STATE OF ARIZONA
YAVAPAI COUNTY
POLITICAL COMMITTEE
CAMPAIGN FINANCE REPORT

FOR OFFICE USE ONLY

CITY OF COTTONWOOD RECEIVED AUG 26 2016

1. Tim Elinsky for Cottonwood Mayer
Full Name of Committee

1035 Cactus
Address

Cottonwood Az | 86326 | (928) 300-4148
City | Zip Code | Phone

2. _____
Sponsoring Organization (if applicable)

Name of Candidate and Office Sought (if applicable)

Email Address | Fax #

3. ID#

Primary Election: August 30, 2016
General Election: November 8, 2016

4.	REPORTING PERIOD (Please check appropriate box)	DUE BETWEEN
a.	☐ JANUARY 31 REPORT For Period of November 25, 2014 thru December 31, 2015	January 1 and January 31, 2016
b.	☐ JUNE 30 REPORT For Period of January 1 thru May 31, 2016	June 1 and June 30, 2016
c.	✔ PRE-PRIMARY ELECTION REPORT For Period of June 1 thru August 18, 2016	August 19 and August 26, 2016
d.	☐ POST-PRIMARY ELECTION REPORT For Period of August 19 thru September 19, 2016	September 20 and September 29, 2016
e.	☐ PRE-GENERAL ELECTION REPORT For Period of September 20 thru October 27, 2016	October 28 and November 4, 2016
f.	☐ POST-GENERAL ELECTION REPORT For Period of October 28 thru November 28, 2016	November 29 and December 8, 2016

5	Summary	Column A Total This Reporting Period	Column B Election Period Total to Date
5a	Total 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 (ending balance from the previous reporting period)	$ 562.67	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	$ 3,189.76	$ 5,304.83
5d	Subtotal (add lines b and c for column A and add lines a and c for column B)	$ 3,752.43	
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)	$ 1,797.97	$ 3,425.37
7	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	$ 1,954.46	

FOR OFFICE USE ONLY ☐ Entered in Database ☐ Posted to yavapai.us/electionsvr/

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

1. Committee Name Tim Elinsky for Cottonwood Mayer

2. ID #

3. Report covering period from 6 1 thru 8 19

	Column A this period	Column B Campaign to Date
RECEIPTS		
4. Contributions other than loans and in-kind:		
(a) Individuals – more than $50 (Total from Schedule A)	$970.00	$ 1,800.00
(b) Individuals – aggregate $50 or less (Total from Schedule A-1)	$1,342.79	$ 2,627.07
(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 [subtract 4(e) from 4(d)]		
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	$900.00	$ 900.00
(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)		$ 75.00
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)		
8. Total Receipts [add 4(f), 5(c), 6, and 7]	$3,212.79	$ 5,397.86
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	$ 1,797.97	$ 3,350.37
10. Independent Expenditures (Total from Schedule D-1)		
11. Value of In-kind expenditures (Total from Schedule E)		$ 75.00
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]	$ 1,797.97	$ 3,425.37
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. Total disbursements [subtract line 17 from line 16]	$ 1,797.97	$ 3,425.37
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.

Thomas Allen House

Type or Print Name of Treasurer

Signature of Treasurer or Candidate or Designating Individual

08/26/16

Date

CONTRIBUTIONS more than $50 - from INDIVIDUALS*

SCHEDULE A

2. ID#

1. Committee Name: Tim Elinsky for Cottonwood Mayer

3. Report covering period from: 6-1 2016 thru: 8-18 2016

4.	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a	Name: Elena Bullard Street Address: po box 68 City: Cornville State: Az Zip: Occupation: Employer:	07/22/16	$120.00	$120.00
b	Name: Ken Clark Street Address: City: State: Zip: Occupation: Employer:	07/26/16	$75.00	$75.00
c	Name: Diane Lenz Street Address: 613 W Navajo City: Flagstaff State: Az Zip: 86001 Occupation: rdt Employer:	08/08/16	$200.00	$200.00
d	Name: Bamb Dupont Street Address: 838 Joy CT City: Cottonwood State: Az Zip: 86326 Occupation: Employer:	08/09/16	$150.00	$150.00
e	Name: Sandy Booth Street Address: po box City: Clarkdale State: Az Zip: 86324 Occupation: Employer:	06/08/16	$50.00	$50.00
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [Transfer total to Detailed Summary Page, Line 4(a), 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: Tim Elinsky for Cottonwood Mayer

3. Report covering period from: 6-1 2016 thru: 8-18 2016

4.	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a	Name: JudyWasen Street Address: 1165 Willard RD City: Cottonwood State: Az Zip: Occupation: Employer:	06/08/16	100 ~~$50.00~~	100 ~~$50.00~~
b	Name: Monica Cave Street Address: 1015 Cactus City: Cottonwood State: Az Zip: 86326 Occupation: Employer:	06/08/16	$50.00	$50.00
c	Name: Kami Downing Street Address: po box 3734 City: Cottonwood State: Az Zip: 86326 Occupation: rdt Employer:	7-13 ~~7-13~~ ~~07/03/16~~	$50.00	$50.00
d	Name: Tosca Henry Street Address: po box 3192 City: Cottonwood State: Az Zip: 86326 Occupation: Employer:	7-13 ~~08/09/16~~	$100.00	$100.00
e	Name: Elana Farr Street Address: 633 E Dafe City: Cottonwood State: Az Zip: 86326 Occupation: Employer:	06/08/16	$25 ~~$50.00~~	$25 ~~$50.00~~
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [Transfer total to Detailed Summary Page, Line 4(a), 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: Tim Elinsky for Cottonwood Mayer

3. Report covering period from: 6 1 thru: 8 19

4.	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a	Name: Greg Noyes Street Address: 1830 Dart City: Cottonwood State: Az Zip: 86326 Occupation: Employer:	07/13/16	$50.00	$50.00
b	Name: Street Address: City: State: Zip: Occupation: Employer:			
c	Name: Street Address: City: State: Zip: Occupation: Employer:			
d	Name: Street Address: City: State: Zip: Occupation: Employer:			
e	Name: Street Address: City: State: Zip: Occupation: Employer:			
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [Transfer total to Detailed Summary Page, Line 4(a), Column A]		$970.00	$970.00

*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 Tim Elinsky for Cottonwood Mayer

3. Report covering period from _____ thru _____

4. Aggregate Total of Contributions of $50 or less

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
Fundraiser	$1,342.79	$1,342.79
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b) Column A]	6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]	1,342.79

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

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

1. Committee Name: Tim Elinsky for Cottonwood Mayer

2. ID#:

3. Report covering period from: 6 1 thru: 8 19

4.	CONTRIBUTIONS: IDENTITY OF CONTRIBUTOR AND DATE RECEIVED		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a	ID# / DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
b	ID# / DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
c	ID# / DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
d	ID# / DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
e	ID# / DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
f	ID# / DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
g	ID# / DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
h	ID# / DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
i	ID# / DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE B [if last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]			

CANDIDATE LOANS

SCHEDULE C

2. ID#

1. Committee Name Tim Elinsky for Cottonwood Mayer

3. Report covering period from _____ thru _____

4. LOANS MADE OR GUARANTEED BY CANDIDATE NAME, ADDRESS, FROM WHOM RECEIVED	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a Last: Elinsky First: Tim Initial: Street Address: 1035 Cactus City: Cottonwood State: Az Zip: 86326 Description:	06/03/16	$900.00	$900.00
b Last: First: Initial: Street Address: City: State: Zip: Description:			
c Last: First: Initial: Street Address: City: State: Zip: Description:			
d Last: First: Initial: Street Address: City: State: Zip: Description:			
e Last: First: Initial: Street Address: City: State: Zip: Description:			
5. ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A]			900

OTHER LOANS

SCHEDULE C-1

2. ID#

1. Committee Name Tim Elinsky for Cottonwood Mayer

3. Report covering period from 6 1 thru 8 19

4.	ALL OTHER LOANS NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OF LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID# Street Address City, State, Zip NAME OF ENDORSER OR GUARANTOR OF LOAN Street Address City, State, Zip Description			
b	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID# Street Address City, State, Zip NAME OF ENDORSER OR GUARANTOR OF LOAN Street Address City, State, Zip Description			
c	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID# Street Address City, State, Zip NAME OF ENDORSER OR GUARANTOR OF LOAN Street Address City, State, Zip Description			
d	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID# Street Address City, State, Zip NAME OF ENDORSER OR GUARANTOR OF LOAN Street Address City, State, Zip 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(b), Column A]			

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID#

1. Committee Name Tim Elinsky for Cottonwood Mayer

3. Report covering period from _____ thru _____

4.	EXPENDITURES NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
a	Name Office Max Street Address City Cottonwood State AZ Zip Description of Items or Services Purchased Misc Supplies	6-4	4.37
b	Name Office Max Street Address City Cottonwood State Zip Description of Items or Services Purchased Printing	6-5	43.74
c	Name Poks Creative Street Address City State AZ Zip Description of Items or Services Purchased ~~Printing~~ Fundraising Exp	6-7	1349.38
d	Name Chevron Flag Street Address City State Zip Description of Items or Services Purchased Supplies	6-9	$27.48
e	Name Tanya Printing Street Address City State Zip Description of Items or Services Purchased Website	6-21	29.00
f	Name Verde Events + Tents Street Address City Cottonwood State Zip Description of Items or Services Purchased Tent Rental	6-27	159.95
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [If last page of Schedule D, transfer total to Detailed Summary Page Line 9, Column A]		

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name: Tim Elinsky for Cottonwood Mayer

2. ID#:

3. Report covering period from _____ thru _____

4.	EXPENDITURES NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
a	Name: FaceBook Street Address: City / State / Zip: Description of Items or Services Purchased: Website	6-30	17.00
b	Name: Campaign Yard Tee Street Address: City / State / Zip: Description of Items or Services Purchased: Website	7-21	29.00
c	Name: Facebook Street Address: City / State / Zip: Description of Items or Services Purchased: Website	8-30	5.00
d	Name: PayPal Fees Street Address: City / State / Zip: Description of Items or Services Purchased:	1	48.01
e	Name: Street Address: City / State / Zip: Description of Items or Services Purchased:		
f	Name: Street Address: City / State / 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 Detailed Summary Page Line 9, Column A]		$ 1,797.97 ~~2176.96~~

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

2. ID#

1. Committee Name Tim Elinsky for Cottonwood Mayer

3. Report covering period from 6 1 thru 8 19

4.	INDEPENDENT EXPENDITURES IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITED OR OPPOSED	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
a	Name Street Address City / State / Zip Purpose and Description of Purchase / Benefited ☐ Opposed ☐ Candidate / Office Sought / Year of Election		
b	Name Street Address City / State / Zip Purpose and Description of Purchase / Benefited ☐ Opposed ☐ Candidate / Office Sought / Year of Election		
c	Name Street Address City / State / Zip Purpose and Description of Purchase / Benefited ☐ Opposed ☐ Candidate / Office Sought / Year of Election		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 [If last page of Schedule D-1, transfer total to Detailed Summary Page Line 10, Column A]		

* SEE A.R.S. §16-901(14)

I certify, under penalty of perjury, that the above stated independent expenditure(s) was not made in cooperation, consultation or concert with or at the request or suggestion of any candidate or any campaign committee or agent of that candidate.

Signature of Treasurer

NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WITHIN THE LAST SIX MONTHS	AMOUNT

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

1. Committee Name: Tim Elinsky for Cottonwood Mayer

2. ID#:

3. Report covering period from 6 1 thru 8 19

4.	LOANS MADE BY THE REPORTING COMMITTEE NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE	DATE LOAN MADE	AMOUNT OF LOAN
a	Committee Name / ID# / Address / City / State / Zip		
b	Committee Name / ID# / Address / City / State / Zip		
c	Committee Name / ID# / Address / City / State / Zip		
d	Committee Name / ID# / Address / City / State / Zip		
e	Committee Name / ID# / Address / City / State / Zip		
f	Committee Name / ID# / Address / City / State / Zip		
g	Committee Name / ID# / Address / City / State / Zip		
h	Committee Name / ID# / Address / City / State / Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [if last page of Schedule D-2, transfer total to Detailed Summary Page, Line 12, Column A]		

OFFSETS TO OPERATING EXPENSES

SCHEDULE D-3

2. ID#

1. Committee Name Tim Elinsky for Cottonwood Mayer

3. Report covering period from 6 1 thru 8 19

4.	REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED	DATE REFUND RECEIVED	AMOUNT OF THE REFUND
a	Name Street Address City State Zip Descrption of Refund		
b	Name Street Address City State Zip Descrption of Refund		
c	Name Street Address City State Zip Descrption of Refund		
d	Name Street Address City State Zip Descrption of Refund		
e	Name Street Address City State Zip Descrption of Refund		
f	Name Street Address City State Zip Descrption 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]		

REPAIRMENT OF CANDIDATE LOANS

SCHEDULE D-4

2. ID#

1. Committee Name Tim Elinsky for Cottonwood Mayer

3. Report covering period from 6 1 thru 8 19

4.	REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
a	Name Street Address City State Zip		
b	Name Street Address City State Zip		
c	Name Street Address City State Zip		
d	Name Street Address City State Zip		
e	Name Street Address City State Zip		
f	Name Street Address City State Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [if last page of Schedule D-4, transfer total to Detailed Summary Page, Line 13(a), Column A]		

REPAYMENT OF OTHER LOANS

SCHEDULE D-5

2. ID#

1. Committee Name Tim Elinsky for Cottonwood Mayer

3. Report covering period from 6 1 thru 8 19

4.	REPAYMENT OF ALL OTHER LOANS NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
a	Name and ID Number Street Address City State Zip		
b	Name and ID Number Street Address City State Zip		
c	Name and ID Number Street Address City State Zip		
d	Name and ID Number Street Address City State Zip		
e	Name and ID Number Street Address City State Zip		
f	Name and ID Number Street Address City State Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [if last page of scheduTransfer total to Detailed Summary Page, Line 13(b), Column A]		

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

2. ID#

1. Committee Name Tim Elinsky for Cottonwood Mayer

3. Report covering period from 6 1 thru 8 19

4.	TRANSFERS MADE BY THE REPORTING COMMITTEE NAME, ADDRESS AND ID# TO WHOM TRANSFER (DISBURSEMENT) WAS MADE	DATE TRANSFER WAS MADE	AMOUNT OF THE TRANSFER
a	Name and ID Number Street Address City State Zip		
b	Name and ID Number Street Address City State Zip		
c	Name and ID Number Street Address City State Zip		
d	Name and ID Number Street Address City State Zip		
e	Name and ID Number Street Address City State Zip		
f	Name and ID Number Street Address City State Zip		
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

2. ID#

1. Committee Name Tim Elinsky for Cottonwood Mayer

3. Report covering period from 6 1 thru 8 19

4.	ANY OTHER DISBURSEMENT NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION	DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
a	Name and ID Number Street Address City State Zip Description		
b	Name and ID Number Street Address City State Zip Description		
c	Name and ID Number Street Address City State Zip Description		
d	Name and ID Number Street Address City State Zip Description		
e	Name and ID Number Street Address City State Zip Description		
f	Name and ID Number Street Address City State Zip Description		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [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: Tim Elinsky for Cottonwood Mayer

2. ID#:

3. Report covering period from 6 1 thru 8 19

4.	IN-KIND CONTRIBUTIONS and EXPENDITURES NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN		DATE	FAIR MARKET VALUE
a	Name, Address, City, State, Zip, and ID#	CONTRIBUTION ☐ EXPENDITURE ☐		
	Description			
	Occupation	Employer		
b	Name, Address, City, State, Zip, and ID#	CONTRIBUTION ☐ EXPENDITURE ☐		
	Description			
	Occupation	Employer		
c	Name, Address, City, State, Zip, and ID#	CONTRIBUTION ☐ EXPENDITURE ☐		
	Description			
	Occupation	Employer		
d	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]			
6	ENTER TOTAL **IN-KIND EXPENDITURES** ONLY IF LAST PAGE OF SCHEDULE E [if last page of Schedule E, transfer total to Detailed Summary Page, Line 11, Column A]			

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

1. Committee Name: Tim Elinsky for Cottonwood Mayer

2. ID#:

3. Report covering period from 6 1 thru 8 19

4.	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS NAME AND ADDRESS OF INDIVIDUAL (OR NAME AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM THE RECEIPT WAS RECEIVED	DATE RECEIVED	AMOUNT OF THE RECEIPT
a	Name and ID Number Street Address City State Zip Description of Receipt		
b	Name and ID Number Street Address City State Zip Description of Receipt		
c	Name and ID Number Street Address City State Zip Description of Receipt		
d	Name and ID Number Street Address City State Zip Description of Receipt		
e	Name and ID Number Street Address City State Zip Description of Receipt		
f	Name and ID Number Street Address City State Zip 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

2. ID#

1. Committee Name Tim Elinsky for Cottonwood Mayer

3. Report covering period from 6 1 thru 8 19

4.	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED NAME AND ADDRESS OF INDIVIDUAL (OR NAME AND ID# OF THE POLITICAL COMMITTEE) TO WHOM THE REFUND WAS MADE; DESCRIPTION	DATE REFUND WAS MADE	AMOUNT OF THE REFUND
a	Name and ID Number Street Address City State Zip Description of Refund		
b	Name and ID Number Street Address City State Zip Description of Refund		
c	Name and ID Number Street Address City State Zip Description of Refund		
d	Name and ID Number Street Address City State Zip Description of Refund		
e	Name and ID Number Street Address City State Zip Description of Refund		
f	Name and ID Number Street Address City State Zip 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: Tim Elinsky for Cottonwood Mayer

2. ID#:

3. Report covering period from 6 1 thru 8 19

4.	DEBTS AND OBLIGATIONS NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
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 [if last page of Schedule F-3, transfer total to Detailed Summary Page, Line 19, Column A]				