POLITICAL COMMITTEE

CITY/TOWN OF _____

CAMPAIGN FINANCE REPORT

2010 March/May Regular Election

FOR OFFICE USE ONLY

RECEIVED MAY 3 2010 2:00 pm LW

1. Celia Barotz for Council
   Full Name of Committee
   900 North Switzer Canyon Drive, #248
   Address
   Flagstaff 86001 Coconino (928) 774-9150
   City ZIP Code County Phone

2. Celia Barotz for Council
   Sponsoring Organization or Candidate and office
   Name of Candidate and Office Sought (if applicable)
   cbarotz@gmail.com (928) 774-9150
   E-Mail Address Fax #

3A. ID#

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

- [ ] January 31 Report - For Period of _____* 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
- [x] 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)		
5b	Cash on Hand at the Beginning of this Reporting Period	6,302.82	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	170.00	10,550.00
5d	Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	6,472.82	10,550.00
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
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	2,693.46	6,770.64
7.	Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	3,779.36	3,779.36

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

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

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

1. Committee Name: Celia Barotz for Council

2. ID#

3. Report covering period from 3/30/2010 Thru 4/28/2010

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)	$170.00	$10,085.00
(b) Individuals - aggregate $25 or less (Total from Schedule A-1)		
(c) Political Committees (Total from Schedule B)		
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]		
(e) Refund of contributions (Total from Schedule F-2)		
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	$170.00	$10,085.00
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)	0.00	$465.00
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)		
8. Total Receipts [add 4(f), 5(c), 6, and 7]	$170.00	$10,550.00
QUALIFYING CONTRIBUTION RECEIPTS		
Qualifying Contributions of $5 from Individuals (Total from Schedule A2).		
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	$2,693.46	$6,506.64
10. Independent Expenditures (Total from Schedule D-1)		
11. Value of In-kind expenditures (Total from Schedule E)	0.00	$465.00
12. Loans made by reporting committee (Total from Schedule D-2)		
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)		
(b) Repayment of all other loans (Total from Schedule D-5)		
(c) Total Loan Repayments [add 13(a) and 13(b)]		
14. Transfers to other political committees (Total from Schedule D-6)		
15. Any other disbursement (Total from Schedule D-7)		
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	$2,693.46	$6,971.64
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)	0.00	$201.00
18. Total disbursements [subtract line 17 from line 16]	$2,693.46	$6,770.64
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)		

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

Celia Barotz

Type or Print Name of Treasurer

Celia Barotz

Signature of Treasurer or Candidate or Designating Individual

April 30, 2010

Date

CONTRIBUTIONS more than $25 - from INDIVIDUALS*

SCHEDULE **A**

1. Committee Name Celia Barotz for Council

2. ID #

3. Report covering period from March 30, 2010 thru April 28, 2010

4	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	LAST: Towler FIRST: Bill MI: STREET ADDRESS: CITY: Flagstaff STATE: AZ ZIP: 86001 OCCUPATION: Director of Community Development EMPLOYER: Coconino County	4/5/2010	$100	$100
b.	LAST: Pearlmutter FIRST: Gary MI: STREET ADDRESS: 2334 West Blue Willow Road CITY: Flagstaff STATE: AZ ZIP: 86001 OCCUPATION: Legal Defender EMPLOYER: Coconino County	4/7/2010	$50	$50
c.	LAST: Heitland FIRST: Ann MI: STREET ADDRESS: 8340 Caballo Way CITY: Flagstaff STATE: AZ ZIP: 86004 OCCUPATION: Realtor EMPLOYER: Self	4/7/2010	$20	$20
d.	LAST: FIRST: MI: STREET ADDRESS: CITY: STATE: ZIP: OCCUPATION: EMPLOYER:			
e.	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(z), Column A]*		$170.00	$10, 085.00

*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 Barotz for Council

2. ID #

3. Report covering period from 3/30/2010 thru 4/28/2010

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.

CONTRIBUTIONS FROM POLITICAL COMMITTEES None

SCHEDULE **B**

1. Committee Name Celia Barok for Council

2. ID #

3. Report covering period from 3/30/2010 thru 4/28/2010

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 *[If last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]*			

CANDIDATE LOANS None

SCHEDULE C

1.	Committee Name Celia Barok for Council	2. ID #
3.	Report covering period from 3/30/2010 thru 4/28/2010	

4.	LOANS MADE OR GUARANTEED BY CANDIDATE NAME AND ADDRESS FROM WHOM RECEIVED	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
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 Celia Barotz Ar Lorial

2. ID #

3. Report covering period from 3/30/2010 thru 4/28/2010

4	ALL OTHER LOANS NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4b	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4c	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4d	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 [If last page of Schedule C-1, transfer total to Detailed Summary Page, Line 5(a), Column A]			

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE **D**

2. ID #

1. Committee Name Celia Barotz for Council

3. Report covering period from March 30, 2010 thru April 28, 2010

4	EXPENDITURES NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4a.	NAME, ADDRESS, CITY, STATE AND ZIP Chase Card Services PO Box 940143 Palantine, IL 60094-4014 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Arizona Daily Sun - Print Advertising	3/31/2010	$305.16
b.	NAME, ADDRESS, CITY, STATE AND ZIP Chase Card Services PO Box 940143 Palantine, IL 60094-4014 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Postage Stamps	3/31/2010	$15.84
c.	NAME, ADDRESS, CITY, STATE AND ZIP Echo Productions 311 West Birch, Suite #2 Flagstaff, AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Graphic Design Work	4/31/2010	$160.00
d.	NAME, ADDRESS, CITY, STATE AND ZIP KNAU Radio PO Box 5764 Flagstaff, AZ 86011 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Radio Advertising	4/18/2010	$120.00
e.	NAME, ADDRESS, CITY, STATE AND ZIP United Printing and Mailing 4833 South 38th Street, Phoenix, AZ 85040 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Direct Mail Postcard	4/22/2010	$1525.11
f.	NAME, ADDRESS, CITY, STATE AND ZIP Chase Card Services PO Box 94013 Palantine, IL 60094-4014 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Printing for Rack Card - Printplace.com	4/26/2010	$120.31
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 Celia Barotz for Council

3. Report covering period from March 30, 2010 thru April 28, 2010

4	EXPENDITURES NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4a.	NAME, ADDRESS, CITY, STATE AND ZIP Chase Card Services PO Box 94014 Palantine, IL 60094-4014 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Canyon Office Products, Flagstaff, AZ - Printer Toner	4/26/2010	84.58
b.	NAME, ADDRESS, CITY, STATE AND ZIP Chase Card Services PO Box 94014 Palantine, IL 60094-4014 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Paper - Wal Mart	4/26/2010	6.44
c.	NAME, ADDRESS, CITY, STATE AND ZIP Chase Card Services PO Box 94014 Palantine, IL 60094-4014 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Advertising - Arizona Daily Sun - Online Banner Ad	4/26/2010	356.02
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]*		6,506.64

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

INDEPENDENT EXPENDITURES*

SCHEDULE **D-1**

1. Committee Name Celia Barotz for Council

2. ID #

3. Report covering period from 3/30/2010 thru 4/28/2010

4	INDEPENDENT EXPENDITURES 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 ☐ Opposed ☐ CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4b	NAME, ADDRESS, CITY, STATE AND ZIP PURPOSE AND DESCRIPTION OF PURCHASE Benefitted ☐ Opposed ☐ CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4c	NAME, ADDRESS, CITY, STATE AND ZIP PURPOSE AND DESCRIPTION OF PURCHASE Benefitted ☐ Opposed ☐ CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 *[If last page of Schedule D-1, transfer total to Detailed Summary Page Line 10, Column A]*		

*SEE A.R.S. § 16-901(14).

I certify, under pently 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 None

SCHEDULE **D-2**

1. Committee Name Celia Barotz for Council

2. ID #

3. Report covering period from 3/30/2010 thru 4/28/2010

4	LOANS MADE BY THE REPORTING COMMITTEE NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE	DATE LOAN MADE	AMOUNT OF THE LOAN
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 * None

SCHEDULE **D-3**

1. Committee Name Celia Barotz for Council

2. ID #

3. Report covering period from 3/30/2010 thru 4/28/2010

	REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED	DATE REFUND RECEIVED	AMOUNT OF THE REFUND
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 none SCHEDULE D-4

2. ID #

1. Committee Name Celia Barotz for Council

3. Report covering period from 3/30/2010 thru 4/28/2010

	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 none

SCHEDULE **D-5**

1. Committee Name Celia Barotz for Council

2. ID #

3 Report covering period from 3/30/2010 thru 4/28/2010

4	REPAYMENT OF ALL OTHER LOANS NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	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 None

SCHEDULE **D-6**

1. Committee Name Celia Barotz for Council

2. ID #

3. Report covering period from 3/30/2010 thru 4/28/2010

4	TRANSFERS MADE BY THE REPORTING COMMITTEE NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	DATE TRANSFER MADE	AMOUNT OF THE TRANSFER
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 none

SCHEDULE **D-7**

1. Committee Name Celia Barotz for Council

2. ID #

3. Report covering period from 3/30/2010 thru 4/28/2010

	ANY OTHER DISBURSEMENTS NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION	DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
a	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
b	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
e	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 *[Transfer total to Detailed Summary Page Line 15 Column A]*

IN-KIND CONTRIBUTIONS and EXPENDITURES - none SCHEDULE E

1. Committee Name Celia Barotz for Council

2. ID #

3. Report covering period from 3/30/2010 thru 4/28/2010

4	IN-KIND CONTRIBUTIONS and EXPENDITURES NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN		DATE	FAIR MARKET VALUE
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION ☐ EXPENDITURE ☐		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION ☐ EXPENDITURE ☐		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
c	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION ☐ EXPENDITURE ☐		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION ☐ EXPENDITURE ☐		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
5	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E *[If last page of Schedule E, transfer total to Detailed Summary Page Line 6, Column A]*			
6	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E *[If last page of Schedule E, transfer total to Detailed Summary Page Line 11, Column A]*			

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE **F-1**

1. Committee Name Celia Barotz for Council

2. ID #

3. Report covering period from 3/30/2010 thru 4/28/2010

4	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED	DATE AMOUNT RECEIVED	AMOUNT OF THE RECEIPT
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*

OFFSETS TO CONTRIBUTIONS RECEIVED * None

SCHEDULE **F-2**

1. Committee Name Celia Barotz for Council

2. ID #

3. Report covering period from 3/30/2010 thru 4/28/2010

4	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE	DATE REFUND MADE	AMOUNT OF THE REFUND
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) None

SCHEDULE **F-3**

1. Committee Name Celia Barotz for Council

2. ID #

3. Report covering period from 3/30/2010 thru 4/28/2010

4	DEBTS AND OBLIGATIONS NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
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]*				