

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

FOR OFFICE USE ONLY

RECEIVED
AUG 25 2016
 BY: SS
 Amended

1. Jamie Whelan for City Council
 Full Name of Committee
1819 N. San Francisco Street
 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)
jamiewhelanj23@gmail.com none
 E-Mail Address Fax #

3A. ID#

 CC2016-04

4. **REPORTING PERIOD** (Please check appropriate box) **DUE BETWEEN**

January 31 Report - For Period of _____ * thru December 31, 2015 January 1, 2016 and February 1, 2016

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)		—
5b Cash on Hand at the Beginning of this Reporting Period	2305.03	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	6133.18	9795.31
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	8438.21	9795.31
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)	3751.94	5109.04
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	4686.27	4686.27

*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 6-1-2016 Thru August 18, 2016

2. ID#
 CC2016-04

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)	3750.00	6605.00
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)	883.00	11690.00
(c) Political Committees (Total from Schedule B)	1500.00	1500.00
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	6133.00	9795.00
(e) Refund of contributions (Total from Schedule F-2)	—	—
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	6133.00	9795.00
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	—	—
(b) All other loans (Total from Schedule C-1)	—	—
(c) Total Loans [add 5(a) and 5(b)]	—	—
6. In-kind contributions (Total from Schedule E)	—	—
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	.18	.31
8. Total Receipts [add 4(f), 5(c), 6, and 7]	6133.18	9795.31

DISBURSEMENTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
9. Expenditures for operating expenses (Total from Schedule D)	3751.94	5109.04
10. Independent Expenditures (Total from Schedule D-1)	—	—
11. Value of In-kind expenditures (Total from Schedule E)	—	—
12. Loans made by reporting committee (Total from Schedule D-2)	—	—
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)	—	—
(b) Repayment of all other loans (Total from Schedule D-5)	—	—
(c) Total Loan Repayments [add 13(a) and 13(b)]	—	—
14. Transfers to other political committees (Total from Schedule D-6)	—	—
15. Any other disbursement (Total from Schedule D-7)	—	—
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	3751.94	5109.04
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)	—	—
18. Total disbursements [subtract line 17 from line 16]	3751.94	5109.04
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.

Marsha Modrell
 Type or Print Name of Treasurer
Marsha Modrell
 Signature of Treasurer or Candidate or Designating Individual
 8/25/16
 Date

Amended

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID# CC2016-04

1. Committee Name Jamie Whelan for City Council

3. Report covering period from June 1, 2016 thru August 18, 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="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>*</td> <td>MI</td> </tr> <tr> <td>Guthrie</td> <td>Ricardo</td> <td></td> <td></td> </tr> <tr> <td colspan="4">STREET ADDRESS</td> </tr> <tr> <td colspan="4">4844 S. House Rock Trail</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> <td></td> </tr> <tr> <td>Flagstaff</td> <td>AZ</td> <td>86005</td> <td></td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> <td colspan="2"></td> </tr> <tr> <td>Professor</td> <td>NAU</td> <td colspan="2"></td> </tr> </table>	LAST	FIRST	*	MI	Guthrie	Ricardo			STREET ADDRESS				4844 S. House Rock Trail				CITY	STATE	ZIP		Flagstaff	AZ	86005		OCCUPATION	EMPLOYER			Professor	NAU			7/11/16	100.00	100.00
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LAST	FIRST	*	MI																																	
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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.

Amended

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID# CC2016-04

1. Committee Name Jamie Whelan for City Council

3. Report covering period from June 1, 2016 thru August 18, 2016

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR			
	LAST FIRST MI Modrell Roger *	8/1/16	150.00	150.00
	STREET ADDRESS 2005 W. University Ave.			
	CITY STATE ZIP Flagstaff AZ 86001			
	OCCUPATION EMPLOYER Retired N/A			
b.	LAST FIRST MI STREET ADDRESS CITY STATE ZIP OCCUPATION EMPLOYER			
c.	LAST FIRST MI STREET ADDRESS CITY STATE ZIP OCCUPATION EMPLOYER			
d.	LAST FIRST MI STREET ADDRESS CITY STATE ZIP OCCUPATION EMPLOYER			
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]		3750.00	6605.00

*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.

Amended

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

2. ID#

1. Committee Name Jamie Whelan for City Council

3. Report covering period from June 1, 2016 thru August 18, 2016

4	CONTRIBUTIONS		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
IDENTITY OF CONTRIBUTOR AND DATE RECEIVED				
4a	ID # CC2016-12	NAME, ADDRESS, CITY, STATE AND ZIP Consensus Flagstaff 3505 N.E. Rainer Loop Flagstaff, AZ 86004	<i>1500.00</i>	<i>1500.00</i>
	DATE RECEIVED July 14, 2016			
b.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
c.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
d.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
e.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
f.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
g.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
h.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
i.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE B (If last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A)		<i>1500.00</i>	<i>1500.00</i>

Amended

POLITICAL COMMITTEE
CITY OF Flagstaff, AZ
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 Street
 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)
jamiewhelanj23@gmail.com none
 E-Mail Address Fax #

3A. ID#

 CC2016-04

4. **REPORTING PERIOD** (Please check appropriate box) **DUE BETWEEN**

January 31 Report - For Period of _____ * thru December 31, 2015 January 1, 2016 and February 1, 2016

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

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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)		—
5b Cash on Hand at the Beginning of this Reporting Period	2305.03	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	6133.18	9795.31
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	8438.21	9795.31
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]		Ø
6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	3751.94	5109.04
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	4686.27	4686.27

*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 6-1-2016 Thru August 18, 2016

2. ID# CC2016-04

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4. Contributions other than loans and in-kind:		
(a) Individuals - more than \$50 (Total from Schedule A)	5250.00	8105.00
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)	883.00	1690.00
(c) Political Committees (Total from Schedule B)	—	—
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	6133.00	9795.00
(e) Refund of contributions (Total from Schedule F-2)	—	—
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	6133.00	9795.00
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	—	—
(b) All other loans (Total from Schedule C-1)	—	—
(c) Total Loans [add 5(a) and 5(b)]	—	—
6. In-kind contributions (Total from Schedule E)	—	—
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	.18	.31
8. Total Receipts [add 4(f), 5(c), 6, and 7]	6133.18	9795.31

DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	3751.94	5109.04
10. Independent Expenditures (Total from Schedule D-1)	—	—
11. Value of In-kind expenditures (Total from Schedule E)	—	—
12. Loans made by reporting committee (Total from Schedule D-2)	—	—
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)	—	—
(b) Repayment of all other loans (Total from Schedule D-5)	—	—
(c) Total Loan Repayments [add 13(a) and 13(b)]	—	—
14. Transfers to other political committees (Total from Schedule D-6)	—	—
15. Any other disbursement (Total from Schedule D-7)	—	—
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	3751.94	5109.04
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)	—	—
18. Total disbursements [subtract line 17 from line 16]	3751.94	5109.04
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.

Marsha Modrell

Type or Print Name of Treasurer

Marsha Modrell

8/20/16

Signature of Treasurer or Candidate or Designating Individual

Date

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID#
CC2016-04

1. Committee Name Jamie Whelan for City Council

3. Report covering period from June 1, 2016 thru August 18, 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 Powell</td> <td>FIRST Sara *</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 309 W. El Camino Dr.</td> </tr> <tr> <td>CITY Phoenix</td> <td>STATE AZ</td> <td>ZIP 85021</td> </tr> <tr> <td>OCCUPATION Attorney</td> <td colspan="2">EMPLOYER Law Office of S. Powell PLC</td> </tr> </table>	LAST Powell	FIRST Sara *	MI	STREET ADDRESS 309 W. El Camino Dr.			CITY Phoenix	STATE AZ	ZIP 85021	OCCUPATION Attorney	EMPLOYER Law Office of S. Powell PLC		6/2/16	250.00	250.00
LAST Powell	FIRST Sara *	MI														
STREET ADDRESS 309 W. El Camino Dr.																
CITY Phoenix	STATE AZ	ZIP 85021														
OCCUPATION Attorney	EMPLOYER Law Office of S. Powell PLC															
b.	<table border="1"> <tr> <td>LAST Francis</td> <td>FIRST Alan *</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 1508 W. lower Coconino Ave.</td> </tr> <tr> <td>CITY Flagstaff</td> <td>STATE AZ</td> <td>ZIP 86001</td> </tr> <tr> <td>OCCUPATION Professor</td> <td colspan="2">EMPLOYER NAU</td> </tr> </table>	LAST Francis	FIRST Alan *	MI	STREET ADDRESS 1508 W. lower Coconino Ave.			CITY Flagstaff	STATE AZ	ZIP 86001	OCCUPATION Professor	EMPLOYER NAU		6/5/16	100.00	100.00
LAST Francis	FIRST Alan *	MI														
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c.	<table border="1"> <tr> <td>LAST Johnson</td> <td>FIRST Roabie *</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 820 W. Aspen</td> </tr> <tr> <td>CITY Flagstaff</td> <td>STATE AZ</td> <td>ZIP 86001</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	LAST Johnson	FIRST Roabie *	MI	STREET ADDRESS 820 W. Aspen			CITY Flagstaff	STATE AZ	ZIP 86001	OCCUPATION	EMPLOYER		6/3/16	300.00	300.00
LAST Johnson	FIRST Roabie *	MI														
STREET ADDRESS 820 W. Aspen																
CITY Flagstaff	STATE AZ	ZIP 86001														
OCCUPATION	EMPLOYER															
d.	<table border="1"> <tr> <td>LAST Young-Cott</td> <td>FIRST Jennifer *</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 1731 E. Arrowhead Ave. #10</td> </tr> <tr> <td>CITY Flagstaff</td> <td>STATE AZ</td> <td>ZIP 86004</td> </tr> <tr> <td>OCCUPATION Psychiatric Nurse Practitioner</td> <td colspan="2">EMPLOYER Encompass Health Services</td> </tr> </table>	LAST Young-Cott	FIRST Jennifer *	MI	STREET ADDRESS 1731 E. Arrowhead Ave. #10			CITY Flagstaff	STATE AZ	ZIP 86004	OCCUPATION Psychiatric Nurse Practitioner	EMPLOYER Encompass Health Services		6/3/16	200.00	200.00
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CITY Flagstaff	STATE AZ	ZIP 86004														
OCCUPATION Psychiatric Nurse Practitioner	EMPLOYER Encompass Health Services															
e.	<table border="1"> <tr> <td>LAST Babbott</td> <td>FIRST Art *</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 421 E. Cedar Ave.</td> </tr> <tr> <td>CITY Flagstaff</td> <td>STATE AZ</td> <td>ZIP 86001</td> </tr> <tr> <td>OCCUPATION County Supervisor</td> <td colspan="2">EMPLOYER Coconino County</td> </tr> </table>	LAST Babbott	FIRST Art *	MI	STREET ADDRESS 421 E. Cedar Ave.			CITY Flagstaff	STATE AZ	ZIP 86001	OCCUPATION County Supervisor	EMPLOYER Coconino County		6/3/16	250.00	250.00
LAST Babbott	FIRST Art *	MI														
STREET ADDRESS 421 E. Cedar Ave.																
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*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#

CC2016-04

1. Committee Name Jamie Whelan for City Council

3. Report covering period from June 1, 2016 thru August 18, 2016

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LAST	FIRST *	MI																										
Hurst	Ann *																											
STREET ADDRESS																												
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CITY	STATE	ZIP																										
Flagstaff	AZ	86004																										
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Retired																												
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LAST	FIRST *	MI																										
Edgar	Sharon *																											
STREET ADDRESS																												
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OCCUPATION	EMPLOYER																											
Retired																												
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LAST	FIRST *	MI																										
Williamson	Kim *																											
STREET ADDRESS																												
1614 Pamcroft Dr. S.W.																												
CITY	STATE	ZIP																										
Phoenix	AZ	85007																										
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LAST	FIRST *	MI																										
Hanley	Mary *																											
STREET ADDRESS																												
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LAST	FIRST *	MI																										
Alghanim	Najla *																											
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LAST	FIRST	MI																										
Christie	Alice *																											
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38 Pine Cone Dr.																												
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LAST	FIRST	MI																										
Mitrius	Joan *																											
STREET ADDRESS																												
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
Auberle	William *																											
STREET ADDRESS																												
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LAST	FIRST	MI																										
Walsh	Shelia *																											
STREET ADDRESS																												
7752 Saturn Dr.																												
CITY	STATE	ZIP																										
Flagstaff	AZ	86004																										
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LAST Guthrie	FIRST Ricardo *	MI														
STREET ADDRESS 4844 S. House Rock Trail																
CITY Flagstaff	STATE AZ	ZIP 86005														
OCCUPATION Professor	EMPLOYER NAU															
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LAST Alghanim	FIRST Najla *	MI														
STREET ADDRESS 700 Blackbird Roost Apt. 75																
CITY Flagstaff	STATE AZ	ZIP 86001														
OCCUPATION Unemployed	EMPLOYER															
c.	<table border="1"> <tr> <td>LAST Mineo</td> <td>FIRST Karl *</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 201 W. Fir Ave.</td> </tr> <tr> <td>CITY Flagstaff</td> <td>STATE AZ</td> <td>ZIP 86001</td> </tr> <tr> <td>OCCUPATION Retired</td> <td colspan="2">EMPLOYER</td> </tr> </table>	LAST Mineo	FIRST Karl *	MI	STREET ADDRESS 201 W. Fir Ave.			CITY Flagstaff	STATE AZ	ZIP 86001	OCCUPATION Retired	EMPLOYER		7/11/16	200.00	200.00
LAST Mineo	FIRST Karl *	MI														
STREET ADDRESS 201 W. Fir Ave.																
CITY Flagstaff	STATE AZ	ZIP 86001														
OCCUPATION Retired	EMPLOYER															
d.	<table border="1"> <tr> <td>LAST Bacon</td> <td>FIRST John *</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 323 N. Leroux Suite 100</td> </tr> <tr> <td>CITY Flagstaff</td> <td>STATE AZ</td> <td>ZIP 86001</td> </tr> <tr> <td>OCCUPATION Dentist</td> <td colspan="2">EMPLOYER Self Employed</td> </tr> </table>	LAST Bacon	FIRST John *	MI	STREET ADDRESS 323 N. Leroux Suite 100			CITY Flagstaff	STATE AZ	ZIP 86001	OCCUPATION Dentist	EMPLOYER Self Employed		7/13/16	200.00	200.00
LAST Bacon	FIRST John *	MI														
STREET ADDRESS 323 N. Leroux Suite 100																
CITY Flagstaff	STATE AZ	ZIP 86001														
OCCUPATION Dentist	EMPLOYER Self Employed															
e.	<table border="1"> <tr> <td>LAST Consensus Flagstaff</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 3505 N.E. Rainer Loop</td> </tr> <tr> <td>CITY Flagstaff</td> <td>STATE AZ</td> <td>ZIP 86004</td> </tr> <tr> <td>OCCUPATION N/A</td> <td colspan="2">EMPLOYER N/A</td> </tr> </table>	LAST Consensus Flagstaff	FIRST	MI	STREET ADDRESS 3505 N.E. Rainer Loop			CITY Flagstaff	STATE AZ	ZIP 86004	OCCUPATION N/A	EMPLOYER N/A		7/14/16	1500.00	1500.00
LAST Consensus Flagstaff	FIRST	MI														
STREET ADDRESS 3505 N.E. Rainer Loop																
CITY Flagstaff	STATE AZ	ZIP 86004														
OCCUPATION N/A	EMPLOYER N/A															
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LAST Armstrong	FIRST Jane *	MI														
STREET ADDRESS 3474 N.W. Ranier Loop																
CITY Flagstaff	STATE AZ	ZIP 86004														
OCCUPATION Unknown	EMPLOYER															
b.	<table border="1"> <tr> <td>LAST Allen</td> <td>FIRST Margaret *</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 7461 Moon Spirit Lane</td> </tr> <tr> <td>CITY Tucson</td> <td>STATE AZ</td> <td>ZIP 85718</td> </tr> <tr> <td>OCCUPATION Unknown</td> <td colspan="2">EMPLOYER</td> </tr> </table>	LAST Allen	FIRST Margaret *	MI	STREET ADDRESS 7461 Moon Spirit Lane			CITY Tucson	STATE AZ	ZIP 85718	OCCUPATION Unknown	EMPLOYER		7/17/16	100.00	100.00
LAST Allen	FIRST Margaret *	MI														
STREET ADDRESS 7461 Moon Spirit Lane																
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LAST Meilbeck	FIRST Cheryl *	MI														
STREET ADDRESS Unknown																
CITY Flagstaff	STATE AZ	ZIP 86001														
OCCUPATION Instructor	EMPLOYER Coconino Comm. College															
d.	<table border="1"> <tr> <td>LAST Scurlock</td> <td>FIRST Sheldon *</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 301 W. Juniper Ave</td> </tr> <tr> <td>CITY Flagstaff</td> <td>STATE AZ</td> <td>ZIP 86001</td> </tr> <tr> <td>OCCUPATION Counselor</td> <td colspan="2">EMPLOYER Northland Hospice</td> </tr> </table>	LAST Scurlock	FIRST Sheldon *	MI	STREET ADDRESS 301 W. Juniper Ave			CITY Flagstaff	STATE AZ	ZIP 86001	OCCUPATION Counselor	EMPLOYER Northland Hospice		7/24/16	100.00	100.00
LAST Scurlock	FIRST Sheldon *	MI														
STREET ADDRESS 301 W. Juniper Ave																
CITY Flagstaff	STATE AZ	ZIP 86001														
OCCUPATION Counselor	EMPLOYER Northland Hospice															
e.	<table border="1"> <tr> <td>LAST Watkins</td> <td>FIRST Gordon *</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 410 N. Leroux</td> </tr> <tr> <td>CITY Flagstaff</td> <td>STATE AZ</td> <td>ZIP 86001</td> </tr> <tr> <td>OCCUPATION Innkeeper</td> <td colspan="2">EMPLOYER Self Employed</td> </tr> </table>	LAST Watkins	FIRST Gordon *	MI	STREET ADDRESS 410 N. Leroux			CITY Flagstaff	STATE AZ	ZIP 86001	OCCUPATION Innkeeper	EMPLOYER Self Employed		7/28/16	150.00	150.00
LAST Watkins	FIRST Gordon *	MI														
STREET ADDRESS 410 N. Leroux																
CITY Flagstaff	STATE AZ	ZIP 86001														
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LAST Modrell	FIRST Roger *	MI														
STREET ADDRESS 2005 W. University Ave.																
CITY Flagstaff	STATE AZ	ZIP 86001														
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LAST	FIRST	MI														
STREET ADDRESS																
CITY	STATE	ZIP														
OCCUPATION	EMPLOYER															
c.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	LAST	FIRST	MI	STREET ADDRESS			CITY	STATE	ZIP	OCCUPATION	EMPLOYER				
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d.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	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]		5250.00	8105.00												

*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.

CONTRIBUTIONS of \$50 or less - AGGREGATE TOTAL*

SCHEDULE A-1

2. ID# CC2016-04

1. Committee Name Jamie Whelan for City Council

3. Report covering period from June 1, 2016 thru August 18, 2016

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
Cash/Check	883.00	1690.00	
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]	883.00	6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]	1690.00

*If contributions of \$50 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule.

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID#
CC2016-04

1. Committee Name Jamie Whelan for City Council

3. Report covering period from June 1 2016 thru August 18, 2016

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 PS Printing, Inc. P.O. Box 202 Flagstaff, AZ 86002	6/8/16	326.47
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Design and Printing of Bumper Stickers		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP PayPal	6/9/16	4.65
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Processing fee for Donation		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP Pay Pal	6/9/16	1.03
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Processing fee for Donation		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP PS Printing, Inc. P.O. Box 202 Flagstaff, AZ 86002	7/2/16	2364.70
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Design and Printing of Signs and Door hangers		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP PayPal	7/2/16	3.20
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Processing fee for Donation		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP PayPal	7/3/16	4.65
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Processing fee for Donation		
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#
CC2016-04

1. Committee Name Jamie Whelan for City Council

3. Report covering period from June 1 2016 thru August 18, 2016

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 Shaun McKernan Flagstaff, AZ	7/6/16	260.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Van Canvassing list and printing		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP PayPal	7/13/16	6.10
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Processing fee for Donation		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP Pay Pal	7/17/16	3.20
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Processing fee for Donation		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP AZ Daily Sun 1751 S. Thompson St. Flagstaff, AZ 86001	8/9/16	270.44
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Final/Remaining cost for Advertisement		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP Jasmine Jewell Flagstaff, AZ	8/12/16	277.50
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Communication and Media updates		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP Shaun McKernan Flagstaff, AZ	8/15/16	180.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Van Canvassing list additions and printing		
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# CC2016-04

1. Committee Name Jamie Whelan for City Council

3. Report covering period from June 1, 2016 thru August 18, 2016

4	EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4a.	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE		
	NAME, ADDRESS, CITY, STATE AND ZIP		
	Hozhoni Foundation, Inc. 2133 N. Walgreen Street Flagstaff, AZ 86004		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
	Slogan Buttons	8/18/16	50.00
	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]		3751.94

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

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

2. ID# CC2016-04

1. Committee Name Jamie Whelan for City Council

3. Report covering period from June 1, 2016 thru August 18, 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# National Bank of Arizona 211 N. Leroux Flagstaff, AZ 86001	6/30/16	.09
	DESCRIPTION OF RECEIPT Checking Account Interest		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# National Bank of Arizona 211 N. Leroux Flagstaff, AZ 86001	7/29/16	.09
	DESCRIPTION OF RECEIPT Checking Account Interest		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
4f.	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]

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