



**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

1. Committee Name: Celia Barotz for Council  
 3. Report covering period from 1/1/2010 Thru 2/17/2010

2. ID#

| RECEIPTS  | COLUMN A<br>THIS PERIOD | COLUMN B<br>CAMPAIGN TO DATE  |
|---|-------------------------|-------------------------------|
| 4. Contributions other than loans and in-kind:  |                         |                               |
| (a) Individuals - more than \$25 (Total from Schedule A)                                      | \$550.00                | 8465.00                       |
| (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)]   | \$550.00                | 8465.00                       |
| (e) Refund of contributions (Total from Schedule F-2)   |                         |                               |
| (f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]                | \$550.00                | 8465.00                       |
| 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                        |
| 7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)                 |                         |                               |
| 8. Total Receipts [add 4(f), 5(c), 6, and 7]  | \$550.00                | 9045.00 <sup>#</sup> 8,930.00 |
| <b>QUALIFYING CONTRIBUTION RECEIPTS</b>   |                         |                               |
| Qualifying Contributions of \$5 from Individuals (Total from Schedule A2).                    |                         |                               |
| <b>DISBURSEMENTS</b>  |                         |                               |
| 9. Expenditures for operating expenses (Total from Schedule D)                                | 1677.51                 | 2922.41                       |
| 10. Independent Expenditures (Total from Schedule D-1)  |                         |                               |
| 11. Value of In-kind expenditures (Total from Schedule E)                                     | 0                       | 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]                       | 1677.51                 | 3387.41                       |
| 17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)        | 201.00                  | 201.00                        |
| 18. Total disbursements [subtract line 17 from line 16]                                       | 1476.51                 | 3186.41                       |
| 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*

2/22/10

Signature of Treasurer or Candidate or Designating Individual

Date

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

**SCHEDULE A**

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

1. Committee Name Celia Barotz for Council

3. Report covering period from 1/1/2010 thru 2/17/2010

| 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>Carothers</td> <td>Steven</td> <td>W.</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">7887 W. Raven Road</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Flagstaff</td> <td>AZ</td> <td>86001</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Ecologist</td> <td colspan="2">SWCA</td> </tr> </table>              | LAST          | FIRST                       | MI                                     | Carothers      | Steven  | W. | STREET ADDRESS |       |     | 7887 W. Raven Road |  |  | CITY     | STATE | ZIP | Flagstaff | AZ | 86001 | OCCUPATION | EMPLOYER |  | Ecologist | SWCA                    |  | 2/17/10 | \$400.00 | \$400.00 |
| LAST               | FIRST   | MI            |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| Carothers          | Steven  | W.            |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| STREET ADDRESS     |   |               |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| 7887 W. Raven Road |   |               |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| CITY               | STATE   | ZIP           |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| Flagstaff          | AZ  | 86001         |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| OCCUPATION         | EMPLOYER  |               |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| Ecologist          | SWCA  |               |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| b.                 | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Horstman</td> <td>Patrice</td> <td>M.</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">2200 Marion Drive</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Flagstaff</td> <td>AZ</td> <td>86001</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Attorney</td> <td colspan="2">Hufford Horstman</td> </tr> </table>    | LAST          | FIRST                       | MI                                     | Horstman       | Patrice | M. | STREET ADDRESS |       |     | 2200 Marion Drive  |  |  | CITY     | STATE | ZIP | Flagstaff | AZ | 86001 | OCCUPATION | EMPLOYER |  | Attorney  | Hufford Horstman        |  | 2/12/10 | \$100.00 | \$100.00 |
| LAST               | FIRST   | MI            |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| Horstman           | Patrice   | M.            |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| STREET ADDRESS     |   |               |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| 2200 Marion Drive  |   |               |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| CITY               | STATE   | ZIP           |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| Flagstaff          | AZ  | 86001         |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| OCCUPATION         | EMPLOYER  |               |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| Attorney           | Hufford Horstman  |               |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| c.                 | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Santamaria</td> <td>Lillian</td> <td>A.</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">PO Box 1620</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Flagstaff</td> <td>AZ</td> <td>86002</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Designer</td> <td colspan="2">Santamaria Deisgn Group</td> </tr> </table> | LAST          | FIRST                       | MI                                     | Santamaria     | Lillian | A. | STREET ADDRESS |       |     | PO Box 1620        |  |  | CITY     | STATE | ZIP | Flagstaff | AZ | 86002 | OCCUPATION | EMPLOYER |  | Designer  | Santamaria Deisgn Group |  | 2/12/10 | \$50.00  | \$50.00  |
| LAST               | FIRST   | MI            |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| Santamaria         | Lillian   | A.            |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| STREET ADDRESS     |   |               |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| PO Box 1620        |   |               |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| CITY               | STATE   | ZIP           |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| Flagstaff          | AZ  | 86002         |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| OCCUPATION         | EMPLOYER  |               |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| Designer           | Santamaria Deisgn Group   |               |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| d.                 | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">OCCUPATION</td> </tr> <tr> <td colspan="3">EMPLOYER</td> </tr> </table>   | LAST          | FIRST                       | MI                                     | STREET ADDRESS |         |    | CITY           | STATE | ZIP | OCCUPATION         |  |  | EMPLOYER |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| LAST               | FIRST   | MI            |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| STREET ADDRESS     |   |               |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| CITY               | STATE   | ZIP           |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| OCCUPATION         |   |               |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| EMPLOYER           |   |               |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| e.                 | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">OCCUPATION</td> </tr> <tr> <td colspan="3">EMPLOYER</td> </tr> </table>   | LAST          | FIRST                       | MI                                     | STREET ADDRESS |         |    | CITY           | STATE | ZIP | OCCUPATION         |  |  | EMPLOYER |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| LAST               | FIRST   | MI            |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| STREET ADDRESS     |   |               |                             |  |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |
| 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 Page Line 4(2), Column A]   |               |                             | \$550.00                               |                |         |    |                |       |     |                    |  |  |          |       |     |           |    |       |            |          |  |           |                         |  |         |          |          |

\*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.

none

CONTRIBUTIONS of \$25 or less - AGGREGATE TOTAL\*

SCHEDULE A-1

1. Committee Name Celia Baratz Council

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

3. Report covering period from 1/1/2010 thru 2/17/2010

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.

None

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

1. Committee Name Celia Barotz

2. ID #

3. Report covering period from 1/1/2010 thru 2/17/2010

| 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 <i>Celia Barak in (w) (u)</i>   | 2. ID #       |                 |  |
| 3.  | Report covering period from <i>1/1/2010</i> thru <i>2/17/2010</i>  |               |                 |  |
| 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<br>[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 Celia Barotz

2. ID #

3. Report covering period from 1/1/2010 thru 2/17/2010

| 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**

2. ID #

1. Committee Name Celia Barotz for Council

3. Report covering period from 1/1/2010 thru 2/17/2010

| 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<br>Chase Card Services<br>PO Box 94014<br>Palantine, IL 60094-4014<br><br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br>Printing Services - PrintPlace 1130 Avenue H East, Arlington, TX 76011        | 1/2/2010              | \$ 105.74                 |
| b.  | NAME, ADDRESS, CITY, STATE AND ZIP<br>Chase Card Services<br>PO Box 94014<br>Palantine, IL 60094-4014<br><br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br>Yard Signs - Victory Store 5200 SW 30th St., Davenport, IA 52802              | 1/2/2010              | \$ 789.03                 |
| c.  | NAME, ADDRESS, CITY, STATE AND ZIP<br>Chase Card Services<br>PO Box 94014<br>Palantine, IL 60094-4014<br><br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br>Arizona Democratic Party - Voter Database 2910 North Central Ave, Phoenix, AZ | 1/2/2010              | \$ 50.00                  |
| d.  | NAME, ADDRESS, CITY, STATE AND ZIP<br>Chase Card Services<br>PO Box 94014<br>Palantine, IL 60094-4014<br><br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br>Advertising - Arizona Daily Sun, Flagstaff, AZ                                | 1/2/2010              | \$ 152.58                 |
| e.  | NAME, ADDRESS, CITY, STATE AND ZIP<br>Flagstaff Business News<br>121 East Birch Avenue<br>Flagstaff, AZ 86001<br><br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br>Advertising   | 1/18/2010             | \$ 275.00                 |
| f.  | NAME, ADDRESS, CITY, STATE AND ZIP<br>Chase Card Services<br>PO Box 94014<br>Palantine, IL 60094-4014<br><br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br>Advertising - Arizona Daily Sun, Flagstaff, AZ                                | 1/27/2010             | \$ 305.16                 |
| 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]   |                       | \$1,677.51                |

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

NONE

INDEPENDENT EXPENDITURES\*

SCHEDULE D-1

1. Committee Name Anna Baratz in Council 2. ID # \_\_\_\_\_

3. Report covering period from 1/1/2010 thru 2/17/2010

| 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<br><br>PURPOSE AND DESCRIPTION OF PURCHASE <input type="checkbox"/> Benefitted <input type="checkbox"/> Opposed<br>CANDIDATE OFFICE SOUGHT YEAR OF ELECTION |                       |                           |
| 4b.  | NAME, ADDRESS, CITY, STATE AND ZIP<br><br>PURPOSE AND DESCRIPTION OF PURCHASE <input type="checkbox"/> Benefitted <input type="checkbox"/> Opposed<br>CANDIDATE OFFICE SOUGHT YEAR OF ELECTION |                       |                           |
| 4c.  | NAME, ADDRESS, CITY, STATE AND ZIP<br><br>PURPOSE AND DESCRIPTION OF PURCHASE <input type="checkbox"/> Benefitted <input type="checkbox"/> Opposed<br>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

1. Committee Name Celia Baratz

2. ID #

3. Report covering period from 1/1/2010 thru 2/17/2010

| 4   | LOANS MADE BY THE REPORTING COMMITTEE   | DATE<br>LOAN MADE | AMOUNT<br>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] |                   |                       |

OFFSETS TO OPERATING EXPENSES \*

SCHEDULE D-3

2. ID #

1. Committee Name Celia Barotz for Council

3. Report covering period from 1/1/2010

thru 2/17/2010

| 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<br>KNAU Radio<br>PO Box 5764<br>Flagstaff, AZ 86011  |                      |                      |
|  | DESCRIPTION OF REFUND<br>Refund for cancellation of radio advertising  | 1/25/2010            | \$ 201.00            |
| 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   |                      |                      |

NOTE

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name Celia Baroz Council 2. ID #   
3. Report covering period from 1/1/2010 thru 2/17/2010

| 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] |                     |                         |

NONE

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

1. Committee Name Celia Barotz in Council

2. ID #

3. Report covering period from 1/1/2010 thru 2/17/2010

| 4   | REPAYMENT OF ALL OTHER LOANS<br>NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE)<br>TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE | DATE<br>REPAYMENT<br>MADE | AMOUNT<br>OF THE<br>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]   |                           |                               |

NONE

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

1. Committee Name Debra Barotz In Council

2. ID #

3. Report covering period from 1/1/2010 thru 2/17/2010

| 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)<br>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]

NOTE

ANY OTHER DISBURSEMENT

SCHEDULE D-7

1. Committee Name

Celia Barotz In Council

2. ID #

3. Report covering period from

1/1/2010

thru

2/17/2010

| 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] |   |                        |                            |

NONE

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

1. Committee Name Celia Barotz in Council

2. ID #

3. Report covering period from 1/1/2010 thru 2/17/2010

| 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#  | CONTRIBUTION<br>EXPENDITURE |      |                   |
| DESCRIPTION  |  |                             |      |                   |
| OCCUPATION   |  | EMPLOYER                    |      |                   |
| b.   | NAME, ADDRESS, CITY, STATE, ZIP AND ID#  | CONTRIBUTION<br>EXPENDITURE |      |                   |
| DESCRIPTION  |  |                             |      |                   |
| OCCUPATION   |  | EMPLOYER                    |      |                   |
| c.   | NAME, ADDRESS, CITY, STATE, ZIP AND ID#  | CONTRIBUTION<br>EXPENDITURE |      |                   |
| DESCRIPTION  |  |                             |      |                   |
| OCCUPATION   |  | EMPLOYER                    |      |                   |
| d.   | NAME, ADDRESS, CITY, STATE, ZIP AND ID#  | CONTRIBUTION<br>EXPENDITURE |      |                   |
| DESCRIPTION  |  |                             |      |                   |
| OCCUPATION   |  | EMPLOYER                    |      |                   |
| 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> |                             |      |                   |

NONE

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

1. Committee Name Celia Barotz 2. ID #

3. Report covering period from 1/1/2010 thru 2/17/2010

| 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 <i>If last page of Schedule F-1, transfer total to Detailed Summary Page Line 7 Column A</i> |                      |                       |

NONE

OFFSETS TO CONTRIBUTIONS RECEIVED \*

SCHEDULE F-2

1. Committee Name Celia Barotz Council

2. ID #

3. Report covering period from 1/1/2010 thru 2/17/2010

| 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

NONE

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

1. Committee Name Celia Barotz Council

2. ID #

3. Report covering period from 1/1/2010 thru 2/17/2010

| 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] |  |   |                             |                     |   |