

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

FOR OFFICE USE ONLY

3:03 PM



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      (982) 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

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)	3779.36	0
5b Cash on Hand at the Beginning of this Reporting Period	180.00	10730.00
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	3959.36	10730.00
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	3340.94	10111.58
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]	618.42	618.42
6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)		
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]		

\*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  
 3. Report covering period from 4.29.2010 Thru 6.7.2010

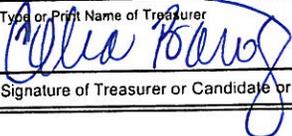
2. ID#

RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4. Contributions other than loans and in-kind		
(a) Individuals - more than \$25 (Total from Schedule A)	280.00	10365.00
(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)]	280.00	10365.00
(e) Refund of contributions (Total from Schedule F-2)	100.00	100.00
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	180.00	10265.00
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	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]	180.00	10730.00
<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)	3340.94	9847.58
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]	3340.94	10312.58
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		201.00
18. Total disbursements [subtract line 17 from line 16]	3340.94	10111.58
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



June 7, 2010

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 4.29.2010 thru 6.7.2010

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>Dr. Bellin</td> <td>Evan</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">47 Lispensard Avenue</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>New Rochelle</td> <td>NY</td> <td>10801</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Psychiatrist</td> <td colspan="2">Silver Hill Hospital</td> </tr> </table>	LAST	FIRST	MI	Dr. Bellin	Evan		STREET ADDRESS			47 Lispensard Avenue			CITY	STATE	ZIP	New Rochelle	NY	10801	OCCUPATION	EMPLOYER		Psychiatrist	Silver Hill Hospital		5.1.2010	\$150	\$150
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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]		\$280	\$10,365.00																								

\*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.

# EXPENDITURES FOR OPERATING EXPENSES\*

# SCHEDULE D

2. ID #

1. Committee Name Celia Barotz for Council

3. Report covering period from 4.29.2010 thru June 7, 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 United Printing and Mailing 4833 South 38th Street Phoenix, AZ 86050  DESCRIPTION OF ITEMS OR SERVICES PURCHASED Direct Mail Printing and Mailing	May 5, 2010	\$809.54
b	NAME, ADDRESS, CITY, STATE AND ZIP KNAU Radio PO Box 5764 Flagstaff, AZ 86011  DESCRIPTION OF ITEMS OR SERVICES PURCHASED Radio advertising	May 10, 2010	\$240.00
c.	NAME, ADDRESS, CITY, STATE AND ZIP Charly's 23 N. Leroux Street Flagstaff, AZ 86001  DESCRIPTION OF ITEMS OR SERVICES PURCHASED Election	May 18, 2010	\$268.00
d.	NAME, ADDRESS, CITY, STATE AND ZIP Chase Card Services PO Box 94013 Palantine, IL 60094-4014  DESCRIPTION OF ITEMS OR SERVICES PURCHASED Daily Sun Advertising	May 24, 2010	\$1517.67
e.	NAME, ADDRESS, CITY, STATE AND ZIP Chase Card Services PO Box 94013 Palantine, IL 60094-4014  DESCRIPTION OF ITEMS OR SERVICES PURCHASED Paper and markers <i>Walmart</i>	May 24, 2010	\$10.61
f.	NAME, ADDRESS, CITY, STATE AND ZIP Chase Card Services PO Box 94013 Palantine, IL 60094-4014  DESCRIPTION OF ITEMS OR SERVICES PURCHASED Postage - US Postal Service <i>2750 South Woodlands Village Blvd, Flag, AZ 86001</i>	May 24, 2010	\$23.76
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 4.29.2010 thru 6.7.2010

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 Chase Card Services PO Box 94013 Palantine, IL 60094-4014  DESCRIPTION OF ITEMS OR SERVICES PURCHASED Kinko's, 1423 South Plaza Way, Flagstaff, AZ 86001 - Copying	May 24, 2010	\$6.01
b.	NAME, ADDRESS, CITY, STATE AND ZIP Chase Card Services PO Box 94013 Palantine, IL 60094-4014  DESCRIPTION OF ITEMS OR SERVICES PURCHASED Mobil Oil - Gasoline	May 20, 2010	\$36.25
c.	NAME, ADDRESS, CITY, STATE AND ZIP Chase Card Services PO Box 94013 Palantine, IL 60094-4014  DESCRIPTION OF ITEMS OR SERVICES PURCHASED Fry's - Gasoline	May 11, 2010	\$39.98
d.	NAME, ADDRESS, CITY, STATE AND ZIP Chase Card Services PO Box 94013 Palantine, IL 60094-4014  DESCRIPTION OF ITEMS OR SERVICES PURCHASED Postage - UPS Store, 2532 North Fourth Street, Flagstaff, AZ 86004	May 24, 2010	\$19.12
e.	NAME, ADDRESS, CITY, STATE AND ZIP KNAU Radio PO Box 5764 Flagstaff, AZ 86022  DESCRIPTION OF ITEMS OR SERVICES PURCHASED Radio Advertising	May 24.2010	\$370.00
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)		\$3,340.94

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

OFFSETS TO CONTRIBUTIONS RECEIVED \*

SCHEDULE F-2

1. Committee Name Celia Barotz for Council

2. ID #

3. Report covering period from 4.29.2010 thru 6.7.2010

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# Brian Cass 318 West Birch Avenue, #2 Flagstaff, AZ 86001  DESCRIPTION OF REFUND Return of individual contribution	5.31.2010	\$100
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)

\$100.00

- Includes return of contributions received by reporting committee