

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

FOR OFFICE USE ONLY

**RECEIVED**  
 NOV 25 2014  
 BY: *LePauze*

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. Celia Barotz - Flagstaff City Council  
 Sponsoring Organization or Candidate and office  
 Name of Candidate and Office Sought (if applicable)  
cbarotz@gmail.com NONE  
 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 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 checked="" type="checkbox"/> | POST-GENERAL | 10/24/14 thru 11/24/14..... | 11/25/14 and 12/04/14 |

| 5. SUMMARY |                                                                                                                                                                                                                                  | Column A<br>Total This Reporting<br>Period | Column B<br>Election Period<br>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                                                                                                                                                                           | 7,663.28                                   |                                              |
| 5c         | Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)                                                                                                                                                     | 200.00                                     | 13,641.66                                    |
| 5d         | Subtotal [add Lines b and c for Column A and add lines a and c for Column B]                                                                                                                                                     | 7,863.28                                   | 13,641.66                                    |
| 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)                                                                                                                                               | 3,919.52                                   | 9,697.90                                     |
| 7.         | Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]                                                                                                                                                        | 3,943.76                                   | 3,943.76                                     |

\*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 10/24/14 Thru 11/24/14

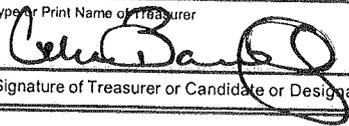
|                                     |           |
|-------------------------------------|-----------|
| 2. ID#                              | CC2009-02 |
| <input type="checkbox"/>            | Primary   |
| <input checked="" type="checkbox"/> | General   |

|                                                                                               | COLUMN A<br>THIS PERIOD | COLUMN B<br>CAMPAIGN TO DATE |
|-----------------------------------------------------------------------------------------------|-------------------------|------------------------------|
| RECEIPTS                                                                                      |                         |                              |
| 4. Contributions other than loans and in-kind:                                                |                         |                              |
| (a) Individuals - more than \$50 (Total from Schedule A)                                      | 200.00                  | 13,641.66                    |
| (b) Individuals - aggregate \$50 or less (Total from Schedule A-1)                            | 0                       | 0                            |
| (c) Political Committees (Total from Schedule B)                                              | 0                       | 0                            |
| (d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]                                         | 200.00                  | 13,641.66                    |
| (e) Refund of contributions (Total from Schedule F-2)                                         | 0                       | 0                            |
| (f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]                | 200.00                  | 13,641.66                    |
| 5. (a) Loans made or guaranteed by candidate (Total from Schedule C)                          | 0                       | 0                            |
| (b) All other loans (Total from Schedule C-1)                                                 | 0                       | 0                            |
| (c) Total Loans [add 5(a) and 5(b)]                                                           | 0                       | 0                            |
| 6. In-kind contributions (Total from Schedule E)                                              | 0                       | 0                            |
| 7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)                 | 0                       | 0                            |
| 8. Total Receipts [add 4(f), 5(c), 6, and 7]                                                  | 200.00                  | 13,641.66                    |
| DISBURSEMENTS                                                                                 |                         |                              |
| 9. Expenditures for operating expenses (Total from Schedule D)                                | 3,919.52                | 9,697.90                     |
| 10. Independent Expenditures (Total from Schedule D-1)                                        | 0                       | 0                            |
| 11. Value of In-kind expenditures (Total from Schedule E)                                     | 0                       | 0                            |
| 12. Loans made by reporting committee (Total from Schedule D-2)                               | 0                       | 0                            |
| 13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)          | 0                       | 0                            |
| (b) Repayment of all other loans (Total from Schedule D-5)                                    | 0                       | 0                            |
| (c) Total Loan Repayments [add 13(a) and 13(b)]                                               | 0                       | 0                            |
| 14. Transfers to other political committees (Total from Schedule D-6)                         | 0                       | 0                            |
| 15. Any other disbursement (Total from Schedule D-7)                                          | 0                       | 0                            |
| 16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]                       | 3,919.52                | 9,697.90                     |
| 17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)        | 0                       | 0                            |
| 18. Total disbursements [subtract line 17 from line 16]                                       | 3,919.52                | 9,697.90                     |
| 19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3) | 0                       | 0                            |

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



Signature of Treasurer or Candidate or Designating Individual

11/25/14

Date

CONTRIBUTIONS more than \$50 - from INDIVIDUALS\*

SCHEDULE A

2. ID# CC2009-02

Primary

General

1. Committee Name Celia Barotz for Council

3. Report covering period from 10/24/14 thru 11/24/14

| 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>Tartaglione</td> <td>Ray</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">101 Westmoreland Avenue</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>White Plains</td> <td>New York</td> <td>10606</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Business Owner</td> <td colspan="2">Self</td> </tr> </table> | LAST          | FIRST                       | MI                                     | Tartaglione | Ray |  | STREET ADDRESS |  |  | 101 Westmoreland Avenue |  |  | CITY | STATE | ZIP | White Plains | New York | 10606 | OCCUPATION | EMPLOYER |  | Business Owner | Self |  | 10.30.14 | \$200.00 | \$200.00 |
| LAST                    | FIRST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MI            |                             |                                        |             |     |  |                |  |  |                         |  |  |      |       |     |              |          |       |            |          |  |                |      |  |          |          |          |
| Tartaglione             | Ray                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |                             |                                        |             |     |  |                |  |  |                         |  |  |      |       |     |              |          |       |            |          |  |                |      |  |          |          |          |
| STREET ADDRESS          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                             |                                        |             |     |  |                |  |  |                         |  |  |      |       |     |              |          |       |            |          |  |                |      |  |          |          |          |
| 101 Westmoreland Avenue |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                             |                                        |             |     |  |                |  |  |                         |  |  |      |       |     |              |          |       |            |          |  |                |      |  |          |          |          |
| CITY                    | STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ZIP           |                             |                                        |             |     |  |                |  |  |                         |  |  |      |       |     |              |          |       |            |          |  |                |      |  |          |          |          |
| White Plains            | New York                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 10606         |                             |                                        |             |     |  |                |  |  |                         |  |  |      |       |     |              |          |       |            |          |  |                |      |  |          |          |          |
| OCCUPATION              | EMPLOYER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                             |                                        |             |     |  |                |  |  |                         |  |  |      |       |     |              |          |       |            |          |  |                |      |  |          |          |          |
| Business Owner          | Self                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |                             |                                        |             |     |  |                |  |  |                         |  |  |      |       |     |              |          |       |            |          |  |                |      |  |          |          |          |
| b.                      | <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                             |                                        |             |     |  |                |  |  |                         |  |  |      |       |     |              |          |       |            |          |  |                |      |  |          |          |          |
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                             |                                        |             |     |  |                |  |  |                         |  |  |      |       |     |              |          |       |            |          |  |                |      |  |          |          |          |
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| LAST                    | FIRST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MI            |                             |                                        |             |     |  |                |  |  |                         |  |  |      |       |     |              |          |       |            |          |  |                |      |  |          |          |          |
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                             |                                        |             |     |  |                |  |  |                         |  |  |      |       |     |              |          |       |            |          |  |                |      |  |          |          |          |
| STREET ADDRESS          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                             |                                        |             |     |  |                |  |  |                         |  |  |      |       |     |              |          |       |            |          |  |                |      |  |          |          |          |
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                             |                                        |             |     |  |                |  |  |                         |  |  |      |       |     |              |          |       |            |          |  |                |      |  |          |          |          |
| CITY                    | STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ZIP           |                             |                                        |             |     |  |                |  |  |                         |  |  |      |       |     |              |          |       |            |          |  |                |      |  |          |          |          |
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                             |                                        |             |     |  |                |  |  |                         |  |  |      |       |     |              |          |       |            |          |  |                |      |  |          |          |          |
| OCCUPATION              | EMPLOYER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                             |                                        |             |     |  |                |  |  |                         |  |  |      |       |     |              |          |       |            |          |  |                |      |  |          |          |          |
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                             |                                        |             |     |  |                |  |  |                         |  |  |      |       |     |              |          |       |            |          |  |                |      |  |          |          |          |
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| LAST                    | FIRST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MI            |                             |                                        |             |     |  |                |  |  |                         |  |  |      |       |     |              |          |       |            |          |  |                |      |  |          |          |          |
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                             |                                        |             |     |  |                |  |  |                         |  |  |      |       |     |              |          |       |            |          |  |                |      |  |          |          |          |
| STREET ADDRESS          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                             |                                        |             |     |  |                |  |  |                         |  |  |      |       |     |              |          |       |            |          |  |                |      |  |          |          |          |
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                             |                                        |             |     |  |                |  |  |                         |  |  |      |       |     |              |          |       |            |          |  |                |      |  |          |          |          |
| CITY                    | STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ZIP           |                             |                                        |             |     |  |                |  |  |                         |  |  |      |       |     |              |          |       |            |          |  |                |      |  |          |          |          |
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                             |                                        |             |     |  |                |  |  |                         |  |  |      |       |     |              |          |       |            |          |  |                |      |  |          |          |          |
| OCCUPATION              | EMPLOYER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                             |                                        |             |     |  |                |  |  |                         |  |  |      |       |     |              |          |       |            |          |  |                |      |  |          |          |          |
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                             |                                        |             |     |  |                |  |  |                         |  |  |      |       |     |              |          |       |            |          |  |                |      |  |          |          |          |
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| 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]                                                                                                                                                                                                                                                                                                                                                          |               | \$200.00                    |                                        |             |     |  |                |  |  |                         |  |  |      |       |     |              |          |       |            |          |  |                |      |  |          |          |          |

\*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.

EXPENDITURES FOR OPERATING EXPENSES\*

SCHEDULE D

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

1. Committee Name Celia Barotz for Council

3. Report covering period from 10/24/14 thru 11/24/14

| 4                                                            |                                                                                                                                                                                                                                            | DATE EXPENDITURE MADE | AMOUNT OF THE EXPENDITURE |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------|
| EXPENDITURES                                                 |                                                                                                                                                                                                                                            |                       |                           |
| NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE |                                                                                                                                                                                                                                            |                       |                           |
| 4a.                                                          | NAME, ADDRESS, CITY, STATE AND ZIP<br>Grand Canyon Youth<br>2131 North 1st Street<br>Flagstaff, AZ 86004<br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br>Ticket to Grand Canyon Youth event at Coconino Center for the Arts               | 11.1.14               | \$15.00                   |
| 4b.                                                          | NAME, ADDRESS, CITY, STATE AND ZIP<br>Rene Rivas Productions<br>1612 North San Francisco Street, #1<br>Flagstaff, AZ 86001<br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br>Photo and video services                                       | 11.5.14               | \$100.00                  |
| 4c.                                                          | NAME, ADDRESS, CITY, STATE AND ZIP<br>Celia Barotz<br>3354 North Crest Street<br>Flagstaff, AZ 86001<br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br>repayment for purchase of GIS map, ticket to Beans & Rice event, wall sign space fee | 11.7.14               | \$75.00                   |
| 4d.                                                          | NAME, ADDRESS, CITY, STATE AND ZIP<br>Chase Card Services<br>100 West Birch Avenue<br>Flagstaff, AZ 86001<br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br>Auto fuel                                                                       | 11.11.14              | \$90.37                   |
| 4e.                                                          | NAME, ADDRESS, CITY, STATE AND ZIP<br>Chase Card Services<br>100 West Birch Avenue<br>Flagstaff, AZ 86001<br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br>paid Facebook campaign advertising                                              | 11.11.14              | 278.29                    |
| 4f.                                                          | NAME, ADDRESS, CITY, STATE AND ZIP<br>Chase Card Services<br>100 West Birch Avenue<br>Flagstaff, AZ 86001<br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br>Color copies                                                                    | 11.11.14              | \$1.15                    |
| 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# CC2009-02                    |         |
| <input type="checkbox"/>            | Primary |
| <input checked="" type="checkbox"/> | General |

1. Committee Name Celia Barotz for Council

3. Report covering period from 10/24/14 thru 11/24/14

| 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<br>Chase Card Services<br>100 West Birch Avenue<br>Flagstaff, AZ 86001<br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br>AZ Daily Sun Advertising & Flagstaff Business News Advertising           | 11.11.14              | \$1,337.91                |
| 4b. | NAME, ADDRESS, CITY, STATE AND ZIP<br>Chase Card Services<br>100 West Birch Avenue<br>Flagstaff, AZ 86001<br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br>Food for volunteers                                                      | 11.11.14              | \$96.04                   |
| 4c. | NAME, ADDRESS, CITY, STATE AND ZIP<br>Chase Card Services<br>100 West Birch Avenue<br>Flagstaff, AZ 86001<br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br>Thank you note cards                                                     | 11.11.14              | \$9.74                    |
| 4d. | NAME, ADDRESS, CITY, STATE AND ZIP<br>Chase Card Services<br>100 West Birch Avenue<br>Flagstaff, AZ 86001<br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br>Election Night Campaign Party at McMillan's Bar and Kitchen in Flagstaff | 11.11.14              | \$297.58                  |
| 4e. | NAME, ADDRESS, CITY, STATE AND ZIP<br>KNAU - Arizona Public Radio<br>PO Box 5764<br>Flagstaff, AZ 86011-5764<br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br>Radio advertising on KNAU - Arizona public radio                      | 11.15.14              | \$1,415.00                |
| 4f. | NAME, ADDRESS, CITY, STATE AND ZIP<br>Arizona Daily Sun<br>1751 Thompson Street<br>Flagstaff, AZ 86001<br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br>Post election 'thank you' front page banner advertisement                   | 11.12.14              | \$203.44                  |
| 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]                                                                                                    |                       | \$3,919.52                |

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