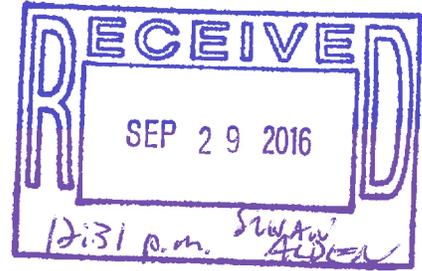


POLITICAL COMMITTEE
CITY OF Flagstaff
CAMPAIGN FINANCE REPORT
2016 August/November Regular Election

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)		
5b Cash on Hand at the Beginning of this Reporting Period	1046.18	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	2375.01	12034.43
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	3421.19	12034.43
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)	2898.57	11511.81
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	522.62	522.62

*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 8/19/16 thru 9/19/16

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																								
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR																												
4a.	<table border="0"> <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 Center</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 Center		8/19/16	500.00	2,850.00
LAST	FIRST	MI																										
Odegaard	Charlie																											
STREET ADDRESS																												
403 W. Havasupai Rd.																												
CITY	STATE	ZIP																										
Flagstaff	AZ	86001																										
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
Odegaard	Glenda																											
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LAST	FIRST	MI																										
Pelligrini	Candy																											
STREET ADDRESS																												
965 N. Sinagua Heights Dr.																												
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LAST	FIRST	MI																										
Moffitt	Thom																											
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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.

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID#

1. Committee Name Charlie4Council

3. Report covering period from 8/19/16 thru 9/19/16

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																								
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR																											
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LAST	FIRST	MI																										
Odegaard	Charlie																											
STREET ADDRESS																												
403 W. Havasupai Rd.																												
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LAST	FIRST	MI																										
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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(2), Column A]		2050.00																									

*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#

1. Committee Name Charlie4Council

3. Report covering period from 8/19/16 thru 9/19/16

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
Cash	325.00	2,504.28	
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]	325.00	6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]	2504.28

*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 8/19/16 thru 9/19/16

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 Safeway Flagstaff, AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Doughnuts	8/20/16	11.98
4b.	NAME, ADDRESS, CITY, STATE AND ZIP Greenax Broadcasting 2409 N. Fourth St. #101 Flagstaff, AZ 86004 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Advertising	8/22/16	971.53
4c.	NAME, ADDRESS, CITY, STATE AND ZIP Campaign Partner 16 Dudley St. Fitchburg, MA 01420 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Website	8/29/16	29.00
4d.	NAME, ADDRESS, CITY, STATE AND ZIP Facebook DESCRIPTION OF ITEMS OR SERVICES PURCHASED Advertising	8/31/16	18.91
4e.	NAME, ADDRESS, CITY, STATE AND ZIP National Bank of AZ PO Box 30709 Salt Lake City, UT 84130 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Fees	8/31/16	5.00
4f.	NAME, ADDRESS, CITY, STATE AND ZIP The Print Raven 1300 S. Milton Rd Flagstaff, AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Printing	9/2/16	169.93
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 8/19/16 thru 9/19/16

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 Print Raven DESCRIPTION OF ITEMS OR SERVICES PURCHASED Pens	9/2/16	293.20
4b.	NAME, ADDRESS, CITY, STATE AND ZIP The Print Raven DESCRIPTION OF ITEMS OR SERVICES PURCHASED Printing	9/2/16	56.66
4c.	NAME, ADDRESS, CITY, STATE AND ZIP Campaign Graphics 1229 N. Wakonda St. Flagstaff, AZ 86004 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Door Hangers	9/2/16	466.11
4d.	NAME, ADDRESS, CITY, STATE AND ZIP Greater Flagstaff Chamber of Commerce 101 W. Rte. 66 Flagstaff, AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Advertisement	9/7/16	25.00
4e.	NAME, ADDRESS, CITY, STATE AND ZIP Citibank 100 Citibank Dr. San Antonio, TX 78245 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Flyer Advertisement	9/7/16	71.70
4f.	NAME, ADDRESS, CITY, STATE AND ZIP PayPal DESCRIPTION OF ITEMS OR SERVICES PURCHASED Fees	9/14/16	4.65
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 8/19/16 thru 9/19/16

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 FaceBook	9/16/16	74.90
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Advertising		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP Flagstaff Business News 121 E. Birch Ave. #408 Flagstaff, AZ 86001	9/16/16	700.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Advertising		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [if last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A]		2,898.57

*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#

1. Committee Name Charlie4Council

3. Report covering period from 8/19/16 thru 9/19/16

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	8/31/16	.01
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]			