

**POLITICAL COMMITTEE**  
**CITY/TOWN OF \_\_\_\_\_**  
**CAMPAIGN FINANCE REPORT**  
**2010 November Special Election**

FOR OFFICE USE ONLY

1. CITIZENS FOR COMMUNITY IMPROVEMENT  
Full Name of Committee  
P.O. Box 1927  
Address  
Flagstaff, AZ 86001 Coconino 928-774-4472  
City ZIP Code County Phone

2. NONE  
Sponsoring Organization or Candidate and office  
N/A  
Name of Candidate and Office Sought (if applicable)  
javelle-mccoy@mcceymotors.com 928-773-6270  
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
- June 30 Report - For Period of January 1, 2010 thru May 31, 2010 ..... June 1, 2010 and June 30, 2010
- Pre-Election Report - For Period of June 1, 2010 thru October 13, 2010 ..... October 14, 2010 and October 21, 2010
- Post-Election Report - For Period of October 14, 2010 thru November 22, 2010 ..... November 23, 2010 and December 2, 2010
- January 31, Report - For Period of November 23, 2010 thru December 31, \_\_\_\*\* ..... January 1, \_\_\_\*\* and January 31, \_\_\_\*\*

5. <b>SUMMARY</b>	<b>Column A Total This Reporting Period</b>	<b>Column B Election Period Total To Date</b>
5a Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)		NONE
5b Cash on Hand at the Beginning of this Reporting Period	\$100	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	\$1255	\$1355
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	\$1355	\$1355
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]		NONE
6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	1340 <sup>20</sup>	1340 <sup>20</sup>
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	\$14 <sup>80</sup>	\$14 <sup>80</sup>

\*Insert date which is 21 days after date of last election (A.R.S. §16-913).  
 \*\*This will depend on the year next election is held. The "due between" year will be the year of an election and the date following "December 31" will be the immediately prior year.

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

1. Committee Name: CITIZENS FOR COMMUNITY IMPROVEMENTS  
 3. Report covering period from 10/1/10 Thru 11/24/10

2. ID#
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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)	1035	1035
(b) Individuals - aggregate \$25 or less (Total from Schedule A-1)	320	320
(c) Political Committees (Total from Schedule B)	0	0
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	1355	1355
(e) Refund of contributions (Total from Schedule F-2)	0	0
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	1355	1355
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	0	0
(b) All other loans (Total from Schedule C-1)	0	0
(c) Total Loans [add 5(a) and 5(b)]	0	0
6. In-kind contributions (Total from Schedule E)	0	0
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	0	0
8. Total Receipts [add 4(f), 5(c), 6, and 7]	1355	1355
<b>QUALIFYING CONTRIBUTION RECEIPTS</b>		
Qualifying Contributions of \$5 from Individuals (Total from Schedule A2)	0	0
<b>DISBURSEMENTS</b>		
9. Expenditures for operating expenses (Total from Schedule D)	1340 <sup>20</sup>	1340 <sup>20</sup>
10. Independent Expenditures (Total from Schedule D-1)	0	0
11. Value of In-kind expenditures (Total from Schedule E)	0	0
12. Loans made by reporting committee (Total from Schedule D-2)	0	0
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)	0	0
(b) Repayment of all other loans (Total from Schedule D-5)	0	0
(c) Total Loan Repayments [add 13(a) and 13(b)]	0	0
14. Transfers to other political committees (Total from Schedule D-6)	0	0
15. Any other disbursement (Total from Schedule D-7)	0	0
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	1340 <sup>20</sup>	1340 <sup>20</sup>
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)	0	0
18. Total disbursements [subtract line 17 from line 16]	1340 <sup>20</sup>	1340 <sup>20</sup>
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	0	0

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.

Janet L. McCoy  
 Type or Print Name of Treasurer

Janet L. McCoy  
 Signature of Treasurer or Candidate or Designating Individual

12/2/2010  
 Date

CONTRIBUTIONS more than \$25 - from INDIVIDUALS\*

SCHEDULE A

1. Committee Name CITIZENS FOR COMMUNITY IMPROVEMENT

2. ID #

3. Report covering period from 10/1/10 thru 11/22/10

4	CONTRIBUTIONS		DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR				
4a.	LAST <u>MELBY</u>	FIRST <u>LEWIS</u>	MI <u>L.</u>		
	STREET ADDRESS <u>1482 E CRISTE HILLS DR</u>				
	CITY <u>FLAGSTAFF, AZ</u>	STATE <u>AZ</u>	ZIP <u>86001</u>		
	OCCUPATION <u>BUSINESS EXECUTIVE</u>	EMPLOYER <u>Melby Morris Inc</u>	<u>9/23/10</u>	<u>\$100</u>	<u>\$100</u>
b.	LAST <u>MAGUIRE</u>	FIRST <u>ALAN</u>	MI <u>E.</u>		
	STREET ADDRESS <u>1350 N. LA COSTA WAY</u>				
	CITY <u>FLAGSTAFF, AZ</u>	STATE <u>AZ</u>	ZIP <u>86004</u>		
	OCCUPATION <u>CONSULTANT</u>	EMPLOYER <u>SELF</u>	<u>10/22/10</u>	<u>\$100</u>	<u>\$100</u>
c.	LAST <u>ANDREANI</u>	FIRST <u>LUCINDA</u>	MI		
	STREET ADDRESS <u>3505 E. RANIER LOOP</u>				
	CITY <u>FLAGSTAFF, AZ</u>	STATE <u>AZ</u>	ZIP <u>86001</u>		
	OCCUPATION	EMPLOYER	<u>10/23/10</u>	<u>\$50</u>	<u>\$50</u>
d.	LAST <u>OTTENSTEIN</u>	FIRST <u>BETH</u>	MI <u>ANN</u>		
	STREET ADDRESS <u>503 N. BERTRAND</u>				
	CITY <u>FLAGSTAFF, AZ</u>	STATE <u>AZ</u>	ZIP <u>86001</u>		
	OCCUPATION <u>HOUSE WIFE</u>	EMPLOYER <u>SELF</u>	<u>10/22/10</u>	<u>\$50</u>	<u>\$50</u>
e.	LAST <u>DUSTAL</u>	FIRST <u>JENN</u>	MI <u>M.</u>		
	STREET ADDRESS <u>P.O. BOX 303</u>				
	CITY <u>FLAGSTAFF, AZ</u>	STATE <u>AZ</u>	ZIP <u>86001</u>		
	OCCUPATION <u>RETIRED</u>	EMPLOYER	<u>10/23/10</u>	<u>\$100</u>	<u>\$100</u>
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)			<u>-</u>	<u>-</u>

\*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS more than \$25 - from INDIVIDUALS\*

SCHEDULE A

1. Committee Name CITIZENS FOR COMMUNITY IMPROVEMENT  
 3. Report covering period from 10/14/10 thru 11/22/10

2. ID #

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR				
4a.	LAST FIRST MI <u>RAINCY THOMAS</u> STREET ADDRESS <u>1010 E. APALACHIAN RD.</u> CITY STATE ZIP <u>FLAGSTAFF, AZ 86004</u> OCCUPATION EMPLOYER <u>BUSINESS EXECUTIVE MORAN EXPERIENCE</u>	<u>10/27/10</u>	<u>\$35</u>	<u>\$35</u>
b.	LAST FIRST MI <u>MCCUIRE ALAN E.</u> STREET ADDRESS <u>1356 W. LA COSTA LANE</u> CITY STATE ZIP <u>FLAGSTAFF, AZ 86004</u> OCCUPATION EMPLOYER <u>CONSULTANT SELF</u>	<u>11/2/10</u>	<u>\$100</u>	<u>\$200</u>
c.	LAST FIRST MI <u>NARSTRÖM BRUCE</u> STREET ADDRESS <u>1600 MARIPOSA RD.</u> CITY STATE ZIP <u>FLAGSTAFF, AZ 86004</u> OCCUPATION EMPLOYER <u>CPA SELF</u>	<u>11/12/10</u>	<u>\$150</u>	<u>\$150</u>
d.	LAST FIRST MI <u>KINNEY TIM</u> STREET ADDRESS <u>120 N. BEAVER ST.</u> CITY STATE ZIP <u>FLAGSTAFF, AZ 86001</u> OCCUPATION EMPLOYER <u>BUSINESS OWNER KINNEY CONST.</u>	<u>11/14/10</u>	<u>\$150</u>	<u>\$150</u>
e.	LAST FIRST MI <u>DEMENNA KEVIN</u> STREET ADDRESS <u>2114 N. FOX HILL RD.</u> CITY STATE ZIP <u>FLAGSTAFF, AZ 86004</u> OCCUPATION EMPLOYER <u>BUSINESS EXECUTIVE DEMENNA &amp; ASSOC</u>	<u>11/15/10</u>	<u>\$100</u>	<u>\$100</u>
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)			<u>1035<sup>00</sup></u>

\*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

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

**SCHEDULE A-1**

1. Committee Name CITIZENS FOR COMMUNITY IMPROVEMENT

2. ID #

3. Report covering period from 10/14/10 thru 11/22/10

**4. Aggregate Total of Contributions of \$25 or less**

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
<p><i>VARIOUS INDIVIDUALS CONTRIBUTING \$25 OR LESS</i></p>	<p><i>320.00</i></p>	<p><i>\$ 320</i></p>
<p>5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]</p>		<p>6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]</p> <p><i>\$ 320</i></p>

\*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**

1. Committee Name CITIZENS FOR COMMUNITY IMPROVEMENT

2. ID #

3. Report covering period from 10/1/10 thru 11/22/10

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			
	ID #			
	DATE RECEIVED			
	ID #			
	DATE RECEIVED			
	ID #			
	DATE RECEIVED			
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	DATE RECEIVED			
	ID #			
	DATE RECEIVED			
	ID #			
	DATE RECEIVED			
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE B <small>[If last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]</small>			NONE	NONE

**CANDIDATE LOANS**

**SCHEDULE C**

1.	Committee Name <u>CITIZENS FOR COMMUNITY ENRICHMENT</u>	2. ID #		
3.	Report covering period from <u>10/1/10</u> thru <u>11/22/10</u>			
4.	<b>LOANS MADE OR GUARANTEED BY CANDIDATE</b>	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME AND ADDRESS FROM WHOM RECEIVED			
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
b.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
c.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
d.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
e.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
f.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A]		<u>NONE</u>	<u>NONE</u>

**OTHER LOANS**

**SCHEDULE C1**

1. Committee Name CITIZENS FOR COMMUNITY IMPROVEMENT  
 3. Report covering period from 10/14/10 thru 11/22/10

2. ID #

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]		<b>NONE</b>	

**EXPENDITURES FOR OPERATING EXPENSES\***

**SCHEDULE D**

1. Committee Name CITIZENS FOR COMMUNITY IMPROVEMENT

2. ID #

3. Report covering period from 10/1/10 thru 11/22/10

4		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
EXPENDITURES			
NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE			
4a.	<p>NAME, ADDRESS, CITY, STATE AND ZIP</p> <p><u>OVERDRIVE MEDIA, LLC</u>  <u>P.O. BOX 23497</u>  <u>PHOENIX, AZ 85002</u></p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</p> <p><u>1/2 PAGE AD PLACEMENT IN ARIZONA DAILY SUN</u></p>	<u>10/31/10</u>	<u>793.70</u>
b.	<p>NAME, ADDRESS, CITY, STATE AND ZIP</p> <p><u>6161 CONNOLLY</u>  <u>P.O. BOX 44382</u>  <u>PHOENIX, AZ 85082</u></p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</p> <p><u>100 YARD SIGNS (18x24) WITH STAKES</u></p>	<u>12/1/10</u>	<u>546.50</u>
c.	<p>NAME, ADDRESS, CITY, STATE AND ZIP</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</p>		
d.	<p>NAME, ADDRESS, CITY, STATE AND ZIP</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</p>		
e.	<p>NAME, ADDRESS, CITY, STATE AND ZIP</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</p>		
f.	<p>NAME, ADDRESS, CITY, STATE AND ZIP</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</p>		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D (if last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A)		<u>1340.20</u>

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



# LOANS MADE BY REPORTING COMMITTEE

# SCHEDULE D-2

1. Committee Name CITIZENS FOR COMMUNITY IMPROVEMENT

2. ID #

3. Report covering period from 10/1/10 thru 11/22/10

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]		NONE

**OFFSETS TO OPERATING EXPENSES \***

**SCHEDULE D-3**

1. Committee Name CITIZENS FOR COMMUNITY IMPROVEMENT

2. ID #

3. Report covering period from 10/1/10 thru 11/22/10

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 [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

NONE

# REPAYMENT OF CANDIDATE LOANS

SCHEDULE **D-4**

1. Committee Name CITIZENS FOR COMMUNITY IMPROVEMENT

2. ID #

3. Report covering period from 10/17/10 thru 11/22/10

	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

1. Committee Name CITIZENS FOR COMMUNITY IMPROVEMENT

2. ID #
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3. Report covering period from 10/17/10 thru 11/24/10

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]		<i>NONE</i>

**TRANSFERS TO OTHER POLITICAL COMMITTEES**

**SCHEDULE D-6**

1. Committee Name CITIZENS FOR COMMUNITY IMPROVEMENTS

2. ID #

3. Report covering period from 10/1/10 thru 11/22/10

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]

NONE

**ANY OTHER DISBURSEMENT**

**SCHEDULE D-7**

1. Committee Name CITIZENS FOR COMMUNITY IMPROVEMENT

2. ID #

3. Report covering period from 10/14/10 thru 12/22/10

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 CITIZENS FOR COMMUNITY IMPROVEMENT

2. ID #

3. Report covering period from 10/1/10 thru 11/22/10

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: 60%;">CONTRIBUTION • • EXPENDITURE • •</td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION • • EXPENDITURE • •	DESCRIPTION		OCCUPATION	EMPLOYER		
NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION • • EXPENDITURE • •								
DESCRIPTION									
OCCUPATION	EMPLOYER								
b.	<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: 60%;">CONTRIBUTION • • EXPENDITURE • •</td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION • • EXPENDITURE • •	DESCRIPTION		OCCUPATION	EMPLOYER		
NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION • • EXPENDITURE • •								
DESCRIPTION									
OCCUPATION	EMPLOYER								
c.	<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: 60%;">CONTRIBUTION • • EXPENDITURE • •</td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION • • EXPENDITURE • •	DESCRIPTION		OCCUPATION	EMPLOYER		
NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION • • EXPENDITURE • •								
DESCRIPTION									
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d.	<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: 60%;">CONTRIBUTION • • EXPENDITURE • •</td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION • • EXPENDITURE • •	DESCRIPTION		OCCUPATION	EMPLOYER		
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]		<b>NONE</b>						

**DIVIDENDS, INTEREST, AND OTHER RECEIPTS**

**SCHEDULE F-1**

1. Committee Name CITIZENS FOR COMMUNITY IMPROVEMENTS

2. ID #

3. Report covering period from 10/1/10 thru 11/22/10

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 (If last page of Schedule F-1, transfer total to Detailed Summary Page Line 7 Column A)

NONE

OFFSETS TO CONTRIBUTIONS RECEIVED \*

SCHEDULE F-2

1. Committee Name CITIZENS FOR COMMUNITY IMPROVEMENT

2. ID #

3. Report covering period from 10/14/10 thru 11/22/10

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]

NONE

\* Includes return of contributions received by reporting committee

**DEBTS AND OBLIGATIONS (Excluding Loans)**

**SCHEDULE F-3**

1. Committee Name CITIZENS FOR COMMUNITY IMPROVEMENT

2. ID #

3. Report covering period from 10/14/10 thru 11/22/10

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]				NONE