

PINAL COUNTY  
POLITICAL COMMITTEE  
CAMPAIGN FINANCE REPORT

PINAL COUNTY  
ELECTIONS DEPARTMENT

2012 AUG 22 AM 11:00

1. Republicans to Elect John R Acton  
Full Name of Committee

Address  
28549 N. Dolomite Ln 85143 480 888 8353  
City Zip Code Phone

3. ID#

2. San Tan Valley  
Sponsoring Organization (if applicable)

Name of Candidate and Office Sought (if applicable)  
John R. Acton  
Email Address Fax #  
JACTON4@Cox.Net

Primary Election: August 28, 2012  
General Election: November 6, 2012

4. Reporting Period	(Please Check Appropriate Box)	Due Between
a	<input type="checkbox"/> JANUARY 31ST REPORT - For Period of November 23, 2010 through December 31, 2011	Jan. 1, 2012 and Jan. 31, 2012
b	<input type="checkbox"/> JUNE 30TH REPORT - For Period of January 1, 2012 through May 31, 2012	June 1, 2012 and July 2, 2012
c	<input checked="" type="checkbox"/> PRE-PRIMARY ELECTION REPORT - For Period of June 1, 2012 through August 16, 2012	Aug. 17, 2012 and Aug. 24, 2012
d	<input type="checkbox"/> POST-PRIMARY ELECTION REPORT - For Period of August 17, 2012 through September 17, 2012	Sept. 18, 2012 and Sept. 27, 2012
e	<input type="checkbox"/> PRE-GENERAL ELECTION REPORT - For Period of September 18, 2012 through October 25, 2012	Oct. 26, 2012 and Nov. 2, 2012
f	<input type="checkbox"/> POST-GENERAL ELECTION REPORT - For Period of October 26, 2012 through November 26, 2012	Nov. 27, 2012 and Dec. 6, 2012

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)		0
5b	Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period)	\$ 3000.00	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	\$ 1669.38 <del>0790.00</del>	
5d	Subtotal (add lines b and c for column A and add lines a and c for column B)	0.00	0.00
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]		0
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	\$ 3945.52	
7.	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	1800.00	



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

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4.		CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
		NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR				
a	Name		0	0	0	
	Street Address					
	City	State				Zip
	Occupation	Employer				
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]					

\*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.

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

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
○	○	○
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]

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.

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

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

CONTRIBUTIONS		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
IDENTITY OF CONTRIBUTOR AND DATE RECEIVED				
4. a	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]			

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

LOANS MADE OR GUARANTEED BY CANDIDATE				DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, FROM WHOM RECEIVED						
4.						
4a	Last	First	Initial	0	0	0
	Street Address					
	City	State	Zip			
	Description					
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]					

ALL OTHER LOANS		DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4.	NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OF LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN			
a	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#	0	1	1
	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]			

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

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

EXPENDITURES				DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4.	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE				
a	Name			9	0
	Street Address				
	City	State	Zip		
	Description of Items or Services Purchased				
b	Name				
	Street Address				
	City	State	Zip		
	Description of Items or Services Purchased				
c	Name				
	Street Address				
	City	State	Zip		
	Description of Items or Services Purchased				
d	Name				
	Street Address				
	City	State	Zip		
	Description of Items or Services Purchased				
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. Committee Name \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

INDEPENDENT EXPENDITURES				DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4. IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITED OR OPPOSED					
a	Name			0	0
	Street Address				
	City	State	Zip		
	Purpose and Description of Purchase		Benefited <input type="checkbox"/> Opposed <input type="checkbox"/>		
	Candidate	Office Sought	Year of Election		
b	Name				
	Street Address				
	City	State	Zip		
	Purpose and Description of Purchase		Benefited <input type="checkbox"/> Opposed <input type="checkbox"/>		
	Candidate	Office Sought	Year of Election		
c	Name				
	Street Address				
	City	State	Zip		
	Purpose and Description of Purchase		Benefited <input type="checkbox"/> Opposed <input type="checkbox"/>		
	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

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

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4. LOANS MADE BY THE REPORTING COMMITTEE			DATE LOAN MADE	AMOUNT OF LOAN	
NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE					
a	Committee Name		ID#	D	0
	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]				

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

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4. 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			
a	Name	9	0
	Street Address		
	City State Zip		
	Description of Refund		
b	Name		
	Street Address		
	City State Zip		
	Description of Refund		
c	Name		
	Street Address		
	City State Zip		
	Description of Refund		
d	Name		
	Street Address		
	City State Zip		
	Description of Refund		
e	Name		
	Street Address		
	City State Zip		
	Description of Refund		
f	Name		
	Street Address		
	City State 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

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

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4.	REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
	NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
a	Name	①	①
	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)		

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

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4.	REPAYMENT OF ALL OTHER LOANS			DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE				
a	Name and ID Number			0	0
	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]				

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

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4.	TRANSFERS MADE BY THE REPORTING COMMITTEE		DATE TRANSFER WAS MADE	AMOUNT OF THE TRANSFER
	NAME, ADDRESS AND ID# TO WHOM TRANSFER (DISBURSEMENT) WAS MADE			
a	Name and ID Number		0	0
	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]			

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

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4.	ANY OTHER DISBURSEMENT	DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION			
a	Name and ID Number Street Address City State Zip Description	0	0
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)		

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

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

IN-KIND CONTRIBUTIONS and EXPENDITURES		DATE	FAIR MARKET VALUE
4.	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN		
a	Name, Address, City, State, Zip, and ID#  CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input checked="" type="checkbox"/>  Description  Occupation Employer	9	0
b	Name, Address, City, State, Zip, and ID#  CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/>  Description  Occupation Employer		
c	Name, Address, City, State, Zip, and ID#  CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/>  Description  Occupation Employer		
d	Name, Address, City, State, Zip, and ID#  CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/>  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)		

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

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4.	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS			DATE RECEIVED	AMOUNT OF THE RECEIPT
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM THE RECEIPT WAS RECEIVED				
a	Name and ID Number			9	0
	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]				

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

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4.	<b>REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED</b>	DATE REFUND WAS MADE	AMOUNT OF THE REFUND
a	NAME AND ADDRESS OF INDIVIDUAL (OR NAME AND ID# OF THE POLITICAL COMMITTEE) TO WHOM THE REFUND WAS MADE; DESCRIPTION  Name and ID Number  Street Address  City State Zip  Description of Refund	0	0
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

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

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4.	DEBTS AND OBLIGATIONS	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE 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	0	0	0	0
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]				