



STATE OF ARIZONA  
 PINAL COUNTY  
 POLITICAL COMMITTEE  
**CAMPAIGN FINANCE REPORT**

PINAL COUNTY  
*wide open opportunity*

FOR OFFICE USE ONLY  
 PINAL COUNTY  
 ELECTIONS DEPARTMENT  
 2012 NOV -8 AM 10:05

1. Alicia for Supervisor  
 Full Name of Committee  
1995 W. American Ave  
 Address  
Oracle 85623 609-7484  
 City Zip Code Phone

3. ID#

2. \_\_\_\_\_  
 Sponsoring Organization (if applicable)  
 \_\_\_\_\_  
 Name of Candidate and Office Sought (if applicable)  
 \_\_\_\_\_  
 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"/> <b>JANUARY 31ST REPORT -</b> For Period of November 23, 2010 through December 31, 2011	Jan. 1, 2012 and Jan. 31, 2012
b	<input type="checkbox"/> <b>JUNE 30TH REPORT -</b> For Period of January 1, 2012 through May 31, 2012	June 1, 2012 and July 2, 2012
c	<input type="checkbox"/> <b>PRE-PRIMARY ELECTION REPORT -</b> For Period of June 1, 2012 through August 16, 2012	Aug. 17, 2012 and Aug. 24, 2012
d	<input type="checkbox"/> <b>POST-PRIMARY ELECTION REPORT -</b> For Period of August 17, 2012 through September 17, 2012	Sept. 18, 2012 and Sept. 27, 2012
e	<input checked="" type="checkbox"/> <b>PRE-GENERAL ELECTION REPORT -</b> For Period of September 18, 2012 through October 25, 2012	Oct. 26, 2012 and Nov. 2, 2012
f	<input type="checkbox"/> <b>POST-GENERAL ELECTION REPORT -</b> 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)	17,086. <sup>54</sup> <del>350.<sup>44</sup></del>	
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)	17,336. <sup>54</sup>	17,336. <sup>54</sup>
7.	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	350. <sup>44</sup>	350. <sup>44</sup>



**CONTRIBUTIONS more than \$25 - from INDIVIDUALS\***

**SCHEDULE A**

1. Committee Name \_\_\_\_\_ *n/a* \_\_\_\_\_

2. ID# \_\_\_\_\_

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.





CANDIDATE LOANS

SCHEDULE C

2. ID#

1. Committee Name Alicia for Supervisor

3. Report covering period from 9-18-12 thru 10-25-12

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 <u>Bristow</u>	First <u>Alicia</u>	Initial <u>S</u>	<u>10-9-12</u>	<u>15,000</u>	<u>15,000</u>
	Street Address <u>1995 W. American Ave, AZ 85023</u>					
	City <u>Wire Transfer</u>	State	Zip			
	Description					
b	Last <u>Bristow</u>	First <u>Alicia</u>	Initial <u>S</u>	<u>10-23-12</u>	<u>1,000</u>	<u>16,000</u>
	Street Address <u>1995 W. American Ave, AZ 85023</u>					
	City <u>Wire Transfer</u>	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]					<u>16,000</u>

**EXPENDITURES FOR OPERATING EXPENSES\***

**SCHEDULE D**

2. ID#

1. Committee Name Alicia for Supervisor

3. Report covering period from 9-18-12 thru 10-25-12

	EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4.	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE		
a	Name <u>MBQF Consulting LLC</u> Street Address <u>1102 N. 84th PL</u> City <u>Scottsdale</u> State <u>AZ</u> Zip <u>85257</u> Description of Items or Services Purchased <u>mail piece</u>	10-1-12	2700. <sup>00</sup>
b	Name <u>MBQF Consulting LLC</u> Street Address <u>1102 N. 84th PL</u> City <u>Scottsdale</u> State <u>AZ</u> Zip <u>85257</u> Description of Items or Services Purchased <u>Direct mailer</u>	9-20-12	5400. <sup>00</sup>
c	Name <u>MBQF Consulting LLC</u> Street Address <u>1102 N 84th PL</u> City <u>Scottsdale</u> State <u>AZ</u> Zip <u>85257</u> Description of Items or Services Purchased <u>palm cards</u>	9-20-12	500. <sup>00</sup>
d	Name <u>MBQF Consulting LLC</u> Street Address <u>1102 N. 84th PL</u> City <u>Scottsdale</u> State <u>AZ</u> Zip <u>85257</u> Description of Items or Services Purchased <u>Direct Mailer</u>	9-19-12	3200. <sup>00</sup>
e	Name <u>MBQF Consulting LLC</u> Street Address <u>1102 N. 84th PL</u> City <u>Scottsdale</u> State <u>AZ</u> Zip <u>85257</u> Description of Items or Services Purchased	10-6-12	5400. <sup>00</sup>
f	Name <u>San Manuel Miner/Copper Corridor</u> Street Address City <u>San Manuel</u> State <u>AZ</u> Zip <u>85031</u> Description of Items or Services Purchased <u>Ad's</u>	10-3-12	136. <sup>10</sup>
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>1,7336.<sup>10</sup></u>

**LOANS MADE BY REPORTING COMMITTEE**

**SCHEDULE D-2**

1. Committee Name Alicia for Supervisor

2. ID#

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

	<b>LOANS MADE BY THE REPORTING COMMITTEE</b>	DATE LOAN MADE	AMOUNT OF LOAN
4.	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE		
a	Committee Name <span style="float: right;">ID#</span> <div style="text-align: center; font-size: 2em; margin: 5px 0;">n/a</div> Address City State Zip		
b	Committee Name <span style="float: right;">ID#</span> Address City State Zip		
c	Committee Name <span style="float: right;">ID#</span> Address City State Zip		
d	Committee Name <span style="float: right;">ID#</span> Address City State Zip		
e	Committee Name <span style="float: right;">ID#</span> Address City State Zip		
f	Committee Name <span style="float: right;">ID#</span> Address City State Zip		
g	Committee Name <span style="float: right;">ID#</span> Address City State Zip		
h	Committee Name <span style="float: right;">ID#</span> 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 Alicia For Supervisor

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 <span style="float: right; font-size: 2em;">n/a</span> Street Address City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span> Description of Refund		
b	Name Street Address City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span> Description of Refund		
c	Name Street Address City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span> Description of Refund		
d	Name Street Address City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span> Description of Refund		
e	Name Street Address City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span> Description of Refund		
f	Name Street Address City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span> 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

**INDEPENDENT EXPENDITURES\***

**SCHEDULE D-1**

1. Committee Name Alicia For Supervisor  
 3. Report covering period from 9-18-12 thru 10-25-12

2. ID# \_\_\_\_\_

INDEPENDENT EXPENDITURES		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE		
4. IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITED OR OPPOSED					
a Name <u>n/a</u>					
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

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name Alicia for Supervisor

2. ID#

3. Report covering period from 9-18-12 thru 10-25-12

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 <u>Alicia Bristow</u> Street Address <u>1995 W. American Ave, AZ 85223</u> City _____ State _____ Zip _____	<u>9-19-12</u>	<u>3200.00</u>
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]		<u>3200.00</u>

**REPAYMENT OF OTHER LOANS**

**SCHEDULE D-5**

1. Committee Name Alicia for Supervisor

2. ID#

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

4.	<b>REPAYMENT OF ALL OTHER LOANS</b>	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 <span style="font-size: 2em; margin-left: 100px;">n/a</span>		
	Street Address		
	City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span>		
b	Name and ID Number		
	Street Address		
	City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span>		
c	Name and ID Number		
	Street Address		
	City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span>		
d	Name and ID Number		
	Street Address		
	City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span>		
e	Name and ID Number		
	Street Address		
	City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span>		
f	Name and ID Number		
	Street Address		
	City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span>		
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 Alicia for Supervisor

2. ID#

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

4.	<b>TRANSFERS MADE BY THE REPORTING COMMITTEE</b>		
	NAME, ADDRESS AND ID# TO WHOM TRANSFER (DISBURSEMENT) WAS MADE	DATE TRANSFER WAS MADE	AMOUNT OF THE TRANSFER
a	Name and ID Number <span style="font-size: 2em; margin-left: 100px;">n/a</span> Street Address City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span>		
b	Name and ID Number Street Address City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span>		
c	Name and ID Number Street Address City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span>		
d	Name and ID Number Street Address City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span>		
e	Name and ID Number Street Address City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span>		
f	Name and ID Number Street Address City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span>		
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 Alicia for Supervisor

2. ID#

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

	<b>ANY OTHER DISBURSEMENT</b>	DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
4.	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION		
a	Name and ID Number <span style="margin-left: 100px;">n/a</span> Street Address City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span> Description		
b	Name and ID Number Street Address City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span> Description		
c	Name and ID Number Street Address City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span> Description		
d	Name and ID Number Street Address City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span> Description		
e	Name and ID Number Street Address City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span> Description		
f	Name and ID Number Street Address City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span> 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 Alicia for Supervisor

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"/>		
n/a			
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 Alicia for Supervisor

2. ID#

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

	<b>DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS</b>	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 <span style="font-size: 1.5em; margin-left: 100px;">n/a</span> 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 Alicia for Supervisor

2. ID#

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

4.	<b>REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED</b>	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 Alicia for Supervisor

2. ID#

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

	<b>DEBTS AND OBLIGATIONS</b>	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#  <div style="text-align: center; font-size: 2em; font-family: cursive;">n/a</div>				
	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]				