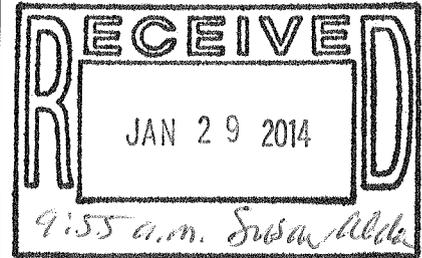


**POLITICAL COMMITTEE**  
**CITY/TOWN OF** Flagstaff  
**CAMPAIGN FINANCE REPORT**  
**2014 August/November Regular Election**

FOR OFFICE USE ONLY



1. Eva for Council  
 Full Name of Committee  
PO Box 22091  
 Address  
Flagstaff, 86002, Coconino County, 928-225-0170  
 City ZIP Code County Phone  
 2. \_\_\_\_\_  
 Sponsoring Organization or Candidate and office  
Eva Putzova, Council member  
 Name of Candidate and Office Sought (if applicable)  
eva.putzova@gmail.com  
 E-Mail Address Fax #

3A. ID#  
**CC2014-01**

4. REPORTING PERIOD (Please check appropriate box)	DUE BETWEEN
<input checked="" type="checkbox"/> JANUARY 31	<u>11/23/2012</u> thru 12/31/13.....01/01/14 and 01/31/14
<input type="checkbox"/> PRE-SPECIAL	01/01/14 thru 05/08/14.....05/09/14 and 05/16/14
<input type="checkbox"/> POST-SPECIAL	05/09/14 thru 06/09/14.....06/10/14 and 06/19/14
<input type="checkbox"/> PRE-PRIMARY	06/10/14 thru 08/14/14.....08/15/14 and 08/22/14
<input type="checkbox"/> POST-PRIMARY	08/15/14 thru 09/15/14.....09/16/14 and 09/25/14
<input type="checkbox"/> PRE-GENERAL	09/16/14 thru 10/23/14.....10/24/14 and 10/31/14
<input type="checkbox"/> POST-GENERAL	10/24/14 thru 11/24/14.....11/25/14 and 12/04/14

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)	\$0	\$0
5b Cash on Hand at the Beginning of this Reporting Period	\$0	\$0
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	\$1990	\$1990
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	\$1990	\$1990
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	\$0
6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	\$878.97	\$878.97
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	\$1,111.03	\$1,111.03

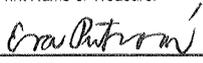
\*Insert date which is 21 days after date of last election (A.R.S. §16-913).

\*\*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: Eva for Council  
 3. Report covering period from 11/27/2012 Thru 12/31/2013

2. ID#  
 CC2014-01

RECEIPTS		COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4. Contributions other than loans and in-kind:			
(a) Individuals - more than \$50 (Total from Schedule A)		\$1175	\$1175
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)		\$395	\$395
(c) Political Committees (Total from Schedule B)		\$0	\$0
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]		\$1570	\$1570
(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)]		\$1570	\$1570
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)		\$420	\$420
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]		\$1990	\$1990
DISBURSEMENTS			
9. Expenditures for operating expenses (Total from Schedule D)		\$458.97	\$458.97
10. Independent Expenditures (Total from Schedule D-1)		\$0	\$0
11. Value of In-kind expenditures (Total from Schedule E)		\$420	\$420
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]		\$878.97	\$878.97
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]		\$878.97	\$878.97
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.			
EVA PUTZOVA			
Type or Print Name of Treasurer			
		1/29/2013	
Signature of Treasurer or Candidate or Designating Individual		Date	

**CONTRIBUTIONS more than \$50 - from INDIVIDUALS\***

**SCHEDULE A**

2. ID # **CC2014-01**

1. Committee Name Eva for Council

3. Report covering period from 11/27/2012 thru 12/31/2013

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 colspan="3">Putzova Eva</td> </tr> <tr> <td colspan="3">STREET ADDRESS 700 N Magma Way</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Flagstaff AZ 86001</td> </tr> <tr> <td>OCCUPATION Director</td> <td colspan="2">EMPLOYER NAU</td> </tr> </table>	LAST	FIRST	MI	Putzova Eva			STREET ADDRESS 700 N Magma Way			CITY	STATE	ZIP	Flagstaff AZ 86001			OCCUPATION Director	EMPLOYER NAU		10/25/2013	\$100	\$100
LAST	FIRST	MI																				
Putzova Eva																						
STREET ADDRESS 700 N Magma Way																						
CITY	STATE	ZIP																				
Flagstaff AZ 86001																						
OCCUPATION Director	EMPLOYER NAU																					
b.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Haeuser Patricia</td> </tr> <tr> <td colspan="3">STREET ADDRESS 1475 Wakonda St</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Flagstaff AZ 86004</td> </tr> <tr> <td>OCCUPATION Vice President</td> <td colspan="2">EMPLOYER NAU</td> </tr> </table>	LAST	FIRST	MI	Haeuser Patricia			STREET ADDRESS 1475 Wakonda St			CITY	STATE	ZIP	Flagstaff AZ 86004			OCCUPATION Vice President	EMPLOYER NAU		12/6/2013	\$100	\$100
LAST	FIRST	MI																				
Haeuser Patricia																						
STREET ADDRESS 1475 Wakonda St																						
CITY	STATE	ZIP																				
Flagstaff AZ 86004																						
OCCUPATION Vice President	EMPLOYER NAU																					
c.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Ballard Doug</td> </tr> <tr> <td colspan="3">STREET ADDRESS PO Box 50117</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Parks AZ 86018</td> </tr> <tr> <td>OCCUPATION Retired</td> <td colspan="2">EMPLOYER Retired</td> </tr> </table>	LAST	FIRST	MI	Ballard Doug			STREET ADDRESS PO Box 50117			CITY	STATE	ZIP	Parks AZ 86018			OCCUPATION Retired	EMPLOYER Retired		12/6/2013	\$75	\$75
LAST	FIRST	MI																				
Ballard Doug																						
STREET ADDRESS PO Box 50117																						
CITY	STATE	ZIP																				
Parks AZ 86018																						
OCCUPATION Retired	EMPLOYER Retired																					
d.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Bader Michael</td> </tr> <tr> <td colspan="3">STREET ADDRESS PO Box 1120</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Cedar Ridge CA 95924</td> </tr> <tr> <td>OCCUPATION Psychoanalyst</td> <td colspan="2">EMPLOYER Self</td> </tr> </table>	LAST	FIRST	MI	Bader Michael			STREET ADDRESS PO Box 1120			CITY	STATE	ZIP	Cedar Ridge CA 95924			OCCUPATION Psychoanalyst	EMPLOYER Self		12/9/2013	\$300	\$300
LAST	FIRST	MI																				
Bader Michael																						
STREET ADDRESS PO Box 1120																						
CITY	STATE	ZIP																				
Cedar Ridge CA 95924																						
OCCUPATION Psychoanalyst	EMPLOYER Self																					
e.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Barnard Geoffrey</td> </tr> <tr> <td colspan="3">STREET ADDRESS 2642 Wild Turkey Way</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Flagstaff AZ 86001</td> </tr> <tr> <td>OCCUPATION Retired</td> <td colspan="2">EMPLOYER Retired</td> </tr> </table>	LAST	FIRST	MI	Barnard Geoffrey			STREET ADDRESS 2642 Wild Turkey Way			CITY	STATE	ZIP	Flagstaff AZ 86001			OCCUPATION Retired	EMPLOYER Retired		12/11/2013	\$100	\$100
LAST	FIRST	MI																				
Barnard Geoffrey																						
STREET ADDRESS 2642 Wild Turkey Way																						
CITY	STATE	ZIP																				
Flagstaff AZ 86001																						
OCCUPATION Retired	EMPLOYER Retired																					
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]																					

\*If contributions of \$50 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1.

**CONTRIBUTIONS more than \$50 - from INDIVIDUALS\***

**SCHEDULE A**

2. ID # **CC2014-01**

1. Committee Name Eva for Council

3. Report covering period from 11/27/2012 thru 12/31/2013

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																					
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR																								
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LAST	FIRST	MI																							
Weissman Marlyn																									
STREET ADDRESS 1055 E Apple Way																									
CITY	STATE	ZIP																							
Flagstaff AZ 86001																									
OCCUPATION Surveyor	EMPLOYER Self																								
b.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Henderson Dorlee</td> </tr> <tr> <td colspan="3">STREET ADDRESS 2235 N Country Club Dr.</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Flagstaff AZ 86004</td> </tr> <tr> <td>OCCUPATION Advisor</td> <td colspan="2">EMPLOYER NAU</td> </tr> </table>	LAST	FIRST	MI	Henderson Dorlee			STREET ADDRESS 2235 N Country Club Dr.			CITY	STATE	ZIP	Flagstaff AZ 86004			OCCUPATION Advisor	EMPLOYER NAU		12/7/2013	\$100	\$100			
LAST	FIRST	MI																							
Henderson Dorlee																									
STREET ADDRESS 2235 N Country Club Dr.																									
CITY	STATE	ZIP																							
Flagstaff AZ 86004																									
OCCUPATION Advisor	EMPLOYER NAU																								
c.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Lubarsky Sandra</td> </tr> <tr> <td colspan="3">STREET ADDRESS 1021 N Navajo Dr</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Flagstaff AZ 86001</td> </tr> <tr> <td>OCCUPATION Professor</td> <td colspan="2">EMPLOYER Appalachian State University</td> </tr> </table>	LAST	FIRST	MI	Lubarsky Sandra			STREET ADDRESS 1021 N Navajo Dr			CITY	STATE	ZIP	Flagstaff AZ 86001			OCCUPATION Professor	EMPLOYER Appalachian State University		12/7/2013	\$200	\$200			
LAST	FIRST	MI																							
Lubarsky Sandra																									
STREET ADDRESS 1021 N Navajo Dr																									
CITY	STATE	ZIP																							
Flagstaff AZ 86001																									
OCCUPATION Professor	EMPLOYER Appalachian State University																								
d.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Buzzard Anne</td> </tr> <tr> <td colspan="3">STREET ADDRESS 1460 Cox Ave</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Flagstaff AZ 86001</td> </tr> <tr> <td>OCCUPATION Development Director</td> <td colspan="2">EMPLOYER NAU</td> </tr> </table>	LAST	FIRST	MI	Buzzard Anne			STREET ADDRESS 1460 Cox Ave			CITY	STATE	ZIP	Flagstaff AZ 86001			OCCUPATION Development Director	EMPLOYER NAU		12/8/2013	\$100	\$100			
LAST	FIRST	MI																							
Buzzard Anne																									
STREET ADDRESS 1460 Cox Ave																									
CITY	STATE	ZIP																							
Flagstaff AZ 86001																									
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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]		\$1175	\$1175																					

\*If contributions of \$50 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1.

**CONTRIBUTIONS of \$50 or less - AGGREGATE TOTAL\***

**SCHEDULE A-1**

1. Committee Name Eva for Council

2. ID # CC2014-01
----------------------

3. Report covering period from 11/27/2012 thru 12/31/2013

**4. Aggregate Total of Contributions of \$50 or less**

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
Contributions of \$50 or less 1 x 10 1 x 20 5 x 25 1 x 40 4 x 50	\$395	\$395	
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]	\$395	6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]	\$395

\*If contributions of \$50 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule.

**CONTRIBUTIONS FROM POLITICAL COMMITTEES**

**SCHEDULE B**

1. Committee Name Eva for Council

2. ID# CC2014-01

3. Report covering period from 11/27/2012 thru 12/31/2013

4	<b>CONTRIBUTIONS</b>		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	\$0

**CANDIDATE LOANS**

**SCHEDULE C**

1.	Committee Name <u>Eva for Council</u>	2. ID# <u>CC2014-01</u>		
3.	Report covering period from <u>11/27/2012</u> thru <u>12/31/2013</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]		\$0	\$0

**OTHER LOANS**

**SCHEDULE C1**

1. Committee Name Eva for Council

2. ID# CC2014-01

3. Report covering period from 11/27/2012 thru 12/31/2013

4	ALL OTHER LOANS			
	NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4b	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4c	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4d	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 [if last page of Schedule C-1, transfer total to Detailed Summary Page, Line 5(a), Column A]		\$0	\$0

**EXPENDITURES FOR OPERATING EXPENSES\***

**SCHEDULE D**

1. Committee Name Eva for Council

2. ID #

CC2014-01

3. Report covering period from 11/27/2012 thru 12/31/2013

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 HostGator 5005 Mitchelldale, Suite #100 Houston, TX 77092 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Web domains	10/2/2013	\$38.85
b.	NAME, ADDRESS, CITY, STATE AND ZIP Envato 121 King Street, Melbourne, Victoria 3000 Australia DESCRIPTION OF ITEMS OR SERVICES PURCHASED Website template	10/10/2013	\$42
c.	NAME, ADDRESS, CITY, STATE AND ZIP Facebook 1601 Willow Rd, Menlo Park, CA 94025 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Advertisement	12/8/2013	\$25.17
d.	NAME, ADDRESS, CITY, STATE AND ZIP Overnight Prints 7582 Las Vegas Blvd. S. Suite #487, Las Vegas, NV, 89123 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Promotional material	10/30/2013	\$65.57
e.	NAME, ADDRESS, CITY, STATE AND ZIP BBVA Compass Bank 2 E Birch Ave, Flagstaff, AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Banking fee/ Checks	11/5/2013	\$17.94
f.	NAME, ADDRESS, CITY, STATE AND ZIP USPS 104 N Agassiz St, Flagstaff, AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED PO Box rental	12/3/2013	\$38
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**

1. Committee Name Eva for Council

2. ID#

CC2014-01

3. Report covering period from 11/27/2012

thru 12/31/2013

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 <b>Target</b> <b>1650 S Milton Rd, Flagstaff AZ 8001</b>  DESCRIPTION OF ITEMS OR SERVICES PURCHASED <b>Decoration - campaign event</b>	12/4/2013	\$1.63
b.	NAME, ADDRESS, CITY, STATE AND ZIP <b>Weatherford Hotel</b> <b>23 N Leroux St, Flagstaff, AZ 86001</b>  DESCRIPTION OF ITEMS OR SERVICES PURCHASED <b>Room rental - campaign event</b>	12/6/2013	\$108.45
c.	NAME, ADDRESS, CITY, STATE AND ZIP <b>Weatherford Hotel</b> <b>23 N Leroux St, Flagstaff, AZ 86001</b>  DESCRIPTION OF ITEMS OR SERVICES PURCHASED <b>Food - campaign event</b>	12/6/2013	\$94.24
d.	NAME, ADDRESS, CITY, STATE AND ZIP <b>Staples</b> <b>2625 S Woodland's Village Blvd, Flagstaff, AZ 86001</b>  DESCRIPTION OF ITEMS OR SERVICES PURCHASED <b>Office supplies - envelopes</b>	12/4/2013	\$7.58
e.	NAME, ADDRESS, CITY, STATE AND ZIP <b>PayPal</b> <b>2211 North First Street, San Jose, California 95131</b>  DESCRIPTION OF ITEMS OR SERVICES PURCHASED <b>Financial fees</b>	12/31/2013	\$19.54
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]		\$458.97

\*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 Eva for Council

2. ID# **CC2014-01**

3. Report covering period from 11/27/2012 thru 12/31/2013

4	<b>LOANS MADE BY THE REPORTING COMMITTEE</b>	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 <i>[Transfer total to Detail Summary Page Line 12, Column A]</i>		<b>\$0</b>

**OFFSETS TO OPERATING EXPENSES \***

**SCHEDULE D-3**

1. Committee Name Eva for Council

2. ID # <b>CC2014-01</b>
--------------------------

3. Report covering period from 11/27/2012 thru 12/31/2013

<b>REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES</b>		<b>DATE REFUND RECEIVED</b>	<b>AMOUNT OF THE REFUND</b>
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>		<b>\$0</b>
* Includes return of contributions made by reporting committee			

**REPAYMENT OF CANDIDATE LOANS**

**SCHEDULE D-4**

1. Committee Name Eva for Council

2. ID# <b>CC2014-01</b>
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3. Report covering period from 11/27/2012 thru 12/31/2013

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

**REPAYMENT OF ALL OTHER LOANS**

**SCHEDULE D-5**

1. Committee Name Eva for Council  
 3. Report covering period from 11/27/2012 thru 12/31/2013

2. ID # <u>CC2014-01</u>
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4	<b>REPAYMENT OF ALL OTHER LOANS</b>	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#  Eva for Council		
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

**TRANSFERS TO OTHER POLITICAL COMMITTEES**

**SCHEDULE D-6**

1. Committee Name Eva for Council

2. ID# CC2014-01

3. Report covering period from 11/27/2012 thru 12/31/2013

4	<b>TRANSFERS MADE BY THE REPORTING COMMITTEE</b>	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

**ANY OTHER DISBURSEMENT**

**SCHEDULE D-7**

1. Committee Name Eva for Council

2. ID# <b>CC2014-01</b>
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3. Report covering period from 11/27/2012 thru 12/31/2013

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

**IN-KIND CONTRIBUTIONS and EXPENDITURES**

**SCHEDULE E**

1. Committee Name Eva for Council

2. ID #  
CC2014-01

3. Report covering period from 11/27/2012 thru 12/31/2013

4	<b>IN-KIND CONTRIBUTIONS and EXPENDITURES</b>		DATE	FAIR MARKET VALUE
CC2 014- 01	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN			
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# Caroline Pilkington 782 W Beal Rd, Flagstaff, AZ 86001	CONTRIBUTION ✓✓ EXPENDITURE ✓✓	10/30/2013	\$300
	DESCRIPTION Graphic design			
	OCCUPATION Graphic designer	EMPLOYER Self		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# Dano Gruen 480 Lake Mary Rd, Flagstaff, AZ 86005	CONTRIBUTION ✓✓ EXPENDITURE ✓✓	10/25/2013	\$120
	DESCRIPTION Photography			
	OCCUPATION Photographer	EMPLOYER Self		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION • • EXPENDITURE • •		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION • • EXPENDITURE • •		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
5.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [If last page of Schedule E, transfer total to Detailed Summary Page Line 6, Column A]			\$420
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]			\$420

**DIVIDENDS, INTEREST, AND OTHER RECEIPTS**

**SCHEDULE F-1**

1. Committee Name Eva for Council

2. ID#

CC2014-01

3. Report covering period from 11/27/2012 thru 12/31/2013

4	<b>DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS</b>		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**

**OFFSETS TO CONTRIBUTIONS RECEIVED \***

**SCHEDULE F-2**

1. Committee Name Eva for Council

2. ID# CC2014-01

3. Report covering period from 11/27/2012 thru 12/31/2013

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

\* Includes return of contributions received by reporting committee

**DEBTS AND OBLIGATIONS (Excluding Loans)**

**SCHEDULE F-3**

1. Committee Name Eva for Council

2. ID #  
CC2014-01

3. Report covering period from 11/27/2012 thru 12/31/2013

4	<b>DEBTS AND OBLIGATIONS</b>		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]					\$0