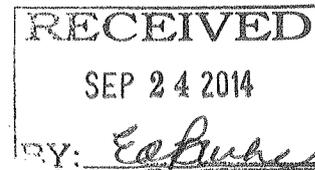


POLITICAL COMMITTEE
CITY/TOWN OF _____
CAMPAIGN FINANCE REPORT
2014 August/November Regular Election

FOR OFFICE USE ONLY



1. James for Mayor
 Full Name of Committee
2967 Buffalo Trail
 Address
Flagstaff 86005 Coconino 928-525-2142
 City ZIP Code County Phone

2. _____
 Sponsoring Organization or Candidate and office
James Hasapis
 Name of Candidate and Office Sought (if applicable)
Mayor
 E-Mail Address Fax #

3A. ID# _____
 Primary
 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 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 checked="" 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)		
5b Cash on Hand at the Beginning of this Reporting Period	658.50	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	755.00	3376.45
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	1413.50	3376.45
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)	12.85	1975.80
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	1400.65	1400.65

*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

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

1. Committee Name James for Mayor

3. Report covering period from 8/15/14 thru 9/15/14

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																								
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR																												
4a.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Mayer</td> <td>Jean</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">3811 N Woodbridge Way</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Flagstaff</td> <td>AZ</td> <td>86004</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	Mayer	Jean		STREET ADDRESS			3811 N Woodbridge Way			CITY	STATE	ZIP	Flagstaff	AZ	86004	OCCUPATION	EMPLOYER		Retired			8/15/14	100	100
LAST	FIRST	MI																										
Mayer	Jean																											
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LAST	FIRST	MI																										
Russell	Robert																											
STREET ADDRESS																												
4990 E Halfmoon																												
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Flagstaff	AZ	86004																										
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Retired																												
c.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Oliver</td> <td>Lisa</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">989 S Main Suite A</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Cottonwood</td> <td>AZ</td> <td>86326</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Physician</td> <td colspan="2">Self</td> </tr> </table>	LAST	FIRST	MI	Oliver	Lisa		STREET ADDRESS			989 S Main Suite A			CITY	STATE	ZIP	Cottonwood	AZ	86326	OCCUPATION	EMPLOYER		Physician	Self		9/5/14	50	50
LAST	FIRST	MI																										
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STREET ADDRESS																												
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e.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Soderblom</td> <td>Barbara</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">3940 N Paradise Rd</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Flagstaff</td> <td>AZ</td> <td>86004</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td></td> <td colspan="2"></td> </tr> </table>	LAST	FIRST	MI	Soderblom	Barbara		STREET ADDRESS			3940 N Paradise Rd			CITY	STATE	ZIP	Flagstaff	AZ	86004	OCCUPATION	EMPLOYER					9/8/14	100	100
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(z), Column A]		400	400																								

*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#	
<input type="checkbox"/>	Primary
<input checked="" type="checkbox"/>	General

1. Committee Name James for Mayor

3. Report covering period from 8/15/14 thru 9/15/14

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																								
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LAST	FIRST	MI																										
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b.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Sutherland</td> <td>Stanley</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">2300 W Kiltie Lane</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Flagstaff</td> <td>AZ</td> <td>86005</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	Sutherland	Stanley		STREET ADDRESS			2300 W Kiltie Lane			CITY	STATE	ZIP	Flagstaff	AZ	86005	OCCUPATION	EMPLOYER		Retired			9/10/14	50	50
LAST	FIRST	MI																										
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
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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]		700	700																								

*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

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

1. Committee Name James For Mayor

3. Report covering period from 8/15/14 thru 9/15/14

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
Cash from fundraisers	55.00	554.25
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]	55.00	6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]
		554.25

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

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

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

1. Committee Name James for Mayor

3. Report covering period from 8/15/14 thru 9/15/14

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 NAU Parking Services PO Box 5603 Flagstaff, AZ 86023 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Parking permit for campaign operations	9/11/14	7.00
4b.	NAME, ADDRESS, CITY, STATE AND ZIP Paypal 12510 Micro Drive Mira Loma, CA 91752 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Deposit discount	5.85	5.85
4c.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4f.	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]		12.85

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