

STATE OF ARIZONA
PINAL COUNTY
POLITICAL COMMITTEE
CAMPAIGN FINANCE REPORT

1. COMMITTEE TO ELECT STEVEN BOYD TREASURER
Full Name of Committee

Full Name of Committee

702 E NANCY AV
Address

Address

SANTAN VALLEY AZ 85140
City Zip Code

480.444.6990
Phone

3. ID#

C 20120119

2. _____
Sponsoring Organization (if applicable)

Sponsoring Organization (if applicable)

STEVEN BOYD (TREASURER)
Name of Candidate and Office Sought (if applicable)

Name of Candidate and Office Sought (if applicable)

STEVENB1947@YAHOO.COM
Email Address

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 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 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)		64.31
5b	Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period)	64.31	
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)		

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	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			

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]

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	0
	DATE RECEIVED		0
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		

1. Committee Name _____

2. ID# _____

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	Last	First	Initial			
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(c), Column A1]

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			

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				

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="3">Name</td></tr> <tr><td colspan="3">Street Address</td></tr> <tr> <td style="width: 30%;">City</td> <td style="width: 20%;">State</td> <td style="width: 10%;">Zip</td> </tr> <tr> <td colspan="2">Purpose and Description of Purchase</td> <td style="text-align: right;">Benefited <input type="checkbox"/> Opposed <input type="checkbox"/></td> </tr> <tr> <td>Candidate</td> <td>Office Sought</td> <td>Year of Election</td> </tr> </table>	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		
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																
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City	State	Zip																
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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

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	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" style="padding: 2px;">Committee Name</td> <td style="padding: 2px;">ID#</td> </tr> <tr> <td colspan="3" style="padding: 2px;">Address</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">State</td> <td style="padding: 2px;">Zip</td> </tr> </table>	Committee Name		ID#	Address			City	State	Zip		
Committee Name		ID#										
Address												
City	State	Zip										
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Address												
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Address												
City	State	Zip										
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Address												
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Address												
City	State	Zip										
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Committee Name		ID#										
Address												
City	State	Zip										

OFFSETS TO OPERATING EXPENSES*

2. ID#

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		
	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		

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

2. ID#

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 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 _____

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

2. ID#

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		
	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 COMMITTEE TO ELECT STEVEN DEAD

2. ID#

3. Report covering period from 11/7 - 12/7 thru 12/7

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 <u>GAS & MISC</u>	<u>11/10/07</u>	<u>6431</u>
	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		

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

2. ID#

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# Description Occupation	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input checked="" type="checkbox"/> Employer	
b	Name, Address, City, State, Zip, and ID# Description Occupation	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> Employer	
c	Name, Address, City, State, Zip, and ID# Description Occupation	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> Employer	
d	Name, Address, City, State, Zip, and ID# Description Occupation	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> 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]		

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

2. ID#

1. Committee Name _____

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		

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	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 <hr/> Street Address <hr/> City State Zip <hr/> Description of Refund	/	/
b	Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> Description of Refund		
c	Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> Description of Refund		
d	Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> Description of Refund		
e	Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> Description of Refund		
f	Name and ID Number <hr/> Street Address <hr/> City State Zip		

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

2. ID#

1. Committee Name _____

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	<div style="border: 1px solid black; padding: 2px;">Name, Address, City, State, Zip, and ID#</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Description of Debt</div>				
b	<div style="border: 1px solid black; padding: 2px;">Name, Address, City, State, Zip, and ID#</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Description of Debt</div>				
c	<div style="border: 1px solid black; padding: 2px;">Name, Address, City, State, Zip, and ID#</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Description of Debt</div>				
d	<div style="border: 1px solid black; padding: 2px;">Name, Address, City, State, Zip, and ID#</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Description of Debt</div>				
e	<div style="border: 1px solid black; padding: 2px;">Name, Address, City, State, Zip, and ID#</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Description of Debt</div>				

1. COMMITTEE TO ELECT STEVEN BOGD TREASURER
Full Name of Committee

702 E NANCY AV
Address

SANTAN VALLEY AZ 85140 PNAL H80-444-6990
City ZIP Code County Phone #

2. STEVEN B 1947 @xalso.com
Sponsoring Organization or Candidate and Office e-mail address Fax #

3. ID #

N 20120119

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.

 Name of Committee

 ID#

We, JOHN R ACTON, 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.

JOHN R ACTON