

**POLITICAL COMMITTEE**  
**CITY/TOWN OF FLAGSTAFF**  
**CAMPAIGN FINANCE REPORT**  
**2012 March/May Regular Election**

FOR OFFICE USE ONLY

1. John Milan for City Council  
Full Name of Committee  
1040 N Lakepoint Way  
Address  
Flagstaff, AZ 86004 Coconino 928.864.6158  
City ZIP Code County Phone

2. John Malin Flagstaff City Council  
Sponsoring Organization or Candidate and office  
John Malin Flagstaff City Council  
Name of Candidate and Office Sought (if applicable)  
jwmalin@msn.com  
E-Mail Address Fax #

3A. ID#

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

January 31 Report - For Period of 11/22/2010 \* thru December 31, 2011 ..... January 1, 2012 and January 31, 2012

Pre-Primary Election Report - For Period of January 1, 2012 thru February 22, 2012 ..... February 23, 2012 and March 1, 2012

Post-Primary Election Report - For Period of February 23, 2012 thru April 2, 2012 ..... April 3, 2012 thru April 12, 2012

Pre-General Election Report - For Period of April 3, 2012 thru April 25, 2012 ..... April 26, 2012 thru May 3, 2012

Post-General Election Report - For Period of April 26, 2012 thru June 4, 2012 ..... June 5, 2012 and June 14, 2012

\*\*January 31 Report - For Period of June 5, 2012 thru December 31, 2013 ..... January 1, 2014 and January 31, 2014

| 5. SUMMARY  | Column A<br>Total This<br>Reporting Period | Column B<br>Election Period<br>Total To Date |
|---|--|--|
| 5a Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)  | 81   |  |
| 5b Cash on Hand at the Beginning of this Reporting Period   |  |  |
| 5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)   | 1390                                       | 1490   |
| 5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]   | 1471                                       | 1490   |
| 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)   | 967.52                                     | 986.52                                       |
| 7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]  | 503.48                                     | 503.48                                       |

\*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 \$25 - from INDIVIDUALS\***

**SCHEDULE A**

2. ID #

1. Committee Name John Malin for City Council

3. Report covering period from January 1, 2012 thru February 23, 2012

| 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 colspan="3">Dorman Jim &amp; Phyllis</td> </tr> <tr> <td colspan="3">STREET ADDRESS<br/>2413 N Fremont Blvd</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Flagstaff AZ 86004</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Self</td> <td colspan="2">Self</td> </tr> </table>        | LAST          | FIRST                       | MI                                     | Dorman Jim & Phyllis  |  |  | STREET ADDRESS<br>2413 N Fremont Blvd    |  |  | CITY | STATE | ZIP | Flagstaff AZ 86004        |  |  | OCCUPATION | EMPLOYER |  | Self    | Self                   |  | 2/15/2012      | 30  | 30  |
| LAST                                     | FIRST  | MI            |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| Dorman Jim & Phyllis                     |  |               |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| STREET ADDRESS<br>2413 N Fremont Blvd    |  |               |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| CITY                                     | STATE  | ZIP           |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| Flagstaff AZ 86004                       |  |               |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| OCCUPATION                               | EMPLOYER   |               |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| Self                                     | Self   |               |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| b.                                       | <table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Brooks Carman Henry</td> </tr> <tr> <td colspan="3">STREET ADDRESS<br/>1355 E Larkspur Ln</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Flagstaff AZ 86001</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>MD</td> <td colspan="2">Retired</td> </tr> </table>             | LAST          | FIRST                       | MI                                     | Brooks Carman Henry   |  |  | STREET ADDRESS<br>1355 E Larkspur Ln     |  |  | CITY | STATE | ZIP | Flagstaff AZ 86001        |  |  | OCCUPATION | EMPLOYER |  | MD      | Retired                |  | 1/23/2012      | 250 | 250 |
| LAST                                     | FIRST  | MI            |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| Brooks Carman Henry                      |  |               |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| STREET ADDRESS<br>1355 E Larkspur Ln     |  |               |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| CITY                                     | STATE  | ZIP           |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| Flagstaff AZ 86001                       |  |               |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| OCCUPATION                               | EMPLOYER   |               |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| MD                                       | Retired  |               |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| c.                                       | <table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Ozer Jay S</td> </tr> <tr> <td colspan="3">STREET ADDRESS<br/>9121 North Kober Rd</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Paradise Valley, AZ 85253</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td></td> <td colspan="2">The Tanum SunTimes LLC</td> </tr> </table> | LAST          | FIRST                       | MI                                     | Ozer Jay S            |  |  | STREET ADDRESS<br>9121 North Kober Rd    |  |  | CITY | STATE | ZIP | Paradise Valley, AZ 85253 |  |  | OCCUPATION | EMPLOYER |  |         | The Tanum SunTimes LLC |  | 1/19/2012      | 200 | 200 |
| LAST                                     | FIRST  | MI            |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| Ozer Jay S                               |  |               |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| STREET ADDRESS<br>9121 North Kober Rd    |  |               |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| CITY                                     | STATE  | ZIP           |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| Paradise Valley, AZ 85253                |  |               |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| OCCUPATION                               | EMPLOYER   |               |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
|  | The Tanum SunTimes LLC   |               |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| d.                                       | <table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Babb Bill</td> </tr> <tr> <td colspan="3">STREET ADDRESS<br/>2380 N Oakmont Dr</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Flagstaff, AZ 86004</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Manager</td> <td colspan="2">Babb Financial Grp</td> </tr> </table>       | LAST          | FIRST                       | MI                                     | Babb Bill             |  |  | STREET ADDRESS<br>2380 N Oakmont Dr      |  |  | CITY | STATE | ZIP | Flagstaff, AZ 86004       |  |  | OCCUPATION | EMPLOYER |  | Manager | Babb Financial Grp     |  | 1/25/2012      | 100 | 100 |
| LAST                                     | FIRST  | MI            |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| Babb Bill                                |  |               |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| STREET ADDRESS<br>2380 N Oakmont Dr      |  |               |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| CITY                                     | STATE  | ZIP           |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| Flagstaff, AZ 86004                      |  |               |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| OCCUPATION                               | EMPLOYER   |               |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| Manager                                  | Babb Financial Grp   |               |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| e.                                       | <table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Ttee Thomas &amp; Colleen</td> </tr> <tr> <td colspan="3">STREET ADDRESS<br/>5035 E Lake Country Rd</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Flagstaff AZ 86004</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td></td> <td colspan="2">Retired</td> </tr> </table>     | LAST          | FIRST                       | MI                                     | Ttee Thomas & Colleen |  |  | STREET ADDRESS<br>5035 E Lake Country Rd |  |  | CITY | STATE | ZIP | Flagstaff AZ 86004        |  |  | OCCUPATION | EMPLOYER |  |         | Retired                |  | 1/21/2012<br>2 | 250 | 250 |
| LAST                                     | FIRST  | MI            |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| Ttee Thomas & Colleen                    |  |               |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| STREET ADDRESS<br>5035 E Lake Country Rd |  |               |                             |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |
| 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]  |               | 830                         |  |                       |  |  |  |  |  |      |       |     |                           |  |  |            |          |  |         |                        |  |                |     |     |

\*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

**CONTRIBUTIONS more than \$25 - from INDIVIDUALS\***

**SCHEDULE A**

2. ID #

1. Committee Name John Malin for City Council

3. Report covering period from January 1, 2012 thru February 23, 2012

| 4   | CONTRIBUTIONS<br>NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR   | DATE RECEIVED | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|-----|--|---------------|-----------------------------|--|
| 4a. | LAST FIRST MI<br>Maxwell Roger & Kathleen<br>STREET ADDRESS<br>7611 N. Shadow Mountain Rd<br>CITY STATE ZIP<br>Paradise Valley, AZ 85253<br>OCCUPATION EMPLOYER<br>Golf Mng Co LLC | 1/28/2012     | 100                         | 100                                    |
| b.  | LAST FIRST MI<br>Schulman, Jonathan & Monika<br>STREET ADDRESS<br>819 W Aspen Ave<br>CITY STATE ZIP<br>Flagstaff, AZ 86001<br>OCCUPATION EMPLOYER<br>Manager Busters               | 1/27/2012     | 100                         | 100                                    |
| c.  | LAST FIRST MI<br>Creedon Brig Gen JS<br>STREET ADDRESS<br>1320 N Villa Nueva Dr<br>CITY STATE ZIP<br>Litchfield Park, AZ 85340<br>OCCUPATION EMPLOYER<br>Retired                   | 1/29/2012     | 100                         | 100                                    |
| d.  | LAST FIRST MI<br>Vannoy, Marvin<br>STREET ADDRESS<br>2800 E Matterhorn Dr<br>CITY STATE ZIP<br>Flagstaff, AZ 86004<br>OCCUPATION EMPLOYER<br>retired                               | 2/2/2012      | 100                         | 100                                    |
| e.  | LAST FIRST MI<br>Whitehead James & Melissa<br>STREET ADDRESS<br>651 Skyview Dr<br>CITY STATE ZIP<br>Flagstaff, AZ 86004<br>OCCUPATION EMPLOYER<br>retired                          | 2/3/2012      | 100                         | 100                                    |
| 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]  | 500           | 0                           |  |

\*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

**CONTRIBUTIONS more than \$25 - from INDIVIDUALS\***

**SCHEDULE A**

2. ID #

1. Committee Name John Malin for City Council

3. Report covering period from January 1, 2012

thru February 23, 2012

| 4                                  | CONTRIBUTIONS<br>NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR  | DATE RECEIVED | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
|------------------------------------|---|---------------|-----------------------------|--|-----------|--|--|------------------------------------|--|--|------|-------|-----|----------------------|-------|-----|-----------------------|----------------------------------|--|------------|----------|----|--|--|--|--|--|--|
| 4a.                                | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Galli Joe</td> </tr> <tr> <td colspan="3">STREET ADDRESS<br/>19047 N 91st Way</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Scottsdale, AZ 85255</td> </tr> <tr> <td>OCCUPATION<br/>manager</td> <td colspan="2">EMPLOYER<br/>n Scottsdale Chamber</td> </tr> </table> | LAST          | FIRST                       | MI                                     | Galli Joe |  |  | STREET ADDRESS<br>19047 N 91st Way |  |  | CITY | STATE | ZIP | Scottsdale, AZ 85255 |       |     | OCCUPATION<br>manager | EMPLOYER<br>n Scottsdale Chamber |  | 2/8/2012   | 40       | 40 |  |  |  |  |  |  |
| LAST                               | FIRST   | MI            |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
| Galli Joe                          |   |               |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
| STREET ADDRESS<br>19047 N 91st Way |   |               |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
| CITY                               | STATE   | ZIP           |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
| Scottsdale, AZ 85255               |   |               |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
| OCCUPATION<br>manager              | EMPLOYER<br>n Scottsdale Chamber  |               |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
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| LAST                               | FIRST   | MI            |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
|                                    |   |               |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
| STREET ADDRESS                     |   |               |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
|                                    |   |               |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
| CITY                               | STATE   | ZIP           |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
|                                    |   |               |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
| OCCUPATION                         | EMPLOYER  |               |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
|                                    |   |               |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
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| LAST                               | FIRST   | MI            |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
|                                    |   |               |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
| STREET ADDRESS                     |   |               |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
|                                    |   |               |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
| CITY                               | STATE   | ZIP           |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
|                                    |   |               |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
| OCCUPATION                         | EMPLOYER  |               |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
|                                    |   |               |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
| d.                                 | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3"> </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 colspan="3"> </td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td colspan="3"> </td> </tr> </table>                  | LAST          | FIRST                       | MI                                     |           |  |  | STREET ADDRESS                     |  |  |      |       |     | CITY                 | STATE | ZIP |                       |                                  |  | OCCUPATION | EMPLOYER |    |  |  |  |  |  |  |
| LAST                               | FIRST   | MI            |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
|                                    |   |               |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
| STREET ADDRESS                     |   |               |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
|                                    |   |               |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
| CITY                               | STATE   | ZIP           |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
|                                    |   |               |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
| OCCUPATION                         | EMPLOYER  |               |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
|                                    |   |               |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
| e.                                 | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3"> </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 colspan="3"> </td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td colspan="3"> </td> </tr> </table>                  | LAST          | FIRST                       | MI                                     |           |  |  | STREET ADDRESS                     |  |  |      |       |     | CITY                 | STATE | ZIP |                       |                                  |  | OCCUPATION | EMPLOYER |    |  |  |  |  |  |  |
| LAST                               | FIRST   | MI            |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
|                                    |   |               |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
| STREET ADDRESS                     |   |               |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
|                                    |   |               |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
| CITY                               | STATE   | ZIP           |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
|                                    |   |               |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
| OCCUPATION                         | EMPLOYER  |               |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
|                                    |   |               |                             |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |
| 5.                                 | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page Line 4(z), Column A]   | 40            | 1370                        |  |           |  |  |                                    |  |  |      |       |     |                      |       |     |                       |                                  |  |            |          |    |  |  |  |  |  |  |

\*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

**CONTRIBUTIONS of \$25 or less - AGGREGATE TOTAL\***

**SCHEDULE A-1**

John Malin for City Council

2. ID #

1. Committee Name \_\_\_\_\_

3. Report covering period from January 1, 2012

thru February 23, 2012

**4. Aggregate Total of Contributions of \$25 or less**

| DESCRIPTION   | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE  |    |
|---|-----------------------------|---|----|
| Contribution  | 20                          | 20  |    |
| 5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A] | 20                          | 6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B] | 20 |

\*If contributions of \$25 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

**CONTRIBUTIONS FROM POLITICAL COMMITTEES**

**SCHEDULE B**

1. Committee Name John Malin for City Council

2. ID #

3. Report covering period from 1/1/2012 thru 2/22/2012

| 4  |   | CONTRIBUTIONS                             | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|----|---|---|-----------------------------|--|
|    |   | IDENTITY OF CONTRIBUTOR AND DATE RECEIVED |                             |  |
| 4a | ID #  | NAME, ADDRESS, CITY, STATE AND ZIP        |                             |  |
|    | DATE RECEIVED   |   |                             |  |
| 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 <i>[If last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]</i> |   |                             |  |

**CANDIDATE LOANS**

**SCHEDULE C**

|  |  |               |                 |
|--|--|---------------|-----------------|
| 1. Committee Name <b>John Malin for City Council</b>                 |  | 2. ID #       |                 |
| 3. Report covering period from <u>1/1/2012</u> thru <u>2/22/2012</u> |  |               |                 |
| 4.   | <b>LOANS MADE OR GUARANTEED BY CANDIDATE</b>   | DATE RECEIVED | AMOUNT RECEIVED |
|  | NAME AND ADDRESS FROM WHOM RECEIVED  |               |                 |
| 4a.  | NAME, ADDRESS, CITY, STATE, AND ZIP  |               |                 |
|  | DESCRIPTION  |               |                 |
| b.   | NAME, ADDRESS, CITY, STATE, AND ZIP  |               |                 |
|  | DESCRIPTION  |               |                 |
| c.   | NAME, ADDRESS, CITY, STATE, AND ZIP  |               |                 |
|  | DESCRIPTION  |               |                 |
| d.   | NAME, ADDRESS, CITY, STATE, AND ZIP  |               |                 |
|  | DESCRIPTION  |               |                 |
| e.   | NAME, ADDRESS, CITY, STATE, AND ZIP  |               |                 |
|  | DESCRIPTION  |               |                 |
| f.   | NAME, ADDRESS, CITY, STATE, AND ZIP  |               |                 |
|  | DESCRIPTION  |               |                 |
| 5.   | ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C<br>[If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A] |               |                 |



**OTHER LOANS**

**SCHEDULE C1**

1. Committee Name John Malin for City Council

2. ID#

3. Report covering period from 1/1/2012 thru 2/22/2012

| 4  | ALL OTHER LOANS  | DATE LOAN RECEIVED | AMOUNT OF LOAN | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|----|--|--------------------|----------------|--|
|    | NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.  |                    |                |  |
| 4a | NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#  |                    |                |  |
|    | NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#  |                    |                |  |
|    | DESCRIPTION  |                    |                |  |
| 4b | NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#  |                    |                |  |
|    | NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#  |                    |                |  |
|    | DESCRIPTION  |                    |                |  |
| 4c | NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#  |                    |                |  |
|    | NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#  |                    |                |  |
|    | DESCRIPTION  |                    |                |  |
| 4d | NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#  |                    |                |  |
|    | NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#  |                    |                |  |
|    | DESCRIPTION  |                    |                |  |
| 5. | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 [If last page of Schedule C-1, transfer total to Detailed Summary Page, Line 5(a), Column A] |                    |                |  |

**EXPENDITURES FOR OPERATING EXPENSES\***

**SCHEDULE D**

1. Committee Name John Malin for City Council

2. ID #

3. Report covering period from 1/1/2012 thru 2/23/2012

| 4   | EXPENDITURES   | DATE EXPENDITURE MADE | AMOUNT OF THE EXPENDITURE |
|-----|--|-----------------------|---------------------------|
| 4a. | NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE<br><br>NAME, ADDRESS, CITY, STATE AND ZIP<br><b>OfficeMax Flagstaff</b><br><br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br><b>Office Expenses</b> | 1/15/2012             | 31.11                     |
| b.  | NAME, ADDRESS, CITY, STATE AND ZIP<br><b>Sign a Rama Flagstaff</b><br><br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br><b>campaign sign</b>   | 2/03/2012             | 300.97                    |
| c.  | NAME, ADDRESS, CITY, STATE AND ZIP<br><b>Safeway Cedar Flagstaff</b><br><br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br><b>Office cleaning equipment</b>   | 1/28/2012             | 48.12                     |
| d.  | NAME, ADDRESS, CITY, STATE AND ZIP<br><b>Arizona Daily Sun Flagstaff</b><br><br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br><b>advertising</b>   | 1/30/2012             | 228.87                    |
| e.  | NAME, ADDRESS, CITY, STATE AND ZIP<br><b>Print Inc Flagstaff</b><br><br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED   | 1/24/2012             | 135.21                    |
| f.  | NAME, ADDRESS, CITY, STATE AND ZIP<br><b>USPS Flagstaff</b><br><br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br><b>Stamps and PO Box</b>  | 1/28/2012             | 99.00                     |
| 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 John Malin for City Council

3. Report covering period from 1/1/2012 thru 2/23/2012

| 4   | EXPENDITURES<br>NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE  | DATE<br>EXPENDITURE<br>MADE | AMOUNT<br>OF THE<br>EXPENDITURE |
|-----|---|-----------------------------|---------------------------------|
| 4a. | NAME, ADDRESS, CITY, STATE AND ZIP<br><b>Name Tags Flagstaff</b><br><br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br><b>name tags</b>          | 1/31/2012                   | 51.00                           |
| b.  | NAME, ADDRESS, CITY, STATE AND ZIP<br><b>Lumberyard and Ihop Flagstaff</b><br><br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br><b>Meetings</b> | 1/25/2012                   | 44.03                           |
| c.  | NAME, ADDRESS, CITY, STATE AND ZIP<br><b>FedeX Office Flagstaff</b><br><br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br><b>supplies</b>        | 1/12/2012                   | 9.84                            |
| d.  | NAME, ADDRESS, CITY, STATE AND ZIP<br><b>Big Lots Flagstaff</b><br><br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br><b>supplies</b>            | 1/28/2012                   | 19.37                           |
| e.  | NAME, ADDRESS, CITY, STATE AND ZIP<br><br><br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED  |                             |                                 |
| f.  | NAME, ADDRESS, CITY, STATE AND ZIP<br><br><br>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)                |                             | 967.52                          |

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



# LOANS MADE BY REPORTING COMMITTEE

## SCHEDULE D-2

1. Committee Name John Malin for City Council

2. ID #

3. Report covering period from 1/1/2012

thru 2/22/2012

| 4   | LOANS MADE BY THE REPORTING COMMITTEE   | DATE<br>LOAN MADE | AMOUNT<br>OF THE LOAN |
|-----|---|-------------------|-----------------------|
|     | NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE                                 |                   |                       |
| 4a. | NAME, ADDRESS, CITY, STATE, ZIP, AND ID#  |                   |                       |
| b.  | NAME, ADDRESS, CITY, STATE, ZIP, AND ID#  |                   |                       |
| c.  | NAME, ADDRESS, CITY, STATE, ZIP, AND ID#  |                   |                       |
| d.  | NAME, ADDRESS, CITY, STATE, ZIP, AND ID#  |                   |                       |
| e.  | NAME, ADDRESS, CITY, STATE, ZIP, AND ID#  |                   |                       |
| f.  | NAME, ADDRESS, CITY, STATE, ZIP, AND ID#  |                   |                       |
| g.  | NAME, ADDRESS, CITY, STATE, ZIP, AND ID#  |                   |                       |
| h.  | NAME, ADDRESS, CITY, STATE, ZIP, AND ID#  |                   |                       |
| i.  | NAME, ADDRESS, CITY, STATE, ZIP, AND ID#  |                   |                       |
| 5.  | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [Transfer total to Detail Summary Page Line 12, Column A] |                   |                       |

**OFFSETS TO OPERATING EXPENSES \***

**SCHEDULE D-3**

1. Committee Name John Malin for City Council

2. ID #

3. Report covering period from 1/1/2012 thru 2/22/2012

| REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES |  | DATE REFUND RECEIVED | AMOUNT OF THE REFUND |
|--|--|----------------------|----------------------|
| NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED |  |                      |                      |
| 4a.  | NAME, ADDRESS, CITY, STATE, AND ZIP  |                      |                      |
|  | DESCRIPTION OF REFUND  |                      |                      |
| b.   | NAME, ADDRESS, CITY, STATE, AND ZIP  |                      |                      |
|  | DESCRIPTION OF REFUND  |                      |                      |
| c.   | NAME, ADDRESS, CITY, STATE, AND ZIP  |                      |                      |
|  | DESCRIPTION OF REFUND  |                      |                      |
| d.   | NAME, ADDRESS, CITY, STATE, AND ZIP  |                      |                      |
|  | DESCRIPTION OF REFUND  |                      |                      |
| e.   | NAME, ADDRESS, CITY, STATE, AND ZIP  |                      |                      |
|  | DESCRIPTION OF REFUND  |                      |                      |
| f.   | NAME, ADDRESS, CITY, STATE, AND ZIP  |                      |                      |
|  | DESCRIPTION OF REFUND  |                      |                      |
| 5.   | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 (If last page of Schedule D-3, transfer total to Detailed Summary Page Line 17 Column A) |                      |                      |
| *  | Includes return of contributions made by reporting committee   |                      |                      |

# REPAYMENT OF CANDIDATE LOANS

## SCHEDULE D-4

1. Committee Name John Malin for City Council

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

3. Report covering period from 1/1/2012 thru 2/22/2012

|     | REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE  | DATE REPAYMENT MADE | AMOUNT OF THE REPAYMENT |
|-----|---|---------------------|-------------------------|
|     | NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE  |                     |                         |
| 4a. | NAME, ADDRESS, CITY, STATE, AND ZIP   |                     |                         |
| b.  | NAME, ADDRESS, CITY, STATE, AND ZIP   |                     |                         |
| c.  | NAME, ADDRESS, CITY, STATE, AND ZIP   |                     |                         |
| d.  | NAME, ADDRESS, CITY, STATE, AND ZIP   |                     |                         |
| e.  | NAME, ADDRESS, CITY, STATE, AND ZIP   |                     |                         |
| f.  | NAME, ADDRESS, CITY, STATE, AND ZIP   |                     |                         |
| 5.  | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [Transfer total to Detail Summary Page, Line 13(a), Column A] |                     |                         |

# REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

1. Committee Name \_\_\_\_\_

2. ID #

3. Report covering period from 1/1/2012 thru 2/22/2012

| 4   | REPAYMENT OF ALL OTHER LOANS  | DATE<br>REPAYMENT<br>MADE | AMOUNT<br>OF THE<br>REPAYMENT |
|-----|---|---------------------------|-------------------------------|
|     | NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE)<br>TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE |                           |                               |
| 4a. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                           |                               |
| b.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                           |                               |
| c.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                           |                               |
| d.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                           |                               |
| e.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                           |                               |
| f.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                           |                               |
| 5.  | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [Transfer total to Detailed Summary Page, Line 13(b), Column A]                     |                           |                               |



# TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

1. Committee Name John Malin for City Council

2. ID#

3. Report covering period from 1/1/2012 thru 2/22/2012

| 4   | TRANSFERS MADE BY THE REPORTING COMMITTEE   | DATE TRANSFER MADE | AMOUNT OF THE TRANSFER |
|-----|---|--------------------|------------------------|
|     | NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE)<br>TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE |                    |                        |
| 4a. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                    |                        |
| b.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                    |                        |
| c.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                    |                        |
| d.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                    |                        |
| e.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                    |                        |
| f.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                    |                        |

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A]

**ANY OTHER DISBURSEMENT**

**SCHEDULE D-7**

1. Committee Name John Malin for City Council

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

3. Report covering period from 1/1/2012 thru 2/22/2012

| ANY OTHER DISBURSEMENTS   |  | DATE DISBURSEMENT MADE | AMOUNT OF THE DISBURSEMENT |
|---|--|------------------------|----------------------------|
| NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION |  |                        |                            |
| a.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>DESCRIPTION |                        |                            |
| b.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>DESCRIPTION |                        |                            |
| c.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>DESCRIPTION |                        |                            |
| d.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>DESCRIPTION |                        |                            |
| e.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>DESCRIPTION |                        |                            |

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [Transfer total to Detailed Summary Page Line 15 Column A]

# IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

1. Committee Name John Malin for City Council

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

3. Report covering period from 1/1/2012 thru 2/22/2012

| 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.                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 65%;">                     CONTRIBUTION <input type="checkbox"/><br/>                     EXPENDITURE <input type="checkbox"/> </td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table> | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION <input type="checkbox"/><br>EXPENDITURE <input type="checkbox"/> | DESCRIPTION |  | OCCUPATION | EMPLOYER |  |  |
| NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION <input type="checkbox"/><br>EXPENDITURE <input type="checkbox"/>   |   |   |             |  |            |          |  |  |
| DESCRIPTION                             |   |   |   |             |  |            |          |  |  |
| OCCUPATION                              | EMPLOYER  |   |   |             |  |            |          |  |  |
| b.                                      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 65%;">                     CONTRIBUTION <input type="checkbox"/><br/>                     EXPENDITURE <input type="checkbox"/> </td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table> | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION <input type="checkbox"/><br>EXPENDITURE <input type="checkbox"/> | DESCRIPTION |  | OCCUPATION | EMPLOYER |  |  |
| NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION <input type="checkbox"/><br>EXPENDITURE <input type="checkbox"/>   |   |   |             |  |            |          |  |  |
| DESCRIPTION                             |   |   |   |             |  |            |          |  |  |
| OCCUPATION                              | EMPLOYER  |   |   |             |  |            |          |  |  |
| c.                                      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 65%;">                     CONTRIBUTION <input type="checkbox"/><br/>                     EXPENDITURE <input type="checkbox"/> </td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table> | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION <input type="checkbox"/><br>EXPENDITURE <input type="checkbox"/> | DESCRIPTION |  | OCCUPATION | EMPLOYER |  |  |
| NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION <input type="checkbox"/><br>EXPENDITURE <input type="checkbox"/>   |   |   |             |  |            |          |  |  |
| DESCRIPTION                             |   |   |   |             |  |            |          |  |  |
| OCCUPATION                              | EMPLOYER  |   |   |             |  |            |          |  |  |
| d.                                      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 65%;">                     CONTRIBUTION <input type="checkbox"/><br/>                     EXPENDITURE <input type="checkbox"/> </td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table> | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION <input type="checkbox"/><br>EXPENDITURE <input type="checkbox"/> | DESCRIPTION |  | OCCUPATION | EMPLOYER |  |  |
| NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION <input type="checkbox"/><br>EXPENDITURE <input type="checkbox"/>   |   |   |             |  |            |          |  |  |
| DESCRIPTION                             |   |   |   |             |  |            |          |  |  |
| OCCUPATION                              | EMPLOYER  |   |   |             |  |            |          |  |  |
| 5.                                      | ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E <i>[If last page of Schedule E, transfer total to Detailed Summary Page Line 6, Column A]</i>   |   |   |             |  |            |          |  |  |
| 6.                                      | ENTER TOTAL IN-KIND EXPENDITURES ONLY IF LAST PAGE OF SCHEDULE E <i>[If last page of Schedule E, transfer total to Detailed Summary Page Line 11, Column A]</i>   |   |   |             |  |            |          |  |  |

**DIVIDENDS, INTEREST, AND OTHER RECEIPTS**

**SCHEDULE F-1**

1. Committee Name John Malin for City Council

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

3. Report covering period from 1/1/2012 thru 2/22/2012

| 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#   |                      |                       |
|     | DESCRIPTION OF RECEIPT  |                      |                       |
| b.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                      |                       |
|     | DESCRIPTION OF RECEIPT  |                      |                       |
| c.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                      |                       |
|     | DESCRIPTION OF RECEIPT  |                      |                       |
| d.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                      |                       |
|     | DESCRIPTION OF RECEIPT  |                      |                       |
| e.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                      |                       |
|     | DESCRIPTION OF RECEIPT  |                      |                       |
| f.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |                      |                       |
|     | DESCRIPTION OF RECEIPT  |                      |                       |

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

OFFSETS TO CONTRIBUTIONS RECEIVED \*

SCHEDULE F-2

1. Committee Name John Malin for City Council

2. ID #

3. Report covering period from 1/1/2012

thru 2/22/2012

| 4  | REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED  | DATE REFUND MADE | AMOUNT OF THE REFUND |
|----|--|------------------|----------------------|
|    | NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE |                  |                      |
| a. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>DESCRIPTION OF REFUND   |                  |                      |
| b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>DESCRIPTION OF REFUND   |                  |                      |
| c. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>DESCRIPTION OF REFUND   |                  |                      |
| d. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>DESCRIPTION OF REFUND   |                  |                      |
| e. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>DESCRIPTION OF REFUND   |                  |                      |
| f. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>DESCRIPTION OF REFUND   |                  |                      |

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-2 [If last page of Schedule F-2, transfer total to Detailed Summary Page, Line 4(E), Column A]

\* Includes return of contributions received by reporting committee

**DEBTS AND OBLIGATIONS (Excluding Loans)**

**SCHEDULE F-3**

1. Committee Name John Malin for City Council

2. ID #

3. Report covering period from 1/1/2012 thru 2/22/2012

| 4  | DEBTS AND OBLIGATIONS   | OUTSTANDING<br>BALANCE<br>BEGINNING<br>THIS PERIOD | AMOUNT INCURRED<br>THIS PERIOD | PAYMENT THIS<br>PERIOD | OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|----|---|--|--------------------------------|------------------------|---|
|    | NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED   |  |                                |                        |   |
| a. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |  |                                |                        |   |
|    | DESCRIPTION OF DEBT   |  |                                |                        |   |
| b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |  |                                |                        |   |
|    | DESCRIPTION OF DEBT   |  |                                |                        |   |
| c. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |  |                                |                        |   |
|    | DESCRIPTION OF DEBT   |  |                                |                        |   |
| d. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |  |                                |                        |   |
|    | DESCRIPTION OF DEBT   |  |                                |                        |   |
| e. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   |  |                                |                        |   |
|    | DESCRIPTION OF DEBT   |  |                                |                        |   |
| 5. | ENTER TOTAL OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD ONLY IF LAST PAGE OF SCHEDULE F-3 [Transfer total to Detail Summary Page Line 19, Column A] |  |                                |                        |   |