



**APPENDIX L-2**

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

2. ID#

3. Report Covering Period From \_\_\_\_\_ thru \_\_\_\_\_

RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
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)		
QUALIFYING CONTRIBUTION RECEIPTS		
Qualifying Contributions of \$5 from Individuals (Total from Schedule A-2)		
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 Repayment (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)		

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.

\_\_\_\_\_  
Type or Print Name of Treasurer

\_\_\_\_\_  
Signature of Treasurer or Candidate or Designated Individual

\_\_\_\_\_  
Date



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

**SCHEDULE A**

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

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

2. ID #

4.	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE											
	IDENTITY OF CONTRIBUTOR AND DATE RECEIVED														
4a.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">LAST</td> <td style="width:33%;">FIRST</td> <td style="width:33%;">MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	LAST	FIRST	MI	STREET ADDRESS			CITY	STATE	ZIP CODE	OCCUPATION	EMPLOYER			
LAST	FIRST	MI													
STREET ADDRESS															
CITY	STATE	ZIP CODE													
OCCUPATION	EMPLOYER														
4b.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">LAST</td> <td style="width:33%;">FIRST</td> <td style="width:33%;">MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	LAST	FIRST	MI	STREET ADDRESS			CITY	STATE	ZIP CODE	OCCUPATION	EMPLOYER			
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LAST	FIRST	MI													
STREET ADDRESS															
CITY	STATE	ZIP CODE													
OCCUPATION	EMPLOYER														
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (If last page of Schedule A, transfer total to Detailed Summary Page Line 4(a), Column A)														

\* If contributions of \$25 or less are listed with contributor's name, address, occupation, and employer on Schedule A do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.



**CONTRIBUTIONS of \$25 or less - AGGREGATE TOTAL\***

Schedule **A-1**

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

2. ID #

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

4.	Aggregate Total of Contributions of \$25 or less	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	DESCRIPTION		
5.	TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]		
6.	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]		

\* If contributions of \$25 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule.



**CONTRIBUTIONS FROM POLITICAL COMMITTEES**

Schedule **B**

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

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

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

4.	CONTRIBUTIONS		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	IDENTITY OF CONTRIBUTOR AND DATE RECEIVED			
4a.	ID #	NAME, ADDRESS, CITY, STATE, AND ZIP CODE		
	DATE RECEIVED			
4b.	ID #	NAME, ADDRESS, CITY, STATE, AND ZIP CODE		
	DATE RECEIVED			
4c.	ID #	NAME, ADDRESS, CITY, STATE, AND ZIP CODE		
	DATE RECEIVED			
4d.	ID #	NAME, ADDRESS, CITY, STATE, AND ZIP CODE		
	DATE RECEIVED			
4e.	ID #	NAME, ADDRESS, CITY, STATE, AND ZIP CODE		
	DATE RECEIVED			
4f.	ID #	NAME, ADDRESS, CITY, STATE, AND ZIP CODE		
	DATE RECEIVED			
4g.	ID #	NAME, ADDRESS, CITY, STATE, AND ZIP CODE		
	DATE RECEIVED			
4h.	ID #	NAME, ADDRESS, CITY, STATE, AND ZIP CODE		
	DATE RECEIVED			
4i.	ID #	NAME, ADDRESS, CITY, STATE, AND ZIP CODE		
	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**

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

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

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

4.	LOANS MADE OR GUARANTEED BY CANDIDATE	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME AND ADDRESS FROM WHICH RECEIVED			
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP CODE			
	DESCRIPTION			
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP CODE			
	DESCRIPTION			
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP CODE			
	DESCRIPTION			
4d.	NAME, ADDRESS, CITY, STATE, AND ZIP CODE			
	DESCRIPTION			
4e.	NAME, ADDRESS, CITY, STATE, AND ZIP CODE			
	DESCRIPTION			
4f.	NAME, ADDRESS, CITY, STATE, AND ZIP CODE			
	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**

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

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

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

4.	ALL OTHER LOANS	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID # AND ADDRESS OF THE POLITICAL COMMITTEE) OF LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN			
4a.	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID #			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID #			
	DESCRIPTION			
4b.	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID #			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID #			
	DESCRIPTION			
4c.	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID #			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID #			
	DESCRIPTION			
4d.	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID #			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID #			
	DESCRIPTION			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 (If last page of Schedule C-1, transfer total to Detailed Summary Page, Line 5(b), Column A)			



**EXPENDITURES FOR OPERATING EXPENSES\***

Schedule **D**

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

2. ID #

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

4.	EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4e.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4f.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4g.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D (If last page of Schedule D, transfer total to Detailed Summary Page Line 9, Column A)		

\* Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit



**INDEPENDENT EXPENDITURES\***

Schedule **D-1**

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

2. ID #

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

4.	INDEPENDENT EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED		
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted [ ] Opposed [ ]		
	CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted [ ] Opposed [ ]		
	CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted [ ] Opposed [ ]		
	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 9, Column A)		

\* SEE A.R.S. § 16-901(14)

I certify, under penalty of perjury, that the above stated independent expenditure(s) was/were 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 AMOUNTS CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WITHIN THE LAST SIX MONTHS	AMOUNT



**LOANS MADE BY REPORTING COMMITTEE**

Schedule **D-2**

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

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

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

4.	LOANS MADE BY THE REPORTING COMMITTEE	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	NAME, ADDRESS, AND ID # OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
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 \_\_\_\_\_

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

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

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		
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4e.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4f.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4g.	NAME, ADDRESS, CITY, STATE, AND 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 \_\_\_\_\_

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

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

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		
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
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 ALL OTHER LOANS**

Schedule **D-5**

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

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

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

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		
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 (If last page of Schedule D-5, transfer total to Detailed Summary Page Line 13(B), Column A)		



**TRANSFERS TO OTHER POLITICAL COMMITTEES**

Schedule **D-6**

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

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

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

4.	TRANSFERS MADE BY THE REPORTING COMMITTEE	DATE TRANSFER MADE	AMOUNT OF THE TRANSFER
	NAME, ADDRESS, AND ID # TO WHOM TRANSFER (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
4g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 (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 \_\_\_\_\_

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

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

4.	ANY OTHER DISBURSEMENT	DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
	NAME, ADDRESS, AND ID # OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
	DESCRIPTION		
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
	DESCRIPTION		
4c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
	DESCRIPTION		
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
	DESCRIPTION		
4e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
	DESCRIPTION		
4f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
	DESCRIPTION		
4g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #		
	DESCRIPTION		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 (If last page of Schedule D-7, transfer total to Detailed Summary Page Line 15, Column A)		



**IN-KIND CONTRIBUTIONS and EXPENDITURES**

Schedule **E**

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

2. ID #

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

4.	IN-KIND CONTRIBUTIONS and EXPENDITURES		DATE	FAIR MARKET VALUE
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS, AND ID # OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN			
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #	CONTRIBUTION [ ] EXPENDITURE [ ]		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #	CONTRIBUTION [ ] EXPENDITURE [ ]		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
4c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #	CONTRIBUTION [ ] EXPENDITURE [ ]		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #	CONTRIBUTION [ ] EXPENDITURE [ ]		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
4e.	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)			
5.	ENTER TOTAL IN-KIND EXPENDITURES ONLY IF LAST PAGE OF SCHEDULE E (If last page of Schedule E, transfer total to Detailed Summary Page Line 11, Column A)			



**DIVIDENDS, INTEREST, AND OTHER RECEIPTS**

Schedule **F-1**

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

2. ID #

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

4.	DIVIDENDS, INTEREST, AND OTHER FORMS OF RECEIPTS	DATE AMOUNT RECEIVED	AMOUNT OF THE RECEIPT
	NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID # OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED		
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #  DESCRIPTION OF RECEIPT		
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #  DESCRIPTION		
4c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #  DESCRIPTION OF RECEIPT		
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #  DESCRIPTION OF RECEIPT		
4e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #  DESCRIPTION OF RECEIPT		
4f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #  DESCRIPTION OF RECEIPT		
4g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #  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 \_\_\_\_\_

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

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

4.	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED	DATE REFUND MADE	AMOUNT OF THE REFUND
	NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID # OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #  DESCRIPTION OF REFUND		
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #  DESCRIPTION OF REFUND		
4c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #  DESCRIPTION OF REFUND		
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #  DESCRIPTION OF REFUND		
4e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #  DESCRIPTION OF REFUND		
4f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #  DESCRIPTION OF REFUND		
4g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #  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 \_\_\_\_\_

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

2. ID #

4.	DEBTS AND OBLIGATIONS  NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID # OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #  DESCRIPTION OF DEBT				
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #  DESCRIPTION OF DEBT				
4c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #  DESCRIPTION OF DEBT				
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #  DESCRIPTION OF DEBT				
4e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #  DESCRIPTION OF DEBT				
4f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #  DESCRIPTION OF DEBT				
4g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID #  DESCRIPTION OF DEBT				
5.	ENTER TOTAL 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)				