

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

FOR OFFICE USE ONLY

1. The Committee to Elect Coral J Evans

Full Name of Committee

2210 N. Izabel St,

Address

Flagstaff 86004 Coconino 774-0108

City

ZIP Code

County

Phone

2. Coral J. Evans City Council

Sponsoring Organization or Candidate and office

Coral J. Evans

Name of Candidate and Office Sought (if applicable)

coral forcouncil@aol.com

E-Mail Address

Fax #

3A. ID#

PC 2007-06

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)		153.17
5b Cash on Hand at the Beginning of this Reporting Period	153.17	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	-	6,065.18
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	153.17	6,218.35
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]		-
6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	16.00	1,121.28
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	137.17	

*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: _____
 3. Report covering period from _____ Thru _____

2. ID#
PC2007-06

RECEIPTS		COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4. Contributions other than loans and in-kind:			5,670.00
(a) Individuals - more than \$25 (Total from Schedule A)			5.00
(b) Individuals - aggregate \$25 or less (Total from Schedule A-1)			
(c) Political Committees (Total from Schedule B)			390.00
(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)]			6,065.00
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)			
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)			
8. Total Receipts [add 4(f), 5(c), 6, and 7]			
QUALIFYING CONTRIBUTION RECEIPTS			6,065.00
Qualifying Contributions of \$5 from Individuals (Total from Schedule A2).			
DISBURSEMENTS			
9. Expenditures for operating expenses (Total from Schedule D)		16.00	1,121.28
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]		16.00	1,121.28
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)			
18. Total disbursements [subtract line 17 from line 16]			1,121.28
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.



Type or Print Name of Treasurer

Doris Jean Griego

6-19-2010

Signature of Treasurer or Candidate or Designating Individual

Date

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

2. ID #

PC 2007-06

1. Committee Name _____

3. Report covering period from _____ thru _____

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE											
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR														
4a.	<table border="1"> <tr> <td data-bbox="251 420 560 451">LAST</td> <td data-bbox="560 420 868 451">FIRST</td> <td data-bbox="868 420 1018 451">MI</td> </tr> <tr> <td colspan="3" data-bbox="251 451 1018 483">STREET ADDRESS</td> </tr> <tr> <td data-bbox="251 483 560 514">CITY</td> <td data-bbox="560 483 868 514">STATE</td> <td data-bbox="868 483 1018 514">ZIP</td> </tr> <tr> <td data-bbox="251 514 698 667">OCCUPATION</td> <td colspan="2" data-bbox="698 514 1018 667">EMPLOYER</td> </tr> </table>	LAST	FIRST	MI	STREET ADDRESS			CITY	STATE	ZIP	OCCUPATION	EMPLOYER			5,670.00
LAST	FIRST	MI													
STREET ADDRESS															
CITY	STATE	ZIP													
OCCUPATION	EMPLOYER														
b.	<table border="1"> <tr> <td data-bbox="251 667 560 699">LAST</td> <td data-bbox="560 667 868 699">FIRST</td> <td data-bbox="868 667 1018 699">MI</td> </tr> <tr> <td colspan="3" data-bbox="251 699 1018 730">STREET ADDRESS</td> </tr> <tr> <td data-bbox="251 730 560 762">CITY</td> <td data-bbox="560 730 868 762">STATE</td> <td data-bbox="868 730 1018 762">ZIP</td> </tr> <tr> <td data-bbox="251 762 698 915">OCCUPATION</td> <td colspan="2" data-bbox="698 762 1018 915">EMPLOYER</td> </tr> </table>	LAST	FIRST	MI	STREET ADDRESS			CITY	STATE	ZIP	OCCUPATION	EMPLOYER			
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STREET ADDRESS															
CITY	STATE	ZIP													
OCCUPATION	EMPLOYER														
c.	<table border="1"> <tr> <td data-bbox="251 915 560 947">LAST</td> <td data-bbox="560 915 868 947">FIRST</td> <td data-bbox="868 915 1018 947">MI</td> </tr> <tr> <td colspan="3" data-bbox="251 947 1018 978">STREET ADDRESS</td> </tr> <tr> <td data-bbox="251 978 560 1010">CITY</td> <td data-bbox="560 978 868 1010">STATE</td> <td data-bbox="868 978 1018 1010">ZIP</td> </tr> <tr> <td data-bbox="251 1010 698 1163">OCCUPATION</td> <td colspan="2" data-bbox="698 1010 1018 1163">EMPLOYER</td> </tr> </table>	LAST	FIRST	MI	STREET ADDRESS			CITY	STATE	ZIP	OCCUPATION	EMPLOYER			
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e.	<table border="1"> <tr> <td data-bbox="251 1411 560 1442">LAST</td> <td data-bbox="560 1411 868 1442">FIRST</td> <td data-bbox="868 1411 1018 1442">MI</td> </tr> <tr> <td colspan="3" data-bbox="251 1442 1018 1474">STREET ADDRESS</td> </tr> <tr> <td data-bbox="251 1474 560 1505">CITY</td> <td data-bbox="560 1474 868 1505">STATE</td> <td data-bbox="868 1474 1018 1505">ZIP</td> </tr> <tr> <td data-bbox="251 1505 698 1659">OCCUPATION</td> <td colspan="2" data-bbox="698 1505 1018 1659">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(z), Column A]			5,670.00											

*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 S5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS of \$25 or less - AGGREGATE TOTAL*

SCHEDULE A-1

1. Committee Name _____

2. ID #

PC 2007-06

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	
		5.00	
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]	5.00

*If contributions of \$25 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

2. ID #

PC 2007-06

1. Committee Name _____

3. Report covering period from _____ thru _____

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			390.00
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]			390.00

CANDIDATE LOANS

SCHEDULE C

1.	Committee Name	2. ID #		
3.	Report covering period from _____ thru _____			
4.	LOANS MADE OR GUARANTEED BY CANDIDATE	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME AND ADDRESS FROM WHOM RECEIVED			
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
b.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
c.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
d.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
e.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
f.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A]			

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2 ID#
PC 2007-06

1. Committee Name _____

3. Report covering period from _____ thru _____

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 First State Bank P.O. Box 3780 Flagstaff AZ		8.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Service CHG	3-31-10	
b.	NAME, ADDRESS, CITY, STATE AND ZIP First State Bank P.O. Box 3780 Flagstaff, AZ	4-30-10	8.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Service CHG		
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]		16.00

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

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]			

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

1. Committee Name _____

2. ID #

3. Report covering period from _____ thru _____

4	LOANS MADE BY THE REPORTING COMMITTEE	DATE LOAN MADE	AMOUNT OF THE LOAN
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
h.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
i.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [Transfer total to Detail Summary Page Line 12, Column A]		

OFFSETS TO OPERATING EXPENSES *

SCHEDULE D-3

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____

REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES		DATE REFUND RECEIVED	AMOUNT OF THE REFUND
NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED			
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
e.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
f.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 <i>[[If last page of Schedule D-3, transfer total to Detailed Summary Page Line 17 Column A]</i>		
*	Includes return of contributions made by reporting committee		

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____

	REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
	NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
4a	NAME, ADDRESS, CITY, STATE, AND ZIP		
b	NAME, ADDRESS, CITY, STATE, AND ZIP		
c	NAME, ADDRESS, CITY, STATE, AND ZIP		
d	NAME, ADDRESS, CITY, STATE, AND ZIP		
e	NAME, ADDRESS, CITY, STATE, AND ZIP		
f	NAME, ADDRESS, CITY, STATE, AND ZIP		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [Transfer total to Detail Summary Page, Line 13(a), Column A]		

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____

4	REPAYMENT OF ALL OTHER LOANS	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
4a	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [Transfer total to Detailed Summary Page, Line 13(b), Column A]		

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____

4	TRANSFERS MADE BY THE REPORTING COMMITTEE	DATE TRANSFER MADE	AMOUNT OF THE TRANSFER
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
4a	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
b	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
c	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A]		

ANY OTHER DISBURSEMENT

SCHEDULE D-7

1. Committee Name _____

2. ID #

3. Report covering period from _____ thru _____

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]

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IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

1. Committee Name _____

2. ID # _____

3. Report covering period from _____ thru _____

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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 20%;">CONTRIBUTION <input type="checkbox"/></td> <td style="width: 40%;"></td> </tr> <tr> <td></td> <td>EXPENDITURE <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="3">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/>			EXPENDITURE <input type="checkbox"/>		DESCRIPTION			OCCUPATION	EMPLOYER			
NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/>														
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NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/>														
	EXPENDITURE <input type="checkbox"/>														
DESCRIPTION															
OCCUPATION	EMPLOYER														
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	EXPENDITURE <input type="checkbox"/>														
DESCRIPTION															
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NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/>														
	EXPENDITURE <input type="checkbox"/>														
DESCRIPTION															
OCCUPATION	EMPLOYER														
5.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [If last page of Schedule E, transfer total to Detailed Summary Page Line 6, Column A]														
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

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

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>			

OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F-2

1. Committee Name _____

2. ID #

3. Report covering period from _____ thru _____

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

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

1. Committee Name _____

2. ID#

3. Report covering period from _____ thru _____

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]				