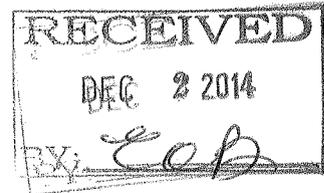


**POLITICAL COMMITTEE**  
**CITY/TOWN OF** Flagstaff  
**CAMPAIGN FINANCE REPORT**  
**2014 August/November Regular Election**

FOR OFFICE USE ONLY  
PC2011-007



1. Nabours for Mayor Committee

---

Full Name of Committee  
10 E Dale Ave

---

Address  
Flagstaff 86001 Coconino 928-779-5105

---

City ZIP Code County Phone

2. Jerry Nabours, Mayor of Flagstaff

---

Sponsoring Organization or Candidate and office

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Name of Candidate and Office Sought (if applicable)  
gnabours@gmail.com 928-779-0447

---

E-Mail Address Fax #

3A. ID# \_\_\_\_\_

[ ] 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 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)		134
5b	Cash on Hand at the Beginning of this Reporting Period	546	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	200	9686
5d	Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	746	9820
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)	628	9702
7.	Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	118	118

\*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# PC2011-007

Primary



General

1. Committee Name Nabours for Mayor Comm.

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>Sampson</td> <td>Gregory</td> <td>A</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">905 N Lone Oak 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>Vice-Pres/Loan Officer</td> <td colspan="2">Alliance Bank</td> </tr> </table>	LAST	FIRST	MI	Sampson	Gregory	A	STREET ADDRESS			905 N Lone Oak Way			CITY	STATE	ZIP	Flagstaff	AZ	86004	OCCUPATION	EMPLOYER		Vice-Pres/Loan Officer	Alliance Bank		10/27/14	100	100
LAST	FIRST	MI																										
Sampson	Gregory	A																										
STREET ADDRESS																												
905 N Lone Oak Way																												
CITY	STATE	ZIP																										
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LAST	FIRST	MI																										
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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	200																								

\*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# PC2011-007	
<input type="checkbox"/>	Primary
<input checked="" type="checkbox"/>	General

1. Committee Name Nabours for Mayor Comm.

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 <b>Google Ads</b>	11/24/14	120
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <b>Advertising</b>		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP <b>National Bank of Arizona</b>	11/5/14	8
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <b>Account service fee</b>		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP <b>Cash</b>	10/25/14	500
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <b>Casual labor paid to 12 different people</b>		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [if last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A]		628

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

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

2. ID# PC2011-007	
<input type="checkbox"/>	Primary
<input checked="" type="checkbox"/>	General

1. Committee Name Nabours for Mayor

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

4	IN-KIND CONTRIBUTIONS and EXPENDITURES		DATE	FAIR MARKET VALUE
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN			
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# Richard Lozano 2545 N Fourth St Flagstaff AZ	CONTRIBUTION EXPENDITURE	11/2/14	300
	DESCRIPTION Paid for ad in Ariz Daily Sun			
	OCCUPATION Self	EMPLOYER Lozano Mortuary		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
5.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [If last page of Schedule E, transfer total to Detailed Summary Page Line 6, Column A]			300
6.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [If last page of Schedule E, transfer total to Detailed Summary Page Line 11, Column A]			300