

Amended

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

FOR OFFICE USE ONLY

RECEIVED

SEP 23 2015

CITY OF CHANDLER
CITY CLERK

1. Yes on Prop 484

Full Name of Committee
1702 E. Highland Ave. Suite 204

Address
Phoenix 85016 Maricopa

City ZIP Code County Phone

2. _____
Sponsoring Organization or Candidate and office

Name of Candidate and Office Sought (if applicable)

E-Mail Address Fax #

3A. ID#

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 J anuary 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)		0
5b Cash on Hand at the Beginning of this Reporting Period	0	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	7940	7940
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	7940	7940
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
6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	6774	6774
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	1166	1166

*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.

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CITY OF Chandler
CAMPAIGN FINANCE REPORT 2015
August Special Election

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AUG 21 2015

CITY OF CHANDLER
 CITY CLERK

1. YES on Prop 484
 Full Name of Committee
1702 E. Highland Ave Suite 204
 Address
DHL 8506 Mesa
 City ZIP Code County Phone
 2. _____
 Sponsoring Organization or Candidate and office

 Name of Candidate and Office Sought (if applicable)

 E-Mail Address _____ Fax # _____

3A. ID# _____

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
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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)		0
5b	Cash on Hand at the Beginning of this Reporting Period	0	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	7940	7940
5d	Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	7940	7940
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
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	6674	6674
7.	Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	1266-	1266-

*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.

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID#

1. Committee Name Yes on Prop 484

3. Report covering period from _____ thru _____

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR				
4a.	<p>LAST FIRST MI <u>Thays Garry</u></p> <p>STREET ADDRESS <u>1702 E Highland Ave</u></p> <p>CITY STATE ZIP <u>PHO MI 85016</u></p> <p>OCCUPATION EMPLOYER <u>Lawyer Self</u></p>	7-1	90.-	90.-
b.	<p>LAST FIRST MI <u>Tow Neil</u></p> <p>STREET ADDRESS <u>7403 E Libran Pl</u></p> <p>CITY STATE ZIP <u>Chamble MI 48124</u></p> <p>OCCUPATION EMPLOYER <u>Owner Quanta Helicopt</u></p>	8-3	250.-	250.-
c.	<p>LAST FIRST MI <u>Rolls David</u></p> <p>STREET ADDRESS</p> <p>CITY STATE ZIP</p> <p>OCCUPATION EMPLOYER <u>Advertising Self</u></p>	8-5	100 100	100.-
d.	<p>LAST FIRST MI <u>Bull Edwin</u></p> <p>STREET ADDRESS <u>34835 E Sahara</u></p> <p>CITY STATE ZIP <u>PHX MI 85028</u></p> <p>OCCUPATION EMPLOYER <u>Lawyer Self</u></p>	8-11	500.-	500.-
e.	<p>LAST FIRST MI</p> <p>STREET ADDRESS</p> <p>CITY STATE ZIP</p> <p>OCCUPATION EMPLOYER</p>			
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]		890.-	890

*If contributions of \$50 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1.

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

Other

SCHEDULE A

2. ID#

1. Committee Name Yes on Prop 784

3. Report covering period from Jun 1 2015 thru Aug 13 2015

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR				
4a.	LAST FIRST MI <u>Nermeto</u> <u>develope</u> <u>LLC</u> STREET ADDRESS <u>2355 E Emelback Rd</u> CITY STATE ZIP <u>DHX</u> <u>B</u> <u>91071</u> OCCUPATION EMPLOYER	8-3	500	500-
b.	LAST FIRST MI <u>LGE Corp</u> STREET ADDRESS <u>740 W. 52nd St</u> CITY STATE ZIP <u>DHX</u> <u>B</u> <u>85008</u> OCCUPATION EMPLOYER	8-3	500-	500-
c.	LAST FIRST MI <u>Withey Morris</u> STREET ADDRESS <u>2525 E Arizona Bldg</u> CITY STATE ZIP <u>DHX</u> <u>B</u> <u>85016</u> OCCUPATION EMPLOYER	8-3	500	500-
d.	LAST FIRST MI <u>WP West Development</u> STREET ADDRESS <u>3715 Norland Pkwy</u> CITY STATE ZIP <u>Arlan</u> <u>GA</u> <u>30327</u> OCCUPATION EMPLOYER	8-3	5000-	5000-
e.	LAST FIRST MI <u>Wells Fargo</u> STREET ADDRESS <u>1800 E. Deer Ave</u> CITY STATE ZIP <u>Santa Ana</u> <u>CA</u> <u>92705</u> OCCUPATION EMPLOYER	8-3	5000 500-	500-
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]		7000-	7000-

*If contributions of \$50 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1.

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

2. ID#

1. Committee Name: _____
 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 \$50 (Total from Schedule A)			
(b) Individuals - aggregate \$50 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]			
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)			
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 Designating Individual		Date	

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID#

1. Committee Name _____

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 <i>City of Chard</i>	<i>7-14</i>	<i>80.-</i>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <i>Fuel's Fee</i>		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP <i>City of Chard</i>	<i>7-27</i>	<i>10.-</i>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <i>water f.c.</i>		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP <i>Roundtable Strategies</i>	<i>8-7</i>	<i>66.4-</i>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <i>mail</i>		
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)		<i>6774</i>

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