenditures (Total from Schedule D-1)	\$0	\$0
11. Value of In-kind expenditures (Total from Schedule E)	\$375	\$375
12. Loans made by reporting committee (Total from Schedule D-2)	\$0	\$0
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)	\$0	\$0
(b) Repayment of all other loans (Total from Schedule D-5)	\$0	\$0
(c) Total Loan Repayments [add 13(a) and 13(b)]	\$0	\$0
14. Transfers to other political committees (Total from Schedule D-6)	\$0	\$0
15. Any other disbursement (Total from Schedule D-7)	\$0	\$0
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	\$791.90	\$791.90
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)	\$0	\$0
18. Total disbursements [subtract line 17 from line 16]	\$791.90	\$791.90
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	\$0	\$0

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.

Eva Putzová
 Type or Print Name of Treasurer

 Signature of Treasurer or Candidate or Designating Individual
 Date 11/26/2010

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

2. ID #

1. Committee Name Kara Kelty For Flagstaff

3. Report covering period from 11/5/2009 thru 12/31/2009

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"> <tr> <td data-bbox="212 432 505 443">LAST</td> <td data-bbox="505 432 651 443">FIRST</td> <td data-bbox="651 432 967 443">MI</td> </tr> <tr> <td colspan="3" data-bbox="212 453 967 485">Averback George</td> </tr> <tr> <td colspan="3" data-bbox="212 495 967 527">STREET ADDRESS</td> </tr> <tr> <td colspan="3" data-bbox="212 527 967 558">PO Box 22446</td> </tr> <tr> <td colspan="3" data-bbox="212 558 967 590">CITY</td> </tr> <tr> <td data-bbox="212 590 505 621">Flagstaff, AZ</td> <td data-bbox="505 590 651 621">STATE</td> <td data-bbox="651 590 967 621">ZIP</td> </tr> <tr> <td colspan="3" data-bbox="212 621 967 653">86002</td> </tr> <tr> <td colspan="2" data-bbox="212 663 651 695">OCCUPATION</td> <td data-bbox="651 663 967 695">EMPLOYER</td> </tr> <tr> <td colspan="2" data-bbox="212 695 651 726">Artist</td> <td data-bbox="651 695 967 726">Self-employed</td> </tr> </table>	LAST	FIRST	MI	Averback George			STREET ADDRESS			PO Box 22446			CITY			Flagstaff, AZ	STATE	ZIP	86002			OCCUPATION		EMPLOYER	Artist		Self-employed	11/5/2009	\$100	\$100
LAST	FIRST	MI																													
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LAST	FIRST	MI																													
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LAST	FIRST	MI																													
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LAST	FIRST	MI																													
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CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

2. ID #

1. Committee Name Kara Kelty For Flagstaff

3. Report covering period from 11/5/2009 thru 12/31/2009

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE												
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4a.	<table border="1"> <tr> <td>LAST Heather Babbott</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 1414 N. Rim Dr</td> </tr> <tr> <td>CITY Flagstaff, AZ 86001</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION Coordinator</td> <td colspan="2">EMPLOYER Self-employed</td> </tr> </table>	LAST Heather Babbott	FIRST	MI	STREET ADDRESS 1414 N. Rim Dr			CITY Flagstaff, AZ 86001	STATE	ZIP	OCCUPATION Coordinator	EMPLOYER Self-employed		11/6/2009	\$150	\$150
LAST Heather Babbott	FIRST	MI														
STREET ADDRESS 1414 N. Rim Dr																
CITY Flagstaff, AZ 86001	STATE	ZIP														
OCCUPATION Coordinator	EMPLOYER Self-employed															
b.	<table border="1"> <tr> <td>LAST White Al</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 4385 E. Winter</td> </tr> <tr> <td>CITY Flagstaff, AZ 86004</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION Council Member</td> <td colspan="2">EMPLOYER City of Flagstaff</td> </tr> </table>	LAST White Al	FIRST	MI	STREET ADDRESS 4385 E. Winter			CITY Flagstaff, AZ 86004	STATE	ZIP	OCCUPATION Council Member	EMPLOYER City of Flagstaff		11/6/2009	\$200	\$200
LAST White Al	FIRST	MI														
STREET ADDRESS 4385 E. Winter																
CITY Flagstaff, AZ 86004	STATE	ZIP														
OCCUPATION Council Member	EMPLOYER City of Flagstaff															
c.	<table border="1"> <tr> <td>LAST McKell Mary</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 112 E. Oak Ave No. 4</td> </tr> <tr> <td>CITY Flagstaff, AZ 86001</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION Retired</td> <td colspan="2">EMPLOYER Retired</td> </tr> </table>	LAST McKell Mary	FIRST	MI	STREET ADDRESS 112 E. Oak Ave No. 4			CITY Flagstaff, AZ 86001	STATE	ZIP	OCCUPATION Retired	EMPLOYER Retired		11/13/2009	\$50	\$50
LAST McKell Mary	FIRST	MI														
STREET ADDRESS 112 E. Oak Ave No. 4																
CITY Flagstaff, AZ 86001	STATE	ZIP														
OCCUPATION Retired	EMPLOYER Retired															
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LAST Rouvier Julia	FIRST	MI														
STREET ADDRESS 1450 W Kaibab Ln																
CITY Flagstaff, AZ 86001	STATE	ZIP														
OCCUPATION American Sign Language interpreter	EMPLOYER Arizona State School for the Deaf															
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LAST McKell David	FIRST	MI														
STREET ADDRESS 111 E. Oak Ave No. 4																
CITY Flagstaff, AZ 86001	STATE	ZIP														
OCCUPATION Professor	EMPLOYER NAU															
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CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

2. ID #

1. Committee Name Kara Kelty For Flagstaff

3. Report covering period from 11/5/2009 thru 12/31/2009

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																		
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LAST	FIRST	MI																				
Castleberry George																						
STREET ADDRESS 2233 N. Hemberg Dr																						
CITY	STATE	ZIP																				
Flagstaff, AZ 86004																						
OCCUPATION Business Owner	EMPLOYER Self-employed																					
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LAST	FIRST	MI																				
McCarthy Jim																						
STREET ADDRESS 2087 W. Fresh Aire Street																						
CITY	STATE	ZIP																				
Flagstaff, AZ 86001																						
OCCUPATION Retired	EMPLOYER Retired																					
c.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Thornton Melody</td> </tr> <tr> <td colspan="3">STREET ADDRESS 4816 W. Rose Ln</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Glendale, AZ 85301</td> </tr> <tr> <td>OCCUPATION Associate</td> <td colspan="2">EMPLOYER Walgreens</td> </tr> </table>	LAST	FIRST	MI	Thornton Melody			STREET ADDRESS 4816 W. Rose Ln			CITY	STATE	ZIP	Glendale, AZ 85301			OCCUPATION Associate	EMPLOYER Walgreens		11/14/2009	\$410	\$410
LAST	FIRST	MI																				
Thornton Melody																						
STREET ADDRESS 4816 W. Rose Ln																						
CITY	STATE	ZIP																				
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OCCUPATION Associate	EMPLOYER Walgreens																					
d.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Daggett Becky</td> </tr> <tr> <td colspan="3">STREET ADDRESS 1195 E. Apple Way</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Flagstaff, AZ 86001</td> </tr> <tr> <td>OCCUPATION Director</td> <td colspan="2">EMPLOYER FALA</td> </tr> </table>	LAST	FIRST	MI	Daggett Becky			STREET ADDRESS 1195 E. Apple Way			CITY	STATE	ZIP	Flagstaff, AZ 86001			OCCUPATION Director	EMPLOYER FALA		11/17/2009	\$250	\$250
LAST	FIRST	MI																				
Daggett Becky																						
STREET ADDRESS 1195 E. Apple Way																						
CITY	STATE	ZIP																				
Flagstaff, AZ 86001																						
OCCUPATION Director	EMPLOYER FALA																					
e.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Gauld-Lash Debra</td> </tr> <tr> <td colspan="3">STREET ADDRESS 516 N. Agassiz St</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Flagstaff, AZ 86001</td> </tr> <tr> <td>OCCUPATION Sales Representative</td> <td colspan="2">EMPLOYER Patterson Dental Supply</td> </tr> </table>	LAST	FIRST	MI	Gauld-Lash Debra			STREET ADDRESS 516 N. Agassiz St			CITY	STATE	ZIP	Flagstaff, AZ 86001			OCCUPATION Sales Representative	EMPLOYER Patterson Dental Supply		11/17/2009	\$410	\$410
LAST	FIRST	MI																				
Gauld-Lash Debra																						
STREET ADDRESS 516 N. Agassiz St																						
CITY	STATE	ZIP																				
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CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

2. ID #

1. Committee Name Kara Kelty For Flagstaff

3. Report covering period from 11/5/2009 thru 12/31/2009

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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
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c.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Lubarsky Sandra</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">1021 N. Navajo Drive</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Flagstaff, AZ 86001</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Professor</td> <td colspan="2">NAU</td> </tr> </table>	LAST	FIRST	MI	Lubarsky Sandra			STREET ADDRESS			1021 N. Navajo Drive			CITY	STATE	ZIP	Flagstaff, AZ 86001			OCCUPATION	EMPLOYER		Professor	NAU		11/20/2009	\$100	\$100
LAST	FIRST	MI																										
Lubarsky Sandra																												
STREET ADDRESS																												
1021 N. Navajo Drive																												
CITY	STATE	ZIP																										
Flagstaff, AZ 86001																												
OCCUPATION	EMPLOYER																											
Professor	NAU																											
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LAST	FIRST	MI																										
Goldin Ellen																												
STREET ADDRESS																												
741 Apple Tree Ln																												
CITY	STATE	ZIP																										
Glencoe, IL 60022																												
OCCUPATION	EMPLOYER																											
Retired	Retired																											
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LAST	FIRST	MI																										
Munger Eugene																												
STREET ADDRESS																												
4674 East Inwood Way																												
CITY	STATE	ZIP																										
Flagstaff, AZ 86004																												
OCCUPATION	EMPLOYER																											
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CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

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LAST	FIRST	MI																										
Harrison Jill																												
STREET ADDRESS																												
4613 S. Bedrock Trail																												
CITY	STATE	ZIP																										
Flagstaff, AZ 86001																												
OCCUPATION	EMPLOYER																											
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b	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Brown Howard</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">2675 N. Nelson</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Flagstaff, AZ 86001</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Attorney</td> <td colspan="2">Paul Laurence Brinkmann, P.C.</td> </tr> </table>	LAST	FIRST	MI	Brown Howard			STREET ADDRESS			2675 N. Nelson			CITY	STATE	ZIP	Flagstaff, AZ 86001			OCCUPATION	EMPLOYER		Attorney	Paul Laurence Brinkmann, P.C.		12/3/2009	\$200	\$200
LAST	FIRST	MI																										
Brown Howard																												
STREET ADDRESS																												
2675 N. Nelson																												
CITY	STATE	ZIP																										
Flagstaff, AZ 86001																												
OCCUPATION	EMPLOYER																											
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LAST	FIRST	MI																										
George Roxane																												
STREET ADDRESS																												
5384 N. Sanford Place																												
CITY	STATE	ZIP																										
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LAST	FIRST	MI																										
Weissman Marilyn																												
STREET ADDRESS																												
1055 E. Apple Way																												
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LAST	FIRST	MI																										
Huber Mary Ann																												
STREET ADDRESS																												
3243 W. Walter Way																												
CITY	STATE	ZIP																										
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LAST	FIRST	MI																										
Craig	Robin																											
STREET ADDRESS																												
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CITY	STATE	ZIP																										
Flagstaff, AZ		86004																										
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Counselor	Northland Family Help Center																											
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LAST	FIRST	MI																										
Brewster	Ron																											
STREET ADDRESS																												
PO Box 3538																												
CITY	STATE	ZIP																										
Flagstaff, AZ		86003																										
OCCUPATION	EMPLOYER																											
Business owner	Self-employed																											
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LAST	FIRST	MI																										
White	Jean																											
STREET ADDRESS																												
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CITY	STATE	ZIP																										
Flagstaff, AZ		86001																										
OCCUPATION	EMPLOYER																											
Retired	Retired																											
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LAST	FIRST	MI																										
Cooper	David																											
STREET ADDRESS																												
3358 North Crest Street																												
CITY	STATE	ZIP																										
Flagstaff, AZ		86001																										
OCCUPATION	EMPLOYER																											
Retired	Retired																											
e.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>McKinnon</td> <td>Cynthia</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">421 N. James St</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Flagstaff, AZ</td> <td></td> <td>86001</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Retired</td> <td colspan="2">Retired</td> </tr> </table>	LAST	FIRST	MI	McKinnon	Cynthia		STREET ADDRESS			421 N. James St			CITY	STATE	ZIP	Flagstaff, AZ		86001	OCCUPATION	EMPLOYER		Retired	Retired		12/12/2009	\$50	\$50
LAST	FIRST	MI																										
McKinnon	Cynthia																											
STREET ADDRESS																												
421 N. James St																												
CITY	STATE	ZIP																										
Flagstaff, AZ		86001																										
OCCUPATION	EMPLOYER																											
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LAST	FIRST	MI																				
Ursin Bobbie																						
STREET ADDRESS 3340 S. Moore Cir																						
CITY	STATE	ZIP																				
Flagstaff, AZ 86001																						
OCCUPATION Grant and Contract Administrator	EMPLOYER NAU																					
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LAST	FIRST	MI																				
Bean Tom																						
STREET ADDRESS PO Box 1567																						
CITY	STATE	ZIP																				
Flagstaff, AZ 86002																						
OCCUPATION Photographer	EMPLOYER Self-employed																					
c.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Konomos Anastasia</td> </tr> <tr> <td colspan="3">STREET ADDRESS 310 E. Dale Ave</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Flagstaff, AZ 86001</td> </tr> <tr> <td>OCCUPATION Attorney</td> <td colspan="2">EMPLOYER Self-employed</td> </tr> </table>	LAST	FIRST	MI	Konomos Anastasia			STREET ADDRESS 310 E. Dale Ave			CITY	STATE	ZIP	Flagstaff, AZ 86001			OCCUPATION Attorney	EMPLOYER Self-employed		12/12/2009	\$100	\$100
LAST	FIRST	MI																				
Konomos Anastasia																						
STREET ADDRESS 310 E. Dale Ave																						
CITY	STATE	ZIP																				
Flagstaff, AZ 86001																						
OCCUPATION Attorney	EMPLOYER Self-employed																					
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LAST	FIRST	MI																				
Tohill Kelly																						
STREET ADDRESS 526 W. Deanna Dr																						
CITY	STATE	ZIP																				
Flagstaff, AZ 86001																						
OCCUPATION Business owner	EMPLOYER Self-employed																					
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LAST	FIRST	MI																				
Donaldson Joseph																						
STREET ADDRESS 1325 E. Linda Vista																						
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Flagstaff, AZ 86004																						
OCCUPATION Consultant	EMPLOYER 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 \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

2. ID #

1. Committee Name Kara Kelly For Flagstaff

3. Report covering period from 11/5/2009 thru 12/31/2009

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"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Breed William</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">423 E. David Dr</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Flagstaff, AZ 86002</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Retired</td> <td colspan="2">Retired</td> </tr> </table>	LAST	FIRST	MI	Breed William			STREET ADDRESS			423 E. David Dr			CITY	STATE	ZIP	Flagstaff, AZ 86002			OCCUPATION	EMPLOYER		Retired	Retired		12/18/2009	\$100	\$100
LAST	FIRST	MI																										
Breed William																												
STREET ADDRESS																												
423 E. David Dr																												
CITY	STATE	ZIP																										
Flagstaff, AZ 86002																												
OCCUPATION	EMPLOYER																											
Retired	Retired																											
b	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Silver Charlie</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">720 W. Aspen Ave</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Flagstaff, AZ 86004</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Quality Assurance</td> <td colspan="2">WL Gore & Associates, Inc.</td> </tr> </table>	LAST	FIRST	MI	Silver Charlie			STREET ADDRESS			720 W. Aspen Ave			CITY	STATE	ZIP	Flagstaff, AZ 86004			OCCUPATION	EMPLOYER		Quality Assurance	WL Gore & Associates, Inc.		12/20/2009	\$100	\$100
LAST	FIRST	MI																										
Silver Charlie																												
STREET ADDRESS																												
720 W. Aspen Ave																												
CITY	STATE	ZIP																										
Flagstaff, AZ 86004																												
OCCUPATION	EMPLOYER																											
Quality Assurance	WL Gore & Associates, Inc.																											
c.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Kurtz Edwin</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">1620 N. Kutch Dr</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Flagstaff, AZ 86001</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Retired</td> <td colspan="2">Retired</td> </tr> </table>	LAST	FIRST	MI	Kurtz Edwin			STREET ADDRESS			1620 N. Kutch Dr			CITY	STATE	ZIP	Flagstaff, AZ 86001			OCCUPATION	EMPLOYER		Retired	Retired		12/22/2009	\$75	\$75
LAST	FIRST	MI																										
Kurtz Edwin																												
STREET ADDRESS																												
1620 N. Kutch Dr																												
CITY	STATE	ZIP																										
Flagstaff, AZ 86001																												
OCCUPATION	EMPLOYER																											
Retired	Retired																											
d	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Ferris Alice</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">555 Pinecliff Dr</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Flagstaff, AZ 86001</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Nonprofit Management Consultant</td> <td colspan="2">GoalBusters LLC</td> </tr> </table>	LAST	FIRST	MI	Ferris Alice			STREET ADDRESS			555 Pinecliff Dr			CITY	STATE	ZIP	Flagstaff, AZ 86001			OCCUPATION	EMPLOYER		Nonprofit Management Consultant	GoalBusters LLC		12/22/2009	\$100	\$100
LAST	FIRST	MI																										
Ferris Alice																												
STREET ADDRESS																												
555 Pinecliff Dr																												
CITY	STATE	ZIP																										
Flagstaff, AZ 86001																												
OCCUPATION	EMPLOYER																											
Nonprofit Management Consultant	GoalBusters LLC																											
e	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Sheldon-Scurlock Margaret</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">301 W. Juniper Ave</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Flagstaff, AZ 86001</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Educator & Counselor</td> <td colspan="2">Self-employed</td> </tr> </table>	LAST	FIRST	MI	Sheldon-Scurlock Margaret			STREET ADDRESS			301 W. Juniper Ave			CITY	STATE	ZIP	Flagstaff, AZ 86001			OCCUPATION	EMPLOYER		Educator & Counselor	Self-employed		12/23/2009	\$100	\$100
LAST	FIRST	MI																										
Sheldon-Scurlock Margaret																												
STREET ADDRESS																												
301 W. Juniper Ave																												
CITY	STATE	ZIP																										
Flagstaff, AZ 86001																												
OCCUPATION	EMPLOYER																											
Educator & Counselor	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 \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

2. ID #

1. Committee Name Kara Kelty For Flagstaff

3. Report covering period from 11/5/2009 thru 12/31/2009

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"> <tr> <td>LAST Chanler Gay</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS PO Box 519</td> </tr> <tr> <td>CITY Flagstaff, AZ 86002</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION Chef</td> <td colspan="2">EMPLOYER Self-employed</td> </tr> </table>	LAST Chanler Gay	FIRST	MI	STREET ADDRESS PO Box 519			CITY Flagstaff, AZ 86002	STATE	ZIP	OCCUPATION Chef	EMPLOYER Self-employed		12/24/2009	\$50	\$50
LAST Chanler Gay	FIRST	MI														
STREET ADDRESS PO Box 519																
CITY Flagstaff, AZ 86002	STATE	ZIP														
OCCUPATION Chef	EMPLOYER Self-employed															
b.	<table border="1"> <tr> <td>LAST Castleberry Debbie</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 2233 N. Hemberg Dr</td> </tr> <tr> <td>CITY Flagstaff, AZ 86004</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION Photographer</td> <td colspan="2">EMPLOYER Self-employed</td> </tr> </table>	LAST Castleberry Debbie	FIRST	MI	STREET ADDRESS 2233 N. Hemberg Dr			CITY Flagstaff, AZ 86004	STATE	ZIP	OCCUPATION Photographer	EMPLOYER Self-employed		12/26/2009	\$100	\$100
LAST Castleberry Debbie	FIRST	MI														
STREET ADDRESS 2233 N. Hemberg Dr																
CITY Flagstaff, AZ 86004	STATE	ZIP														
OCCUPATION Photographer	EMPLOYER Self-employed															
c.	<table border="1"> <tr> <td>LAST Linda Deb</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 2808 E. Lewis Dr</td> </tr> <tr> <td>CITY Flagstaff, AZ 86004</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION Nurse</td> <td colspan="2">EMPLOYER FMC</td> </tr> </table>	LAST Linda Deb	FIRST	MI	STREET ADDRESS 2808 E. Lewis Dr			CITY Flagstaff, AZ 86004	STATE	ZIP	OCCUPATION Nurse	EMPLOYER FMC		12/27/2009	\$50	\$50
LAST Linda Deb	FIRST	MI														
STREET ADDRESS 2808 E. Lewis Dr																
CITY Flagstaff, AZ 86004	STATE	ZIP														
OCCUPATION Nurse	EMPLOYER FMC															
d.	<table border="1"> <tr> <td>LAST Stahl Holly</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 429 E. David Dr.</td> </tr> <tr> <td>CITY Flagstaff, AZ 86001</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION Artist</td> <td colspan="2">EMPLOYER Self-employed</td> </tr> </table>	LAST Stahl Holly	FIRST	MI	STREET ADDRESS 429 E. David Dr.			CITY Flagstaff, AZ 86001	STATE	ZIP	OCCUPATION Artist	EMPLOYER Self-employed		12/29/2009	\$50	\$50
LAST Stahl Holly	FIRST	MI														
STREET ADDRESS 429 E. David Dr.																
CITY Flagstaff, AZ 86001	STATE	ZIP														
OCCUPATION Artist	EMPLOYER Self-employed															
e.	<table border="1"> <tr> <td>LAST Rozema Linda</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 9901 Legacy Ln</td> </tr> <tr> <td>CITY Flagstaff, AZ 86004</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION Respiratory Therapist</td> <td colspan="2">EMPLOYER FMC</td> </tr> </table>	LAST Rozema Linda	FIRST	MI	STREET ADDRESS 9901 Legacy Ln			CITY Flagstaff, AZ 86004	STATE	ZIP	OCCUPATION Respiratory Therapist	EMPLOYER FMC		12/30/2009	\$50	\$50
LAST Rozema Linda	FIRST	MI														
STREET ADDRESS 9901 Legacy Ln																
CITY Flagstaff, AZ 86004	STATE	ZIP														
OCCUPATION Respiratory Therapist	EMPLOYER FMC															
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)	\$5,585	\$5,585													

*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 of \$25 or less - AGGREGATE TOTAL*

SCHEDULE A-1

1. Committee Name Kara Kelty For FlagstaffKara Kelty For Flagstaff

2. ID #

3. Report covering period from 11/5/2009 thru 12/31/2009

4. Aggregate Total of Contributions of \$25 or less

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
Contributions of \$25 or less	\$330	\$330
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A] \$280		6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B] \$280

*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 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

1. Committee Name Kara Kelly For Flagstaff

2. ID #

3. Report covering period from 11/5/2009 thru 12/31/2009

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>		\$0	\$0

CANDIDATE LOANS

SCHEDULE C

1. Committee Name Kara Kelly For Flagstaff		2. ID #		
3. Report covering period from 11/5/2009 thru 12/31/2009				
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]	\$0	\$0	

OTHER LOANS

SCHEDULE C1

1. Committee Name Kara Kelty For Flagstaff

2. ID #

3. Report covering period from 11/5/2009 thru 12/31/2009

4	ALL OTHER LOANS	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.			
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]	\$0	\$0	

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID #

1. Committee Name Kara Kelty For Flagstaff

3. Report covering period from 11/5/2009 thru 12/31/2009

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 Kinko's 1423 S Plaza Way Flagstaff, AZ 86001	11/6/2009	\$50.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Copying		
b.	NAME, ADDRESS, CITY, STATE AND ZIP Paypal 2211 North First Street San Jose, CA 95131	11/20/2009	\$27.35
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Finance charges		
c.	NAME, ADDRESS, CITY, STATE AND ZIP Democratic Party 324 W Birch Ave Flagstaff, AZ 86001	12/4/2009	\$50.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Voter list subscription		
d.	NAME, ADDRESS, CITY, STATE AND ZIP Best Buy 5005 E Marketplace Dr # 150 Flagstaff, AZ 86004	11/30/2009	\$162.66
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Videocamera		
e.	NAME, ADDRESS, CITY, STATE AND ZIP Albertson 416 E Route 66 Flagstaff, AZ 86001	12/4/2009	\$19.55
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Refreshments		
f.	NAME, ADDRESS, CITY, STATE AND ZIP Kinko's 1423 S Plaza Way Flagstaff, AZ 86001	12/4/2009	\$26.57
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Copying		
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

2. ID #

1. Committee Name Kara Kelty For Flagstaff

3. Report covering period from 11/5/2009 thru 12/31/2009

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 Staples 2625 South Woodlands Village Boulevard Flagstaff, AZ 86001	12/4/2009	\$24.92
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Stationery		
b.	NAME, ADDRESS, CITY, STATE AND ZIP PS Printing P. O. Box 202 Flagstaff, AZ 86002	12/6/2009	\$50.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Rack cards printing		
c.	NAME, ADDRESS, CITY, STATE AND ZIP Kinko's 1423 S Plaza Way Flagstaff, AZ 86001	12/4/2009	\$5.85
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Copying		
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]		\$416.90

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

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

1. Committee Name Kara Kelly For Flagstaff

2. ID #

3. Report covering period from 11/5/2009 thru 12/31/2009

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]		\$0

OFFSETS TO OPERATING EXPENSES *

SCHEDULE D-3

1. Committee Name Kara Kelty For Flagstaff

2. ID #

3. Report covering period from 11/5/2009 thru 12/31/2009

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)

\$0

* Includes return of contributions made by reporting committee

REPAYMENT OF CANDIDATE LOANS

SCHEDULE **D-4**

1. Committee Name Kara Kelty For Flagstaff

2. ID #

3. Report covering period from 11/5/2009 thru 12/31/2009

	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]		

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

1. Committee Name _____

2. ID #

3. Report covering period from 11/5/2009 thru 12/31/2009

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]		\$0

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

1. Committee Name Kara Kelly For Flagstaff

2. ID #

3. Report covering period from 11/5/2009 thru 12/31/2009

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]		\$0

ANY OTHER DISBURSEMENT

SCHEDULE D-7

1. Committee Name Kara Kelty For Flagstaff

2. ID #

3. Report covering period from 11/5/2009 thru 12/31/2009

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]			\$0

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

1. Committee Name Kara Kelty For Flagstaff

2. ID #

3. Report covering period from 11/5/2009 thru 12/31/2009

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# Gordon Watkins 410 N. Leroux Flagstaff, AZ 86001	CONTRIBUTION * <input checked="" type="checkbox"/> * EXPENDITURE * <input checked="" type="checkbox"/> *	12/12/2009	\$375
	DESCRIPTION Fundraising Party/Refreshments			
	OCCUPATION Bed and Breakfast Owner	EMPLOYER Self-employed		
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]			\$375
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]			\$375

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

1. Committee Name Kara Kelly For Flagstaff

2. ID #

3. Report covering period from 11/5/2009 thru 12/31/2009

4	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS	DATE AMOUNT RECEIVED	AMOUNT OF THE RECEIPT
	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] \$0

OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F-2

1. Committee Name Kara Kelty For Flagstaff

2. ID #

3. Report covering period from 11/5/2009 thru 12/31/2009

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]

\$0

* Includes return of contributions received by reporting committee

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

1. Committee Name Kara Kelly For Flagstaff

2. ID #

3. Report covering period from 11/5/2009 thru 12/31/2009

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]				\$0