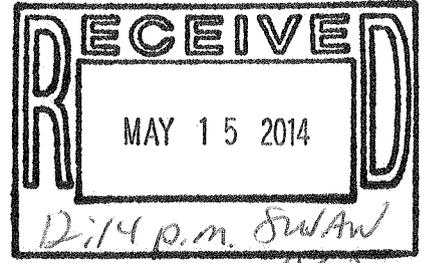


POLITICAL COMMITTEE
CITY/TOWN OF FLAGSTAFF, ARIZONA
CAMPAIGN FINANCE REPORT
2014 August/November Regular Election

FOR OFFICE USE ONLY



1. RHETT FOR CITY COUNCIL
 Full Name of Committee
101 S PARK
 Address
FLAGSTAFF AZ 86001 COCONINO 928-523-5535
 City ZIP Code County Phone
 2. RHETT PERE FOR FLAGSTAFF CITY COUNCIL
 Sponsoring Organization or Candidate and office
HARDWARE314@GMAIL.COM
 Name of Candidate and Office Sought (if applicable)
 E-Mail Address Fax #

3A. ID#

4. **REPORTING PERIOD** (Please check appropriate box) **DUE BETWEEN**

<input type="checkbox"/>	JANUARY 31	11/27/2012 thru 12/31/13.....	01/01/14 and 01/31/14
<input checked="" 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)	0	0
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	0	0
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)	0	0
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	0	0

*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.

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name RHEH FOR CITY COUNCIL

2. ID #

3. Report covering period from 1/1/14 thru 5/10/2014

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE											
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR														
4a.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">LAST</td> <td style="width: 50%;">FIRST</td> <td style="width: 25%;">MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">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 style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">LAST</td> <td style="width: 50%;">FIRST</td> <td style="width: 25%;">MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	LAST	FIRST	MI	STREET ADDRESS			CITY	STATE	ZIP	OCCUPATION	EMPLOYER			
LAST	FIRST	MI													
STREET ADDRESS															
CITY	STATE	ZIP													
OCCUPATION	EMPLOYER														
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STREET ADDRESS															
CITY	STATE	ZIP													
OCCUPATION	EMPLOYER														
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STREET ADDRESS															
CITY	STATE	ZIP													
OCCUPATION	EMPLOYER														
e.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">LAST</td> <td style="width: 50%;">FIRST</td> <td style="width: 25%;">MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">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]														

*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 RHETT FOR CITY COUNCIL 2. ID #

3. Report covering period from 1/1/14 thru 5/16/2014

4. Aggregate Total of Contributions of \$50 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]		6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]	

*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 RHEE FOR CITY COUNCIL

2. ID #

3. Report covering period from 1/1/14 thru 5/8/14

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	0	0
	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>			

CANDIDATE LOANS

SCHEDULE C

1.	Committee Name <u>RHEH FOR CITY COUNCIL</u>	2. ID #		
3.	Report covering period from <u>1/1/14</u> thru <u>5/8/14</u>			
4.	LOANS MADE OR GUARANTEED BY CANDIDATE			
	NAME AND ADDRESS FROM WHOM RECEIVED	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
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]			

OTHER LOANS

SCHEDULE C1

1. Committee Name RHETT FOR CITY COUNCIL

2. ID #

3. Report covering period from 1/1/14 thru 5/8/14

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]			

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name RHETT FOR CITY COUNCIL

2. ID #

3. Report covering period from 1/1/14 thru 3/3/14

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		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
b.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
c.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
d.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
e.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
f.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D (If last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A)		

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

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

1. Committee Name RHEH FOR CITY COUNCIL

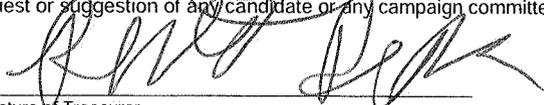
2. ID #

3. Report covering period from 1/1/14 thru 5/4/14

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]		

*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.



Signature of Treasurer

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

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

1. Committee Name RHEIT FOR CITY COLLEGE

2. ID #

3. Report covering period from 1/1/14 thru 5/31/14

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

OFFSETS TO OPERATING EXPENSES *

SCHEDULE D-3

1. Committee Name

RHE# FOR CITY COUNCIL

2. ID #

3. Report covering period from

1/1/14

thru

5/8/14

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

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name RHEN FOR CITY COUNCIL

2. ID #

3. Report covering period from 1/1/14 thru 9/8/14

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 RHEA FOR CITY COUNCIL

2. ID #

3. Report covering period from 1/1/14 thru 5/8/14

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

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

1. Committee Name RHEA FOR CITY COUNCIL

2. ID #

3. Report covering period from 1/1/14 ~~5/1/14~~ thru 5/8/14

4	TRANSFERS MADE BY THE REPORTING COMMITTEE	DATE TRANSFER MADE	AMOUNT OF THE TRANSFER
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A]

ANY OTHER DISBURSEMENT

SCHEDULE D-7

1. Committee Name RHS FOR CITY COUNCIL

2. ID #

3. Report covering period from 1/1/14 thru 5/8/14

ANY OTHER DISBURSEMENTS		DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION			
a.	<div style="border: 1px solid black; padding: 2px;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">DESCRIPTION</div>		
b.	<div style="border: 1px solid black; padding: 2px;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">DESCRIPTION</div>		
c.	<div style="border: 1px solid black; padding: 2px;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">DESCRIPTION</div>		
d.	<div style="border: 1px solid black; padding: 2px;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">DESCRIPTION</div>		
e.	<div style="border: 1px solid black; padding: 2px;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">DESCRIPTION</div>		
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [Transfer total to Detailed Summary Page Line 15 Column A]			

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

1. Committee Name RHEH FOR CITY COUNCIL

2. ID #

3. Report covering period from 1/1/14 thru 5/8/14

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.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION • • EXPENDITURE • •		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION • • EXPENDITURE • •		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
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)]			
6.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [(If last page of Schedule E, transfer total to Detailed Summary Page Line 11, Column A)]			

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

1. Committee Name RHEH FOR CITY COUNCIL
 3. Report covering period from 1/1/14 thru 5/31/14

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)		

OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F-2

1. Committee Name RHEM FOR CITY COUNCIL
 3. Report covering period from 1/1/14 thru 5/9/14

2. ID #

4	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED	DATE REFUND MADE	AMOUNT OF THE REFUND
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE		
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-2 [If last page of Schedule F-2, transfer total to Detailed Summary Page, Line 4(E), Column A]

* Includes return of contributions received by reporting committee

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

1. Committee Name RHETI FOR CITY COUNCIL

2. ID #

3. Report covering period from 1/1/14 thru 5/8/14

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]				

