

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

FOR OFFICE USE ONLY

1. Yes on 401  
Full Name of Committee  
1195 E Apple Way  
Address  
Flagstaff 86001 Coconino 928-600-9616  
City ZIP Code County Phone  
928-863-3611

2. \_\_\_\_\_  
Sponsoring Organization or Candidate and office

\_\_\_\_\_ Name of Candidate and Office Sought (if applicable)

\_\_\_\_\_ 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)		
5b Cash on Hand at the Beginning of this Reporting Period	\$1556.91	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	\$3750.00	\$7320
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	5306.91	\$7320
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)	\$4510.31	\$6523.40
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	\$796.60	\$796.60

\*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: Yes on 401  
 3. Report covering period from 4/29/10 thru 6/17/10

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)	\$3750.00	\$7150
(b) Individuals - aggregate \$25 or less (Total from Schedule A-1)	0.00	\$ 20
(c) Political Committees (Total from Schedule B)	0.00	0.00
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	<del>\$3750.00</del>	\$ 7170.00
(e) Refund of contributions (Total from Schedule F-2)	0.00	0.00
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	\$3750.00	\$ 7170.00
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	0.00	6.00
(b) All other loans (Total from Schedule C-1)	0.00	0.00
(c) Total Loans [add 5(a) and 5(b)]	0.00	0.00
6. In-kind contributions (Total from Schedule E)	6.00	\$150.00
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	0.00	0.00
8. Total Receipts [add 4(f), 5(c), 6, and 7]	\$3750.00	\$ 7320.00
<b>QUALIFYING CONTRIBUTION RECEIPTS</b>		
Qualifying Contributions of \$5 from Individuals (Total from Schedule A2)	0.00	0.00
<b>DISBURSEMENTS</b>		
9. Expenditures for operating expenses (Total from Schedule D)	\$4510.31	\$ 6373.40
10. Independent Expenditures (Total from Schedule D-1)	0.00	0.00
11. Value of In-kind expenditures (Total from Schedule E)	0.00	\$ 150.00
12. Loans made by reporting committee (Total from Schedule D-2)	0.00	0.00
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)	0.00	0.00
(b) Repayment of all other loans (Total from Schedule D-5)	0.00	0.00
(c) Total Loan Repayments [add 13(a) and 13(b)]	0.00	0.00
14. Transfers to other political committees (Total from Schedule D-6)	0.00	0.00
15. Any other disbursement (Total from Schedule D-7)	0.00	0.00
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	\$4510.31	0.00
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)	0.00	0.00
18. Total disbursements [subtract line 17 from line 16]	0.00	\$6373.40
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	0.00	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.

STACY A. MURISON

Type or Print Name of Treasurer

Stacy A. Murison

6/18/2010

Signature of Treasurer or Candidate or Designating Individual

Date

CONTRIBUTIONS more than \$25 - from INDIVIDUALS\*

SCHEDULE A

2. ID #

1. Committee Name YES ON 401

3. Report covering period from 4/29/10 thru 6/7/10

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>Abeshaus</td> <td>Merrill</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">1801 N HENEFORD DR</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>FLAUSTAFF</td> <td>AZ</td> <td>86001</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>RETIRED</td> <td colspan="2"></td> </tr> </table>	LAST	FIRST	MI	Abeshaus	Merrill		STREET ADDRESS			1801 N HENEFORD DR			CITY	STATE	ZIP	FLAUSTAFF	AZ	86001	OCCUPATION	EMPLOYER		RETIRED			5/6/10	\$50.00	\$50.00
LAST	FIRST	MI																										
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
BAER	JASON																											
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LAST	FIRST	MI																										
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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(2), Column A)																											

\*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

2. ID #

1. Committee Name YES ON 401

3. Report covering period from 4/29/10 thru 6/7/10

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>FLAGSTAFF CULTURAL PATRENS</u> STREET ADDRESS <u>PO Box 296</u> CITY STATE ZIP <u>FLAGSTAFF AZ 86001</u> OCCUPATION EMPLOYER <u>ORGANIZATION</u>	5/1/10	\$500.00	\$500.00
b.	LAST FIRST MI <u>MARKIOTT HOTELS / INTL</u> STREET ADDRESS <u>1400 FERNWOOD</u> CITY STATE ZIP <u>BETHESDA MD 20817</u> OCCUPATION EMPLOYER <u>BUSINESS</u>	5/6/10	\$250.00	\$250.00
c.	LAST FIRST MI <u>ARIZONA SNOWBOWL</u> STREET ADDRESS <u>PO BOX 40</u> CITY STATE ZIP <u>FLAGSTAFF AZ 86002</u> OCCUPATION EMPLOYER <u>BUSINESS</u>	5/1/10	\$2000.00	\$2000.00
d.	LAST FIRST MI <u>THEATRICKS</u> STREET ADDRESS <u>11 W CHERRY AVE</u> CITY STATE ZIP <u>FLAGSTAFF AZ 86001</u> OCCUPATION EMPLOYER <u>ORGANIZATION</u>	5/5/10	\$200.00	\$200.00
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]		\$3750	\$3750

\*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 YES ON 401

2. ID #
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3. Report covering period from 4/29/10 thru 6/7/10

**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]	0.00	6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]	\$20.00

\*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**

1. Committee Name Yes on 401

2. ID #

3. Report covering period from 4/29/10 thru 6/7/10

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			
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>		0.00	0.00

**CANDIDATE LOANS**

**SCHEDULE C**

1.	Committee Name <u>yes on 401</u>	2. ID #
3.	Report covering period from <u>4/29/10</u> thru <u>6/7/10</u>	

	<b>4. 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]		0.00	0.00

**OTHER LOANS**

**SCHEDULE C1**

1. Committee Name Yes on 401

3. Report covering period from 4/29/10 thru 6/7/10

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]		0.00	

**EXPENDITURES FOR OPERATING EXPENSES\***

**SCHEDULE D**

2. ID #

1. Committee Name Yes on 401

3. Report covering period from 4/29/10 thru 6/7/10

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 <u>DP SOLUTIONS PO BOX 42556</u> <u>TUCSON AZ 85733</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>PRINT 10,000 Postcards</u>	<u>5/17/10</u>	<u>\$1305.82</u>
b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>DIBS PO Box 30088</u> <u>FLANSTAFF AZ 86003</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>PROCESS POSTCARDS FOR MAILING</u>	<u>5/17/10</u>	<u>1234.30</u>
c.	NAME, ADDRESS, CITY, STATE AND ZIP <u>USPS c/o DIBS</u> <u>FLANSTAFF AZ 86001</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>POSTAGE</u>	<u>5/17/10</u>	<u>1960.19</u>
d.	NAME, ADDRESS, CITY, STATE AND ZIP <u>National Bank of AZ</u> <u>211 N LEROUX FLANSTAFF AZ 86001</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Bank fee for cashiers checks</u>	<u>5/17/10</u>	<u>10.00</u>
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)		<u>\$4540.31</u>

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



**LOANS MADE BY REPORTING COMMITTEE**

**SCHEDULE D-2**

2. ID #

1. Committee Name Yes on 401

3. Report covering period from 4/29/10 thru 6/7/10

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]		0.00

**OFFSETS TO OPERATING EXPENSES \***

**SCHEDULE D-3**

1. Committee Name Yes on 401

2. ID #

3. Report covering period from 4/29/10 thru 6/7/10

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]

0.00

\* Includes return of contributions made by reporting committee

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name Yes on 401  
 3. Report covering period from 4/29/10 thru 6/7/10

2. ID #

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]

0.00

**REPAYMENT OF ALL OTHER LOANS**

**SCHEDULE D-5**

1. Committee Name Yes on 401  
 3. Report covering period from 4/29/10 thru 6/7/10

2. ID #

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]		0.00

**TRANSFERS TO OTHER POLITICAL COMMITTEES**

**SCHEDULE D-6**

1. Committee Name

*Yes on 401*

2. ID #

3. Report covering period from

*4/29/10*

thru

*6/7/10*

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]

*0.00*

**ANY OTHER DISBURSEMENT**

**SCHEDULE D-7**

1. Committee Name Yes on 401

2. ID #

3. Report covering period from 4/29/10 thru 6/7/10

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]

0.00

**IN-KIND CONTRIBUTIONS and EXPENDITURES**

**SCHEDULE E**

1. Committee Name Yes on 401

2. ID #

3. Report covering period from 4/29/10 thru 6/7/10

4	<b>IN-KIND CONTRIBUTIONS and EXPENDITURES</b>	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%; font-size: x-small;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 60%; font-size: x-small;">CONTRIBUTION • • EXPENDITURE • •</td> </tr> <tr> <td colspan="2" style="font-size: x-small;">DESCRIPTION</td> </tr> <tr> <td style="font-size: x-small;">OCCUPATION</td> <td style="font-size: x-small;">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%; font-size: x-small;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 60%; font-size: x-small;">CONTRIBUTION • • EXPENDITURE • •</td> </tr> <tr> <td colspan="2" style="font-size: x-small;">DESCRIPTION</td> </tr> <tr> <td style="font-size: x-small;">OCCUPATION</td> <td style="font-size: x-small;">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%; font-size: x-small;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 60%; font-size: x-small;">CONTRIBUTION • • EXPENDITURE • •</td> </tr> <tr> <td colspan="2" style="font-size: x-small;">DESCRIPTION</td> </tr> <tr> <td style="font-size: x-small;">OCCUPATION</td> <td style="font-size: x-small;">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								
d.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; font-size: x-small;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 60%; font-size: x-small;">CONTRIBUTION • • EXPENDITURE • •</td> </tr> <tr> <td colspan="2" style="font-size: x-small;">DESCRIPTION</td> </tr> <tr> <td style="font-size: x-small;">OCCUPATION</td> <td style="font-size: x-small;">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)		0.00						
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)		0.00						

**DIVIDENDS, INTEREST, AND OTHER RECEIPTS**

**SCHEDULE F-1**

1. Committee Name Yes on 401  
 3. Report covering period from 4/29/10 thru 6/7/10

2. ID #

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)

0.00

OFFSETS TO CONTRIBUTIONS RECEIVED \*

SCHEDULE F-2

1. Committee Name yes on 401

2. ID #

3. Report covering period from 4/29/10 thru 6/7/10

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)

0.00

\* Includes return of contributions received by reporting committee

**DEBTS AND OBLIGATIONS (Excluding Loans)**

**SCHEDULE F-3**

1. Committee Name Yes on 401  
 3. Report covering period from 4/29/10 thru 6/7/10

2. ID #

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]					

CITY/TOWN OF FLAGSTAFF  
POLITICAL COMMITTEE  
NO ACTIVITY STATEMENT

1. Yes on 401  
Full Name of Committee  
1195 E. Apple Way  
Address  
Flagstaff 86001 Coconino 928-600-9616  
City ZIP Code County Phone Number

2. \_\_\_\_\_  
Sponsoring Organization or Candidate and office E-mail address Fax #

3. 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, \_\_\_\*\*

\*Insert date which is 21 days after date of last election (§ A.R.S. 16-913).  
\*\*This will depend on the year of the next election.

I, Stacy Anne Munison, upon my oath and under penalty of perjury, say that this political committee received no contributions and made no expenditures for the period indicated above, and therefore is filing a No Activity Statement pursuant to A.R.S. §16-913 (D), and this statement, pursuant to A.R.S. §16-913 (E) is true and complete.

12/2/2010  
Date

SA Munison  
Signature of Candidate or Treasurer

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

FOR OFFICE USE ONLY

1. Yes on 401

Full Name of Committee

1195 E Apple Way

Address

FLAGSTAFF 86001 COCONINO 928-600-9616

City

ZIP Code

County

Phone

2. \_\_\_\_\_  
 Sponsoring Organization or Candidate and office

\_\_\_\_\_  
 Name of Candidate and Office Sought (if applicable)

\_\_\_\_\_  
 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. 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)	\$ 796.60	
5b Cash on Hand at the Beginning of this Reporting Period	\$ 796.60	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	0.00	
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	\$ 796.60	
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]	0.00	
6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	0.00	
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	\$ 796.60	

\*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.

**DIVIDENDS, INTEREST, AND OTHER RECEIPTS**

**SCHEDULE F-1**

1. Committee Name Yes on 401

2. ID#

3. Report covering period from 10/14/2010 thru 11/20/2010

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

0.00

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

**SCHEDULE A**

2. ID #

1. Committee Name yes on 401

3. Report covering period from 10/14/2010 thru 11/20/2010

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 data-bbox="170 420 487 451">LAST</td> <td data-bbox="487 420 812 451">FIRST</td> <td data-bbox="812 420 974 451">MI</td> </tr> <tr> <td colspan="3" data-bbox="170 451 974 493">STREET ADDRESS</td> </tr> <tr> <td data-bbox="170 493 487 525">CITY</td> <td data-bbox="487 493 812 525">STATE</td> <td data-bbox="812 493 974 525">ZIP</td> </tr> <tr> <td data-bbox="170 525 641 682">OCCUPATION</td> <td colspan="2" data-bbox="641 525 974 682">EMPLOYER</td> </tr> </table>	LAST	FIRST	MI	STREET ADDRESS			CITY	STATE	ZIP	OCCUPATION	EMPLOYER			
LAST	FIRST	MI													
STREET ADDRESS															
CITY	STATE	ZIP													
OCCUPATION	EMPLOYER														
b.	<table border="1"> <tr> <td data-bbox="170 682 487 714">LAST</td> <td data-bbox="487 682 812 714">FIRST</td> <td data-bbox="812 682 974 714">MI</td> </tr> <tr> <td colspan="3" data-bbox="170 714 974 756">STREET ADDRESS</td> </tr> <tr> <td data-bbox="170 756 487 787">CITY</td> <td data-bbox="487 756 812 787">STATE</td> <td data-bbox="812 756 974 787">ZIP</td> </tr> <tr> <td data-bbox="170 787 641 945">OCCUPATION</td> <td colspan="2" data-bbox="641 787 974 945">EMPLOYER</td> </tr> </table>	LAST	FIRST	MI	STREET ADDRESS			CITY	STATE	ZIP	OCCUPATION	EMPLOYER			
LAST	FIRST	MI													
STREET ADDRESS															
CITY	STATE	ZIP													
OCCUPATION	EMPLOYER														
c.	<table border="1"> <tr> <td data-bbox="170 945 487 976">LAST</td> <td data-bbox="487 945 812 976">FIRST</td> <td data-bbox="812 945 974 976">MI</td> </tr> <tr> <td colspan="3" data-bbox="170 976 974 1018">STREET ADDRESS</td> </tr> <tr> <td data-bbox="170 1018 487 1050">CITY</td> <td data-bbox="487 1018 812 1050">STATE</td> <td data-bbox="812 1018 974 1050">ZIP</td> </tr> <tr> <td data-bbox="170 1050 641 1207">OCCUPATION</td> <td colspan="2" data-bbox="641 1050 974 1207">EMPLOYER</td> </tr> </table>	LAST	FIRST	MI	STREET ADDRESS			CITY	STATE	ZIP	OCCUPATION	EMPLOYER			
LAST	FIRST	MI													
STREET ADDRESS															
CITY	STATE	ZIP													
OCCUPATION	EMPLOYER														
d.	<table border="1"> <tr> <td data-bbox="170 1207 487 1239">LAST</td> <td data-bbox="487 1207 812 1239">FIRST</td> <td data-bbox="812 1207 974 1239">MI</td> </tr> <tr> <td colspan="3" data-bbox="170 1239 974 1281">STREET ADDRESS</td> </tr> <tr> <td data-bbox="170 1281 487 1312">CITY</td> <td data-bbox="487 1281 812 1312">STATE</td> <td data-bbox="812 1281 974 1312">ZIP</td> </tr> <tr> <td data-bbox="170 1312 641 1470">OCCUPATION</td> <td colspan="2" data-bbox="641 1312 974 1470">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 data-bbox="170 1470 487 1501">LAST</td> <td data-bbox="487 1470 812 1501">FIRST</td> <td data-bbox="812 1470 974 1501">MI</td> </tr> <tr> <td colspan="3" data-bbox="170 1501 974 1543">STREET ADDRESS</td> </tr> <tr> <td data-bbox="170 1543 487 1575">CITY</td> <td data-bbox="487 1543 812 1575">STATE</td> <td data-bbox="812 1543 974 1575">ZIP</td> </tr> <tr> <td data-bbox="170 1575 641 1732">OCCUPATION</td> <td colspan="2" data-bbox="641 1575 974 1732">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)	0.00	0.00												

\*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.

**CONTRIBUTIONS FROM POLITICAL COMMITTEES**

**SCHEDULE B**

1. Committee Name Yes on 401

2. ID #

3. Report covering period from 10/14/2010 thru 11/20/2010

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>		0.00	0.00

**OTHER LOANS**

**SCHEDULE C1**

1. Committee Name Yes on 401

2. ID #

3. Report covering period from 10/14/2010 thru 11/20/2010

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]			0.00

**INDEPENDENT EXPENDITURES\***

**SCHEDULE D-1**

2. ID #

1. Committee Name Yes on 401

3. Report covering period from 10/14/2010 thru 11/20/2010

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  PURPOSE AND DESCRIPTION OF PURCHASE Benefitted <input type="checkbox"/> Opposed <input type="checkbox"/> CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP  PURPOSE AND DESCRIPTION OF PURCHASE Benefitted <input type="checkbox"/> Opposed <input type="checkbox"/> CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP  PURPOSE AND DESCRIPTION OF PURCHASE Benefitted <input type="checkbox"/> Opposed <input type="checkbox"/> 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]		0.00

\*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.

SAMMISON 12/2/2010

Signature of Treasurer

NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WITHIN THE LAST SIX MONTHS	AMOUNT

**OFFSETS TO OPERATING EXPENSES \***

**SCHEDULE D-3**

2. ID #

1. Committee Name yes on 401

3. Report covering period from 10/14/2010 thru 11/14/2010

	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		
	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]		0.00
*	Includes return of contributions made by reporting committee		

**REPAYMENT OF ALL OTHER LOANS**

**SCHEDULE D-5**

1. Committee Name Yes on 401

2. ID #

3. Report covering period from 10/14/2010 thru 11/20/2010

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]		

**IN-KIND CONTRIBUTIONS and EXPENDITURES**

**SCHEDULE E**

1. Committee Name yes on 401

2. ID #

3. Report covering period from 10/14/2010 thru 11/20/2010

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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td>                     CONTRIBUTION <input type="checkbox"/>                      EXPENDITURE <input type="checkbox"/> </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 <input type="checkbox"/> EXPENDITURE <input type="checkbox"/>	DESCRIPTION		OCCUPATION	EMPLOYER		
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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]		0.00						