POLITICAL COMMITTEE
CITY/TOWN OF Chandler
CAMPAIGN FINANCE REPORT
2010 August/November Regular Election

FOR OFFICE USE ONLY

RECEIVED
SEP 23 2010
CITY OF CHANDLER
CITY CLERK

1. Trinity For Chandler
Full Name of Committee
1070 S. Amber St.
Address
Chandler 85286 Maricopa 602-295-8746
City ZIP Code County Phone

2. Sponsoring Organization or Candidate and office
Trinity Donovan, Chandler City Council
Name of Candidate and Office Sought (if applicable)
trinityforchandler@gmail.com
E-Mail Address Fax#

3A. ID# C10-02

4. **REPORTING PERIOD** (Please check appropriate box) — **DUE BETWEEN**

- [ ] January 31 Report - For Period of _____* thru December 31, 2009 ..... January 1, 2010 and January 31, 2010
- [ ] June 30 Report - For Period of January 1, 2010 thru May 31, 2010 ..... June 1, 2010 and June 30, 2010
- [ ] Pre-Primary Election Report - For Period of June 8, 2010 thru August 4, 2010 ..... August 5, 2010 and August 12, 2010
- [x] Post-Primary Election Report - For Period of August 5, 2010 thru September 13, 2010 ..... September 14, 2010 thru September 23, 2010
- [ ] Pre-General Election Report - For Period of September 14, 2010 thru October 13, 2010 ..... October 14, 2010 and October 21, 2010
- [ ] Post-General Election Report - For Period of October 14, 2010 thru November 22, 2010 ..... November 23, 2010 and December 2, 2010
- [ ] **January 31, Report - For Period of November 23, 2010 thru December 31, 2011 ..... January 1, 2012 and January 31, 2012

5. SUMMARY		Column A Total This Reporting Period	Column B Election Period Total To Date
5a	Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)		9340.71
5b	Cash on Hand at the Beginning of this Reporting Period	21813.72	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	2460.00	29369.70
5d	Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	24273.72	38710.41
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)	18667.38	33104.07
7.	Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	5606.34	5606.34

*Insert date which is 21 days after date of last election (A.R.S. §16-913).
**Other reports will be due before this reporting period if a special or recall election is held prior to the next general election.

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

1. Committee Name: Trinity For Chandler

2. ID# C10-02

3. Report covering period from 8/5/10 Thru 9/13/10

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)	1930.00	22519.13
(b) Individuals - aggregate $25 or less (Total from Schedule A-1)	120.00	555.00
(c) Political Committees (Total from Schedule B)	410.00	6110.00
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	2460.00	29184.13
(e) Refund of contributions (Total from Schedule F-2)		
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	2460.00	29184.13
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)		19.41
(b) All other loans (Total from Schedule C-1)		
(c) Total Loans [add 5(a) and 5(b)]		19.41
6. In-kind contributions (Total from Schedule E)		165.87
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)		.29
8. Total Receipts [add 4(f), 5(c), 6, and 7]	2460.00	29369.70
QUALIFYING CONTRIBUTION RECEIPTS		
Qualifying Contributions of $5 from Individuals (Total from Schedule A2).		
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	18667.38	32938.20
10. Independent Expenditures (Total from Schedule D-1)		
11. Value of In-kind expenditures (Total from Schedule E)		165.87
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]	18667.38	33104.07
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. Total disbursements [subtract line 17 from line 16]	18667.38	33104.07
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.

Vicki Donovan

Type or Print Name of Treasurer

Vicki L. Donovan

Signature of Treasurer or Candidate or Designating Individual

Date 9/16/10

CONTRIBUTIONS more than $25 - from INDIVIDUALS*

SCHEDULE **A**

1. Committee Name Trinity For Chandler

2. ID # C10-02

3. Report covering period from 8/5/10 thru 9/13/10

4	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	LAST: Presmyk FIRST: Les MI: STREET ADDRESS: 610 S. Bay Dr. CITY: Gilbert STATE: AZ ZIP: 85233 OCCUPATION: Engineer EMPLOYER: SRP	8/5/10	100.00	100.00
b.	LAST: Sprentall FIRST: Karen MI: STREET ADDRESS: 4614 E. Calle del Medio CITY: Phoenix STATE: AZ ZIP: 85018 OCCUPATION: consultant EMPLOYER: AZ Sch Bd Assn	8/5/10	100.00	100.00
c.	LAST: Foley FIRST: Catherine MI: STREET ADDRESS: 3629 N. 49th St. CITY: Phoenix STATE: AZ ZIP: 85018 OCCUPATION: retired EMPLOYER: none	8/5/10	75.00	75.00
d.	LAST: Tovar FIRST: Louis MI: STREET ADDRESS: 515 E. Carefree Hwy. #1262 CITY: Phoenix STATE: AZ ZIP: 85085 OCCUPATION: Police Officer EMPLOYER: City of Phoenix	8/5/10	40.00	40.00
e.	LAST: Smith FIRST: J.D. MI: STREET ADDRESS: 4242 E. Fairmount Ave. CITY: Phoenix STATE: AZ ZIP: 85018 OCCUPATION: manager EMPLOYER: Int'l Printing	8/5/10	50.00	50.00
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A *[If last page of Schedule A, transfer total to Detailed Summary Page Line 4(z), 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 Trinity For Chandler

2. ID # C10-02

3. Report covering period from 8/5/10 thru 9/13/10

4	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	LAST Tierney FIRST Anjali MI STREET ADDRESS 3818 E. Whitney Ln. CITY Phoenix STATE AZ ZIP 85032 OCCUPATION Development Dir. EMPLOYER Chrysalis	8/5/10	100.00	100.00
b.	LAST Paisley FIRST Kelly MI STREET ADDRESS 11317 E. Butherus Dr. CITY Scottsdale STATE AZ ZIP 85255 OCCUPATION consultant EMPLOYER Self	8/5/10	50.00	50.00
c.	LAST Hettinger FIRST Kathy MI STREET ADDRESS 2816 E. Taurus Pl. CITY Chandler STATE AZ ZIP 85249 OCCUPATION Requested EMPLOYER Undeclared	8/5/10	50.00	50.00
d.	LAST Wagner FIRST Michael MI STREET ADDRESS 311 W. Georgia Ave. CITY Phoenix STATE AZ ZIP 85013 OCCUPATION Director of Sales EMPLOYER Telit Wireless	8/5/10	50.00	50.00
e.	LAST Dal Pra FIRST Marilee MI STREET ADDRESS 2149 E. Lawrence Rd. CITY Phoenix STATE AZ ZIP 85016 OCCUPATION Program Director EMPLOYER Virginia D. Piper Charitable Trust	8/5/10	50.00	50.00
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A *[If last page of Schedule A, transfer total to Detailed Summary Page Line 4(z), 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 Trinity For Chandler

2. ID # C10-02

3. Report covering period from 8/5/10 thru 9/13/10

4	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	LAST Updike FIRST Ted MI STREET ADDRESS 18 N. Bullmoose Cir. CITY Chandler STATE AZ ZIP 85224 OCCUPATION attorney EMPLOYER self	8/6/10	100.00	100.00
b.	LAST Brooks FIRST Sheila MI STREET ADDRESS 2297 S. Jay Pl. CITY Chandler STATE AZ ZIP 85286 OCCUPATION retired EMPLOYER none	8/6/10	50.00	50.00
c.	LAST Ahler FIRST Ryan MI STREET ADDRESS 5439 Ash Creek CITY Kingsville STATE TX ZIP 78363 OCCUPATION Naval Aviator EMPLOYER US Navy	8/7/10	200.00	200.00
d.	LAST Dean FIRST Jason MI STREET ADDRESS 1602 W. Citation Ln. CITY Chandler STATE AZ ZIP 85224 OCCUPATION welder EMPLOYER SW Metals	8/12/10	100.00	100.00
e.	LAST Gamard FIRST Keith MI STREET ADDRESS 1195 W. Mulberry Dr. CITY Chandler STATE AZ ZIP 85286 OCCUPATION IT Professional EMPLOYER CVS Caremark	8/12/10	125.00	125.00
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A *[If last page of Schedule A, transfer total to Detailed Summary Page Line 4(z), 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 Trinity For Chandler

2. ID # C10-02

3. Report covering period from 8/5/10 thru 9/13/10

4	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	LAST: Carlson FIRST: Allen & Denise MI: STREET ADDRESS: 160 W. Manor St. CITY: Chandler STATE: AZ ZIP: 85224 OCCUPATION: social worker EMPLOYER: Hospice of the Valley	8/14/10	50.00	50.00
b.	LAST: Shelley FIRST: Mack MI: STREET ADDRESS: 3454 Southdale Dr. CITY: Ames STATE: IA ZIP: 50010 OCCUPATION: Professor EMPLOYER: Iowa State Univ.	8/14/10	30.00	30.00
c.	LAST: Slimmer FIRST: Ken + Betty MI: STREET ADDRESS: 6761 Killarney Ave. CITY: Garden Grove STATE: CA ZIP: 92845 OCCUPATION: retired EMPLOYER: none	8/15/10	50.00	50.00
d.	LAST: Clifton FIRST: Lisa MI: STREET ADDRESS: 681 N. Madrid Ln. CITY: Chandler STATE: AZ ZIP: 85226 OCCUPATION: Requested EMPLOYER: Undeclared	8/16/10	50.00	50.00
e.	LAST: Lowdermilk FIRST: Max MI: STREET ADDRESS: 2625 E. Southern Ave. #C258 CITY: Mesa STATE: AZ ZIP: 85282 OCCUPATION: retired EMPLOYER: none	8/19/10	50.00	50.00
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A *[If last page of Schedule A, transfer total to Detailed Summary Page Line 4(z), 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 Trinity For Chandler

2. ID # C10-02

3. Report covering period from 8/5/10 thru 9/13/10

4	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	LAST Matthews FIRST Jayson MI STREET ADDRESS 202 W. Roosevelt St. #415C CITY Phoenix STATE AZ ZIP 85003 OCCUPATION Chief Program Officer EMPLOYER Tempe Comm. Council	8/19/10	50.00	50.00
b.	LAST Mann FIRST Thomas MI STREET ADDRESS 2702 E. Cinnabar Ave. CITY Phoenix STATE AZ ZIP 85028 OCCUPATION VP Client Relations EMPLOYER PMT Ambulance	8/20/10	50.00	50.00
c.	LAST Roeder FIRST James MI STREET ADDRESS 836 E. Kramer St. CITY Mesa STATE AZ ZIP 85203 OCCUPATION Sr VP Clinical Serv. EMPLOYER PMT Ambulance	8/20/10	200.00	200.00
d.	LAST Miller FIRST Trish MI STREET ADDRESS 600 N. Cholla St. CITY Chandler STATE AZ ZIP 85224 OCCUPATION retired EMPLOYER none	8/24/10	50.00	50.00
e.	LAST Donovan FIRST Walt + Diane MI STREET ADDRESS 12121 Marlowe Dr. CITY Garden Grove STATE CA ZIP 92841 OCCUPATION Retired EMPLOYER none	8/24/10	100.00	200.00
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A *[If last page of Schedule A, transfer total to Detailed Summary Page Line 4(z), 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 Trinity for Chandler

2. ID # C10-02

3. Report covering period from 8/5/10 thru 9/13/10

4	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	LAST Wirth FIRST Paula MI STREET ADDRESS 3214 E. Cardinal Ct. CITY Chandler STATE AZ ZIP 85248 OCCUPATION Sales EMPLOYER Spartan Prom.	8/29/10	10.00	410.00
b.	LAST FIRST MI STREET ADDRESS CITY STATE ZIP OCCUPATION EMPLOYER			
c.	LAST FIRST MI STREET ADDRESS CITY STATE ZIP OCCUPATION EMPLOYER			
d.	LAST FIRST MI STREET ADDRESS CITY STATE ZIP OCCUPATION EMPLOYER			
e.	LAST FIRST MI STREET ADDRESS CITY STATE ZIP 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(z), Column A]*			1930.00

*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 Trinity For Chandler

2. ID # C10-02

3. Report covering period from 8/5/10 thru 9/13/10

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
Whitney, Warren	20.00	20.00
Gutman, Leonard	25.00	25.00
Perry, Mike	25.00	25.00
Spicker, Brian	25.00	25.00
Trujillo, Richard + Madelyn	25.00	25.00
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]	120.00	6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B] 555.00

*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**

1. Committee Name Trinity For Chandler

2. ID # C10-02

3. Report covering period from 8/5/10 thru 9/13/10

4	CONTRIBUTIONS IDENTITY OF CONTRIBUTOR AND DATE RECEIVED		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a	ID # 2008 10027 DATE RECEIVED 8/11/10	NAME, ADDRESS, CITY, STATE AND ZIP Sheet Metals Workers PAC 2604 E. Adams St. Phoenix AZ 85034	410.00	410.00
b.	ID # DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
c.	ID # DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
d.	ID # DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
e.	ID # DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
f.	ID # DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
g.	ID # DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
h.	ID # DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
i.	ID # DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
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]*		410.00	

CANDIDATE LOANS

SCHEDULE **C**

1.	Committee Name	2. ID #
3.	Report covering period from _____ thru _____	

4.	**LOANS MADE OR GUARANTEED BY CANDIDATE** NAME AND ADDRESS FROM WHOM RECEIVED	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
b.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
c.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
d.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
e.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
f.	NAME, ADDRESS, CITY, STATE, AND 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 **C1**

1. Committee Name _____

2. ID #

3. Report covering period from _____ thru _____

4	ALL OTHER LOANS NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
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(a), Column A]			

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE **D**

1. Committee Name Trinity For Chandler

2. ID # C10-02

3. Report covering period from 8/5/10 thru 9/13/10

4	EXPENDITURES NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4a.	NAME, ADDRESS, CITY, STATE AND ZIP J+R Graphics 638 W. Indian School Rd. Phoenix AZ 85013 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Printing	8/5/10	2755.04
b.	NAME, ADDRESS, CITY, STATE AND ZIP Costco 595 S. Galleria Way Chandler AZ 85226 DESCRIPTION OF ITEMS OR SERVICES PURCHASED postage	8/9/10	87.50
c.	NAME, ADDRESS, CITY, STATE AND ZIP Jet Media Promotions 325 S. Westwood Dr. #1 Mesa AZ 85210 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Signs	8/9/10	1152.00
d.	NAME, ADDRESS, CITY, STATE AND ZIP Target Warner/Alma School Chandler Az DESCRIPTION OF ITEMS OR SERVICES PURCHASED office supplies	8/10/10	2.05
e.	NAME, ADDRESS, CITY, STATE AND ZIP J+R Graphics 638 W. Indian School Rd. Phoenix AZ 85013 DESCRIPTION OF ITEMS OR SERVICES PURCHASED postage	8/10/10	3711.57
f.	NAME, ADDRESS, CITY, STATE AND ZIP PayPal.com DESCRIPTION OF ITEMS OR SERVICES PURCHASED online fee	8/19/10	12.41
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D *[If last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A]*		

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

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE **D**

1. Committee Name Trinity For Chandler

2. ID # C10-02

3. Report covering period from 8/5/10 thru 9/13/10

4	EXPENDITURES NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4a.	NAME, ADDRESS, CITY, STATE AND ZIP J+R Graphics 638 W. Indian School Rd. Phoenix AZ 85013 DESCRIPTION OF ITEMS OR SERVICES PURCHASED printing	8/19/10	4222.60
b.	NAME, ADDRESS, CITY, STATE AND ZIP U.S. Postal Service DESCRIPTION OF ITEMS OR SERVICES PURCHASED postage	8/20/10	6307.81
c.	NAME, ADDRESS, CITY, STATE AND ZIP Matthew Moellering 1478 E. Loma Vista St. Gilbert AZ 85295 DESCRIPTION OF ITEMS OR SERVICES PURCHASED literature design	9/11/10	300.00
d.	NAME, ADDRESS, CITY, STATE AND ZIP Vicki Donovan PO Box 7078 Chandler AZ 85246 DESCRIPTION OF ITEMS OR SERVICES PURCHASED campaign party food	9/11/10	107.22
e.	NAME, ADDRESS, CITY, STATE AND ZIP PayPal.com DESCRIPTION OF ITEMS OR SERVICES PURCHASED online fees	8/6/10	9.18
f.	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 Detail Summary Page Line 9, Column A]*		18667.38

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

INDEPENDENT EXPENDITURES*

SCHEDULE **D-1**

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____

4	INDEPENDENT EXPENDITURES IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
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 10, Column A]*		

*SEE A.R.S. § 16-901(14).

I certify, under pently 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 NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE	DATE LOAN MADE	AMOUNT OF THE LOAN
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
h.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
i.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 *[Transfer total to Detail Summary Page Line 12, Column A]*		

OFFSETS TO OPERATING EXPENSES *

SCHEDULE **D-3**

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____

	REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED	DATE REFUND RECEIVED	AMOUNT OF THE REFUND
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP DESCRIPTION OF REFUND		
b.	NAME, ADDRESS, CITY, STATE, AND ZIP DESCRIPTION OF REFUND		
c.	NAME, ADDRESS, CITY, STATE, AND ZIP DESCRIPTION OF REFUND		
d.	NAME, ADDRESS, CITY, STATE, AND ZIP DESCRIPTION OF REFUND		
e.	NAME, ADDRESS, CITY, STATE, AND ZIP DESCRIPTION OF REFUND		
f.	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**

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____

	REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP		
b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
e.	NAME, ADDRESS, CITY, STATE, AND ZIP		
f.	NAME, ADDRESS, CITY, STATE, AND ZIP		

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [Transfer total to Detail Summary Page, Line 13(a), Column A]

REPAYMENT OF ALL OTHER LOANS

SCHEDULE **D-5**

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____

4	REPAYMENT OF ALL OTHER LOANS NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5.	ENTER TOTAL ONLY 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**

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____

4	TRANSFERS MADE BY THE REPORTING COMMITTEE NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	DATE TRANSFER MADE	AMOUNT OF THE TRANSFER
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A]

Page____of ____

ANY OTHER DISBURSEMENT

SCHEDULE **D-7**

1. Committee Name _____

2. ID #

3. Report covering period from _____ thru _____

	ANY OTHER DISBURSEMENTS NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION	DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		

5. ENTER TOTAL ONLY 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		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION • • EXPENDITURE • •		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION • • EXPENDITURE • •		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION • • EXPENDITURE • •		
	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 CONTRIBUTIONS 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**

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____

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

2. ID #

3. Report covering period from _____ thru _____

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

2. ID #

3. Report covering period from _____ thru _____

4	DEBTS AND OBLIGATIONS NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
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 *[Transfer total to Detail Summary Page Line 19, Column A]*				