

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

FOR OFFICE USE ONLY

RECEIVED
 NOV - 7 2014
 BY: *EAD*
750 peralta pd

3A. ID# _____
 [] Primary
 [] General

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--Maoor _____
 Name of Candidate and Office Sought (if applicable)

 E-Mail Address _____ Fax # _____

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 type="checkbox"/>	POST-PRIMARY	08/15/14 thru 09/15/14.....	09/16/14 and 09/25/14
<input checked="" 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	1400.65	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	3868.00	7244.45
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	5268.65	7244.45
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)	3185.24	5161.04
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	2083.41	2083.41

*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 9/16/2014 thru 10/23/14

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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LAST	FIRST	MI																										
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<input type="checkbox"/>	Primary
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3. Report covering period from 916/14 thru 10/23/14

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3. Report covering period from 9/16/14 thru _____

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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
Averbeck	George																											
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LAST	FIRST	MI																										
Miller	Richard																											
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CITY	STATE	ZIP																										
Flagstaff	AZ	86005																										
OCCUPATION	EMPLOYER																											
Retired																												
c.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Roeser</td> <td>Elizabeth</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">307 W Oak</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>Ops Mgr.</td> <td colspan="2">River Outfitters</td> </tr> </table>	LAST	FIRST	MI	Roeser	Elizabeth		STREET ADDRESS			307 W Oak			CITY	STATE	ZIP	Flagstaff	AZ	86001	OCCUPATION	EMPLOYER		Ops Mgr.	River Outfitters		10/7/14	200	200
LAST	FIRST	MI																										
Roeser	Elizabeth																											
STREET ADDRESS																												
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
Ward	Samantha																											
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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 9/16/14 thru 10/23/14

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																										
Lamm	Dorothy																											
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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 9/16/14 thru 10/23/14

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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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 9/16/14 thru 10/23/14

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
Contributions from 9/19/14	120	
Contributions from 9/23/14	630	
Contributions from 9/30/14	100	
Contributions from 10/14/14	50	
Contributions from 10/15/14	30	
Contributions from 10/20/14	50	
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]	980.00	6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]
		1578.00

*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 9/16/14 thru 10/23/14

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 Dillard's Flagstaff Mall and Marketplace Flagstaff, AZ 86004 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Clothing for campaign	9/19/14	137.78
4b.	NAME, ADDRESS, CITY, STATE AND ZIP Ticketfly Web address only DESCRIPTION OF ITEMS OR SERVICES PURCHASED Tickets for campaign event	9/21/14	23.95
4c.	NAME, ADDRESS, CITY, STATE AND ZIP Sublime Dzine 2401 N West St #112 Flagstaff, AZ 86004 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Graphic design and printing	9/22/14	625.00
4d.	NAME, ADDRESS, CITY, STATE AND ZIP Maverick Country Store 1690 W. Route 66 Flagstaff, AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Refreshments for fundraiser	9/26/14	45.75
4e.	NAME, ADDRESS, CITY, STATE AND ZIP Campus Coffee Bean 1800 S. Milton Flagstaff, AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Campaign meeting refreshments	10/1/14	5.52
4f.	NAME, ADDRESS, CITY, STATE AND ZIP City of Flagstaff 211 W Aspen Ave Flagstaff, AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Late fee	10/2/14	20
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 type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name James for Mayor

3. Report covering period from 9/16/14 thru 10/23/14

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 Staples 2625 N Woodlands Village Flagstaff, AZ 86001	10/2/14	210.37
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Printed campaign materials		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP Campus Coffee Bean 1800 S Milton Flagstaff, AZ 86001	10/2/14	5.96
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Refreshments for campaign meeting		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP Facebook Web address only	10/3/14	29.62
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Web campaign ads		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP Paypal Web address only	10/5/14	25
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED fee for credit card processing		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP Facebook Web address only	10/5/14	52.17
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Web campaign ads		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP Paypal Web address only	10/10/14	65.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED fee for credit card processing		
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]		

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EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

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

1. Committee Name James for Mayor

3. Report covering period from 9/16/14 thru 10/23/14

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 Arizona Daily Sun 1751 S Thompson St Flagstaff, AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED campaign ads	10/11/14	1749.59
4b.	NAME, ADDRESS, CITY, STATE AND ZIP Maverick Country Store 1690 W Route 66 Flagstaff, AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED transportation costs	10/22/14	47.00
4c.	NAME, ADDRESS, CITY, STATE AND ZIP Northern Arizona Volunteer Medical Corp (NAVMC) 1485 N Turquoise Drive Flagstaff AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Campaign event	10/20/14	50.00
4d.	NAME, ADDRESS, CITY, STATE AND ZIP <i>Paypal</i> <i>Web Address only</i> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <i>Discount for credit card processing</i>	<i>9/16 -</i> <i>10/23/14</i>	<i>92.53</i>
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]		<i>3092.71</i> <i>3185.24</i>

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