

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

FOR OFFICE USE ONLY



1. VOTE NO ON MEET CONFER (ORD. No 2009-31)  
 Full Name of Committee  
600 N. SKYVIEW  
 Address  
FLAGSTAFF, AZ COCONINO 86004  
 City ZIP Code County Phone

2. Sponsoring Organization or Candidate and office

3A. ID#

Name of Candidate and Office Sought (if applicable)

E-Mail Address

Fax #

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

**DUE BETWEEN**

- January 31 Report - For Period of 6/10/2009 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	0
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	9,000.00	9,000.00
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	9,000.00	9,000.00
6a Total Debts and Obligations from Previous Campaign Committee at Beginning of this Election Period (or at time Statement of Organization was filed for the new committee) [Do not add or subtract this line from the other lines]	0	0
6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	7,500.00	7,500.00
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	1,500.00	1,500.00

\*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: \_\_\_\_\_ 2. ID# \_\_\_\_\_  
 3. Report covering period from \_\_\_\_\_, Thru \_\_\_\_\_

**RECEIPTS**

4. Contributions other than loans and in-kind:
- (a) Individuals - more than \$25 (Total from Schedule A)
  - (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)
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)
8. Total Receipts [add 4(f), 5(c), 6, and 7]

COLUMN A -  
THIS PERIOD

COLUMN B  
CAMPAIGN TO DATE

250.00	250.00
8,750.00	8,750.00
9,000.00	9,000.00

**QUALIFYING CONTRIBUTION RECEIPTS**

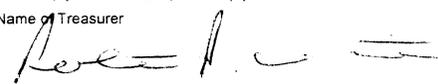
Qualifying Contributions of \$5 from Individuals (Total from Schedule A2).

**DISBURSEMENTS**

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

750.00

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

*CARLTON HILL*  
 Type or Print Name of Treasurer  
  
 Signature of Treasurer or Candidate or Designating Individual

*2/2/10*  
 Date

**CONTRIBUTIONS more than \$25 - from INDIVIDUALS\***

**SCHEDULE A**

1. Committee Name *VOTE NEAR MEET, CONFIR 2024-26* *CD No*

2. ID#

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	<p>NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR</p> <p>LAST FIRST MI <i>ZIANZUCCI, MARTIN</i></p> <p>STREET ADDRESS <i>5150 COUNTRY CLUB DR.</i></p> <p>CITY STATE ZIP <i>FLAGSTAFF AZ 86001</i></p> <p>OCCUPATION EMPLOYER</p>	<i>12/22/09</i>	<i>250.00</i>	<i>250.00</i>
b.	<p>LAST FIRST MI</p> <p>STREET ADDRESS</p> <p>CITY STATE ZIP</p> <p>OCCUPATION EMPLOYER</p>			
c.	<p>LAST FIRST MI</p> <p>STREET ADDRESS</p> <p>CITY STATE ZIP</p> <p>OCCUPATION EMPLOYER</p>			
d.	<p>LAST FIRST MI</p> <p>STREET ADDRESS</p> <p>CITY STATE ZIP</p> <p>OCCUPATION EMPLOYER</p>			
e.	<p>LAST FIRST MI</p> <p>STREET ADDRESS</p> <p>CITY STATE ZIP</p> <p>OCCUPATION EMPLOYER</p>			
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 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 Clean Election qualifying contributions separately on Schedule A-2.

**CONTRIBUTIONS FROM POLITICAL COMMITTEES  
& OTHERS**

**SCHEDULE B**

1. Committee Name Vote No on Meet Center <sup>ORD NO</sup> 2009-32 | 2. ID#  
 3. Report covering period from 6-10-2008 thru 12-31-09

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			
		<u>SHAKTI INVESTMENT</u> <u>602 W. RT 66 FLAGSTAFF</u> <u>AZ 86001</u>	<u>100.00</u>	<u>100.00</u>
b.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
		<u>SW HOSPITALITY MGT</u> <u>6630 E. BASELINE RD.</u> <u>NAESA, AZ 85206</u>	<u>1,000.00</u>	<u>1,000.00</u>
c.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
		<u>CONSOLIDATED INVESTMENT</u> <u>5555. BLACKBIRD ROOST</u> <u>FLAGSTAFF AZ</u>	<u>\$2,000.00</u>	<u>2,000.00</u>
d.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
		<u>SILVEYS FLAGSTAFF HONDA</u> <u>5194 N. TEST DR.</u> <u>FLAGSTAFF AZ 86004</u>	<u>\$500.00</u> <u>570</u>	<u>500.00</u>
e.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
		<u>JAI SAI BABA</u> <u>990 W. RT 66</u> <u>FLAGSTAFF AZ 86001</u>	<u>150.00</u>	<u>150.00</u>
f.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
		<u>RAMADA INVESTMENTS</u> <u>122 W. RT 66</u> <u>FLAGSTAFF AZ 86001</u>	<u>150.00</u>	<u>150.00</u>
g.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
		<u>RED ROSE INN</u> <u>1526 E. RT 66</u> <u>FLAGSTAFF AZ 86001</u>	<u>150.00</u>	<u>150.00</u>
h.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
		<u>LUXURY INN</u> <u>3100 E. RT. 66</u> <u>FLAGSTAFF AZ 86004</u>	<u>150.00</u>	<u>150.00</u>
i.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
		<u>SUN HOTEL</u> <u>3601 E. LOCKETT</u> <u>FLAGSTAFF AZ 86004</u>	<u>150.00</u>	<u>150.00</u>
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE B [If last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]			

**CANDIDATE LOANS**

**SCHEDULE C**

1.	Committee Name		2. ID #	
3.	Report covering period from	thru		
4.	<b>LOANS MADE OR GUARANTEED BY CANDIDATE</b>	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]			

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

1. Committee Name NOTE NO TON MUST CONFERENCE 2009-36 <sup>ORA NO</sup> 2. ID#

3. Report covering period from 6/10/2008 thru 12/31/09

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			
		<u>SHREE HARI ENT</u> <u>1990 E. RT 66</u> <u>FLAGSTAFF AZ 86004</u>	<u>150.00</u>	<u>150.00</u>
b.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
		<u>HEMA SONS</u> <u>2218 E. RT 66</u> <u>FLAGSTAFF AZ 86004</u>	<u>150.00</u>	<u>150.00</u>
c.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
		<u>AMBA LLC</u> <u>223 S. MILTON</u> <u>FLAGSTAFF AZ 86001</u>	<u>150.00</u>	<u>150.00</u>
d.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
		<u>KEZONA INVESTMENTS</u> <u>220 E. BUTLER</u> <u>FLAGSTAFF, AZ 86004</u>	<u>350.00</u>	<u>350.00</u>
e.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
		<u>JAI SHREE HANUMAN LLC</u> <u>2385 E. BUTLER AVE.</u> <u>FLAGSTAFF AZ 86004</u>	<u>150.00</u>	<u>150.00</u>
f.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
		<u>HEEMA INV LLC</u> <u>2202 E. RT 66</u> <u>FLAGSTAFF AZ 86004</u>	<u>150.00</u>	<u>150.00</u>
g.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
		<u>SAGA MOTEL</u> <u>820 W. HWY 66</u> <u>FLAGSTAFF, AZ 86001</u>	<u>150.00</u>	<u>150.00</u>
h.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
		<u>BEST VALUE INN</u> <u>822 W. HWY RT. 66</u> <u>FLAGSTAFF, AZ 86001</u>	<u>150.00</u>	<u>150.00</u>
i.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
		<u>BUDGET INN</u> <u>913 S. MILTON</u> <u>FLAGSTAFF, AZ 86001</u>	<u>150.00</u>	<u>150.00</u>
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE B [If last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]			

**CANDIDATE LOANS**

**SCHEDULE C**

1.	Committee Name		2. ID #	
3.	Report covering period from	thru		
4.	<b>LOANS MADE OR GUARANTEED BY CANDIDATE</b>	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]			

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

1. Committee Name *LCTE No. 01 MEET CONTR 2009-32* Ord No 2. ID#  
 3. Report covering period from *6/10/09* thru *12-31-09*

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			
		<i>LUCKY MGT. INC 2520 E. LUCKY LN. FLAGSTAFF, AZ 86004</i>	<i>300.00</i>	<i>300.00</i>
b.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
		<i>MC ELLWAIN FAMILY TRUST 1535 N MARIPOSA FLAGSTAFF, AZ 86004</i>	<i>250.00</i>	<i>250.00</i>
c.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
		<i>Todd HANNA SLEEPER 1914 SCOTTSDALE FLAGSTAFF, AZ 86001</i>	<i>500.00</i>	<i>500.00</i>
d.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
		<i>SHARBY ENTERPRISES, LLC 2100 E RT 66 FLAGSTAFF, AZ 86004</i>	<i>150.00</i>	<i>150.00</i>
e.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
		<i>FINDLAY TOYOTA 5030 E MARKET PLACE FLAGSTAFF, AZ 86004</i>	<i>500.00</i>	<i>500.00</i>
f.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
		<i>CHALET, INC. PO BOX 303 FLAGSTAFF, AZ 86002</i>	<i>300.00</i>	<i>300.00</i>
g.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
		<i>CATALINA INV. TRUST 7000 E SHEA BLVD SCOTTSDALE AZ 85254</i>	<i>150.00</i>	<i>150.00</i>
h.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
			<i>150.00</i>	<i>150.00</i>
i.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
			<i>150.00</i>	<i>150.00</i>
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>			

**CANDIDATE LOANS**

**SCHEDULE C**

1.	Committee Name		2. ID #	
3.	Report covering period from	thru		
4.	<b>LOANS MADE OR GUARANTEED BY CANDIDATE</b>	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]			



**CANDIDATE LOANS**

**SCHEDULE C**

1.	Committee Name		2. ID #	
3.	Report covering period from	thru		
4.	<b>LOANS MADE OR GUARANTEED BY CANDIDATE</b>	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]			

# OTHER LOANS

# SCHEDULE C1

1. Committee Name

2. ID #

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

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]			

**EXPENDITURES FOR OPERATING EXPENSES\***

**SCHEDULE D**

1. Committee Name NOTE NO ON MEET CENTER ORD No  
2009-36 2. ID #  
 3. Report covering period from 6/14/08 thru 12/31/09

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>LINCOLN STRATEGY GROUP LLC</u> <u>601 E. RIO SALADO PARKWAY SUITE #214</u> <u>TEMPE, ARIZ 85281</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>PAID PETITIONERS 12/21/09</u>	<u>12/21/09</u>	<u>\$ 7500.00</u>
b.	NAME, ADDRESS, CITY, STATE AND ZIP  DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
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>7500</u>

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

# INDEPENDENT EXPENDITURES\*

## SCHEDULE D-1

1. Committee Name _____  3. Report covering period from _____ thru _____	2. ID # _____
<b>4 INDEPENDENT EXPENDITURES</b>  IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED	DATE EXPENDITURE MADE  AMOUNT OF THE EXPENDITURE
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

# LOANS MADE BY REPORTING COMMITTEE

# SCHEDULE D-2

1. Committee Name

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

2. ID # \_\_\_\_\_

			DATE LOAN MADE		AMOUNT OF THE LOAN
4.	<b>LOANS MADE BY THE REPORTING COMMITTEE</b>				
	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]				

**OFFSETS TO OPERATING EXPENSES \***

**SCHEDULE D-3**

1. Committee Name

2. ID #

3. Report covering period from

thru

<b>REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES</b>		<b>DATE REFUND RECEIVED</b>	<b>AMOUNT OF THE REFUND</b>
<b>NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED</b>			
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		

# REPAYMENT OF CANDIDATE LOANS

# SCHEDULE D-4

1. Committee Name

2. ID #

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

## REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE

NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE

DATE  
REPAYMENT  
MADE

AMOUNT  
OF THE  
REPAYMENT

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

thru

4	<p align="center"><b>REPAYMENT OF ALL OTHER LOANS</b></p> <p align="center">NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE</p>	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
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]		

**TRANSFERS TO OTHER POLITICAL COMMITTEES**

**SCHEDULE D-6**

2. ID#

1. Committee Name

3. Report covering period from thru

4	<b>TRANSFERS MADE BY THE REPORTING COMMITTEE</b>	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]		

**ANY OTHER DISBURSEMENT**

**SCHEDULE D-7**

1. Committee Name

2. ID#

3. Report covering period from

thru

<b>ANY OTHER DISBURSEMENTS</b>		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 <i>[Transfer total to Detailed Summary Page Line 15 Column A]</i>			

# IN-KIND CONTRIBUTIONS and EXPENDITURES

# SCHEDULE E

1. Committee Name

2. ID #

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4	<b>IN-KIND CONTRIBUTIONS and EXPENDITURES</b>	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.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <p style="text-align: right;">CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/></p> <p>DESCRIPTION</p> <p>OCCUPATION</p> <p style="text-align: right;">EMPLOYER</p>		
b.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <p style="text-align: right;">CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/></p> <p>DESCRIPTION</p> <p>OCCUPATION</p> <p style="text-align: right;">EMPLOYER</p>		
c.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <p style="text-align: right;">CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/></p> <p>DESCRIPTION</p> <p>OCCUPATION</p> <p style="text-align: right;">EMPLOYER</p>		
d.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <p style="text-align: right;">CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/></p> <p>DESCRIPTION</p> <p>OCCUPATION</p> <p style="text-align: right;">EMPLOYER</p>		
5.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E <i>[If last page of Schedule E, transfer total to Detailed Summary Page Line 6, Column A]</i>		
6.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E <i>[If last page of Schedule E, transfer total to Detailed Summary Page Line 11, Column A]</i>		

**DIVIDENDS, INTEREST, AND OTHER RECEIPTS**

**SCHEDULE F-1**

1. Committee Name

2. ID #

3. Report covering period from

thru

4	<p align="center"><b>DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS</b></p> <p align="center">NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED</p>	DATE AMOUNT RECEIVED	AMOUNT OF THE RECEIPT
4a.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <p>DESCRIPTION OF RECEIPT</p>		
b.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <p>DESCRIPTION OF RECEIPT</p>		
c.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <p>DESCRIPTION OF RECEIPT</p>		
d.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <p>DESCRIPTION OF RECEIPT</p>		
e.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <p>DESCRIPTION OF RECEIPT</p>		
f.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <p>DESCRIPTION OF RECEIPT</p>		
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			

**OFFSETS TO CONTRIBUTIONS RECEIVED \***

**SCHEDULE F-2**

1. Committee Name

2. ID #

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4	<b>REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED</b>	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

**DEBTS AND OBLIGATIONS (Excluding Loans)**

**SCHEDULE F-3**

1. Committee Name

2. ID #

3. Report covering period from

thru

4	<b>DEBTS AND OBLIGATIONS</b>	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]				