



PINAL COUNTY
wide open opportunity

STATE OF ARIZONA
PINAL COUNTY
POLITICAL COMMITTEE
CAMPAIGN FINANCE REPORT

FOR OFFICE USE ONLY
PINAL COUNTY
ELECTIONS DEPARTMENT

2012 AUG 27 AM 9:57

Received
Certified Mail

C20120417

1. Campaign To Elect Robert Almaguer

Full Name of Committee

1326 N. PINAL AVE

Address

CASA Grande AZ 85122 (520) 483-8632

City

Zip Code

Phone

2. Sponsoring Organization (if applicable)

Name of Candidate and Office Sought (if applicable)

Almaguer - 1962 @ yahoo.com

Email Address

Fax #

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)		
5b	Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period)	1985.00	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)		
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]		
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	1854.00	
7.	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	COH 8/24/2012 211.00	

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Committee to Elect Robert Almaguer 2. ID# 020120417

3. Report covering period from _____ thru Aug 24, 2012

4.	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR			
a	Name <u>Ted Lowenthal</u> Street Address <u>1326 N. Pinal Ave</u> City <u>Casa Grande</u> State <u>AZ</u> Zip <u>85122</u> Occupation <u>Pawn Broker</u> Employer _____	<u>200⁰⁰</u>	<u>238⁰⁰</u>	<u>438⁰⁰</u>
b	Name <u>Robin L Triplett</u> Street Address <u>14094 Noble Circle</u> City <u>Casa Grande</u> State <u>AZ</u> Zip <u>85122</u> Occupation <u>Pawn Broker</u> Employer _____	<u>200⁰⁰</u>	<u>238⁰⁰</u>	<u>438⁰⁰</u>
c	Name <u>Lydia Almaguer</u> Street Address _____ City _____ State _____ Zip _____ Occupation _____ Employer _____	<u>200⁰⁰</u>	<u>238⁰⁰</u>	<u>438⁰⁰</u>
d	Name <u>Juanita Almaguer</u> Street Address _____ City _____ State _____ Zip _____ Occupation _____ Employer _____	<u>200⁰⁰</u>	<u>238⁰⁰</u>	<u>438⁰⁰</u>
e	Name <u>Sierra R. Lowenthal</u> Street Address <u>1326 N. Pinal</u> City <u>Casa Grande</u> State <u>AZ</u> Zip _____ Occupation _____ Employer _____		<u>438⁰⁰</u>	<u>438⁰⁰</u>
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.

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4.	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR			
a	Name <u>Kent Horn</u> Street Address _____ City _____ State _____ Zip _____ Occupation _____ Employer _____	<u>150⁰⁰</u>	<u>288⁰⁰</u>	<u>438⁰⁰</u>
b	Name <u>Christie Triplett</u> Street Address <u>14094 N. Lirche</u> City <u>CASA Grande</u> State <u>Az</u> Zip <u>85122</u> Occupation <u>Jewelry Gold Rush Jewelcrystalore</u> Employer _____		<u>322⁰⁰</u>	<u>322⁰⁰</u>
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]		<u>2000⁰⁰</u>	<u>2950⁰⁰</u>

*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

2. ID#

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.

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

2. ID#

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# 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 _____

3. Report covering period from _____ thru _____

	LOANS MADE OR GUARANTEED BY CANDIDATE	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																								
4.	NAME, ADDRESS, FROM WHOM RECEIVED																											
4a	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: none;">Last</td> <td style="width: 40%; border: none;">A & R. Towing</td> <td style="width: 10%; border: none;">First</td> <td style="width: 10%; border: none;"></td> <td style="width: 10%; border: none;">Initial</td> <td style="width: 10%; border: none;"></td> </tr> <tr> <td style="border: none;">Street Address</td> <td colspan="5" style="border: none;"></td> </tr> <tr> <td style="border: none;">City</td> <td style="border: none;"></td> <td style="border: none;">State</td> <td style="border: none;"></td> <td style="border: none;">Zip</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Description</td> <td colspan="5" style="border: none;">Loan</td> </tr> </table>	Last	A & R. Towing	First		Initial		Street Address						City		State		Zip		Description	Loan						2000.00	3000.00
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City		State		Zip																								
Description	Loan																											
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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]																											

OTHER LOANS

SCHEDULE C-1

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

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# 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 _____

3. Report covering period from _____ thru _____

EXPENDITURES		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE			
a	Name <u>Lifestyles Mag. AtoZ media</u> Street Address _____ City _____ State _____ Zip _____ Description of Items or Services Purchased _____	Total <u>1419.00</u> \$ <u>823.31</u> <u>06/21/2012</u> <u>596.00 08/22/2012</u>	<u>1419.00</u> <u>\$596.00</u>
b	Name <u>Go Daddy Domain</u> Street Address _____ City _____ State _____ Zip _____ Description of Items or Services Purchased _____	<u>08/21/2012</u>	<u>87.00</u>
c	Name <u>Tri-Valley Dispatch</u> Street Address _____ City _____ State _____ Zip _____ Description of Items or Services Purchased _____	<u>08/22/2012</u>	<u>146.00</u>
d	Name <u>Dispatch Xtra Add</u> Street Address _____ City _____ State _____ Zip _____ Description of Items or Services Purchased _____	<u>07/20/2012</u>	<u>100.00</u>
e	Name <u>Magnetic Sign Co-</u> Street Address _____ City _____ State _____ Zip _____ Description of Items or Services Purchased _____	<u>07/09/2012</u>	<u>900.00</u>
f	Name <u>Food Fun Drinks Door Prize</u> Street Address _____ City _____ State _____ Zip _____ Description of Items or Services Purchased _____	<u>7/11/2012</u>	<u>25.00</u>
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]		<u>1854.00</u>

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

2. ID#

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 <hr/> Street Address <hr/> City _____ State _____ Zip _____ <hr/> Purpose and Description of Purchase _____ Benefited <input type="checkbox"/> Opposed <input type="checkbox"/> <hr/> Candidate _____ Office Sought _____ Year of Election _____		
b	Name <hr/> Street Address <hr/> City _____ State _____ Zip _____ <hr/> Purpose and Description of Purchase _____ Benefited <input type="checkbox"/> Opposed <input type="checkbox"/> <hr/> Candidate _____ Office Sought _____ Year of Election _____		
c	Name <hr/> Street Address <hr/> City _____ State _____ Zip _____ <hr/> Purpose and Description of Purchase _____ Benefited <input type="checkbox"/> Opposed <input type="checkbox"/> <hr/> 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.

[Handwritten Signature]
 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 _____

2. ID#

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Committee Name</td> <td>ID#</td> </tr> <tr> <td colspan="3">Address</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> </table>	Committee Name		ID#	Address			City	State	Zip		
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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

1. Committee Name _____

2. ID#

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		
	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

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name _____

2. ID#

3. Report covering period from _____ thru _____

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

1. Committee Name _____

2. ID#

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		
	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

1. Committee Name _____

2. ID#

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			
	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

1. Committee Name _____

2. ID#

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			
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 _____

2. ID# _____

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		
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)		

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

1. Committee Name _____

2. ID#

3. Report covering period from _____ thru _____

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

2. ID#

3. Report covering period from _____ thru _____

4.	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED	DATE REFUND WAS MADE	AMOUNT OF THE REFUND
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME AND ID# OF THE POLITICAL COMMITTEE) TO WHOM THE REFUND WAS MADE; DESCRIPTION		
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 _____

2. ID#

3. Report covering period from _____ thru _____

	DEBTS AND OBLIGATIONS	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
4.	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 [if last page of Schedule F-3, transfer total to Detailed Summary Page, Line 19, Column A]				