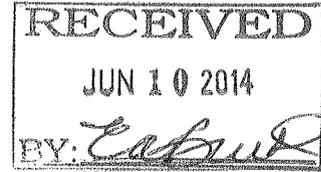


POLITICAL COMMITTEE
CITY/TOWN OF Flagstaff
CAMPAIGN FINANCE REPORT
2014 August/November Regular Election

FOR OFFICE USE ONLY



1. Celia Barotz for Council
 Full Name of Committee
3354 North Crest Street
 Address
Flagstaff 86001 Coconino (928) 853.7295
 City ZIP Code County Phone
 2. N/A
 Sponsoring Organization or Candidate and office
 Name of Candidate and Office Sought (if applicable)
 E-Mail Address Fax #

3A. ID# **CC2009-02**
 [] Primary
 [x] General

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

<input type="checkbox"/>	JANUARY 31	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 checked="" 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
5b	Cash on Hand at the Beginning of this Reporting Period	\$4,120.00	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	\$1,475.00	\$5,595.00
5d	Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	\$5,595.00	\$5,595.00
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
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]	\$5,595.00	\$5,595.00

*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: Celia Barotz for Council
 3. Report covering period from 5/9/14 Thru 6/9/14

2. ID#	CC2009-02
<input type="checkbox"/>	Primary
<input checked="" type="checkbox"/>	General

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)	\$1,475.00	\$5,595.00
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)		
(c) Political Committees (Total from Schedule B)		
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]		
(e) Refund of contributions (Total from Schedule F-2)		
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	\$1,475.00	\$5,595.00
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)		
(b) All other loans (Total from Schedule C-1)		
(c) Total Loans [add 5(a) and 5(b)]		
6. In-kind contributions (Total from Schedule E)		
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)		
8. Total Receipts [add 4(f), 5(c), 6, and 7]	\$1,475.00	\$5,595.00
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)		
10. Independent Expenditures (Total from Schedule D-1)		
11. Value of In-kind expenditures (Total from Schedule E)		
12. Loans made by reporting committee (Total from Schedule D-2)		
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)		
(b) Repayment of all other loans (Total from Schedule D-5)		
(c) Total Loan Repayments [add 13(a) and 13(b)]		
14. Transfers to other political committees (Total from Schedule D-6)		
15. Any other disbursement (Total from Schedule D-7)		
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]		
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. Total disbursements [subtract line 17 from line 16]		
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)		

20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to the best of my knowledge and belief it is true and complete.

CELIA BAROTZ

Type or Print Name of Treasurer

Celia Barotz

Signature of Treasurer or Candidate or Designating Individual

6/9/14

Date

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID # **CC2009-02**

1. Committee Name Celia Barotz for Council

3. Report covering period from 5/9/14 thru 6/9/14

GENERAL

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 Ryan</td> <td>FIRST Catherine</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 1575 N. Kittredge Road</td> </tr> <tr> <td>CITY Flagstaff</td> <td>STATE AZ</td> <td>ZIP 86001</td> </tr> <tr> <td>OCCUPATION Supply Chain Operations</td> <td colspan="2">EMPLOYER W.L. Gore & Associates</td> </tr> </table>	LAST Ryan	FIRST Catherine	MI	STREET ADDRESS 1575 N. Kittredge Road			CITY Flagstaff	STATE AZ	ZIP 86001	OCCUPATION Supply Chain Operations	EMPLOYER W.L. Gore & Associates		5.11.14	\$50.00	\$50.00
LAST Ryan	FIRST Catherine	MI														
STREET ADDRESS 1575 N. Kittredge Road																
CITY Flagstaff	STATE AZ	ZIP 86001														
OCCUPATION Supply Chain Operations	EMPLOYER W.L. Gore & Associates															
b.	<table border="1"> <tr> <td>LAST Clark</td> <td>FIRST Stanley</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 1061 W. Ardrey Circle</td> </tr> <tr> <td>CITY Flagstaff</td> <td>STATE AZ</td> <td>ZIP 86001</td> </tr> <tr> <td>OCCUPATION Psychologist</td> <td colspan="2">EMPLOYER NAU</td> </tr> </table>	LAST Clark	FIRST Stanley	MI	STREET ADDRESS 1061 W. Ardrey Circle			CITY Flagstaff	STATE AZ	ZIP 86001	OCCUPATION Psychologist	EMPLOYER NAU		5.14.14	\$50.00	\$50.00
LAST Clark	FIRST Stanley	MI														
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c.	<table border="1"> <tr> <td>LAST Rummel</td> <td>FIRST Rich</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 4790 S. Elves Chasm Trail</td> </tr> <tr> <td>CITY Flagstaff</td> <td>STATE AZ</td> <td>ZIP 86005</td> </tr> <tr> <td>OCCUPATION Retired</td> <td colspan="2">EMPLOYER Retired</td> </tr> </table>	LAST Rummel	FIRST Rich	MI	STREET ADDRESS 4790 S. Elves Chasm Trail			CITY Flagstaff	STATE AZ	ZIP 86005	OCCUPATION Retired	EMPLOYER Retired		5.14.14	\$50.00	\$50.00
LAST Rummel	FIRST Rich	MI														
STREET ADDRESS 4790 S. Elves Chasm Trail																
CITY Flagstaff	STATE AZ	ZIP 86005														
OCCUPATION Retired	EMPLOYER Retired															
d.	<table border="1"> <tr> <td>LAST Phillips</td> <td>FIRST Lee</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 209 N. Elden Street 209 N. ELDEN ST</td> </tr> <tr> <td>CITY Flagstaff</td> <td>STATE AZ</td> <td>ZIP 86001 86001</td> </tr> <tr> <td>OCCUPATION Attorney Attorney</td> <td colspan="2">EMPLOYER Self Self</td> </tr> </table>	LAST Phillips	FIRST Lee	MI	STREET ADDRESS 209 N. Elden Street 209 N. ELDEN ST			CITY Flagstaff	STATE AZ	ZIP 86001 86001	OCCUPATION Attorney Attorney	EMPLOYER Self Self		5.14.14	\$100.00	\$100.00
LAST Phillips	FIRST Lee	MI														
STREET ADDRESS 209 N. Elden Street 209 N. ELDEN ST																
CITY Flagstaff	STATE AZ	ZIP 86001 86001														
OCCUPATION Attorney Attorney	EMPLOYER Self Self															
e.	<table border="1"> <tr> <td>LAST YOUNG</td> <td>FIRST CAROLYN</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 110 E. Cedar Avenue</td> </tr> <tr> <td>CITY Flagstaff</td> <td>STATE AZ</td> <td>ZIP 86001</td> </tr> <tr> <td>OCCUPATION Business Owner</td> <td colspan="2">EMPLOYER Self</td> </tr> </table>	LAST YOUNG	FIRST CAROLYN	MI	STREET ADDRESS 110 E. Cedar Avenue			CITY Flagstaff	STATE AZ	ZIP 86001	OCCUPATION Business Owner	EMPLOYER Self		5.18.14	\$50.00	\$50.00
LAST YOUNG	FIRST CAROLYN	MI														
STREET ADDRESS 110 E. Cedar Avenue																
CITY Flagstaff	STATE AZ	ZIP 86001														
OCCUPATION Business Owner	EMPLOYER Self															
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 # **CC2009-02**

1. Committee Name CELIA BAROTZ FOR COUNCIL
 3. Report covering period from 5/9/14 thru 6/9/14

general

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 Barrett</td> <td>FIRST Kathryn</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 1926 Meadiwkark Drive</td> </tr> <tr> <td>CITY FLAGSTAFF</td> <td>STATE AZ</td> <td>ZIP 86001</td> </tr> <tr> <td>OCCUPATION Occupational Therapist</td> <td colspan="2">EMPLOYER Flagstaff Medical Center</td> </tr> </table>	LAST Barrett	FIRST Kathryn	MI	STREET ADDRESS 1926 Meadiwkark Drive			CITY FLAGSTAFF	STATE AZ	ZIP 86001	OCCUPATION Occupational Therapist	EMPLOYER Flagstaff Medical Center		\$5.18.14	\$50.00	\$50.00
LAST Barrett	FIRST Kathryn	MI														
STREET ADDRESS 1926 Meadiwkark Drive																
CITY FLAGSTAFF	STATE AZ	ZIP 86001														
OCCUPATION Occupational Therapist	EMPLOYER Flagstaff Medical Center															
b.	<table border="1"> <tr> <td>LAST Silver</td> <td>FIRST Charlie</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 720 West Aspen Street</td> </tr> <tr> <td>CITY Flagstaff</td> <td>STATE AZ</td> <td>ZIP 86001</td> </tr> <tr> <td>OCCUPATION Analyst</td> <td colspan="2">EMPLOYER W.L. Gore & Associates</td> </tr> </table>	LAST Silver	FIRST Charlie	MI	STREET ADDRESS 720 West Aspen Street			CITY Flagstaff	STATE AZ	ZIP 86001	OCCUPATION Analyst	EMPLOYER W.L. Gore & Associates		\$5.23.14	\$200.00	\$200.00
LAST Silver	FIRST Charlie	MI														
STREET ADDRESS 720 West Aspen Street																
CITY Flagstaff	STATE AZ	ZIP 86001														
OCCUPATION Analyst	EMPLOYER W.L. Gore & Associates															
c.	<table border="1"> <tr> <td>LAST Shah</td> <td>FIRST Johnny</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 923 W. University Avenue, Apt 148</td> </tr> <tr> <td>CITY Flagstaff</td> <td>STATE AZ</td> <td>ZIP 86001</td> </tr> <tr> <td>OCCUPATION CEO</td> <td colspan="2">EMPLOYER Arlette Overseas, Inc.</td> </tr> </table>	LAST Shah	FIRST Johnny	MI	STREET ADDRESS 923 W. University Avenue, Apt 148			CITY Flagstaff	STATE AZ	ZIP 86001	OCCUPATION CEO	EMPLOYER Arlette Overseas, Inc.		5.23.14	\$50.00	\$50.00
LAST Shah	FIRST Johnny	MI														
STREET ADDRESS 923 W. University Avenue, Apt 148																
CITY Flagstaff	STATE AZ	ZIP 86001														
OCCUPATION CEO	EMPLOYER Arlette Overseas, Inc.															
d.	<table border="1"> <tr> <td>LAST Cullum</td> <td>FIRST Tony</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 14 E. Dale Avenue</td> </tr> <tr> <td>CITY Flagstaff</td> <td>STATE AZ</td> <td>ZIP 86001</td> </tr> <tr> <td>OCCUPATION Attorney</td> <td colspan="2">EMPLOYER Self</td> </tr> </table>	LAST Cullum	FIRST Tony	MI	STREET ADDRESS 14 E. Dale Avenue			CITY Flagstaff	STATE AZ	ZIP 86001	OCCUPATION Attorney	EMPLOYER Self		5.29.14	\$50.00	\$50.00
LAST Cullum	FIRST Tony	MI														
STREET ADDRESS 14 E. Dale Avenue																
CITY Flagstaff	STATE AZ	ZIP 86001														
OCCUPATION Attorney	EMPLOYER Self															
e.	<table border="1"> <tr> <td>LAST NAME ROE</td> <td>FIRST HENRY HENRY</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 2040 W. Cobblestone Circle</td> </tr> <tr> <td>CITY Flagstaff</td> <td>STATE AZ</td> <td>ZIP 86001</td> </tr> <tr> <td>OCCUPATION Astronomer ASTRONOMER</td> <td colspan="2">EMPLOYER Lowell Observatory</td> </tr> </table>	LAST NAME ROE	FIRST HENRY HENRY	MI	STREET ADDRESS 2040 W. Cobblestone Circle			CITY Flagstaff	STATE AZ	ZIP 86001	OCCUPATION Astronomer ASTRONOMER	EMPLOYER Lowell Observatory		5.28.14	\$250.00	\$250.00
LAST NAME ROE	FIRST HENRY HENRY	MI														
STREET ADDRESS 2040 W. Cobblestone Circle																
CITY Flagstaff	STATE AZ	ZIP 86001														
OCCUPATION Astronomer ASTRONOMER	EMPLOYER Lowell Observatory															
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]															

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CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID# CC2009-02	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Celia Barotz for Council

3. Report covering period from 5/9/14 thru 6/9/14

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>Taylor</td> <td>Elizabeth</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">2030 N. Crescent Street</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Flagstaff</td> <td>AZ</td> <td>86001</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Mediator/Facilitator</td> <td colspan="2">Self</td> </tr> </table>	LAST	FIRST	MI	Taylor	Elizabeth		STREET ADDRESS			2030 N. Crescent Street			CITY	STATE	ZIP	Flagstaff	AZ	86001	OCCUPATION	EMPLOYER		Mediator/Facilitator	Self		6.1.14	\$150.00	\$150.00
LAST	FIRST	MI																										
Taylor	Elizabeth																											
STREET ADDRESS																												
2030 N. Crescent Street																												
CITY	STATE	ZIP																										
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LAST	FIRST	MI																										
Towler	Bill																											
STREET ADDRESS																												
409 North James Street																												
CITY	STATE	ZIP																										
Flagstaff	AZ	86001																										
OCCUPATION	EMPLOYER																											
Retired	Retired																											
c.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Drumright</td> <td>Steve</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">604 Santa Fe Avenue</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Flagstaff</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">Retired</td> </tr> </table>	LAST	FIRST	MI	Drumright	Steve		STREET ADDRESS			604 Santa Fe Avenue			CITY	STATE	ZIP	Flagstaff	AZ	86001	OCCUPATION	EMPLOYER		Retired	Retired		6.3.14	\$20.00	\$20.00
LAST	FIRST	MI																										
Drumright	Steve																											
STREET ADDRESS																												
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LAST	FIRST	MI																										
Pratt	Sue																											
STREET ADDRESS																												
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LAST	FIRST	MI																										
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CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID# CC2009-92	
<input type="checkbox"/>	Primary
<input checked="" type="checkbox"/>	General

1. Committee Name Celia Barotz for Council

3. Report covering period from 5/9/14 thru 6/9/14

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																					
4a.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>VanBeek</td> <td>Ed</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">724 Western Lane</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Mormon Lake</td> <td>AZ</td> <td>86003</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	LAST	FIRST	MI	VanBeek	Ed		STREET ADDRESS			724 Western Lane			CITY	STATE	ZIP	Mormon Lake	AZ	86003	OCCUPATION	EMPLOYER		6.6.14	\$150.00	\$150.00
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]																								

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*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.