

**POLITICAL COMMITTEE**  
**CITY OF Flagstaff**  
**CAMPAIGN FINANCE REPORT**  
**2016 August/November Regular Election**

FOR OFFICE USE ONLY



1. Jamie Whelan for City Council  
Full Name of Committee  
1819 N. San Francisco St.  
Address  
Flagstaff 86001 Coconino (928) 607-4281  
City ZIP Code County Phone  
 2. Jamie Whelan for City Council  
Sponsoring Organization or Candidate and office  
Jamie Whelan  
Name of Candidate and Office Sought (if applicable)  
jamiewhelan23@gmail.com  
E-Mail Address Fax #

3A. ID#  
CC2016-04

4. REPORTING PERIOD (Please check appropriate box)

DUE BETWEEN

- NA** January 31 Report - For Period of \_\_\_\_\_ \* thru December 31, 2015 ..... January 1, 2016 and February 1, 2016
- X** June 30 Report - For Period of January 1, 2016 thru May 31, 2016 ..... June 1, 2016 and June 30, 2016
- Pre-Primary Election Report - For Period of June 1, 2016 thru August 18, 2016 ..... August 19, 2016 and August 26, 2016
- Post-Primary Election Report - For Period of August 19, 2016 thru September 19, 2016 ..... September 20, 2016 and September 29, 2016
- Pre-General Election Report - For Period of September 20, 2016 thru October 27, 2016 ..... October 28, 2016 and November 4, 2016
- Post-General Election Report - For Period of October 28, 2016 thru November 28, 2016 ..... November 29, 2016 and December 8, 2016
- \*\*January 31, Report - For Period of November 29, 2016 thru December 31, 2017 ..... January 1, 2018 and January 31, 2018

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)		0
5b	Cash on Hand at the Beginning of this Reporting Period	0	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	\$ 3662.13	\$ 3662.13
5d	Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	\$ 3662.13	\$ 3662.13
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)	\$ 1357.10	\$ 1357.10
7.	Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	\$ 2305.03	\$ 2305.03

\*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: Jamie Whelan for City Council  
 3. Report covering period from 1-1-16 Thru 5-31-16

2. ID#  
CC 2016-04

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)	\$2855	\$2855
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)	\$ 807	\$ 807
(c) Political Committees (Total from Schedule B)	0	0
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	\$3662	\$3662
(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)]	\$3662	\$3662
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)	.13	.13
8. Total Receipts [add 4(f), 5(c), 6, and 7]	\$3662.13	\$3662.13
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	\$1357.10	\$1357.10
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]	\$1357.10	\$1357.10
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]	\$1357.10	\$1357.10
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	\$ 270.44	\$ 270.44
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.		
<div style="display: flex; justify-content: space-between;"> <span style="font-size: 2em; font-family: cursive;">Marsha Modrell</span> </div>		
Type or Print Name of Treasurer		Date
Marsha Modrell		6-22-16
Signature of Treasurer or Candidate or Designating Individual		

CONTRIBUTIONS more than \$50 - from INDIVIDUALS\*

SCHEDULE A

2. ID#  
CC 2016-04

1. Committee Name Jamie Whelan for City Council

3. Report covering period from 1-1-2016 thru 5-31-2016

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR			
4a.	LAST <u>Horstman</u> FIRST <u>Patrice</u> MI <u>M</u> * STREET ADDRESS <u>2200 N. Marion Dr.</u> CITY <u>Flagstaff,</u> STATE <u>AZ</u> ZIP <u>86001</u> OCCUPATION <u>Attorney</u> EMPLOYER <u>Hufford, Horstman, Mongini, Parnell &amp; Tucker P.C.</u>	<u>2/18/16</u>	<u>250<sup>00</sup></u>	<u>250<sup>00</sup></u>
b.	LAST <u>Baratz</u> FIRST <u>Celia</u> MI * STREET ADDRESS <u>3354 Crest St.</u> CITY <u>Flagstaff,</u> STATE <u>AZ</u> ZIP <u>86001</u> OCCUPATION <u>Elected Official</u> EMPLOYER <u>City of Flagstaff</u>	<u>2/20/16</u>	<u>100<sup>00</sup></u>	<u>350<sup>00</sup></u>
c.	LAST <u>Blume</u> FIRST <u>Kerry</u> MI * STREET ADDRESS <u>3505 N.E. Rainier Loop</u> CITY <u>Flagstaff,</u> STATE <u>AZ</u> ZIP <u>86004</u> OCCUPATION <u>Consultant</u> EMPLOYER <u>Self</u>	<u>3/5/16</u>	<u>100<sup>00</sup></u>	<u>450<sup>00</sup></u>
d.	LAST <u>Fresquez</u> FIRST <u>Loretta</u> MI * STREET ADDRESS <u>733 N. Bertrand</u> CITY <u>Flagstaff,</u> STATE <u>AZ</u> ZIP <u>86001</u> OCCUPATION <u>Attorney</u> EMPLOYER <u>Fresquez Law Firm</u>	<u>3/11/16</u>	<u>200<sup>00</sup></u>	<u>650<sup>00</sup></u>
e.	LAST <u>McCleskey</u> FIRST <u>Nancy</u> MI * STREET ADDRESS <u>P.O. Box 1023</u> CITY <u>Flagstaff,</u> STATE <u>AZ</u> ZIP <u>86002</u> OCCUPATION <u>School Counselor</u> EMPLOYER <u>FUSD</u>	<u>3/20/16</u>	<u>100<sup>00</sup></u>	<u>750<sup>00</sup></u>
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]			<u>—</u>

\*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#

CC 2016-04

1. Committee Name Jamie Whelan for City Council

3. Report covering period from 1-1-2016 thru 5-31-2016

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																								
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR																												
4a.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Engelbert</td> <td>Molly</td> <td>*</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">1500 NE 15th Ave. #339</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Portland</td> <td>Oregon</td> <td>97232</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Construction Manager</td> <td colspan="2">Howard S. Wright Construction</td> </tr> </table>	LAST	FIRST	MI	Engelbert	Molly	*	STREET ADDRESS			1500 NE 15th Ave. #339			CITY	STATE	ZIP	Portland	Oregon	97232	OCCUPATION	EMPLOYER		Construction Manager	Howard S. Wright Construction		3/23/16	100 <sup>00</sup>	850 <sup>00</sup>
LAST	FIRST	MI																										
Engelbert	Molly	*																										
STREET ADDRESS																												
1500 NE 15th Ave. #339																												
CITY	STATE	ZIP																										
Portland	Oregon	97232																										
OCCUPATION	EMPLOYER																											
Construction Manager	Howard S. Wright Construction																											
b.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Daggett</td> <td>Becky</td> <td>*</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">1195 E. Apple 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>Consultant</td> <td colspan="2">Self</td> </tr> </table>	LAST	FIRST	MI	Daggett	Becky	*	STREET ADDRESS			1195 E. Apple Way			CITY	STATE	ZIP	Flagstaff	AZ	86001	OCCUPATION	EMPLOYER		Consultant	Self		3/24/16	100 <sup>00</sup>	950 <sup>00</sup>
LAST	FIRST	MI																										
Daggett	Becky	*																										
STREET ADDRESS																												
1195 E. Apple Way																												
CITY	STATE	ZIP																										
Flagstaff	AZ	86001																										
OCCUPATION	EMPLOYER																											
Consultant	Self																											
c.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Conley</td> <td>Genevieve</td> <td>*</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">903 N. Curling Smoke Rd</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>nurse</td> <td colspan="2">Poore Clinic</td> </tr> </table>	LAST	FIRST	MI	Conley	Genevieve	*	STREET ADDRESS			903 N. Curling Smoke Rd			CITY	STATE	ZIP	Flagstaff	AZ	86001	OCCUPATION	EMPLOYER		nurse	Poore Clinic		3/25/16	200 <sup>00</sup>	1150 <sup>00</sup>
LAST	FIRST	MI																										
Conley	Genevieve	*																										
STREET ADDRESS																												
903 N. Curling Smoke Rd																												
CITY	STATE	ZIP																										
Flagstaff	AZ	86001																										
OCCUPATION	EMPLOYER																											
nurse	Poore Clinic																											
d.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Andreani</td> <td>Lucinda</td> <td>*</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">3505 N.E Rainier Loop</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Flagstaff</td> <td>AZ</td> <td>86004</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td></td> <td colspan="2">CoConino County</td> </tr> </table>	LAST	FIRST	MI	Andreani	Lucinda	*	STREET ADDRESS			3505 N.E Rainier Loop			CITY	STATE	ZIP	Flagstaff	AZ	86004	OCCUPATION	EMPLOYER			CoConino County		3/26/16	100 <sup>00</sup>	1250 <sup>00</sup>
LAST	FIRST	MI																										
Andreani	Lucinda	*																										
STREET ADDRESS																												
3505 N.E Rainier Loop																												
CITY	STATE	ZIP																										
Flagstaff	AZ	86004																										
OCCUPATION	EMPLOYER																											
	CoConino County																											
e.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Martanne's</td> <td>Breakfast Palace</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">112 E. Rt. 66</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>Restraunteur</td> <td colspan="2">Martanne's</td> </tr> </table>	LAST	FIRST	MI	Martanne's	Breakfast Palace		STREET ADDRESS			112 E. Rt. 66			CITY	STATE	ZIP	Flagstaff	AZ	86001	OCCUPATION	EMPLOYER		Restraunteur	Martanne's		4/16/16	100 <sup>00</sup>	1350 <sup>00</sup>
LAST	FIRST	MI																										
Martanne's	Breakfast Palace																											
STREET ADDRESS																												
112 E. Rt. 66																												
CITY	STATE	ZIP																										
Flagstaff	AZ	86001																										
OCCUPATION	EMPLOYER																											
Restraunteur	Martanne's																											
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#

CC 2016-04

1. Committee Name Jamie Whelan for City Council

3. Report covering period from 1-1-2016 thru 5-31-2016

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR				
4a.	LAST <u>Destefano</u> FIRST <u>Tom</u> * MI STREET ADDRESS <u>1805 N. Slippery Rock Rd.</u> CITY <u>Flagstaff</u> STATE <u>AZ</u> ZIP <u>86004</u> OCCUPATION <u>Retired</u> EMPLOYER _____	<u>4/14/16</u>	<u>200<sup>00</sup></u>	<u>1550<sup>00</sup></u>
b.	LAST <u>Maher</u> FIRST <u>Loretta</u> * MI STREET ADDRESS <u>3165 Forrest Hills Dr.</u> CITY <u>Flagstaff</u> STATE <u>AZ</u> ZIP <u>86001</u> OCCUPATION <u>CEO</u> EMPLOYER <u>Senestech</u>	<u>4/20/16</u>	<u>250<sup>00</sup></u>	<u>1800<sup>00</sup></u>
c.	LAST <u>O'Dea</u> FIRST <u>Judy</u> * MI STREET ADDRESS <u>1148 Flowering Springs Trail</u> CITY <u>Flagstaff</u> STATE <u>AZ</u> ZIP <u>86004</u> OCCUPATION <u>Actor</u> EMPLOYER <u>Judy O'Dea Communications</u>	<u>4/29/16</u>	<u>100<sup>00</sup></u>	<u>1900<sup>00</sup></u>
d.	LAST <u>Engelbert</u> FIRST <u>Lynn</u> * MI STREET ADDRESS <u>3070 Bernadine St.</u> CITY <u>Newbury Park</u> STATE <u>CA.</u> ZIP <u>91320</u> OCCUPATION <u>retired</u> EMPLOYER _____	<u>5/1/16</u>	<u>100<sup>00</sup></u>	<u>2000<sup>00</sup></u>
e.	LAST <u>Valvo</u> FIRST <u>Bee</u> * MI STREET ADDRESS <u>1758 W. Chelsea Way</u> CITY <u>Flagstaff</u> STATE <u>AZ</u> ZIP <u>86005</u> OCCUPATION <u>Physicians Assistant</u> EMPLOYER <u>Encompass Health Services</u>	<u>5/4/16</u>	<u>100<sup>00</sup></u>	<u>2100<sup>00</sup></u>
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)			<u>—</u>

\*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#

CC 2016-04

1. Committee Name Jamie Whelan for City Council

3. Report covering period from 1-1-2016 thru 5-31-2016

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																								
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR																												
4a.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Morrison</td> <td>Lanny</td> <td>*</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">8783 E. Neptune Dr.</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	Morrison	Lanny	*	STREET ADDRESS			8783 E. Neptune Dr.			CITY	STATE	ZIP	Flagstaff	AZ	86004	OCCUPATION	EMPLOYER		Retired	-		5/20/16	200 <sup>00</sup>	2300.00
LAST	FIRST	MI																										
Morrison	Lanny	*																										
STREET ADDRESS																												
8783 E. Neptune Dr.																												
CITY	STATE	ZIP																										
Flagstaff	AZ	86004																										
OCCUPATION	EMPLOYER																											
Retired	-																											
b.	<table border="1"> <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">229 Fieldcrest Ln.</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Santa Cruz</td> <td>California</td> <td>95060</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Logistics Technician</td> <td colspan="2">Logistics Dist.</td> </tr> </table>	LAST	FIRST	MI	Khalsa	Avtar	*	STREET ADDRESS			229 Fieldcrest Ln.			CITY	STATE	ZIP	Santa Cruz	California	95060	OCCUPATION	EMPLOYER		Logistics Technician	Logistics Dist.		3/27/16	30 <sup>00</sup>	2330.00
LAST	FIRST	MI																										
Khalsa	Avtar	*																										
STREET ADDRESS																												
229 Fieldcrest Ln.																												
CITY	STATE	ZIP																										
Santa Cruz	California	95060																										
OCCUPATION	EMPLOYER																											
Logistics Technician	Logistics Dist.																											
c.	<table border="1"> <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">229 Fieldcrest Ln.</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Santa Cruz</td> <td>California</td> <td>95060</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Logistics Technician</td> <td colspan="2">Logistics Dist.</td> </tr> </table>	LAST	FIRST	MI	Khalsa	Avtar	*	STREET ADDRESS			229 Fieldcrest Ln.			CITY	STATE	ZIP	Santa Cruz	California	95060	OCCUPATION	EMPLOYER		Logistics Technician	Logistics Dist.		5/3/16	25 <sup>00</sup>	2355.00
LAST	FIRST	MI																										
Khalsa	Avtar	*																										
STREET ADDRESS																												
229 Fieldcrest Ln.																												
CITY	STATE	ZIP																										
Santa Cruz	California	95060																										
OCCUPATION	EMPLOYER																											
Logistics Technician	Logistics Dist.																											
d.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Whelan</td> <td>Jamie</td> <td>*</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">1819 N. San Francisco</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>Professor</td> <td colspan="2">NAU</td> </tr> </table>	LAST	FIRST	MI	Whelan	Jamie	*	STREET ADDRESS			1819 N. San Francisco			CITY	STATE	ZIP	Flagstaff	AZ	86001	OCCUPATION	EMPLOYER		Professor	NAU		2/17/16	500 <sup>00</sup>	2855.00
LAST	FIRST	MI																										
Whelan	Jamie	*																										
STREET ADDRESS																												
1819 N. San Francisco																												
CITY	STATE	ZIP																										
Flagstaff	AZ	86001																										
OCCUPATION	EMPLOYER																											
Professor	NAU																											
e.	<table border="1"> <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)			# 2855 <sup>00</sup>																								

\*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

Amended 6/29/2016

2. ID#  
CC 2016-04

1. Committee Name Jamie Whelan for City Council

3. Report covering period from 1-1-2016 thru 5-31-2016

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR				
4a.	LAST <u>Horstman</u> FIRST <u>Patrice</u> MI <u>M</u> * STREET ADDRESS <u>2200 N. Marion Dr.</u> CITY <u>Flagstaff,</u> STATE <u>AZ</u> ZIP <u>86001</u> OCCUPATION <u>Attorney</u> EMPLOYER <u>Hufford, Horstman, Mongini, Parnell &amp; Tucker P.C.</u>	<u>2/18/16</u>	<u>250<sup>00</sup></u>	<u>250<sup>00</sup></u>
b.	LAST <u>Baratz</u> FIRST <u>Celia</u> MI * STREET ADDRESS <u>3354 Crest St.</u> CITY <u>Flagstaff,</u> STATE <u>AZ</u> ZIP <u>86001</u> OCCUPATION <u>Elected Official</u> EMPLOYER <u>City of Flagstaff</u>	<u>2/20/16</u>	<u>100<sup>00</sup></u>	<u>100<sup>00</sup></u>
c.	LAST <u>Blume</u> FIRST <u>Kerry</u> MI * STREET ADDRESS <u>3505 N.E. Rainier Loop</u> CITY <u>Flagstaff,</u> STATE <u>AZ</u> ZIP <u>86004</u> OCCUPATION <u>Consultant</u> EMPLOYER <u>Self</u>	<u>3/5/16</u>	<u>100<sup>00</sup></u>	<u>100<sup>00</sup></u>
d.	LAST <u>Fresquez</u> FIRST <u>Loretta</u> MI * STREET ADDRESS <u>733 N. Bertrand</u> CITY <u>Flagstaff,</u> STATE <u>AZ</u> ZIP <u>86001</u> OCCUPATION <u>Attorney</u> EMPLOYER <u>Fresquez Law Firm</u>	<u>3/11/16</u>	<u>200<sup>00</sup></u>	<u>100<sup>00</sup></u>
e.	LAST <u>McCleskey</u> FIRST <u>Nancy</u> MI * STREET ADDRESS <u>P.O. Box 1023</u> CITY <u>Flagstaff,</u> STATE <u>AZ</u> ZIP <u>86002</u> OCCUPATION <u>School Counselor</u> EMPLOYER <u>FUSD</u>	<u>3/20/16</u>	<u>100<sup>00</sup></u>	<u>100<sup>00</sup></u>
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]			<u>—</u>

\*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.

RECEIVED  
JUN 29 2016  
BY: E. [Signature]

CONTRIBUTIONS more than \$50 - from INDIVIDUALS\*

SCHEDULE A

Amended 6/29/2016

2. ID#  
CC 2016-04

1. Committee Name Jamie Whelan for City Council

3. Report covering period from 1-1-2016 thru 5-31-2016

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR				
4a.	LAST <u>Engelbert</u> FIRST <u>Molly</u> * MI STREET ADDRESS <u>1500 NE 15th Ave. #339</u> CITY <u>Portland</u> , STATE <u>Oregon</u> ZIP <u>97232</u> OCCUPATION <u>Construction Manager</u> EMPLOYER <u>Howard S. Wright Construction</u>	3/23/16	100 <sup>00</sup>	100 <sup>00</sup>
4b.	LAST <u>Daggett</u> FIRST <u>Becky</u> * MI STREET ADDRESS <u>1195 E. Apple Way</u> CITY <u>Flagstaff</u> , STATE <u>AZ</u> ZIP <u>86001</u> OCCUPATION <u>Consultant</u> EMPLOYER <u>Self</u>	3/24/16	100 <sup>00</sup>	100 <sup>00</sup>
4c.	LAST <u>Conley</u> FIRST <u>Genevieve</u> * MI STREET ADDRESS <u>903 N. Curling Smoke Rd</u> CITY <u>Flagstaff</u> , STATE <u>AZ</u> ZIP <u>86001</u> OCCUPATION <u>nurse</u> EMPLOYER <u>Poore Clinic</u>	3/25/16	200 <sup>00</sup>	200 <sup>00</sup>
4d.	LAST <u>Andreani</u> FIRST <u>Lucinda</u> * MI STREET ADDRESS <u>3505 N.E Rainier Loop</u> CITY <u>Flagstaff</u> , STATE <u>AZ</u> ZIP <u>86004</u> OCCUPATION EMPLOYER <u>Coconino County</u>	3/26/16	100 <sup>00</sup>	100 <sup>00</sup>
4e.	LAST <u>Martanne's</u> FIRST <u>Breakfast Palace</u> MI STREET ADDRESS <u>112 E. Rt. 66</u> CITY <u>Flagstaff</u> , STATE <u>AZ</u> ZIP <u>86001</u> OCCUPATION <u>Restraunteur</u> EMPLOYER <u>Martanne's</u>	4/16/16	100 <sup>00</sup>	100 <sup>00</sup>
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\*

Amended 6/29/2016

SCHEDULE A

2. ID#

CC 2016-04

1. Committee Name Jamie Whelan for City Council

3. Report covering period from 1-1-2016 thru 5-31-2016

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR				
4a.	<p>LAST <u>Destefano</u> FIRST <u>Tom</u> * MI</p> <p>STREET ADDRESS <u>1805 N. Slippery Rock Rd.</u></p> <p>CITY <u>Flagstaff</u> STATE <u>AZ</u> ZIP <u>86004</u></p> <p>OCCUPATION <u>Retired</u> EMPLOYER</p>	<u>4/14/16</u>	<u>200<sup>00</sup></u>	<u>200<sup>00</sup></u>
b.	<p>LAST <u>Maher</u> FIRST <u>Loretta</u> * MI</p> <p>STREET ADDRESS <u>3165 Forrest Hills Dr.</u></p> <p>CITY <u>Flagstaff</u> STATE <u>AZ</u> ZIP <u>86001</u></p> <p>OCCUPATION <u>CEO</u> EMPLOYER <u>Senestech</u></p>	<u>4/30/16</u>	<u>250<sup>00</sup></u>	<u>250<sup>00</sup></u>
c.	<p>LAST <u>O'Dea</u> FIRST <u>Judy</u> * MI</p> <p>STREET ADDRESS <u>1148 Flowering Springs Trail</u></p> <p>CITY <u>Flagstaff</u> STATE <u>AZ</u> ZIP <u>86004</u></p> <p>OCCUPATION <u>Actor</u> EMPLOYER <u>Judy O'Dea Communications</u></p>	<u>4/29/16</u>	<u>100<sup>00</sup></u>	<u>100<sup>00</sup></u>
d.	<p>LAST <u>Engelbert</u> FIRST <u>Lynn</u> * MI</p> <p>STREET ADDRESS <u>3070 Bernadine St.</u></p> <p>CITY <u>Newbury Park</u> STATE <u>CA</u> ZIP <u>91320</u></p> <p>OCCUPATION <u>retired</u> EMPLOYER</p>	<u>5/1/16</u>	<u>100<sup>00</sup></u>	<u>100<sup>00</sup></u>
e.	<p>LAST <u>Valvo</u> FIRST <u>Bee</u> * MI</p> <p>STREET ADDRESS <u>1758 W. Chelsea Way</u></p> <p>CITY <u>Flagstaff</u> STATE <u>AZ</u> ZIP <u>86005</u></p> <p>OCCUPATION <u>Physicians Assistant</u> EMPLOYER <u>Encompass Health Services</u></p>	<u>5/4/16</u>	<u>100<sup>00</sup></u>	<u>100<sup>00</sup></u>
f.	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

Amended 6/29/2016

2. ID#  
CC 2016-04

1. Committee Name Jamie Whelan for City Council

3. Report covering period from 1-1-2016 thru 5-31-2016

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR				
4a.	LAST Morrison FIRST Lanny * MI STREET ADDRESS 8783 E. Neptune Dr. CITY Flagstaff STATE AZ ZIP 86004 OCCUPATION Retired EMPLOYER	5/20/16	200 <sup>00</sup>	200 <sup>00</sup>
b.	LAST Khalsa FIRST Avtar * MI STREET ADDRESS 229 Fieldcrest Ln. CITY Santa Cruz STATE California ZIP 95060 OCCUPATION Logistics Technician EMPLOYER Prologistics Dist.	3/27/16	30 <sup>00</sup>	30 <sup>00</sup>
c.	LAST Khalsa FIRST Avtar * MI STREET ADDRESS 229 Fieldcrest Ln. CITY Santa Cruz STATE California ZIP 95060 OCCUPATION Logistics Technician EMPLOYER Prologistics Dist.	5/3/16	25 <sup>00</sup>	55 <sup>00</sup>
d.	LAST Whelan FIRST Jamie * MI STREET ADDRESS 1819 N. San Francisco CITY Flagstaff STATE AZ ZIP 86001 OCCUPATION Professor EMPLOYER NAU	2/17/16	500 <sup>00</sup>	500 <sup>00</sup>
e.	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]		#	2855 <sup>00</sup>

\*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**

1. Committee Name Jamie Whelan for City Council

2. ID#  
CC 2016-04

3. Report covering period from 1-1-2016 thru 5-31-2016

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
Cash/Checks	862 <sup>00</sup>	862 <sup>00</sup>	
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A] \$ 862 <sup>00</sup>		6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]	\$ 862 <sup>00</sup>

\*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**

1. Committee Name Jamie Whelan for City Council  
 3. Report covering period from 1-1-2016 thru 5-31-2016

2. ID# CC 2016-04

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 <u>Flagstaff Stamp and Engraving</u> <u>4th St. and 7th Ave. Flagstaff, AZ 86004</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Badge</u>	<u>2/5/16</u>	<u>10<sup>90</sup></u>
b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Office Max</u> <u>4601 E. Railhead Ave. Flagstaff, AZ 86004</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>pens</u>	<u>2/5/16</u>	<u>16<sup>33</sup></u>
c.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Coconino County Democratic Party</u> <u>201 E. Birch Ave #6 Flagstaff, AZ 86001</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>petition signing</u>	<u>2/6/15</u>	<u>15<sup>00</sup></u>
d.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Walmart (East)</u> <u>2601 E. Huntington Dr. Flagstaff, AZ 86004</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>clip boards</u>	<u>2/7/16</u>	<u>11<sup>28</sup></u>
e.	NAME, ADDRESS, CITY, STATE AND ZIP <u>P.S. Printing, Inc.</u> <u>P.O. Box 202 Flagstaff, AZ 86002</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>petitions</u>	<u>2/25/16</u>	<u>37<sup>04</sup></u>
f.	NAME, ADDRESS, CITY, STATE AND ZIP <u>P.S. Printing, Inc.</u> <u>P.O. Box 202 Flagstaff, AZ. 86002</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Bumper Stickers</u>	<u>3/1/16</u>	<u>326<sup>47</sup></u>
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]		<u>      </u>

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

**EXPENDITURES FOR OPERATING EXPENSES\***

**SCHEDULE D**

1. Committee Name Jamie Whelan for City Council

2. ID# CC 2016-04

3. Report covering period from 1-1-16 thru 5-31-16

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 <u>P.S. Printing, Inc.</u> <u>P.O. Box 202 Flagstaff, AZ 86002</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Remittance Envelopes</u>	<u>4/13/16</u>	<u>160<sup>34</sup></u>
b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>AZ. Democratic Party</u> <u>2910 N. Central Ave. Phoenix, AZ. 85012</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>VAN access for City Council District</u>	<u>4/28/16</u>	<u>250<sup>00</sup></u>
c.	NAME, ADDRESS, CITY, STATE AND ZIP <u>P.S. Printing, Inc.</u> <u>P.O. Box 202 Flagstaff, AZ 86002</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Door Hangers</u>	<u>5/23/16</u>	<u>209<sup>31</sup></u>
d.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Archuletta's Catering</u> <u>2701 N. East St. Flagstaff, AZ. 86004</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>1/3 cost of food for Eastside Event</u>	<u>5/26/16</u>	<u>50<sup>00</sup></u>
e.	NAME, ADDRESS, CITY, STATE AND ZIP <u>AZ Daily Sun</u> <u>1751 S. Thompson St. Flagstaff, AZ 86001</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>1/2 cost of Advertisement</u>	<u>5/27/16</u>	<u>270<sup>43</sup></u>
f.	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)	<u>\$1357.10</u>	

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

**DIVIDENDS, INTEREST, AND OTHER RECEIPTS**

**SCHEDULE F-1**

1. Committee Name Jamie Whelan for City Council 2. ID# CC 2016-04  
 3. Report covering period from 1-1-2016 thru 5-31-2016

4	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS	DATE AMOUNT RECEIVED	AMOUNT OF THE RECEIPT
	NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# <u>National Bank of Arizona</u> <u>211 W. Leroux Flagstaff, AZ 86001</u> DESCRIPTION OF RECEIPT <u>checking acct. interest</u>	<u>2/29/16</u>	<u>.01</u>
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# <u>National Bank of Arizona</u> <u>211 W. Leroux Flagstaff, AZ 86001</u> DESCRIPTION OF RECEIPT <u>checking acct. interest</u>	<u>3/31/16</u>	<u>.02</u>
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# <u>National Bank of Arizona</u> <u>211 W. Leroux Flagstaff, AZ. 86001</u> DESCRIPTION OF RECEIPT <u>checking acct. interest</u>	<u>4/29/16</u>	<u>.04</u>
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# <u>National Bank of Arizona</u> <u>211 W. Leroux Flagstaff, AZ 86001</u> DESCRIPTION OF RECEIPT <u>checking acct. interest</u>	<u>5/31/16</u>	<u>.06</u>
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#  DESCRIPTION OF RECEIPT		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#  DESCRIPTION OF RECEIPT		

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 (If last page of Schedule F-1, transfer total to Detailed Summary Page Line 7 Column A)

\$ .13

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

2. ID#

CC2016-04

1. Committee Name Jamie Whelan for City Council

3. Report covering period from 1-1-2016 thru 5-31-2016

4	DEBTS AND OBLIGATIONS	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED				
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# AZ Daily Sun 1751 S. Thompson St. Flagstaff, AZ 86001	0	\$540.87	\$270.43	\$270.44
	DESCRIPTION OF DEBT Remaining 1/2 of Advertisement cost				
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
5.	ENTER TOTAL OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD ONLY IF LAST PAGE OF SCHEDULE F-3 [Transfer total to Detail Summary Page Line 19, Column A]				\$270.44