**POLITICAL COMMITTEE**

# CITY/TOWN OF COTTONWOOD
# CAMPAIGN FINANCE REPORT
## 2013 March/May Regular Election

FOR OFFICE USE ONLY

Received 1/31/13

1. DAROLD SMITH
Full Name of Committee

2335 W DESERT WILLOW DR
Address

COTTONWOOD, 86326, YAVAPAI, 928 634 1978
City ZIP Code County Phone

2. _____
Sponsoring Organization or Candidate and office

DAROLD SMITH CITY COUNCIL
Name of Candidate and Office Sought (if applicable)

GLEGD1@CABLEONE.NET
E-Mail Address Fax #

3A. ID# CC-0513

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

- [X] January 31 Report - For Period of 1 Dec * thru December 31, 2012 ..... January 1, 2013 and January 31, 2013
- [ ] Pre-Primary Election Report - For Period of January 1, 2013 thru February 28, 2013 ..... March 1, 2013 and March 8, 2013
- [ ] Post-Primary Election Report - For Period of March 1, 2013 thru April 1, 2013 ..... April 2, 2013 and April 11, 2013
- [ ] Pre-General Election Report - For Period of April 2, 2013 thru May 9, 2013 ..... May 10, 2013 and May 17, 2013
- [ ] Post-General Election Report - For Period of May 10, 2013 thru June 10, 2013 ..... June 11, 2013 and June 20, 2013
- [ ] **January 31 Report - For Period of June 11, 2013 thru December 31, 2014 ..... January 1, 2015 and January 31, 2015

| 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) | | 0.00 |
| 5b Cash on Hand at the Beginning of this Reporting Period | 1050.00 | |
| 5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8) | 0 | 0 |
| 5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B] | 1050.00 | 1050.00 |
| 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) | 515.00 | 515.00 |
| 7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d] | 535.00 | 535.00 |

*Insert date which is 21 days after date of last election (A.R.S. §16-913).
**Other reports will be due before this reporting period if a special or recall election is held prior to the next general election.

# DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS



1. Committee Name: DAROLD SMITH

2. ID# CC0513

3. Report covering period from 1/18/2012 Thru 31/12/12

| RECEIPTS | COLUMN A THIS PERIOD | COLUMN B CAMPAIGN TO DATE |
|---|---|---|
| 4. Contributions other than loans and in-kind: | | |
| (a) Individuals - more than $50 (Total from Schedule A) | 1000.00 | 1000.00 |
| (b) Individuals - aggregate $50 or less (Total from Schedule A-1) | 50.00 | 50.00 |
| (c) Political Committees (Total from Schedule B) | | |
| (d) Subtotal Contributions [add 4(a), 4(b), and 4(c)] | | |
| (e) Refund of contributions (Total from Schedule F-2) | | |
| (f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)] | | |
| 5. (a) Loans made or guaranteed by candidate (Total from Schedule C) | | |
| (b) All other loans (Total from Schedule C-1) | | |
| (c) Total Loans [add 5(a) and 5(b)] | | |
| 6. In-kind contributions (Total from Schedule E) | | |
| 7. Dividends, interest, and other forms of receipts (Total from Schedule F-1) | | |
| 8. Total Receipts [add 4(f), 5(c), 6, and 7] | | |
| **DISBURSEMENTS** | | |
| 9. Expenditures for operating expenses (Total from Schedule D) | 515.00 | 515.00 |
| 10. Independent Expenditures (Total from Schedule D-1) | | |
| 11. Value of In-kind expenditures (Total from Schedule E) | | |
| 12. Loans made by reporting committee (Total from Schedule D-2) | | |
| 13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4) | | |
| (b) Repayment of all other loans (Total from Schedule D-5) | | |
| (c) Total Loan Repayments [add 13(a) and 13(b)] | | |
| 14. Transfers to other political committees (Total from Schedule D-6) | | |
| 15. Any other disbursement (Total from Schedule D-7) | | |
| 16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15] | 515.00 | 515.00 |
| 17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3) | — | — |
| 18. Total disbursements [subtract line 17 from line 16] | 515.00 | 515.00 |
| 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.

DAROLD SMITH

Type or Print Name of Treasurer

Darold Smith

Signature of Treasurer or Candidate or Designating Individual

1/15/13

Date

## CONTRIBUTIONS more than $50 - from INDIVIDUALS*

SCHEDULE **A**

1. Committee Name DAROLD SMITH

2. ID # CC-0513

3. Report covering period from 1/1/12 thru 12/12/12

| 4 | CONTRIBUTIONS<br>NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR | DATE RECEIVED | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|---|---|---|---|---|
| 4a. | LAST: SMITH FIRST: DAROLD MI: W<br>STREET ADDRESS: 1535 W DESERT WILLOW DR<br>CITY: COTTONWOOD STATE: AZ ZIP: 86326<br>OCCUPATION: P&D Auto Broker, Inc EMPLOYER: Self | 10/12/12 | 1000. | 1000. |
| b. | LAST FIRST MI<br>STREET ADDRESS<br>CITY STATE ZIP<br>OCCUPATION EMPLOYER | | | |
| c. | LAST FIRST MI<br>STREET ADDRESS<br>CITY STATE ZIP<br>OCCUPATION EMPLOYER | | | |
| d. | LAST FIRST MI<br>STREET ADDRESS<br>CITY STATE ZIP<br>OCCUPATION EMPLOYER | | | |
| e. | LAST FIRST MI<br>STREET ADDRESS<br>CITY STATE ZIP<br>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]* | | 1000. | 1000. |

*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

1. Committee Name DAROLD SMITH

2. ID # CC-05 13

3. Report covering period from 1/12/12 thru 31/12/12

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

| DESCRIPTION | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|---|---|---|
| PREMICK PROPERTIES<br>DAROLD SMITH | $50.00<br>~~$500.00~~ | $550.00<br>~~$500.00~~ |
| 5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A] | ~~$550.00~~<br>50.00 | 6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B] | $550.00 |

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

# CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE **B**

1. Committee Name _____

2. ID #

3. Report covering period from _____ thru _____

| 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 *[If last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]* | | | |

## CANDIDATE LOANS

SCHEDULE **C**

| | | |
|---|---|---|
| 1. | Committee Name | 2. ID # |
| 3. | Report covering period from _____ thru _____ | |

| 4. | **LOANS MADE OR GUARANTEED BY CANDIDATE**<br>NAME AND ADDRESS FROM WHOM RECEIVED | DATE RECEIVED | AMOUNT RECEIVED | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|---|---|---|---|---|
| 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 _____ 2. ID #

3. Report covering period from _____ thru _____

| 4 | ALL OTHER LOANS<br>NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN. | DATE LOAN RECEIVED | AMOUNT OF LOAN | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|---|---|---|---|---|
| 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

2. ID #

1. Committee Name DAROLD SMITH

3. Report covering period from 1/12/12 thru 31/12/12

| 4 | EXPENDITURES<br>NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE | DATE EXPENDITURE MADE | AMOUNT OF THE EXPENDITURE |
|---|---|---|---|
| 4a. | NAME, ADDRESS, CITY, STATE AND ZIP SIGN DEPOT<br>1813 E. COLONIAL DR<br>ORLANDO, FLA 32803<br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br>CAMPAIGN SIGNS | 12/6/12 | 290.00 |
| b. | NAME, ADDRESS, CITY, STATE AND ZIP MARK HOAGLAND SALES & CONSULTING<br>P.O. BOX 3051<br>SEDONA, AZ 86340<br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED<br>ADVERTISE | 12/21/12 | 225.00 |
| c. | NAME, ADDRESS, CITY, STATE AND ZIP<br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED | | |
| d. | NAME, ADDRESS, CITY, STATE AND ZIP<br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED | | |
| e. | NAME, ADDRESS, CITY, STATE AND ZIP<br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED | | |
| f. | NAME, ADDRESS, CITY, STATE AND ZIP<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]* | | 515.00 |

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

# INDEPENDENT EXPENDITURES*

SCHEDULE **D-1**

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____

| 4 | INDEPENDENT EXPENDITURES<br>IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED | DATE EXPENDITURE MADE | AMOUNT OF THE EXPENDITURE |
|---|---|---|---|
| 4a. | NAME, ADDRESS, CITY, STATE AND ZIP<br>PURPOSE AND DESCRIPTION OF PURCHASE Benefitted ☐ Opposed ☐<br>CANDIDATE OFFICE SOUGHT YEAR OF ELECTION | | |
| 4b. | NAME, ADDRESS, CITY, STATE AND ZIP<br>PURPOSE AND DESCRIPTION OF PURCHASE Benefitted ☐ Opposed ☐<br>CANDIDATE OFFICE SOUGHT YEAR OF ELECTION | | |
| 4c. | NAME, ADDRESS, CITY, STATE AND ZIP<br>PURPOSE AND DESCRIPTION OF PURCHASE Benefitted ☐ Opposed ☐<br>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 pently 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**

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____

| 4 | LOANS MADE BY THE REPORTING COMMITTEE<br>NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE | DATE LOAN MADE | AMOUNT OF THE LOAN |
|---|---|---|---|
| 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**

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____

| | REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES<br>NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED | DATE REFUND RECEIVED | AMOUNT OF THE REFUND |
|---|---|---|---|
| 4a. | NAME, ADDRESS, CITY, STATE, AND ZIP<br>DESCRIPTION OF REFUND | | |
| b. | NAME, ADDRESS, CITY, STATE, AND ZIP<br>DESCRIPTION OF REFUND | | |
| c. | NAME, ADDRESS, CITY, STATE, AND ZIP<br>DESCRIPTION OF REFUND | | |
| d. | NAME, ADDRESS, CITY, STATE, AND ZIP<br>DESCRIPTION OF REFUND | | |
| e. | NAME, ADDRESS, CITY, STATE, AND ZIP<br>DESCRIPTION OF REFUND | | |
| f. | NAME, ADDRESS, CITY, STATE, AND ZIP<br>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**

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____

| | REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE<br>NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE | DATE REPAYMENT MADE | AMOUNT OF THE REPAYMENT |
|---|---|---|---|
| 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**

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____

| 4 | REPAYMENT OF ALL OTHER LOANS<br>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 |
|---|---|---|---|
| 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**

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____

| 4 | TRANSFERS MADE BY THE REPORTING COMMITTEE<br>NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE)<br>TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE | DATE TRANSFER MADE | AMOUNT OF THE TRANSFER |
|---|---|---|---|
| 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 _____

2. ID #

3. Report covering period from _____ thru _____

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

2. ID #

3. Report covering period from _____ thru _____

| 4 | IN-KIND CONTRIBUTIONS and EXPENDITURES | | DATE | FAIR MARKET VALUE |
|---|---|---|---|---|
| | NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN | | | |
| 4a. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | 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 CONTRIBUTIONS 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**

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____

| 4 | DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS<br>NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED | DATE AMOUNT RECEIVED | AMOUNT OF THE RECEIPT |
|---|---|---|---|
| 4a. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br>DESCRIPTION OF RECEIPT | | |
| b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br>DESCRIPTION OF RECEIPT | | |
| c. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br>DESCRIPTION OF RECEIPT | | |
| d. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br>DESCRIPTION OF RECEIPT | | |
| e. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br>DESCRIPTION OF RECEIPT | | |
| f. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br>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 _____

3. Report covering period from _____ thru _____

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

2. ID #

3. Report covering period from _____ thru _____

| 4 | **DEBTS AND OBLIGATIONS**<br>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 *[Transfer total to Detail Summary Page Line 19, Column A]* | | | | |