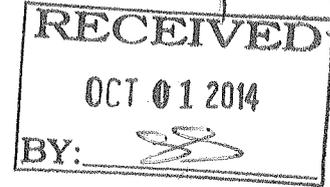


AMENDED

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

FOR OFFICE USE ONLY

pd to late primary for Sch A



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--Mayor
Name of Candidate and Office Sought (if applicable)
E-Mail Address Fax #

3A. ID#
[X] 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 checked="" 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)		
5b Cash on Hand at the Beginning of this Reporting Period	704.08	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	1342.25	2621.45
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	2046.33	2621.45
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)	1387.83	1962.95
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	658.50	658.50

*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: James for Mayor
 3. Report covering period from 6/10/14 Thru 8/14/14

2. ID#	
<input checked="" type="checkbox"/>	Primary
<input 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)	904.25	2023.45
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)	438.00	598.00
(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)]		
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]	1342.25	2621.45
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	1387.83	1962.95
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]	1387.83	1962.95
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.

Glenn Hoge

Type or Print Name of Treasurer

8/19/14

Signature of Treasurer or Candidate or Designating Individual

Date

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

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

1. Committee Name James for Mayor

3. Report covering period from 6/10/14 thru 8/14/14

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>Ragels</td> <td>Carey</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">240 S Reynolds St #109</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22304</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Manager</td> <td colspan="2">US Government</td> </tr> </table>	LAST	FIRST	MI	Ragels	Carey		STREET ADDRESS			240 S Reynolds St #109			CITY	STATE	ZIP	Alexandria	VA	22304	OCCUPATION	EMPLOYER		Manager	US Government		6/23/14	96.75	96.75
LAST	FIRST	MI																										
Ragels	Carey																											
STREET ADDRESS																												
240 S Reynolds St #109																												
CITY	STATE	ZIP																										
Alexandria	VA	22304																										
OCCUPATION	EMPLOYER																											
Manager	US Government																											
b.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Jay</td> <td>James</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">1123 N Navajo Dr</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>Owner</td> <td colspan="2">Uptown Pubhouse</td> </tr> </table>	LAST	FIRST	MI	Jay	James		STREET ADDRESS			1123 N Navajo Dr			CITY	STATE	ZIP	Flagstaff	AZ	86001	OCCUPATION	EMPLOYER		Owner	Uptown Pubhouse		6/23/14	242.50	242.50
LAST	FIRST	MI																										
Jay	James																											
STREET ADDRESS																												
1123 N Navajo Dr																												
CITY	STATE	ZIP																										
Flagstaff	AZ	86001																										
OCCUPATION	EMPLOYER																											
Owner	Uptown Pubhouse																											
c.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Munger</td> <td>Gene</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">4674 E Inwood 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	Munger	Gene		STREET ADDRESS			4674 E Inwood Way			CITY	STATE	ZIP	Flagstaff	AZ	86004	OCCUPATION	EMPLOYER		Retired			7/3/14	50	50
LAST	FIRST	MI																										
Munger	Gene																											
STREET ADDRESS																												
4674 E Inwood Way																												
CITY	STATE	ZIP																										
Flagstaff	AZ	86004																										
OCCUPATION	EMPLOYER																											
Retired																												
d.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Scurlock</td> <td>Peggy</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">301 W Juniper Ave</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"></td> </tr> </table>	LAST	FIRST	MI	Scurlock	Peggy		STREET ADDRESS			301 W Juniper Ave			CITY	STATE	ZIP	Flagstaff	AZ	86001	OCCUPATION	EMPLOYER		Retired			6/26/14	50	50
LAST	FIRST	MI																										
Scurlock	Peggy																											
STREET ADDRESS																												
301 W Juniper Ave																												
CITY	STATE	ZIP																										
Flagstaff	AZ	86001																										
OCCUPATION	EMPLOYER																											
Retired																												
e.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Pearlmitter</td> <td>Lori</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">PO Box 23803</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Flagstaff</td> <td>AZ</td> <td>86002</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Physical Therapist</td> <td colspan="2">FMC</td> </tr> </table>	LAST	FIRST	MI	Pearlmitter	Lori		STREET ADDRESS			PO Box 23803			CITY	STATE	ZIP	Flagstaff	AZ	86002	OCCUPATION	EMPLOYER		Physical Therapist	FMC		7/3/14	50	50
LAST	FIRST	MI																										
Pearlmitter	Lori																											
STREET ADDRESS																												
PO Box 23803																												
CITY	STATE	ZIP																										
Flagstaff	AZ	86002																										
OCCUPATION	EMPLOYER																											
Physical Therapist	FMC																											
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#	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name James for Mayor

3. Report covering period from 6/10/14 thru 8/14/14

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>Khalsa</td> <td>Avtar</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">PO Box 23577</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Flagstaff</td> <td>AZ</td> <td>86002</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	Khalsa	Avtar		STREET ADDRESS			PO Box 23577			CITY	STATE	ZIP	Flagstaff	AZ	86002	OCCUPATION	EMPLOYER		Retired			7/3/14	50	50
LAST	FIRST	MI																										
Khalsa	Avtar																											
STREET ADDRESS																												
PO Box 23577																												
CITY	STATE	ZIP																										
Flagstaff	AZ	86002																										
OCCUPATION	EMPLOYER																											
Retired																												
b.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Allen</td> <td>Catherine</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">27 E Juniper</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>Manager</td> <td colspan="2">Coconino Sheriff' Dept.</td> </tr> </table>	LAST	FIRST	MI	Allen	Catherine		STREET ADDRESS			27 E Juniper			CITY	STATE	ZIP	Flagstaff	AZ	86001	OCCUPATION	EMPLOYER		Manager	Coconino Sheriff' Dept.		7/3/14	50	50
LAST	FIRST	MI																										
Allen	Catherine																											
STREET ADDRESS																												
27 E Juniper																												
CITY	STATE	ZIP																										
Flagstaff	AZ	86001																										
OCCUPATION	EMPLOYER																											
Manager	Coconino Sheriff' Dept.																											
c.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Vanlandingham</td> <td>Michael</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">6012 Larsen Lane</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Shawnee</td> <td>KS</td> <td>66203</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	Vanlandingham	Michael		STREET ADDRESS			6012 Larsen Lane			CITY	STATE	ZIP	Shawnee	KS	66203	OCCUPATION	EMPLOYER		Retired			7/3/14	40	40
LAST	FIRST	MI																										
Vanlandingham	Michael																											
STREET ADDRESS																												
6012 Larsen Lane																												
CITY	STATE	ZIP																										
Shawnee	KS	66203																										
OCCUPATION	EMPLOYER																											
Retired																												
d.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Duncan</td> <td>Georgia</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">3529 W Lois Lane</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"></td> </tr> </table>	LAST	FIRST	MI	Duncan	Georgia		STREET ADDRESS			3529 W Lois Lane			CITY	STATE	ZIP	Flagstaff	AZ	86001	OCCUPATION	EMPLOYER		Retired			7/3/14	50	50
LAST	FIRST	MI																										
Duncan	Georgia																											
STREET ADDRESS																												
3529 W Lois Lane																												
CITY	STATE	ZIP																										
Flagstaff	AZ	86001																										
OCCUPATION	EMPLOYER																											
Retired																												
e.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Yelton</td> <td>Russell</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">2787 N Fairview Drive</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	Yelton	Russell		STREET ADDRESS			2787 N Fairview Drive			CITY	STATE	ZIP	Flagstaff	AZ	86004	OCCUPATION	EMPLOYER		Retired			7/14/14	100	100
LAST	FIRST	MI																										
Yelton	Russell																											
STREET ADDRESS																												
2787 N Fairview Drive																												
CITY	STATE	ZIP																										
Flagstaff	AZ	86004																										
OCCUPATION	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#	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name James for Mayor

3. Report covering period from 6/10/14 thru 8/14/14

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>Plager</td> <td>Karen</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">3891 N Swiss 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>Nurse Practitioner</td> <td colspan="2">Flagstaff Shelter Services</td> </tr> </table>	LAST	FIRST	MI	Plager	Karen		STREET ADDRESS			3891 N Swiss Rd			CITY	STATE	ZIP	Flagstaff	AZ	86004	OCCUPATION	EMPLOYER		Nurse Practitioner	Flagstaff Shelter Services		7/22/14	75	75
LAST	FIRST	MI																										
Plager	Karen																											
STREET ADDRESS																												
3891 N Swiss Rd																												
CITY	STATE	ZIP																										
Flagstaff	AZ	86004																										
OCCUPATION	EMPLOYER																											
Nurse Practitioner	Flagstaff Shelter Services																											
b.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Putzova</td> <td>Eva</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">700 N Magma Way</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>Strategist</td> <td colspan="2">NAU</td> </tr> </table>	LAST	FIRST	MI	Putzova	Eva		STREET ADDRESS			700 N Magma Way			CITY	STATE	ZIP	Flagstaff	AZ	86001	OCCUPATION	EMPLOYER		Strategist	NAU		8/5/14	50	50
LAST	FIRST	MI																										
Putzova	Eva																											
STREET ADDRESS																												
700 N Magma Way																												
CITY	STATE	ZIP																										
Flagstaff	AZ	86001																										
OCCUPATION	EMPLOYER																											
Strategist	NAU																											
c.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3"></td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td></td> <td colspan="2"></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="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3"></td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td></td> <td colspan="2"></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="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3"></td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td></td> <td colspan="2"></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]		904.25	904.25																								

*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 type="checkbox"/>	General

1. Committee Name James for Mayor

3. Report covering period from 6/10/14 thru 8/14/14

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
Fundraiser 7/3/14	190	350
Fundraiser 7/22/14	153	503
Fundraiser 8/5/14	95	598
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]	438	6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]
		598

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

1. Committee Name James for Mayor

3. Report covering period from 6/10/14 thru 8/14/14

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 Print Raven 1300 S Milton Rd Suite 117 Flagstaff, AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Printing	6/10/14	122.01
4b.	NAME, ADDRESS, CITY, STATE AND ZIP Flagstaff Chamber of Commerce 101 W Route 66 Flagstaff, AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Parade entry fee	6/10/14	50.00
4c.	NAME, ADDRESS, CITY, STATE AND ZIP AEC Reprographics 1501 S Yale Street #100 Flagstaff, AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Printing	6/27/14	173.38
4d.	NAME, ADDRESS, CITY, STATE AND ZIP Eventbrite 18th Annual Parade DESCRIPTION OF ITEMS OR SERVICES PURCHASED Parade fee	6/28/14	22.98
4e.	NAME, ADDRESS, CITY, STATE AND ZIP Big Lots 2560 E 7th Ave. Flagstaff, AZ 86004 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Misc. supplies	6/29/14	20.60
4f.	NAME, ADDRESS, CITY, STATE AND ZIP Jo Ann Fabric 1514 S Riordon Ranch St. Flagstaff, AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Fabric	6/30/14	4.30
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

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

1. Committee Name James for Mayor

3. Report covering period from 6/10/14 thru 8/14/14

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 Signature Promotions 55 e Pauline Dr. Flagstaff, AZ 86005	8/3/14	203.57
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED T-shirts		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP Pegasus Printing a & Graphics 2444 Star Mt. Trail Flagstaff, AZ 86005	8/6/14	408.67
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Printing		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP Shaun McKernan 2029 N. Talkington Dr. Flagstaff, AZ 86001	8/6/14	100.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Campaign aid and planning		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP Arizona Democratic Party 2910 N Central Ave. Phoenix, AZ 85012	8/6	250.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Voter list info		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP Safeway 1201 S Plaza Way Flagstaff, AZ 86001	8/3/14	32.32
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Refreshments for fundraising party		
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]		1387.83

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

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



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--Mayor
 Name of Candidate and Office Sought (if applicable)

 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 checked="" 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)		
5b	Cash on Hand at the Beginning of this Reporting Period	704.08	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	1342.25	2621.45
5d	Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	2046.33	2621.45
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)	1387.83	1962.95
7.	Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	658.50	658.50

*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.

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

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

1. Committee Name James for Mayor

3. Report covering period from 6/10/14 thru 8/14/14

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 Print Raven 1300 S Milton Rd Suite 117 Flagstaff, AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Printing	6/10/14	122.01
4b.	NAME, ADDRESS, CITY, STATE AND ZIP Flagstaff Chamber of Commerce 101 W Route 66 Flagstaff, AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Parade entry fee	6/10/14	50.00
4c.	NAME, ADDRESS, CITY, STATE AND ZIP AEC Reprographics 1501 S Yale Street #100 Flagstaff, AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Printing	6/27/14	173.38
4d.	NAME, ADDRESS, CITY, STATE AND ZIP Eventbrite 18th Annual Parade DESCRIPTION OF ITEMS OR SERVICES PURCHASED Parade fee	6/28/14	22.98
4e.	NAME, ADDRESS, CITY, STATE AND ZIP Big Lots 2560 E 7th Ave. Flagstaff, AZ 86004 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Misc. supplies	6/29/14	20.60
4f.	NAME, ADDRESS, CITY, STATE AND ZIP Jo Ann Fabric 1514 S Riordon Ranch St. Flagstaff, AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Fabric	6/30/14	4.30
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

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

1. Committee Name James for Mayor

3. Report covering period from 6/10/14 thru 8/14/14

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 Signature Promotions 55 e Pauline Dr. Flagstaff, AZ 86005 DESCRIPTION OF ITEMS OR SERVICES PURCHASED T-shirts	8/3/14	203.57
4b.	NAME, ADDRESS, CITY, STATE AND ZIP Pegasus Printing a & Graphics 2444 Star Mt. Trail Flagstaff, AZ 86005 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Printing	8/6/14	408.67
4c.	NAME, ADDRESS, CITY, STATE AND ZIP Shaun McKernan 2029 N. Talkington Dr. Flagstaff, AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Campaign aid and planning	8/6/14	100.00
4d.	NAME, ADDRESS, CITY, STATE AND ZIP Arizona Democratic Party 2910 N Central Ave. Phoenix, AZ 85012 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Voter list info	8/6	250.00
4e.	NAME, ADDRESS, CITY, STATE AND ZIP Safeway 1201 S Plaza Way Flagstaff, AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Refreshments for fundraising party	8/3/14	32.32
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]		1387.83

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