

PINAL COUNTY
ELECTIONS DEPARTMENT

2012 DEC 10 11:30:02 FOR OFFICE USE ONLY



PINAL COUNTY
wide open opportunity

STATE OF ARIZONA
PINAL COUNTY
POLITICAL COMMITTEE
CAMPAIGN FINANCE REPORT

1. Roberto Amarguer
Full Name of Committee

1026 N Pinal AVE
Address

Casa Grande 85122 520-483-8632
City Zip Code Phone

3. ID#

2. Roberto Amarguer County Sup. # 3
Sponsoring Organization (if applicable)

Name of Candidate and Office Sought (if applicable)

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

Email Address Fax #

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 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 checked="" 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	Column B
		Total This Reporting Period	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)		
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)		
7.	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)		

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

2. ID#

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			
	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.

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#	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

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: 33%;">Last</td> <td style="width: 33%;">First</td> <td style="width: 33%;">Initial</td> </tr> <tr> <td colspan="3">Street Address</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td colspan="3">Description</td> </tr> </table>	Last	First	Initial	Street Address			City	State	Zip	Description					
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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]															

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
4.	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE		
a	Name 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]		

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																	
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Name																		
Street Address																		
City	State	Zip																
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Street Address																		
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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 _____

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	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

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Name</td> <td colspan="3">Roberto Almaguer</td> </tr> <tr> <td>Street Address</td> <td colspan="3">1687 E Elegante Dr.</td> </tr> <tr> <td>City</td> <td style="width: 15%;">State</td> <td style="width: 15%;">Zip</td> <td></td> </tr> <tr> <td>Casa Grande</td> <td>AZ</td> <td>85122</td> <td></td> </tr> </table>	Name	Roberto Almaguer			Street Address	1687 E Elegante Dr.			City	State	Zip		Casa Grande	AZ	85122			690.11
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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 schedule Transfer 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">Name, Address, City, State, Zip, and ID#</td> <td style="padding: 2px;">CONTRIBUTION <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">EXPENDITURE <input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Description</td> </tr> <tr> <td style="padding: 2px;">Occupation</td> <td style="padding: 2px;">Employer</td> </tr> </table>	Name, Address, City, State, Zip, and ID#	CONTRIBUTION <input type="checkbox"/>		EXPENDITURE <input checked="" type="checkbox"/>	Description		Occupation	Employer		
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	EXPENDITURE <input type="checkbox"/>										
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Occupation	Employer										
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	EXPENDITURE <input type="checkbox"/>										
Description											
Occupation	Employer										
d	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">Name, Address, City, State, Zip, and ID#</td> <td style="padding: 2px;">CONTRIBUTION <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">EXPENDITURE <input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Description</td> </tr> <tr> <td style="padding: 2px;">Occupation</td> <td style="padding: 2px;">Employer</td> </tr> </table>	Name, Address, City, State, Zip, and ID#	CONTRIBUTION <input type="checkbox"/>		EXPENDITURE <input type="checkbox"/>	Description		Occupation	Employer		
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		
	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

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]				



STATE OF ARIZONA
POLITICAL COMMITTEE
TERMINATION STATEMENT

PINAL COUNTY
wide open opportunity

A.R.S. 16-914; A.R.S. §16-915.01

FOR OFFICE USE ONLY
PINAL COUNTY
ELECTIONS DEPARTMENT

2012 DEC 10 PM 3:02

1. Committee to Elect Robert Almaguer
Full Name of Committee

1326 N. PINAL AVE
Address

CASA GRANDE AZ 85122 Pinal (520) 836-7774
City ZIP Code County Phone #

2. Committee to Elect Robert Almaguer
Sponsoring Organization or Candidate and Office e-mail address Fax #

3. ID#
C20120417

SELECT THE BOXES THAT APPLY:

A. This is to certify that all contributions received and all expenditures made on behalf of the political committee indicated above have been reported as required by A.R.S. §16-913. We further certify that the political committee will no longer receive any contributions or make any disbursements, that the committee has no outstanding debts or obligations, and that any surplus monies have been disposed of pursuant to A.R.S. §16-915.01.

Please mark the appropriate statement below to indicate which campaign finance report states the disposition of any surplus monies.

- The disposition of surplus monies was submitted on the campaign finance report filed on _____.
- The disposition of surplus monies is reported on the attached campaign finance report.

B. This committee hereby terminates all activity within the jurisdiction of _____

_____ and asserts that the committee intends
(insert applicable district, town, city, county, or, if out-of-state committee, State of Arizona)
to remain active in other jurisdictions and that the committee's remaining monies shall be used for activity in other jurisdictions.

C. This committee has transferred the committee's debts and obligations to a subsequent committee.

Please enter the full name and ID# of the committee into which debts and obligations have been transferred.
Committee to Elect Robert Almaguer C20120417
Name of Committee ID#

We, CINDY GARCIA and TED S. LOWENTHAL, certify under
(Name of Chairman and Treasurer - Printed)
penalty of perjury that this statement of termination pursuant to A.R.S. §16-914 is true and complete.

Cindy Garcia
Signature of Chairman

Ted S Lowenthal
Signature of Treasurer

PINAL COUNTY ELECTIONS DEPARTMENT
RECEIPT

FOR OFFICIAL
USE ONLY

- SPECIAL
 PRIMARY
 GENERAL
- DEMOCRAT
 REPUBLICAN
 OTHER

Voter Registration ID# _____ Pct. _____
Political Organization ID# C.2012 04 17

APPLICATION for ID Number _____ RECALL INITIATIVE REFERENDUM

NAME OF COMMITTEE/Candidate Filing: Committee to Elect Robert Amarguer

For the Office of: Supervisor District No. 3

_____ Nomination Petitions containing _____ names, subject to verification

Additional Nomination Petitions containing _____ names, subject to verification

Nomination Paper/Affidavit of Qualification/Campaign Finance Laws Statement/Notarized

Financial Disclosure Statement

Write-In Candidate Nomination paper/Affidavit of Qualification/Campaign Finance Laws Statement

REPORTING PERIOD

Statement of Organization

Amended Filing (Indicate which Report _____)

Candidate \$500 Threshold Exemption Statement

January 31 Report

June 30 Report

Pre-Primary Election Report

Post-Primary Election Report

Pre-General Election Report

Post-General Election Report

January 31 Report

No Activity Report (Indicate which Report _____)

Termination Statement

OTHER _____

This is an acknowledgment that all forms required by law have been filed with the Pinal Co. Elections Department.

RECEIVED this 10th day of December, 2012

Regular mail By Certified mail (Post date _____); or in person by:

SIGNATURE/Candidate/Representative: Robert Amarguer

Elections Dept./Initials SO Dropped off by: _____

Fine (for failure to file on time) Days late 2, Report not filed _____ \$ 20.00

Original: Office Yellow: Filer