



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@atlhacs.com

mike@atlhcs.com

Email Address

Fax #

4. Reporting Period (Please Check Appropriate Box)

Due Between

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

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)	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 Angie Goodman Street Address City State Zip Mesa AZ Occupation Employer Dental Receptionist Mesa Dental		6/30/2016	\$50.00	\$50.00
b	Name Melanie Ellis Street Address 1096 Via De Arboles City State Zip STV AZ 85140 Occupation Employer Freestyle Dance Self		6/30/2016	\$100.00	\$100.00
c	Name Rachel Larson Street Address 22465 E Via Del Verde City State Zip QC AZ 85142 Occupation Employer Teacher Free Style Dance		6/30/2016	\$60.00	\$60.00
d	Name John Ketcher Street Address 809 W Harvest Rd City State Zip STV AZ 85140 Occupation Employer Optometrist Self		6/30/2016	\$50.00	\$50.00
e	Name LaSelle Taylor Street Address 23389 S. 199th Pl. City State Zip QC AZ 85142 Occupation Employer Designer Metro Fire		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 Travis Taylor Street Address 935 W Wendy Wy City State Zip Gilbert Az 85233 Occupation Employer Pharmacist Walgreens	7/29/2016	\$100.00	\$100.00
b	Name Clark Larson Street Address City State Zip Salt Lake City UT Occupation Employer LDS Missionary Retired	8/2/2016	\$100.00	\$100.00
c	Name Sam Goodman Street Address Munoz City State Zip QC AZ 85142 Occupation Employer JP Maricopa County	7/29/2016	\$40.00	\$40.00
d	Name Jared Bates Street Address 344 W Leatherwood City State Zip STV AZ 85140 Occupation Employer Construction Self	7/31/2016	\$35.00	\$35.00
e	Name Don Larson Street Address City State Zip San Antonio TX Occupation Employer Executive Post Cereal	7/28/2016	\$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 Van Larson Street Address City State Zip STV AZ 85140 Occupation Employer Background Invest US Gov		7/29/2016	\$100.00	\$100.00
b	Name Danielle Wellton Street Address 40134 N Prince Ave City State Zip STV AZ 85140 Occupation Employer Housewife		6/30/2016	\$30.00	\$30.00
c	Name Norman Walker Street Address 407 W Leatherwood Ave City State Zip STV AZ 85140 Occupation Employer Retired		6/30/2016	\$30.00	\$30.00
d	Name Beau Baker Street Address City State Zip STV AZ 85143 Occupation Employer Carpet Service Self		6/30/2016	\$40.00	\$40.00
e	Name Adam Schneider Street Address City State Zip STV AZ 85140 Occupation Employer Manager Walden University		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 _____

CONTRIBUTIONS		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

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
NAME, ADDRESS, FROM WHOM RECEIVED						
4.	Last	First	Initial			
Street Address						
City State Zip						
Description						
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

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# Gwedolyn Larson Street Address 729 W Red Fern Rd City, State, Zip STV AZ, 85140 NAME OF ENDORSER OR GUARANTOR OF LOAN Mike Goodman for Pinal Co Supervisor Dist 2 Committe Street Address 731 W Red Fern Rd City, State, Zip STV AZ 85140 Description Signs, Mailers, Facebook, T-shirts		\$6,100.00	\$6,100.00
b	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID# Gwendolyn Larson Street Address 729 W Red Fern Rd City, State, Zip STV AZ, 85140 NAME OF ENDORSER OR GUARANTOR OF LOAN Mike Goodman for Pinal Co Supervisor Dist 2 Committe Street Address 731 W Red Fern Rd City, State, Zip STV AZ 85140 Description Robo calls		\$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]			\$6,900.00	\$6,900.00

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 Face Book Boost Street Address City _____ State _____ Zip _____ Description of Items or Services Purchased Social Media		6/10/2016	\$25.03
b	Name AMA Street Address City Mesa State AZ Zip _____ Description of Items or Services Purchased Signs 2ftx8ft		6/28/2016	\$2,089.00
c	Name AMA Street Address City Mesa State AZ Zip _____ Description of Items or Services Purchased yard signs		6/27/2016	\$903.30
d	Name Facebook Boost Street Address City _____ State _____ Zip _____ Description of Items or Services Purchased Social Media Advertising		6/30/2016	\$43.04
e	Name Facebook Street Address City _____ State _____ Zip _____ Description of Items or Services Purchased Social Media Boost Advertising		7/24/2016	\$50.04
f	Name Facebook Street Address City _____ State _____ Zip _____ Description of Items or Services Purchased Social Media Boost Advertising		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

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 Brand Advertising Street Address City Mesa AZ State Zip Description of Items or Services Purchased Mailers	8/5/2016	\$991.29
b	Name AMA Street Address City Mesa AZ State Zip Description of Items or Services Purchased Signs endorsments	8/5/2016	\$445.17
c	Name Brand Advertising Street Address City Mesa AZ State Zip Description of Items or Services Purchased Mailers	8/5/2016	\$1,469.47
d	Name Ten Cow Company Street Address City QC AZ State Zip 85142 Description of Items or Services Purchased T-Shirts	6/30/2016	\$409.83
e	Name Vista Print Street Address City State Zip Description of Items or Services Purchased Fliers/Brochures	7/23/2016	\$224.99
f	Name Staples Street Address City QC AZ State Zip Description of Items or Services Purchased Brochures	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 Face Book Street Address City _____ State _____ Zip _____ Description of Items or Services Purchased ADvertising	8/16/2016	\$250.75
b	Name Face Book Street Address City _____ State _____ Zip _____ Description of Items or Services Purchased Social Media Advertising	8/4/2016	\$213.53
c	Name Face Book Street Address City _____ State _____ Zip _____ Description of Items or Services Purchased Social Media Advertising	7/21/2016	\$50.13
d	Name Face Book Street Address City _____ State _____ Zip _____ Description of Items or Services Purchased Social Media Advertising	7/17/2016	\$25.12
e	Name Pinal County Chamber of Commerce Street Address City QC State AZ Zip _____ Description of Items or Services Purchased Membership/Advertising	7/12/2016	\$200.00
f	Name Pain Free Tech Street Address City Albuquerque State NM Zip _____ Description of Items or Services Purchased Robo Calls	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 _____

	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
INDEPENDENT EXPENDITURES		
4. IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITED OR OPPOSED		
a		
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
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

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		
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Address												
City	State	Zip										
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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. 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 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.	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 Capital One 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

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 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 <hr/> Street Address <hr/> City State Zip <hr/> Description		
b	Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> Description		
c	Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> Description		
d	Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> Description		
e	Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> Description		
f	Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> 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# Sal Alcantar Mesa, AZ	CONTRIBUTION <input checked="" type="checkbox"/> EXPENDITURE <input type="checkbox"/>	
Description Fire Truck			
Occupation Insurance Sales	Employer Senior Med Solutions	7/19/2016	\$750.00
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]		\$750.00
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]		\$750.00

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

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 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]				