

POLITICAL COMMITTEE
CITY OF Chandler
CAMPAIGN FINANCE REPORT 2015
August Special Election

FOR OFFICE USE ONLY

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SEP 22 2015

CITY OF CHANDLER
 CITY CLERK

1. Re-Elect Tibshraeny Mayor

Full Name of Committee
2158 E. Teakwood Place

Address
Chandler 85249 Maricopa (480) 821-8947

City ZIP Code County Phone

2. _____

Sponsoring Organization or Candidate and office
Jay Tibshraeny

Name of Candidate and Office Sought (if applicable)

E-Mail Address Fax #

3A. ID#

M13-01

4. REPORTING PERIOD (Please check appropriate box)

DUE BETWEEN

- June 30 Report - For Period of Nov. 25, 2014 thru May 31, 2015 June 1, 2015 and June 30, 2015
- Pre- Election Report - For Period of June 1, 2015 thru August 13, 2015 August 14, 2015 and August 21, 2015
- Post-Election Report - For Period of August 14, 2015 thru September 14, 2015 September 15, 2015 and September 24, 2015
- ** January 31, Report - For Period of Sept. 15, 2015 thru December 31, 2015 January 1, 2016 and January 31, 2016
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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)		242,824.81
5b Cash on Hand at the Beginning of this Reporting Period	267,817.29	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	16.35	27,787.91
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	267,833.64	270,612.72
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)	75.00	2,854.08
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	267,758.64	267,758.64

*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

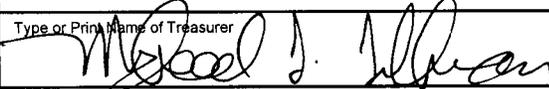
1. Committee Name: Re-Elect Tibshraeny Mayor
 3. Report covering period from 8/14/15 Thru 9/14/15

2. ID# M13-01

RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4. Contributions other than loans and in-kind:		
(a) Individuals - more than \$50 (Total from Schedule A)		26,975.00
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)		
(c) Political Committees (Total from Schedule B)		500.00
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]		27,475.00
(e) Refund of contributions (Total from Schedule F-2)		
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]		27,475.00
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)		108.68
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	16.35	204.23
8. Total Receipts [add 4(f), 5(c), 6, and 7]	16.35	27,787.91
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	75.00	2,745.40
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)		108.68
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]	75.00	2,854.08
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. Total disbursements [subtract line 17 from line 16]	75.00	2,854.08
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.

Michael F. Tibshraeny

Type or Print Name of Treasurer


Sept. 22, 2015

Signature of Treasurer or Candidate or Designating Individual

Date

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID# M13-01

1. Committee Name Re-Elect Tibshraeny Mayor

3. Report covering period from 8/14/15 thru 9/14/15

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 Chandler Republican Women 2301 E. Indian Wells Dr. Chandler, AZ 85249 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Convention Sponsorship	8/26/15	\$75.00
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		
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]		75.00

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

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

2. ID#
M13-01

1. Committee Name Re-Elect Tibshraeny Mayor

3. Report covering period from 8/14/15 thru 9/14/15

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# J P Morgan Chase Bank	8/14/15	16.35
	DESCRIPTION OF RECEIPT Interest	to 9/14/15	
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
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		
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			16.35