

*Amended*  
**RECEIVED**  
 DEC 12 2016  
 BY: *E. O. [Signature]*

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

**RECEIVED**  
 AUG 22 2014  
 BY: *[Signature]*

1. Charley Council  
 Name of Committee  
2100 N. Fourth St. #3  
 Address  
 City Flagstaff State 80904 County Cocconino Phone 928-853-2202  
 ZIP Code Country

2. Charley Council  
 Name of Organization or Candidate  
Charley Oglegold for Flagstaff City Council  
 Name of Candidate and Office Sought (if applicable)  
Charley Oglegold for Mayor Office 022-114-0008  
 Party DEM

3A. 109  
 Primary  
 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 05/10/14
<input type="checkbox"/> POST-SPECIAL	05/09/14 thru 06/09/14	06/10/14 and 06/19/14
<input checked="" 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 type="checkbox"/> POST-GENERAL	10/24/14 thru 11/24/14	11/25/14 and 12/01/14

6. SUMMARY	Column A Total This Reporting Period	Column B Election Period Total To Date
6a Surplus from Previous Campaign (or at time Statement of Organization was filed for this new committee)		
6b Cash on Hand at the Beginning of this Reporting Period	313.67	
6c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	3,723.82	5,203.86
6d Subtotal (add Lines b and c for Column A and add lines a and c for Column B)	4,037.49	5,203.86
6e 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)		
6f Total Disbursements (from corresponding columns on Detailed Summary Page, Line 1B)	3,908.51	5,074.88
7. Cash on Hand at Close of Reporting Period (Subtract Line 6f from Line 6d)	128.98	128.98

\*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: Charlottesville Council  
 2. Report covering period from 6/10/14 thru 8/14/14

2.10#	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

RECEIPTS	COLUMBIA THIS PERIOD	COLUMBIA CAMPAIGN TO DATE
4. Contributions other than loans and in-kind:		
(a) Individuals - more than 100 (Total from Schedule A)	1200.00	2,325.00
(b) Individuals - aggregate 350 or less (Total from Schedule A-1)	300.00	735.00
(c) Political Committees (Total from Schedule B)		
(d) Subtotal Contributions (add 4(a), 4(b), and 4(c))		
(e) Refund of contributions (Total from Schedule F-2)		
(f) Total Contributions Other than Loans and In-Kind (subtotal 4(a) from 4(c))	1,580.00	3,060.00
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	2,437.48	2,143.81
(b) All other loans (Total from Schedule C-1)		
(c) Total Loans (add 5(a) and 5(b))	2,437.48	2,143.81
6. In-kind contributions (Total from Schedule E)		
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	.01	.05
8. Total Receipts (add 4(f), 5(c), 6, and 7)	4,037.49	5,203.86

DISBURSEMENTS	COLUMBIA THIS PERIOD	COLUMBIA CAMPAIGN TO DATE
9. Expenditures for operating expenses (Total from Schedule D)	3,908.51	5,074.88
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-3)		
(b) Repayment of all other loans (Total from Schedule D-3)		
(c) Total Loan Repayments (add 13(a) and 13(b))		
14. Transfers to other political committees (Total from Schedule D-4)		
15. Any other disbursements (Total from Schedule D-7)		
16. Subtotal disbursements (add lines 9, 10, 11, 12, 13(c), 14, and 15)	3,908.51	5,074.88
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. Total disbursements (subtract line 17 from line 16)	3,908.51	5,074.88
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)		

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.

Kris Boyes  
 Type or Print Name of Treasurer

Kris Boyes  
 Signature of Treasurer or Candidate or Designing Individual

8-22-14  
 Date

CONTRIBUTIONS more than \$50 - from INDIVIDUALS\*

SCHEDULE A

2. IC#	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name: Charlie Council

3. Report covering period from 6/10/14 thru 8/14/14

CONTRIBUTIONS				DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR						
a.	LAST Henderson	FIRST Merle	MI	6/14/14	100.00	100.00
STREET ADDRESS PO Box 127						
CITY Flagstaff		STATE AZ	ZIP 86002			
OCCUPATION Retired		EMPLOYER				
b.	LAST Kahn	FIRST Dwight	MI	6/14/14	100.00	100.00
STREET ADDRESS 195 S In Salda						
CITY Sedona		STATE AZ	ZIP 86351			
OCCUPATION Retired		EMPLOYER				
c.	LAST Eleahor	FIRST Haglin	MI	6/16/14	50.00	50.00
STREET ADDRESS 3484 N. Tindie						
CITY Flagstaff		STATE AZ	ZIP 86004			
OCCUPATION Retired		EMPLOYER				
d.	LAST Riddell	FIRST Lee	MI	6/16/14	100.00	100.00
STREET ADDRESS 2648 N Sandstone Way						
CITY Flagstaff		STATE AZ	ZIP 86004			
OCCUPATION Retired		EMPLOYER				
e.	LAST Pavlich	FIRST Margaret	MI			
STREET ADDRESS 1750 N. Vista Dr.						
CITY Flagstaff		STATE AZ	ZIP 86001			
OCCUPATION Retired		EMPLOYER				
f.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (Total page of Schedule A. Enter total to Date of Summary Page 1 of 4 on column A)					

\*If contributions of \$50 or less are \$504 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

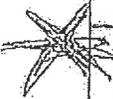
2. ID#	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	Conced

1. Committee Name Charities Council

3. Report covering period from 6/10/14

thru 8/14/14

4		CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THRU CAMPAIGN TO DATE
		NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR			
a.	LAST	FIRST			
	Odegaard	Van	6/26/14	100.00	100.00
		STREET ADDRESS			
		2109 N. Fourth St #3			
		CITY	STATE	ZIP	
		Flagstaff	AZ	86004	
		OCCUPATION	EMPLOYER		
		Business Owner	Odegaard's		
b.	LAST	FIRST			
	Behnke	Valarie	7/1/14	100.00	100.00
		STREET ADDRESS			
		260 S. Desperado Dr.			
		CITY	STATE	ZIP	
		Cottonwood	AZ	86326	
		OCCUPATION	EMPLOYER		
		Retired			
c.	LAST	FIRST			
	Carter	Jack	7/1/14	100.00	100.00
		STREET ADDRESS			
		260 S. Desperado Dr.			
		CITY	STATE	ZIP	
		Cottonwood	AZ	86326	
		OCCUPATION	EMPLOYER		
		Retired			
d.	LAST	FIRST			
	Roone	Roger	7/16/14	100.00	100.00
		STREET ADDRESS			
		158 E. Mohawk			
		CITY	STATE	ZIP	
		Flagstaff	AZ	86005	
		OCCUPATION	EMPLOYER		
		Business Owner	Himself		
e.	LAST	FIRST			
	<i>Tudor</i>	Rick	8/14/14	100.00	100.00
		STREET ADDRESS			
		990 N. Turquoise Dr.			
		CITY	STATE	ZIP	
		Flagstaff	AZ	86004	
		OCCUPATION	EMPLOYER		
		Business Owner	Himself		
			<i>Edm Oreganis</i>		
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (If last page of Schedule A, transfer total to District Summary Page 104 (of District 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.

AMENDED

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

FOR OFFICE USE ONLY



1. Charlie4Council
Full Name of Committee
2109. N. Fourth St. #3
Address
Flagstaff 86004 Coconino 928-774-2331
City ZIP Code County Phone
2. Charlie Odegaard
Sponsoring Organization or Candidate and office
Charlie Odegaard - Flagstaff City Council
Name of Candidate and Office Sought (if applicable)
charlieodegaard@yahoo.com 928-774-4668
E-Mail Address Fax #

3A. ID#

4. REPORTING PERIOD (Please check appropriate box)

DUE BETWEEN

- January 31 Report - For Period of \* thru December 31, 2015
June 30 Report - For Period of January 1, 2016 thru May 31, 2016
Pre-Primary Election Report - For Period of June 1, 2016 thru August 18, 2016
Post-Primary Election Report - For Period of August 19, 2016 thru September 19, 2016
Pre-General Election Report - For Period of September 20, 2016 thru October 27, 2016
Post-General Election Report - For Period of October 28, 2016 thru November 28, 2016
\*\*January 31, Report - For Period of November 29, 2016 thru December 31, 2017

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

Table with 2 columns: Column A Total This Reporting Period, Column B Election Period Total To Date. Rows correspond to summary items 5a-7.

\*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: Charlie4Council  
 3. Report covering period from 6/1/16 Thru 8/18/16

2. ID#
--------

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)	2975.00	7480.00
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)	1357.18	2179.28
(c) Political Committees (Total from Schedule B)		
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	4332.18	9659.28
(e) Refund of contributions (Total from Schedule F-2)		
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	4332.18	9659.28
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)	.02	.14
8. Total Receipts [add 4(f), 5(c), 6, and 7]	4332.20	9659.42
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	4102.34	8613.24
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]	4102.34	8613.24
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. Total disbursements [subtract line 17 from line 16]	4102.34	8613.24
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)		

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.

**Charlie Odgaard**

Type or Print Name of Treasurer	8/26/16
	Date
Signature of Treasurer or Candidate or Designating Individual	

CONTRIBUTIONS more than \$50 - from INDIVIDUALS\*

SCHEDULE A

2. ID#

1. Committee Name Charlie4Council

3. Report covering period from 6/1/16 thru 8/18/16

4		CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
		NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR			
4a.	LAST	FIRST MI	6/22/16	50.00	50.00
	Montfort	Margaret			
	STREET ADDRESS 1621 N Fairway				
	CITY	STATE ZIP			
	Flagstaff	AZ 86004			
	OCCUPATION		EMPLOYER		
	Retired				
b.	LAST	FIRST MI	6/22/16	50.00	100.00
	Odegaard	Glenda			
	STREET ADDRESS 403 W. Havasupai Rd				
	CITY	STATE ZIP			
	Flagstaff	AZ 86001			
	OCCUPATION		EMPLOYER		
	<i>Self</i>		<i>Odegaard's</i>		
c.	LAST	FIRST MI	6/24/16	500.00	500.00
	Cunningham	Michael			
	STREET ADDRESS 5330 S Cassandra Blvd				
	CITY	STATE ZIP			
	Flagstaff	AZ			
	OCCUPATION		EMPLOYER		
	Self		Carpets of Dalton		
d.	LAST	FIRST MI	7/3/16	100.00	600.00
	Staveley	Gaylord			
	STREET ADDRESS 1117 E. Marianna Ln				
	CITY	STATE ZIP			
	Flagstaff	AZ 86004			
	OCCUPATION		EMPLOYER		
	Self		Canyoneers		
e.	LAST	FIRST MI	7/3/16	100.00	100.00
	Haglin	Eleanor			
	STREET ADDRESS 3484 N. Tindle Blvd				
	CITY	STATE ZIP			
	Flagstaff	AZ 86004			
	OCCUPATION		EMPLOYER		
	Retired				
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#

1. Committee Name Charlie4Council

3. Report covering period from 6/1/16 thru 8/18/16

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>Behnke</td> <td>Valarie</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">2601 E. Heidi 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>Retired</td> <td colspan="2"></td> </tr> </table>	LAST	FIRST	MI	Behnke	Valarie		STREET ADDRESS			2601 E. Heidi Loop			CITY	STATE	ZIP	Flagstaff	AZ	86004	OCCUPATION	EMPLOYER		Retired			7/3/16	100.00	400.00
LAST	FIRST	MI																										
Behnke	Valarie																											
STREET ADDRESS																												
2601 E. Heidi Loop																												
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>Bradford</td> <td>Karen</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">3965 N. Arosa 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>Retired</td> <td colspan="2"></td> </tr> </table>	LAST	FIRST	MI	Bradford	Karen		STREET ADDRESS			3965 N. Arosa Way			CITY	STATE	ZIP	Flagstaff	AZ	86004	OCCUPATION	EMPLOYER		Retired			7/4/16	50.00	100.00
LAST	FIRST	MI																										
Bradford	Karen																											
STREET ADDRESS																												
3965 N. Arosa Way																												
CITY	STATE	ZIP																										
Flagstaff	AZ	86004																										
OCCUPATION	EMPLOYER																											
Retired																												
c.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Widdison</td> <td>Marie</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">2601 Hillcroft Ave.</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Denton</td> <td>TX</td> <td>76210</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	Widdison	Marie		STREET ADDRESS			2601 Hillcroft Ave.			CITY	STATE	ZIP	Denton	TX	76210	OCCUPATION	EMPLOYER		Retired			7/6/16	200.00	200.00
LAST	FIRST	MI																										
Widdison	Marie																											
STREET ADDRESS																												
2601 Hillcroft Ave.																												
CITY	STATE	ZIP																										
Denton	TX	76210																										
OCCUPATION	EMPLOYER																											
Retired																												
d.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Mihalik</td> <td>Richard</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">4793 S. Dory Trail</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Flagstaff</td> <td>AZ</td> <td>86005</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	Mihalik	Richard		STREET ADDRESS			4793 S. Dory Trail			CITY	STATE	ZIP	Flagstaff	AZ	86005	OCCUPATION	EMPLOYER		Retired			7/7/16	100.00	600.00
LAST	FIRST	MI																										
Mihalik	Richard																											
STREET ADDRESS																												
4793 S. Dory Trail																												
CITY	STATE	ZIP																										
Flagstaff	AZ	86005																										
OCCUPATION	EMPLOYER																											
Retired																												
		Correct →		<del>600.00</del> 100.00																								
		Incorrect Amount 1049.00																										
e.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Prema</td> <td>Robin</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">602 W. Rte 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>Self</td> <td colspan="2">Hotel</td> </tr> </table>	LAST	FIRST	MI	Prema	Robin		STREET ADDRESS			602 W. Rte 66			CITY	STATE	ZIP	Flagstaff	AZ	86001	OCCUPATION	EMPLOYER		Self	Hotel		7/19/16	100.00	100.00
LAST	FIRST	MI																										
Prema	Robin																											
STREET ADDRESS																												
602 W. Rte 66																												
CITY	STATE	ZIP																										
Flagstaff	AZ	86001																										
OCCUPATION	EMPLOYER																											
Self	Hotel																											
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page Line 4(2), 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#

1. Committee Name Charlie4Council

3. Report covering period from 6/1/16 thru 8/18/16

4	CONTRIBUTIONS			DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR					
4a.	LAST Dullbson	FIRST Dino	MI	7/19/16	100.00	100.00
	STREET ADDRESS 4800 E. Mount Pleasant Dr.					
	CITY Flagstaff	STATE AZ	ZIP 86004			
	OCCUPATION Self	EMPLOYER Hotel				
b.	LAST Patel	FIRST Barti	MI	7/19/16	100.00	100.00
	STREET ADDRESS 1990 E. Rte. 66					
	CITY Flagstaff	STATE AZ	ZIP 86004			
	OCCUPATION Self	EMPLOYER Hotel				
c.	LAST Keshav	FIRST Pranoudkamar	MI	7/19/16	100.00	100.00
	STREET ADDRESS 2255 N. Bristle Cone Dr.					
	CITY Flagstaff	STATE AZ	ZIP 86004			
	OCCUPATION Self	EMPLOYER Hotel				
d.	LAST Patel	FIRST Hiren	MI	7/19/16	100.00	100.00
	STREET ADDRESS 223 S. Milton Rd.					
	CITY Flagstaff	STATE AZ	ZIP 86001			
	OCCUPATION Self	EMPLOYER Hotel				
e.	LAST Patel	FIRST Ash	MI	7/19/16	100.00	100.00
	STREET ADDRESS 2285 E. Butler Ave Apt. 201					
	CITY Flagstaff	STATE AZ	ZIP 86001			
	OCCUPATION Self	EMPLOYER Hotel				
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page Line 4(2), 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#

1. Committee Name Charlie4Council

3. Report covering period from 6/1/16 thru 8/18/16

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>Riddell</td> <td>Sue</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">1355 E. Desert Trumpet Rd</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Phoenix</td> <td>AZ</td> <td>85048</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	Riddell	Sue		STREET ADDRESS			1355 E. Desert Trumpet Rd			CITY	STATE	ZIP	Phoenix	AZ	85048	OCCUPATION	EMPLOYER		Retired			7/26/16	100.00	100.00
LAST	FIRST	MI																										
Riddell	Sue																											
STREET ADDRESS																												
1355 E. Desert Trumpet Rd																												
CITY	STATE	ZIP																										
Phoenix	AZ	85048																										
OCCUPATION	EMPLOYER																											
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b.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Behnke</td> <td>Valarie</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">2601 E. Heidi 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>Retired</td> <td colspan="2"></td> </tr> </table>	LAST	FIRST	MI	Behnke	Valarie		STREET ADDRESS			2601 E. Heidi Loop			CITY	STATE	ZIP	Flagstaff	AZ	86004	OCCUPATION	EMPLOYER		Retired			7/27/16	100.00	500.00
LAST	FIRST	MI																										
Behnke	Valarie																											
STREET ADDRESS																												
2601 E. Heidi Loop																												
CITY	STATE	ZIP																										
Flagstaff	AZ	86004																										
OCCUPATION	EMPLOYER																											
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c.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Parks</td> <td>Jim</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">11160 Townsend-Winona Rd.</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	Parks	Jim		STREET ADDRESS			11160 Townsend-Winona Rd.			CITY	STATE	ZIP	Flagstaff	AZ	86004	OCCUPATION	EMPLOYER		Retired			8/1/16	25.00	50.00
LAST	FIRST	MI																										
Parks	Jim																											
STREET ADDRESS																												
11160 Townsend-Winona Rd.																												
CITY	STATE	ZIP																										
Flagstaff	AZ	86004																										
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Retired																												
d.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Nackard</td> <td>Patrick</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">4880 E. Railhead Ave.</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>President</td> <td colspan="2">Nackard Bottling</td> </tr> </table>	LAST	FIRST	MI	Nackard	Patrick		STREET ADDRESS			4880 E. Railhead Ave.			CITY	STATE	ZIP	Flagstaff	AZ	86004	OCCUPATION	EMPLOYER		President	Nackard Bottling		8/10/16	100.00	100.00
LAST	FIRST	MI																										
Nackard	Patrick																											
STREET ADDRESS																												
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LAST	FIRST	MI																										
Behnke	Valarie																											
STREET ADDRESS																												
2601 E. Heidi Loop																												
CITY	STATE	ZIP																										
Flagstaff	AZ	86004																										
OCCUPATION	EMPLOYER																											
Retired																												
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#

1. Committee Name Charlie4Council

3. Report covering period from 6/1/16 thru 8/18/16

4	CONTRIBUTIONS		DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR					
4a.	LAST Odgaard	FIRST Chartie	MI	8/18/16	550.00	2350.00
	STREET ADDRESS 403 W. Havasupai Rd.					
	CITY Flagstaff	STATE AZ	ZIP 86001			
	OCCUPATION Self	EMPLOYER Odgaard's Sewing Ctr				
b.	LAST Odgaard	FIRST Glenda	MI	8/18/16	100.00	200.00
	STREET ADDRESS <i>403 W. Havasupai Rd</i>					
	CITY <i>Flagstaff</i>	STATE <i>AZ</i>	ZIP <i>86001</i>			
	OCCUPATION <i>Self</i>	EMPLOYER <i>Odgaard's</i>				
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]			2975		



CONTRIBUTIONS of \$50 or less - AGGREGATE TOTAL\*

SCHEDULE A-1

2. ID#
--------

1. Committee Name Charlie4Council

3. Report covering period from 6/1/16 thru 8/18/16

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
Cash/Checks less than \$50	1357.18	2179.28
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]	1357.18	6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]
		2179.28

\*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#

1. Committee Name Charlie4Council

3. Report covering period from 6/1/16 thru 8/18/16

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	Campaign Graphics 1229 N. Wakonda St. Flagstaff, AZ 86004	6/3/16	224.38
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	Palm Cards		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP	Campaign Graphics <i>1279 N. Wakonda St</i> <i>Flagstaff, AZ 86004</i>	6/3/16	389.67
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	T-Shirts		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP	Flagstaff Chamber of Commerce 101 W. Rte. 66 Flagstaff, AZ 86001	6/6/16	150.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	Sponsorship Breakfast		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP	Print Raven 1300 S. Milton Rd #117 Flagstaff, AZ 86001	6/23/16	45.76
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	Printing		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP	USPS 2400 N. Postal Blvd Flagstaff, AZ 86004	6/27/16	59.50
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	Postage		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP	Campaign Partner 16 Dudley St. Fitchburg, MA 01420	6/29/16	29.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	Website		
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#

1. Committee Name Charlie4Council

3. Report covering period from 6/1/16 thru 8/18/16

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 The Mayor 409 S. San Francisco St. Flagstaff, AZ 86001	6/8/16	50.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Gift Certificate		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP Dollar Tree 1300 S. Plaza Way Flagstaff, AZ 86001	6/29/16	23.79
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Supplies		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP Walmart Super Center 2601 N. Huntington Dr. Flagstaff, AZ 86004	6/29/16	233.35
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Water Bottles		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP National Bank of AZ PO Box 30709 Salt Lake City, UT 84130	6/30/16	5.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Monthly Fee		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP Print Raven <i>1300 S. Milton Rd #117 Flagstaff, AZ 86001</i>	7/1/16	113.31
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Signage		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP Dollar Tree <i>1300 S. Plaza Way Flagstaff, AZ 86001</i>	7/1/16	17.43
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Supplies		
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#

1. Committee Name Charlie4Council

3. Report covering period from 6/1/16 thru 8/18/16

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	Walmart 2750 S. Woodlands Village Blvd Flagstaff, AZ 86001	7/1/16	29.07
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	Supplies		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP	Frys 201 N. Switzer Canyon Flagstaff, AZ 86001	7/1/16	36.61
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	Food		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP	Safeway 1500 E. Cedar Ave Flagstaff, AZ 86004	7/1/16	11.98
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	Food		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP	Sams Club 1851 E. Butler Ave. Flagstaff, AZ 86001	7/1/16	38.55
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	Food		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP	Frys <i>201 N. Switzer Canyon Dr. Flagstaff, AZ 86001</i>	7/2/16	28.86
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	Food		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP	Sams Club <i>1851 E. Butler Ave. Flagstaff, AZ 86001</i>	7/2/16	90.17
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	Food		
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#

1. Committee Name Charlie4Council

3. Report covering period from 6/1/16 thru 8/18/16

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 Speedy Car Wash 915 S Milton Rd Flagstaff, AZ 86001  DESCRIPTION OF ITEMS OR SERVICES PURCHASED Gas	7/11/16	6.00
4b.	NAME, ADDRESS, CITY, STATE AND ZIP McDonalds 1401 S Milton Rd Flagstaff, AZ 86001  DESCRIPTION OF ITEMS OR SERVICES PURCHASED Food	7/12/16	5.33
4c.	NAME, ADDRESS, CITY, STATE AND ZIP Flagstaff Chamber Of Commerce <i>101 Rts 66 Flagstaff, AZ 86001</i>  DESCRIPTION OF ITEMS OR SERVICES PURCHASED Lunch	7/13/16	50.00
4d.	NAME, ADDRESS, CITY, STATE AND ZIP Campaign Graphics <i>1729 N. Wankonda St. Flagstaff, AZ 86004</i>  DESCRIPTION OF ITEMS OR SERVICES PURCHASED Postcards	7/20/16	128.72
4e.	NAME, ADDRESS, CITY, STATE AND ZIP Campaign Graphics <i>1729 N. Wankonda St. Flagstaff, AZ 86004</i>  DESCRIPTION OF ITEMS OR SERVICES PURCHASED Yard Signs	7/21/16	1404.77
4f.	NAME, ADDRESS, CITY, STATE AND ZIP Arboretum Flagstaff 4001 S. Woody Mountain Rd. Flagstaff, AZ 86001  DESCRIPTION OF ITEMS OR SERVICES PURCHASED Fundraiser	7/23/16	120.00
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#

1. Committee Name Charlie4Council

3. Report covering period from 6/1/16 thru 8/18/16

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 Campaign Partner 16 Dudley St. Fitchburg, MA 01420 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Website	7/29/16	29.00
4b.	NAME, ADDRESS, CITY, STATE AND ZIP Direct Unlimited PO Box 19000 Colorado Springs, CO 80935 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Supplies	7/29/16	128.91
4c.	NAME, ADDRESS, CITY, STATE AND ZIP National Bank of AZ PO Box 30709 Salt Lake City, UT 84130 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Monthly Fee	7/29/16	5.00
4d.	NAME, ADDRESS, CITY, STATE AND ZIP Campaign Graphics 1779 N. Wabasha St. Flagstaff, AZ 86004 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Shipping	8/9/16	149.08
4e.	NAME, ADDRESS, CITY, STATE AND ZIP USPS 2400 N. Postal Blvd Flagstaff, AZ 86004 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Postage	8/11/16	379.10
4f.	NAME, ADDRESS, CITY, STATE AND ZIP Print Raven 1300 S. Milton Rd # 117 Flagstaff, AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Printing	8/11/16	120.00
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]		4102.34

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

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

2. ID#

1. Committee Name Charlie4Council

3. Report covering period from 6/1/16 thru 8/18/16

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# Nathan Poirier 1750 S. Railroad Springs Flagstaff, AZ 86001	CONTRIBUTION Facebook setup/Fees EXPENDITURE \$50.00	7/25/16	50.00
		DESCRIPTION Facebook		
		OCCUPATION Self	EMPLOYER AZ Tech Advisors	
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]			50.00
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]			50.00

# DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

2. ID#
--------

1. Committee Name Charlie4Council

3. Report covering period from 6/1/16 thru 8/18/16

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 AZ PO Box 30709 Salt Lake City, UT 84130  DESCRIPTION OF RECEIPT Interest	7/29/16	.02
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#   DESCRIPTION OF RECEIPT		
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)		.02



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

FOR OFFICE USE ONLY



1. Charlie4Council  
 Full Name of Committee  
2109. N. Fourth St. #3  
 Address  
Flagstaff                      86004                      Coconino                      928-774-2331  
 City                                      ZIP Code                      County                      Phone  
 2. Charlie Odegaard  
 Sponsoring Organization or Candidate and office  
Charlie Odegaard - Flagstaff City Council  
 Name of Candidate and Office Sought (if applicable)  
charlieodegaard@yahoo.com                      928-774-4668  
 E-Mail Address                                      Fax #

3A. ID#

**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)	816.32	99.00
5b Cash on Hand at the Beginning of this Reporting Period	4332.20	9560.42
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	5148.52	9659.42
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	4102.34	8613.24
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]	1046.18	1046.18
6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)		
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]		

\*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#
--------

1. Committee Name Charlie4Council

3. Report covering period from 6/1/16 thru 8/18/16

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>Montfort</td> <td>Margaret</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">1621 N Fairway</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	Montfort	Margaret		STREET ADDRESS			1621 N Fairway			CITY	STATE	ZIP	Flagstaff	AZ	86004	OCCUPATION	EMPLOYER		Retired			6/22/16	50.00	50.00
LAST	FIRST	MI																										
Montfort	Margaret																											
STREET ADDRESS																												
1621 N Fairway																												
CITY	STATE	ZIP																										
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b.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Odegaard</td> <td>Glenda</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">403 W. Havasupai 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></td> <td colspan="2"></td> </tr> </table>	LAST	FIRST	MI	Odegaard	Glenda		STREET ADDRESS			403 W. Havasupai Rd			CITY	STATE	ZIP	Flagstaff	AZ	86001	OCCUPATION	EMPLOYER					6/22/16	50.00	100.00
LAST	FIRST	MI																										
Odegaard	Glenda																											
STREET ADDRESS																												
403 W. Havasupai Rd																												
CITY	STATE	ZIP																										
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
Widdison	Marie																											
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
<b>Behnke</b>	<b>Valarie</b>																											
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LAST	FIRST	MI																										
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	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR																											
4a.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Odegaard</td> <td>Charlie</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">403 W. Havasupai 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>Self</td> <td colspan="2">Odegaard's Sewing Ctr</td> </tr> </table>	LAST	FIRST	MI	Odegaard	Charlie		STREET ADDRESS			403 W. Havasupai Rd.			CITY	STATE	ZIP	Flagstaff	AZ	86001	OCCUPATION	EMPLOYER		Self	Odegaard's Sewing Ctr		8/18/16	550.00	2350.00
LAST	FIRST	MI																										
Odegaard	Charlie																											
STREET ADDRESS																												
403 W. Havasupai Rd.																												
CITY	STATE	ZIP																										
Flagstaff	AZ	86001																										
OCCUPATION	EMPLOYER																											
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b.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Odegaard</td> <td>Glenda</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	Odegaard	Glenda		STREET ADDRESS						CITY	STATE	ZIP				OCCUPATION	EMPLOYER					8/18/16	100.00	200.00
LAST	FIRST	MI																										
Odegaard	Glenda																											
STREET ADDRESS																												
CITY	STATE	ZIP																										
OCCUPATION	EMPLOYER																											
c.	<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							
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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]		2975																									

\*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#

1. Committee Name Charlie4Council

3. Report covering period from 6/1/16 thru 8/18/16

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
Cash/Checks less than \$50	1357.18	2179.28	
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]	1357.18	6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]	2179.28

\*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#
--------

1. Committee Name Charlie4Council

3. Report covering period from 6/1/16 thru 8/18/16

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 Campaign Graphics 1229 N. Wakonda St. Flagstaff, AZ 86004	6/3/16	224.38
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Palm Cards		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP Campaign Graphics	6/3/16	389.67
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED T-Shirts		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP Flagstaff Chamber of Commerce 101 W. Rte. 66 Flagstaff, AZ 86001	6/6/16	150.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Sponsorship Breakfast		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP Print Raven 1300 S. Milton Rd #117 Flagstaff, AZ 86001	6/23/16	45.76
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Printing		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP USPS 2400 N. Postal Blvd Flagstaff, AZ 86004	6/27/16	59.50
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Postage		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP Campaign Partner 16 Dudley St. Fitchburg, MA 01420	6/29/16	29.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Website		
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#
--------

1. Committee Name Charlie4Council

3. Report covering period from 6/1/16 thru 8/18/16

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 <b>The Mayor</b> 409 S. San Francisco St. Flagstaff, AZ 86001	6/8/16	50.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Gift Certificate		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP <b>Dollar Tree</b> 1300 S. Plaza Way Flagstaff, AZ 86001	6/29/16	23.79
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Supplies		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP <b>Walmart Super Center</b> 2601 N. Huntington Dr. Flagstaff, AZ 86004	6/29/16	233.35
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Water Bottles		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP <b>National Bank of AZ</b> PO Box 30709 Salt Lake City, UT 84130	6/30/16	5.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Monthly Fee		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP <b>Print Raven</b>	7/1/16	113.31
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Signage		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP <b>Dollar Tree</b>	7/1/16	17.43
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Supplies		
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#
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1. Committee Name Charlie4Council

3. Report covering period from 6/1/16 thru 8/18/16

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 Walmart 2750 S. Woodlands Village Blvd Flagstaff, AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Supplies	7/1/16	29.07
4b.	NAME, ADDRESS, CITY, STATE AND ZIP Frys 201 N. Switzer Canyon Flagstaff, AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Food	7/1/16	36.61
4c.	NAME, ADDRESS, CITY, STATE AND ZIP Safeway 1500 E. Cedar Ave Flagstaff, AZ 86004 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Food	7/1/16	11.98
4d.	NAME, ADDRESS, CITY, STATE AND ZIP Sams Club 1851 E. Butler Ave. Flagstaff, AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Food	7/1/16	38.55
4e.	NAME, ADDRESS, CITY, STATE AND ZIP Frys DESCRIPTION OF ITEMS OR SERVICES PURCHASED Food	7/2/16	28.86
4f.	NAME, ADDRESS, CITY, STATE AND ZIP Sams Club DESCRIPTION OF ITEMS OR SERVICES PURCHASED Food	7/2/16	90.17
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#
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1. Committee Name Charlie4Council

3. Report covering period from 6/1/16 thru 8/18/16

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 Speedy Car Wash 915 S Milton Rd Flagstaff, AZ 86001	7/11/16	6.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Gas		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP McDonalds 1401 S Milton Rd Flagstaff, AZ 86001	7/12/16	5.33
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Food		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP Flagstaff Chamber Of Commerce	7/13/16	50.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Lunch		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP Campaign Graphics	7/20/16	128.72
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Postcards		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP Campaign Graphics	7/21/16	1404.77
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Yard Signs		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP Arboretum Flagstaff 4001 S. Woody Mountain Rd. Flagstaff, AZ 86001	7/23/16	120.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Fundraiser		
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#
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1. Committee Name Charlie4Council

3. Report covering period from 6/1/16 thru 8/18/16

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 <b>Campaign Partner</b>	<b>7/29/16</b>	<b>29.00</b>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <b>Website</b>		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP <b>Direct Unlimited</b>	<b>7/29/16</b>	<b>128.91</b>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <b>Supplies</b>		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP <b>National Bank of AZ</b>	<b>7/29/16</b>	<b>5.00</b>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <b>Monthly Fee</b>		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP <b>Campaign Graphics</b>	<b>8/9/16</b>	<b>149.08</b>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <b>Shipping</b>		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP <b>USPS</b>	<b>8/11/16</b>	<b>379.10</b>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <b>Postage</b>		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP <b>Print Raven</b>	<b>8/11/16</b>	<b>120.00</b>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <b>Printing</b>		
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)]		<b>4102.34</b>

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

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

2. ID#

1. Committee Name Charlie4Council

3. Report covering period from 6/1/16 thru 8/18/16

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# Nathan Poirier 1750 S. Railroad Springs Flagstaff, AZ 86001	CONTRIBUTION Facebook setup/Fees EXPENDITURE \$50.00	7/25/16	50.00
DESCRIPTION Facebook				
OCCUPATION Self		EMPLOYER AZ Tech Advisors		
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]			50.00
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]			50.00

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

2. ID#

1. Committee Name Charlie4Council

3. Report covering period from 6/1/16 thru 8/18/16

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.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#                      National Bank of AZ                      PO Box 30709                      Salt Lake City, UT 84130</p> <p>DESCRIPTION OF RECEIPT                      Interest</p>	7/29/16	.02
4b.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <p>DESCRIPTION OF RECEIPT</p>		
4c.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <p>DESCRIPTION OF RECEIPT</p>		
4d.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <p>DESCRIPTION OF RECEIPT</p>		
4e.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <p>DESCRIPTION OF RECEIPT</p>		
4f.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <p>DESCRIPTION OF RECEIPT</p>		
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)			.02