Amended

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE **B**

1. Committee Name Trinity For Chandler

2. ID # C10-02

3. Report covering period from 1/1/10 thru 4/28/10

4	CONTRIBUTIONS		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	IDENTITY OF CONTRIBUTOR AND DATE RECEIVED			
4a	ID # 01206 DATE RECEIVED 3/10/10	NAME, ADDRESS, CITY, STATE AND ZIP Salt River Project Political Involvement Committee PO Box 52025 Phoenix AZ 85072	300.00	300.00
b.	ID # 01217 DATE RECEIVED 4/15/10	NAME, ADDRESS, CITY, STATE AND ZIP Southwest Gas Ariz Political Action Committee PO Box 52075 Phoenix AZ 85072	350.00	350.00
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]*		650.00	650.00

RECEIVED
MAY 10 2010
CITY OF CHANDLER
CITY CLERK

POLITICAL COMMITTEE
CITY/TOWN OF Chandler
CAMPAIGN FINANCE REPORT
2010 May Special Election

FOR OFFICE USE ONLY

RECEIVED

MAY - 6 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
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
- ☒ Pre-Election Report - For Period of January 1, 2010 thru April 28, 2010 ..... April 29, 2010 and May 6, 2010
- ☐ Post-Election Report - For Period of April 29, 2010 thru June 7, 2010 ..... June 8, 2010 and June 17, 2010
- ☐ January 31, Report - For Period of June 8, 2010 thru December 31,___** ..... January 1,___** and January 31,___**

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	0	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	4560.57	4560.57
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	4560.57	13901.28
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)	366.46	366.46
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	4194.11	13534.82

*Insert date which is 21 days after date of last election (A.R.S. §16-913).
**This will depend on the year next election is held. The "due between" year will be the year of an election and the date following "December 31" will be the immediately prior year.

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

1. Committee Name: Trinity For Chandler

2. ID# C10-02

3. Report covering period from 1/1/10 Thru 4/28/10

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)	3645.00	3645.00
(b) Individuals - aggregate $25 or less (Total from Schedule A-1)	80.00	80.00
(c) Political Committees (Total from Schedule B)	650.00	650.00
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	4375.00	4375.00
(e) Refund of contributions (Total from Schedule F-2)	0	0
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	4375.00	4375.00
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	19.41	19.41
(b) All other loans (Total from Schedule C-1)	0	0
(c) Total Loans [add 5(a) and 5(b)]	19.41	19.41
6. In-kind contributions (Total from Schedule E)	165.87	165.87
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	.29	.29
8. Total Receipts [add 4(f), 5(c), 6, and 7]	4560.57	4560.57
QUALIFYING CONTRIBUTION RECEIPTS		
Qualifying Contributions of $5 from Individuals (Total from Schedule A2).		
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	200.59	200.59
10. Independent Expenditures (Total from Schedule D-1)		
11. Value of In-kind expenditures (Total from Schedule E)	165.87	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]	366.46	366.46
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. Total disbursements [subtract line 17 from line 16]	366.46	366.46
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 — 5/2/10

Signature of Treasurer or Candidate or Designating Individual — Date

CONTRIBUTIONS more than $25 - from INDIVIDUALS*

SCHEDULE **A**

1. Committee Name: Trinity For Chandler

2. ID #: C10-02

3. Report covering period from: 1/1/10 thru: 4/28/10

4	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	LAST: Fidlin FIRST: Billie MI: STREET ADDRESS: 6816 W. Avenida Del Rey CITY: Peoria STATE: AZ ZIP: 85383 OCCUPATION: Director of Outreach EMPLOYER: Desert SW Conference	2/23/10	50.00	50.00
b.	LAST: Pany FIRST: Darlene MI: STREET ADDRESS: 7445 S. Rita Ln. CITY: Tempe STATE: AZ ZIP: 85283 OCCUPATION: Educator EMPLOYER: AZ Childrens Assoc.	3/29/10	50.00	50.00
c.	LAST: Sciacca FIRST: Peter MI: STREET ADDRESS: 5827 S. Marin Ct. CITY: Gilbert STATE: AZ ZIP: 85298 OCCUPATION: Self employed EMPLOYER: Di Sciacca	4/2/10	410.00	410.00
d.	LAST: Donnelly FIRST: Terry MI: STREET ADDRESS: PO Box 21531 CITY: Phoenix STATE: AZ ZIP: 85036 OCCUPATION: Requested EMPLOYER: Requested	4/2/10	50.00	50.00
e.	LAST: Prescott FIRST: John MI: STREET ADDRESS: 1212 E. Baseline Rd. CITY: Tempe STATE: AZ ZIP: 85283 OCCUPATION: Broker EMPLOYER: PRS Prop. Mgmnt.	4/5/10	100.00	100.00
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 #: C 10-02

3. Report covering period from: 1/1/10 thru: 4/28/10

4	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	LAST: Stelling FIRST: Robert MI: M. STREET ADDRESS: 6257 S. Pinaleno Pl. CITY: Chandler STATE: AZ ZIP: 85249 OCCUPATION: retired EMPLOYER: none	4/6/10	100.00	100.00
b.	LAST: Basha FIRST: Eddie MI: STREET ADDRESS: 15 N. Bullmoose Cir. CITY: Chandler STATE: AZ ZIP: 85224 OCCUPATION: CEO EMPLOYER: Bashas'	4/8/10	200.00	200.00
c.	LAST: Donovan FIRST: Walt + Diane MI: STREET ADDRESS: 12121 Marlowe Dr. CITY: Garden Grove STATE: CA ZIP: 92841 OCCUPATION: retired EMPLOYER: none	4/8/10	100.00	100.00
d.	LAST: Turner FIRST: Jerry MI: STREET ADDRESS: 1621 W. Laredo St. CITY: Chandler STATE: AZ ZIP: 85224 OCCUPATION: retired EMPLOYER: none	4/10/10	100.00	100.00
e.	LAST: Levin FIRST: Renee MI: STREET ADDRESS: 2306 W. Park Ave. CITY: Chandler STATE: AZ ZIP: 85224 OCCUPATION: Comm. Relations Mgr. EMPLOYER: Intel	4/10/10	40.00	40.00
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 1/1/10 thru 4/28/10

4	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	LAST Anselmo FIRST Barbara MI STREET ADDRESS 6180 W. Park Ave. CITY Chandler STATE AZ ZIP 85226 OCCUPATION Assistant Registrar EMPLOYER LA College Intl.	4/11/10	50.00	50.00
b.	LAST Donovan FIRST Thomas MI STREET ADDRESS 1070 S. Amber St. CITY Chandler STATE AZ ZIP 85286 OCCUPATION Default Collector EMPLOYER Concord Servicing	4/11/10	35.00	35.00
c.	LAST Tang FIRST Anthony MI STREET ADDRESS 120 W. Rochell Dr. CITY Henderson STATE NV ZIP 89015 OCCUPATION Pastor EMPLOYER University UMC	4/12/10	200.00	200.00
d.	LAST Carlson FIRST Carol MI STREET ADDRESS 1720 W. Saragosa St. CITY Chandler STATE AZ ZIP 85224 OCCUPATION Education Specialist EMPLOYER CUSD	4/12/10	100.00	100.00
e.	LAST Descheres FIRST Clem + Dotty MI STREET ADDRESS 24114 S. Briarcrest Dr. CITY Sun Lakes STATE AZ ZIP 85249 OCCUPATION retired EMPLOYER none	4/12/10	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 1/1/10 thru 4/28/10

4 CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a. LAST Gibson FIRST Dara MI STREET ADDRESS 1848 E. Sesame St. CITY Tempe STATE AZ ZIP 85283 OCCUPATION Event Mgr. EMPLOYER Fresh Start	4/12/10	50.00	50.00
b. LAST Haskett FIRST Dorothy MI STREET ADDRESS 933 E. Gila Ln. CITY Chandler STATE AZ ZIP 85225 OCCUPATION IT Tech EMPLOYER ASU	4/12/10	50.00	50.00
c. LAST Emanuel FIRST Glen MI STREET ADDRESS 6913 W. Mayberry Trl. CITY Peoria STATE AZ ZIP 85383 OCCUPATION Sr. GIS Analyst EMPLOYER Central Arizona Project	4/12/10	50.00	50.00
d. LAST Bishop FIRST James MI STREET ADDRESS 3244 E. Cardinal Ct. CITY Chandler STATE AZ ZIP 85286 OCCUPATION Airline Pilot EMPLOYER Southwest Airlines	4/12/10	100.00	100.00
e. LAST Wallace FIRST Lee + Carole MI STREET ADDRESS 5052 E. Emelita Ave. CITY Mesa STATE AZ ZIP 85206 OCCUPATION retired EMPLOYER none	4/12/10	100.00	100.00
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 1/1/10 thru 4/28/10

4	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	LAST Bradley FIRST Lew MI STREET ADDRESS 1690 W. Saragosa St. CITY Chandler STATE AZ ZIP 85224 OCCUPATION retired EMPLOYER none	4/12/10	100.00	100.00
b.	LAST Stockman FIRST Lori MI STREET ADDRESS 6945 S. Sapphire Wy CITY Chandler STATE AZ ZIP 85249 OCCUPATION teacher EMPLOYER Mesa Public Schools	4/12/10	50.00	50.00
c.	LAST Blake FIRST Marcia MI STREET ADDRESS 3727 E. Sequoia Trl. CITY Phoenix STATE AZ ZIP 85044 OCCUPATION retired EMPLOYER none	4/12/10	50.00	50.00
d.	LAST Hesse FIRST Maria MI STREET ADDRESS 102 S. Diamond Key Ct. CITY Gilbert STATE AZ ZIP 85233 OCCUPATION Educator EMPLOYER ASU	4/12/10	50.00	50.00
e.	LAST Withey FIRST Mike MI STREET ADDRESS 2525 E. Arizona Biltmore Cir Ste A212 CITY Phoenix STATE AZ ZIP 85016 OCCUPATION Attorney EMPLOYER Withey Morris	4/12/10	100.00	100.00
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: 1/1/10 thru: 4/28/10

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 St. CITY: Chandler STATE: AZ ZIP: 85248 OCCUPATION: Sales EMPLOYER: Spartan Prom.	4/12/10	400.00	400.00
b.	LAST: Carstens FIRST: Deborah Gann MI: STREET ADDRESS: 7101 N. Desert Fairways CITY: Phoenix STATE: AZ ZIP: 85253 OCCUPATION: retired EMPLOYER: none	4/14/10	100.00	100.00
c.	LAST: Dey FIRST: Bimal MI: STREET ADDRESS: 2701 W. Erie St. CITY: Chandler STATE: AZ ZIP: 85224 OCCUPATION: Dir. of Intel Test Operation EMPLOYER: Intel	4/15/10	250.00	250.00
d.	LAST: Benham FIRST: Barbara MI: STREET ADDRESS: 1741 E. Tyson Pl. CITY: Chandler STATE: AZ ZIP: 85225 OCCUPATION: CPA EMPLOYER: Randy C. Kissel CPA PC	4/20/10	50.00	50.00
e.	LAST: Clerge FIRST: Stephanie MI: STREET ADDRESS: 3753 Martingale Rd. CITY: Gilbert STATE: AZ ZIP: 85297 OCCUPATION: manager EMPLOYER: Intel	4/23/10	100.00	100.00
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 1/1/10 thru 4/28/10

4	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	LAST Donovan FIRST Vicki MI STREET ADDRESS 700 N. Dobson Rd #50 CITY Chandler STATE AZ ZIP 85224 OCCUPATION Accountant EMPLOYER CUSD	4/25/10	410.00	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]*		3645.00	3645.00

*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 # C 10-02

3. Report covering period from 1/1/10 thru 4/28/10

4. Aggregate Total of Contributions of $25 or less

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
Vickers, Jimi	20.00	20.00
Winsberg, Deborah	20.00	20.00
Boothe, Linda	5.00	5.00
Vela, Laurie	10.00	10.00
Masias, Terra	25.00	25.00
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A] 80.00		6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B] 80.00

*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 1/1/10 thru 4/28/10

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 Salt River Project Political Involvement Committee PO Box 52025 Phoenix AZ 85072	300.00	300.00
	DATE RECEIVED 3/10/10			
b.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP Southwest Gas Ariz Political Action Committee PO Box 52075 Phoenix AZ 85072	350.00	350.00
	DATE RECEIVED 4/15/10			
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]*		650.00	650.00

CANDIDATE LOANS

SCHEDULE C

1. Committee Name: Trinity For Chandler — 2. ID # C10-02

3. Report covering period from 1/1/10 thru 4/28/10

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 Trinity Donovan 1070 S. Amber Chandler AZ 85286	2/17/10	19.41	19.41
DESCRIPTION copies			
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]			19.41

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 1/1/10 thru 4/28/10

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 Fed Ex Kinkos 1780 W. Chandler Blvd. Chandler AZ 85224 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Copies	2/17/10	19.41
b.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
c.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
d.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
e.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
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]*		200.59

*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 1/1/10 thru 4/28/10

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 Chandler Main Post Office Chandler AZ 85225 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Postage	2/23/10	58.83
b.	NAME, ADDRESS, CITY, STATE AND ZIP US Bank Chandler AZ 85224 DESCRIPTION OF ITEMS OR SERVICES PURCHASED bank account checks	2/17/10	20.25
c.	NAME, ADDRESS, CITY, STATE AND ZIP FedEx Kinkos 1780 W. Chandler Blvd. Chandler AZ 85224 DESCRIPTION OF ITEMS OR SERVICES PURCHASED copies	2/28/10	19.41
d.	NAME, ADDRESS, CITY, STATE AND ZIP Go Daddy.com DESCRIPTION OF ITEMS OR SERVICES PURCHASED Web hosting	3/29/10	56.88
e.	NAME, ADDRESS, CITY, STATE AND ZIP FedEx Kinkos 1780 W. Chandler Blvd. Chandler AZ 85224 DESCRIPTION OF ITEMS OR SERVICES PURCHASED copies	4/2/10	10.28
f.	NAME, ADDRESS, CITY, STATE AND ZIP FedEx Kinkos 1780 W. Chandler Blvd. Chandler AZ 85224 DESCRIPTION OF ITEMS OR SERVICES PURCHASED copies	4/17/10	15.53
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

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	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		
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]		

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 Trinity For Chandler

2. ID # C10-02

3. Report covering period from 1/1/10 thru 4/28/10

4	IN-KIND CONTRIBUTIONS and EXPENDITURES NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN		DATE	FAIR MARKET VALUE
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# Walt Donovan 700 N Dobson Rd #50 Chandler AZ 85224	CONTRIBUTION •✓ EXPENDITURE ••	4/12/10	158.46
	DESCRIPTION fundraiser food / supplies			
	OCCUPATION VP Bus. Dev. Telecom	EMPLOYER Quanta Services		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# Walt Donovan 700 N. Dobson Rd # 50 Chandler AZ 85224	CONTRIBUTION •• EXPENDITURE ✓	4/12/10	158.46
	DESCRIPTION fundraiser food / supplies			
	OCCUPATION VP Bus. Dev Telecom	EMPLOYER Quanta Services		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# Walt Donovan 700 N. Dobson Rd # 50 Chandler AZ 85224	CONTRIBUTION ✓ EXPENDITURE ••	2/26/10	7.41
	DESCRIPTION office supplies			
	OCCUPATION VP Bus. Dev. Telecom	EMPLOYER Quanta Services		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# Walt Donovan 700 N. Dobson Rd # 50 Chandler AZ 85224	CONTRIBUTION •• EXPENDITURE ✓	2/26/10	7.41
	DESCRIPTION office supplies			
	OCCUPATION VP Bus Dev. Telecom	EMPLOYER Quanta Services		
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]*			165.87
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]*			165.87

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE **F-1**

1. Committee Name Trinity For Chandler

2. ID # C10-02

3. Report covering period from 1/9/10 thru 4/28/10

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# Pay Pal DESCRIPTION OF RECEIPT test to set up account	3/31/10	.29
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*

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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 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]*				