



PINAL COUNTY  
wide open opportunity

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

FOR OFFICE USE ONLY

RECEIVED

AUG 26 REC'D

PINAL COUNTY  
RECORDER'S OFFICE

1. Mike Goodman for Pinal County Supervisor District 2

Full Name of Committee

731 W Red Fern Rd

Address

San Tan Valley

85140

(520) 234-2882

City

Zip Code

Phone

3. ID#

C20160531

2.

Sponsoring Organization (if applicable)

Mike Goodman County Supervisor District 2

Name of Candidate and Office Sought (if applicable)

mike@atlhcs.com mike@atlhcs.com

Email Address

Fax #

4. Reporting Period (Please Check Appropriate Box)		Due Between
a	<input type="checkbox"/> <b>JANUARY 31ST REPORT -</b> For Period of November 25, 2014 through December 31, 2015	Jan. 1, 2016 and Feb. 1, 2016
b	<input type="checkbox"/> <b>JUNE 30TH REPORT</b> For Period of June 1, 2016 through August 18, 2016 For Period of January 1, 2016 through May 31, 2016	June 1, 2016 and June 30, 2016
c	<input checked="" type="checkbox"/> <b>PRE-PRIMARY ELECTION REPORT -</b>	Aug. 19, 2016 and Aug. 26, 2016
d	<input type="checkbox"/> <b>POST-PRIMARY ELECTION REPORT -</b> For Period of August 19, 2016 through September 19, 2016	Sept. 20, 2016 and Sept. 29, 2016
e	<input type="checkbox"/> <b>PRE-GENERAL ELECTION REPORT -</b> For Period of September 20, 2016 through October 27, 2016	Oct. 28, 2016 and Nov. 4, 2016
f	<input type="checkbox"/> <b>POST-GENERAL ELECTION REPORT -</b> For Period of October 28, 2016 through November 28, 2016	Nov. 29, 2016 and Dec. 8, 2016

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)	0.00	0.00
5b	Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period)	0.00	0.00
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	8,920.00	8,920.00
5d	Subtotal (add lines b and c for column A and add lines a and c for column B)	8,920.00	8,920.00
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]	0.00	0.00
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	8,415.08	8,415.08
7.	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	504.92	504.92

**DETAILED SUMMARY PAGE OF  
RECEIPTS AND DISBURSEMENTS**

1. Committee Name Mike Goodman for Pinal Co. Supervisor Dist 2 Committe

2. ID # C20160531
----------------------

3. Report covering period of JUne 1st, 2016- Aug 18th, 2016

**RECEIPTS**

- 4. Contributions other than loans and in-kind:
  - (a) Individuals - more than \$25 (Total from Schedule A)
  - (b) Individuals - aggregate \$25 or less (Total from Schedule A-1)
  - (c) Political Committees (Total from Schedule B)
  - (d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]
  - (e) Refund of contributions (Total from Schedule F-2)
  - (f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]
- 5. (a) Loans made or guaranteed by candidate (Total from Schedule C)
- (b) All other loans (Total from Schedule C-1)
- (c) Total Loans [add 5(a) and 5(b)]
- 6. In-kind contributions (Total from Schedule E)
- 7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)
- 8. Total Receipts [add 4(f), 5(c), 6, and 7]

Column A This Period	Column B Campaign to Date
\$995.00	\$995.00
\$275.00	\$275.00
\$1,270.00	\$1,270.00
\$6,900.00	\$6,900.00
\$6,900.00	\$6,900.00
\$750.00	\$750.00
\$8,920.00	\$8,920.00

**DISBURSEMENTS**

- 9. Expenditures for operating expenses (Total from Schedule D)
- 10. Independent Expenditures (Total from Schedule D-1)
- 11. Value of In-kind expenditures (Total from Schedule E)
- 12. Loans made by reporting committee (Total from Schedule D-2)
- 13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)
- (b) Repayment of all other loans (Total from Schedule D-5)
- (c) Total Loan Repayments [add 13(a) and 13(b)]
- 14. Transfers to other political committees (Total from Schedule D-6)
- 15. Any other disbursement (Total from Schedule D-7)
- 16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]
- 17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)
- 18. Total disbursements [subtract line 17 from line 16]
- 19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)

\$8,415.08	\$8,415.08
\$100.00	\$100.00
\$8,415.08	\$8,415.08
\$8,415.08	\$8,415.08

20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to the best of my knowledge and belief it is true and complete.

*Alice G. Goodman*

Type or Print Name of Treasurer

*Alice Goodman*

Signature of Treasurer or Candidate or Designating Individual

*8/25/2016*

Date

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

**SCHEDULE A**

1. Committee Name Mike Goodman for Pinal Co. Supervisor Dist 2 Committee

2. ID#  
**C20160531**

3. Report covering period from June 1st, 2016 thru Aug 18th, 2016

4.	CONTRIBUTIONS		DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR				
a	Name <b>Angie Goodman</b> Street Address  City State Zip <b>Mesa AZ</b> Occupation Employer <b>Dental Receptionist Mesa Dental</b>		6/30/2016	\$50.00	\$50.00
b	Name <b>Melanie Ellis</b> Street Address <b>1096 Via De Arboles</b> City State Zip <b>STV AZ 85140</b> Occupation Employer <b>Freestyle Dance Self</b>		6/30/2016	\$100.00	\$100.00
c	Name <b>Rachel Larson</b> Street Address <b>22465 E Via Del Verde</b> City State Zip <b>QC AZ 85142</b> Occupation Employer <b>Teacher Free Style Dance</b>		6/30/2016	\$60.00	\$60.00
d	Name <b>John Ketcher</b> Street Address <b>809 W Harvest Rd</b> City State Zip <b>STV AZ 85140</b> Occupation Employer <b>Optometrist Self</b>		6/30/2016	\$50.00	\$50.00
e	Name <b>LaSelle Taylor</b> Street Address <b>23389 S. 199th Pl.</b> City State Zip <b>QC AZ 85142</b> Occupation Employer <b>Designer Metro Fire</b>		6/30/2016	\$100.00	\$100.00
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**

1. Committee Name Mike Goodman for Pinal Co. Supervisor Dist 2 Committee

2. ID#  
**C20160531**

3. Report covering period from June 1st, 2016 thru Aug 18th, 2016

4.	CONTRIBUTIONS			DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR					
a	Name <b>Travis Taylor</b>			7/29/2016	\$100.00	\$100.00
	Street Address <b>935 W Wendy Wy</b>					
	City	State	Zip			
	<b>Gilbert</b>	<b>Az</b>	<b>85233</b>			
b	Name <b>Clark Larson</b>			8/2/2016	\$100.00	\$100.00
	Street Address					
	City	State	Zip			
	<b>Salt Lake City</b>	<b>UT</b>				
c	Name <b>Sam Goodman</b>			7/29/2016	\$40.00	\$40.00
	Street Address <b>Munoz</b>					
	City	State	Zip			
	<b>QC</b>	<b>AZ</b>	<b>85142</b>			
d	Name <b>Jared Bates</b>			7/31/2016	\$35.00	\$35.00
	Street Address <b>344 W Leatherwood</b>					
	City	State	Zip			
	<b>STV</b>	<b>AZ</b>	<b>85140</b>			
e	Name <b>Don Larson</b>			7/28/2016	\$100.00	\$100.00
	Street Address					
	City	State	Zip			
	<b>San Antono</b>	<b>TX</b>				
5	Occupation <b>Pharmacist</b>			Employer <b>Walgreens</b>		
	Occupation <b>LDS Missionary</b>					
Occupation <b>JP</b>			Employer <b>Maricopa County</b>			
Occupation <b>Construction</b>			Employer <b>Self</b>			
Occupation <b>Executive</b>			Employer <b>Post Cereal</b>			
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**

1. Committee Name Mike Goodman for Pinal Co. Supervisor Dist 2 Committee

2. ID#  
**C20160531**

3. Report covering period from June 1st, 2016 thru Aug 18th, 2016

4.	CONTRIBUTIONS		DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR				
a	Name <b>Van Larson</b> Street Address  City State Zip <b>STV AZ 85140</b> Occupation Employer <b>Background Invest US Gov</b>		7/29/2016	\$100.00	\$100.00
b	Name <b>Danielle Wellton</b> Street Address <b>40134 N Prince Ave</b> City State Zip <b>STV AZ 85140</b> Occupation Employer <b>Housewife</b>		6/30/2016	\$30.00	\$30.00
c	Name <b>Norman Walker</b> Street Address <b>407 W Leatherwood Ave</b> City State Zip <b>STV AZ 85140</b> Occupation Employer <b>Retired</b>		6/30/2016	\$30.00	\$30.00
d	Name <b>Beau Baker</b> Street Address  City State Zip <b>STV AZ 85143</b> Occupation Employer <b>Carpet Service Self</b>		6/30/2016	\$40.00	\$40.00
e	Name <b>Adam Schneider</b> Street Address  City State Zip <b>STV AZ 85140</b> Occupation Employer <b>Manager Walden University</b>		6/30/2016	\$60.00	\$60.00
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [Transfer total to Detailed Summary Page, Line 4(a), Column A]			\$995.00	\$995.00

\*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**

1. Committee Name Mike Goodman for Pinal Co. Supervisor Dist 2 Committee

2. ID#  
**C20160531**

3. Report covering period from June 1st, 2016 thru Aug 18th, 2016

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

DESCRIPTION		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
Leslie Wright	\$25	\$275.00	\$275.00
Wade Kempton	\$25		
Tamara Mauzy	\$25		
Wendy Larson	\$20		
Rhonda Larson	\$10		
James Tanner	\$5		
Mary Rae	\$20		
Teresa Halcomb	\$25		
Shannon Mazyck	\$25		
Justin Canter	\$25		
Analee Culler	\$25		
Debra Goodman	\$20		
David Moulton	\$25		
Roni Chaffin	\$20		
David Bustillos	\$5		
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b) Column A]		\$275.00	6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]
			\$275.00

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 \_\_\_\_\_

	<b>CONTRIBUTIONS</b>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4.	IDENTITY OF CONTRIBUTOR AND DATE RECEIVED		
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
	NAME, ADDRESS, FROM WHOM RECEIVED					
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(a), Column A]					

**OTHER LOANS**

**SCHEDULE C-1**

1. Committee Name Mike Goodman for Pinal Co Supervisor Dist 2 Committe

2. ID#  
**C20160531**

3. Report covering period from June 1st, 2016 thru Aug 18th, 2016

<b>ALL OTHER LOANS</b>		<b>DATE LOAN RECEIVED</b>	<b>AMOUNT OF LOAN</b>	<b>CUMULATIVE TOTAL THIS CAMPAIGN TO DATE</b>
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# <b>Gwedolyn Larson</b> Street Address <b>729 W Red Fern Rd</b> City, State, Zip <b>STV AZ, 85140</b> NAME OF ENDORSER OR GUARANTOR OF LOAN <b>Mike Goodman for Pinal Co Supervisor Dist 2 Committ</b> Street Address <b>731 W Red Fern Rd</b> City, State, Zip <b>STV AZ 85140</b> Description <b>Signs, Mailers, Facebook, T-shirts</b>		\$6,100.00	\$6,100.00
b	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID# <b>Gwendolyn Larson</b> Street Address <b>729 W Red Fern Rd</b> City, State, Zip <b>STV AZ, 85140</b> NAME OF ENDORSER OR GUARANTOR OF LOAN <b>Mike Goodman for Pinal Co Supervisor Dist 2 Committ</b> Street Address <b>731 W Red Fern Rd</b> City, State, Zip <b>STV AZ 85140</b> Description <b>Robo calls</b>		\$800.00	\$800.00
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]			<b>\$6,900.00</b>	<b>\$6,900.00</b>

**EXPENDITURES FOR OPERATING EXPENSES\***

**SCHEDULE D**

1. Committee Name Mike Goodman for Pinal Co Supervisor Dist 2 Committee

2. ID# C20160531

3. Report covering period from June 1st, 2016 thru Aug 18th, 2018

EXPENDITURES			DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4.	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE			
a	Name <b>Face Book Boost</b> Street Address  City _____ State _____ Zip _____ Description of Items or Services Purchased <b>Social Media</b>		6/10/2016	\$25.03
b	Name <b>AMA</b> Street Address  City <b>Mesa</b> State <b>AZ</b> Zip _____ Description of Items or Services Purchased <b>Signs 2ftx8ft</b>		6/28/2016	\$2,089.00
c	Name <b>AMA</b> Street Address  City <b>Mesa</b> State <b>AZ</b> Zip _____ Description of Items or Services Purchased <b>yard signs</b>		6/27/2016	\$903.30
d	Name <b>Facebook Boost</b> Street Address  City _____ State _____ Zip _____ Description of Items or Services Purchased <b>Social Media Advertising</b>		6/30/2016	\$43.04
e	Name <b>Facebook</b> Street Address  City _____ State _____ Zip _____ Description of Items or Services Purchased <b>Social Media Boost Advertising</b>		7/24/2016	\$50.04
f	Name <b>Facebook</b> Street Address  City _____ State _____ Zip _____ Description of Items or Services Purchased <b>Social Media Boost Advertising</b>		7/31/2016	\$22.55
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]			

**EXPENDITURES FOR OPERATING EXPENSES\***

**SCHEDULE D**

2. ID#  
C20160531

1. Committee Name Mike Goodman for Pinal Co Supervisor Dist 2 Committee

3. Report covering period from June 1st, 2016 thru Aug 18th, 2018

EXPENDITURES		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE			
a	Name <b>Brand Advertising</b> Street Address City <b>Mesa</b> State <b>AZ</b> Zip Description of Items or Services Purchased <b>Mailers</b>	8/5/2016	\$991.29
b	Name <b>AMA</b> Street Address City <b>Mesa</b> State <b>AZ</b> Zip Description of Items or Services Purchased <b>Signs endorsments</b>	8/5/2016	\$445.17
c	Name <b>Brand Advertising</b> Street Address City <b>Mesa</b> State <b>AZ</b> Zip Description of Items or Services Purchased <b>Mailers</b>	8/5/2016	\$1,469.47
d	Name <b>Ten Cow Company</b> Street Address City <b>QC</b> State <b>AZ</b> Zip <b>85142</b> Description of Items or Services Purchased <b>T-Shirts</b>	6/30/2016	\$409.83
e	Name <b>Vista Print</b> Street Address City State Zip Description of Items or Services Purchased <b>Fliers/Brochures</b>	7/23/2016	\$224.99
f	Name <b>Staples</b> Street Address City <b>QC</b> State <b>AZ</b> Zip Description of Items or Services Purchased <b>Brochures</b>	7/8/2016	\$202.24
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]		

**EXPENDITURES FOR OPERATING EXPENSES\***

**SCHEDULE D**

1. Committee Name Mike Goodman for Pinal Co Supervisor Dist 2 Committee

2. ID# C20160531

3. Report covering period from June 1st, 2016 thru Aug 18th, 2018

EXPENDITURES		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE			
a	Name <b>Face Book</b> Street Address City State Zip Description of Items or Services Purchased <b>ADvertising</b>	8/16/2016	\$250.75
b	Name <b>Face Book</b> Street Address City State Zip Description of Items or Services Purchased <b>Social Media Advertising</b>	8/4/2016	\$213.53
c	Name <b>Face Book</b> Street Address City State Zip Description of Items or Services Purchased <b>Social Media Advertising</b>	7/21/2016	\$50.13
d	Name <b>Face Book</b> Street Address City State Zip Description of Items or Services Purchased <b>Social Media Advertising</b>	7/17/2016	\$25.12
e	Name <b>Pinal County Chamber of Commerce</b> Street Address City State Zip <b>QC AZ</b> Description of Items or Services Purchased <b>Membership/Advertising</b>	7/12/2016	\$200.00
f	Name <b>Pain Free Tech</b> Street Address City State Zip <b>Albuquerque NM</b> Description of Items or Services Purchased <b>Robo Calls</b>	7/24/2016	\$800.00
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]			\$8,415.08

**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		
	Street Address		
	City	State	
	Purpose and Description of Purchase		
	Candidate		
		Benefited <input type="checkbox"/>	Opposed <input type="checkbox"/>
		Year of Election	
b	Name		
	Street Address		
	City	State	
	Purpose and Description of Purchase		
	Candidate		
		Benefited <input type="checkbox"/>	Opposed <input type="checkbox"/>
		Year of Election	
c	Name		
	Street Address		
	City	State	
	Purpose and Description of Purchase		
	Candidate		
		Benefited <input type="checkbox"/>	Opposed <input type="checkbox"/>
		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.	<b>LOANS MADE BY THE REPORTING COMMITTEE</b>	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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Address												
City	State	Zip										
e	<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		
Committee Name		ID#										
Address												
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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. <b>REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES</b>		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 Mike Goodman for Pinal Co Supervisor Dist 2 Cor

2. ID#  
**C20160531**

3. Report covering period from June 1st, 2016 thru Aug 18th, 2016

4.	<b>REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE</b>	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
	NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
a	Name <b>Capital One</b> Street Address City State Zip	7/30/2016	\$100.00
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]		\$100.00

# REPAYMENT OF OTHER LOANS

# SCHEDULE D-5

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

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 2px;">Name and ID Number</td> </tr> <tr> <td colspan="3" style="padding: 2px;">Street Address</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">State</td> <td style="padding: 2px;">Zip</td> </tr> </table>	Name and ID Number			Street Address			City	State	Zip		
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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.	<b>TRANSFERS MADE BY THE REPORTING COMMITTEE</b>	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 Mike Goodman for Pinal Co Supervisor Dist2 Committe

2. ID# C20160531

3. Report covering period from June1st, 2016 thru Aug 18th, 2016

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# <b>Sal Alcantar</b> <b>Mesa, AZ</b>	CONTRIBUTION <input checked="" type="checkbox"/> EXPENDITURE <input type="checkbox"/>	
	Description <b>Fire Truck</b>		
	Occupation <b>Insurance Sales</b>	Employer <b>Senior Med Solutions</b>	<b>7/19/2016</b> <b>\$750.00</b>
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]		<b>\$750.00</b>
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]		<b>\$750.00</b>

# DIVIDENDS, INTEREST, AND OTHER RECEIPTS

# SCHEDULE F-1

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

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		
	Street Address		
	City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span>		
	Description of Receipt		
b	Name and ID Number		
	Street Address		
	City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span>		
	Description of Receipt		
c	Name and ID Number		
	Street Address		
	City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span>		
	Description of Receipt		
d	Name and ID Number		
	Street Address		
	City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span>		
	Description of Receipt		
e	Name and ID Number		
	Street Address		
	City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span>		
	Description of Receipt		
f	Name and ID Number		
	Street Address		
	City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span>		
	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**

2. ID#
--------

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
	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 \_\_\_\_\_

	<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#  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]				