RECEIVED
OCT - 6 2014
Town of Carefree

CITY / TOWN OF CAREFREE
POLITICAL COMMITTEE
STATEMENT OF ORGANIZATION

Titles 16 & 19 Arizona Revised Statutes
Definitions, statutory references and important information on reverse.

☐ Initial Registration ☐ Out of State Committee ☒ Amended Statement

ID# CO 2014
☐ PRIMARY
☑ GENERAL

NAME OF POLITICAL COMMITTEE			DATE
PAC IN OPPOSITION TO PROP. 488 & 489			10-6-2014
ADDRESS (NUMBER & STREET)	CITY	STATE	ZIP
MAILING ADDRESS (If different from above)	CITY	STATE	ZIP
P. O. BOX 957	CAREFREE	AZ	85377

COMMITTEE TELEPHONE #	COMMITTEE FAX #	COMMITTEE E-MAIL ADDRESS
480 459 5202	NONE	JVACAREFREEAZ@AOL.COM

DOES THE POLITICAL COMMITTEE HAVE A SPONSORING ORGANIZATION? ☐ YES ☒ NO
If yes, please provide the following information:

NAME OF SPONSORING ORGANIZATION	TYPE OF ORGANIZATION
ADDRESS OF SPONSORING ORGANIZATION	RELATIONSHIP TO POLITICAL COMMITTEE

TYPE OF POLITICAL COMMITTEE - Please check only one box:

☐ CANDIDATE'S CAMPAIGN COMMITTEE

☐ SEPARATE SEGREGATED FUND ESTABLISHED BY A CORPORATION OR LABOR ORGANIZATION

☑ COMMITTEE IN SUPPORT OF OR OPPOSITION TO THE QUALIFICATION, PASSAGE OR DEFEAT OF A BALLOT MEASURE

Petition Serial Number 488 & 489 Support ☐ Oppose ☒

☐ COMMITTEE ORGANIZED TO CIRCULATE OR OPPOSE A RECALL PETITION OR TO INFLUENCE THE RESULT OF A RECALL ELECTION

☐ POLITICAL PARTY see A.R.S. §§ 16-801, 16-804, 16-821 and 16-825)

☐ COMMITTEE ORGANIZED FOR THE PURPOSE OF MAKING INDEPENDENT EXPENDITURES

☐ COMMITTEE ORGANIZED IN SUPPORT OF OR OPPOSITION TO ONE OR MORE CANDIDATES

☐ POLITICAL ORGANIZATION (see A.R.S. § 16-823)

☐ EXPLORATORY COMMITTEE

☐ OTHER TYPE OF COMMITTEE (please describe)

☐ CHECK HERE IF REGISTERED WITH THE SECRETARY OF STATE AS A STANDING POLITICAL COMMITTEE PURSUANT TO A.R.S. § 16-902.01.
(You must provide a copy of the statement of organization filed with the Secretary of State designating standing committee status)

EACH POLITICAL COMMITTEE SHALL HAVE A CHAIRMAN AND TREASURER. THE POSITION OF CHAIRMAN AND TREASURER OF A SINGLE POLITICAL COMMITTEE MAY NOT BE HELD BY THE SAME INDIVIDUAL, EXCEPT THAT A CANDIDATE MAY BE CHAIRMAN AND TREASURER OF HIS OR HER OWN CAMPAIGN COMMITTEE. A.R.S. §16-902(A).

NAME OF COMMITTEE CHAIRMAN	CHAIRMAN'S TELEPHONE #	CHAIRMAN'S FAX #	
DOUGLAS A. STANGE	480-488 0975	—	
CHAIRMAN'S ADDRESS	CITY	STATE	ZIP
PO. BOX 3645	CAREFREE	AZ	85377
CHAIRMAN'S OCCUPATION	CHAIRMAN'S EMPLOYER	CHAIRMAN'S E-MAIL ADDRESS	
RETIRED	—	—	
NAME OF COMMITTEE TREASURER	TREASURER'S TELEPHONE #	TREASURER'S FAX #	
JAMES VAN ALLEN	480 459 5202	—	
TREASURER'S ADDRESS	CITY	STATE	ZIP
PO BOX 957	CAREFREE	AZ	85377
TREASURER'S OCCUPATION	TREASURER'S EMPLOYER	TREASURER'S E-MAIL ADDRESS	
RETIRED	—	—	

BEFORE A POLITICAL COMMITTEE ACCEPTS A CONTRIBUTION OR MAKES AN EXPENDITURE IT SHALL DESIGNATE AT LEAST ONE ACCOUNT AT A QUALIFIED FINANCIAL INSTITUTION (A.R.S. § 16-902(C)). LIST THE NAMES OF ALL FINANCIAL INSTITUTIONS WITH WHICH THE COMMITTEE MAINTAINS ACCOUNTS OR SAFETY DEPOSIT BOXES. (Do not list account numbers.)

1. BANK OF AMERICA 2. _____ 3. _____

FOR AN EXPLORATORY COMMITTEE OR A CANDIDATE'S CAMPAIGN COMMITTEE, PROVIDE THE FOLLOWING INFORMATION:
(Office sought is optional for an Exploratory Committee.)

NAME OF DESIGNATING INDIVIDUAL (DI) OR CANDIDATE	CANDIDATE'S OR DESIGNATING INDIVIDUAL'S E-MAIL ADDRESS		
OFFICE SOUGHT			
DI's OR CANDIDATE'S ADDRESS	CITY	STATE	ZIP

CANDIDATE'S (or DESIGNATING INDIVIDUAL'S) STATEMENT: I authorize the above-named *political committee* as my political committee to receive contributions and make expenditures on my behalf for the ☐ PRIMARY ELECTION and/or ☐ GENERAL ELECTION in 2014. If designated for both elections, I understand that I must account for contributions and expenditures for each election separately, and when required to file reports, must file separate contribution and expenditure reports (or no activity statements) for each election for each reporting period.

Date: _____ Candidate's or D/I's signature: _____

CHAIRMAN'S AND TREASURER'S STATEMENT: We, the undersigned, pursuant to A.R.S. § 16-902.01(B6) have read all the applicable laws relating to campaign finance and reporting and have examined the information contained in this statement of organization and, to the best of our knowledge and belief, it is true, correct and complete.

Date: 10-6-2014 Chairman's signature: _____

Date: 10-6-2014 Treasurer's signature: _____

DEFINITION OF POLITICAL COMMITTEE: A.R.S. § 16-901(19) "Political committee" means a candidate or any association or combination of persons that is organized, conducted or combined for the purpose of influencing the result of any election or to determine whether an individual will become a candidate for election in this state or in any county, city, town, district or precinct in this state, that engages in political activity in behalf of or against a candidate for election or retention or in support of or opposition to an initiative, referendum or recall or any other measure or proposition and that applies for a serial number and circulates petitions and, in the case of a candidate for public office except those exempt pursuant to section 16-903, that receives contributions or makes expenditures of more than two hundred fifty dollars in connection therewith, notwithstanding that the association or combination of persons may be part of a larger association, combination of persons or sponsoring organization not primarily organized, conducted or combined for the purpose of influencing the result of any election in this state or in any county, city, town or precinct in this state" Examples of types of political committees are listed on the front of this form.

NOTE FOR INDIVIDUALS INVOLVED IN POLITICAL ACTIVITIES: An individual acting alone, unless that individual *is a candidate, is not a* political committee under Arizona law and need not file a statement of organization. If any additional person or persons join the effort (as defined above in A.R.S. § 16-901(19)) begun by an individual, the association of persons has become a "political committee" under Arizona law, and must register the committee pursuant to A.R.S. § 16-902.01(A).

NOTE FOR THOSE INVOLVED IN INITIATIVE, REFERENDUM AND RECALL EFFORTS: Before circulating initiative, referendum or recall petitions, a political committee must file its statement of organization with the appropriate filing office. Signatures obtained on petitions prior to the filing of the statement of organization are void and shall not be counted in determining the legal sufficiency of the petition. A.R.S. §§ 19-114(B) and 19-202(C). Even though an individual, acting alone, may begin the initiative, referendum or recall effort, as soon as other persons join the effort, the association of persons must register as a political committee.

POLITICAL COMMITTEE
CITY/TOWN OF CAREFREE
CAMPAIGN FINANCE REPORT
2014 August/November Regular Election

FOR OFFICE USE ONLY

1. PAC IN OPPOSITION TO PROP. 488 & 489
Full Name of Committee

PO BOX 957
Address

2. City: CAREFREE ZIP Code: 85377 County: MARICOPA Phone: 480 4595202
Sponsoring Organization or Candidate and office

Name of Candidate and Office Sought (if applicable)

E-Mail Address Fax #

3A. ID# CO 22014

☐ Primary

☒ General

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

- ☐ January 31 Report - For Period of _____* thru December 31, 2013 ..... January 1, 2014 and January 31, 2014
- ☐ June 30 Report - For Period of January 1, 2014 thru May 31, 2014 ..... June 1, 2014 and June 30, 2014
- ☐ Pre-Primary Election Report - For Period of June 1, 2014 thru August 14, 2014 ..... August 15, 2014 and August 22, 2014
- ☐ Post-Primary Election Report - For Period of August 15, 2014 thru September 15, 2014 ..... September 16, 2014 and September 25, 2014
- ☒ Pre-General Election Report - For Period of September 16, 2014 thru October 23, 2014 ..... October 24, 2014 and October 31, 2014
- ☐ Post-General Election Report - For Period of October 24, 2014 thru November 24, 2014 ..... November 25, 2014 and December 4, 2014
- ☐ **January 31, Report - For Period of November 25, 2014 thru December 31, 2015 ..... January 1, 2016 and January 31, 2016

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	0
5b	Cash on Hand at the Beginning of this Reporting Period	0	0
5c	Total Receipts (from corresponding columns on Detailed *Summary Page*, Line 8)	1,330.00	1,330.00
5d	Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	1,330.00	1,330.00
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)	1315.00	1315.00
7.	Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	15.00	15.00

*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

2. ID#	C Ø 220 14
.	Primary
.	✓ General

1. Committee Name: PAC IN OPPOSITION TO PROP. 488 & 489
3. Report covering period from _____ Thru 10/06/14

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)	1,330.00	1,330.00
(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]	1,330.00	1,330.00
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	1,315.00	1,315.00
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]	1315.00	1315.00
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	Ø	Ø

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.

JAMES VAN ALLEN

Type or Print Name of Treasurer

[signature] 10/6/14

Signature of Treasurer or Candidate or Designating Individual — Date

CONTRIBUTIONS more than $50 - from INDIVIDUALS*

SCHEDULE A

2. ID# C00 22014

Primary

X General

1. Committee Name PAC IN OPPOSITION TO PROP. 488 & 489

3. Report covering period from _____ thru 10-6-14

4	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	LAST: DE SZENDEFY FIRST: ROD MI: STREET ADDRESS: PO BOX 4450 CITY: CAREFREE STATE: AZ ZIP: 85377 OCCUPATION: RETIRED EMPLOYER:	9-30	500.00	500.00
b.	LAST: TRAYNOR FIRST: JOHN MI: STREET ADDRESS: PO BOX 3274 CITY: CAREFREE STATE: AZ ZIP: 85377 OCCUPATION: RETIRED CIO EMPLOYER:	9-30	200.00	200.00
c.	LAST: VAN ALLEN FIRST: JAMES MI: ✓ STREET ADDRESS: PO BOX 957 CITY: CAREFREE STATE: AZ ZIP: 85377 OCCUPATION: RETIRED EMPLOYER:	9-30	230.00	230.00
d.	LAST: SCAGGS FIRST: MARK MI: R. STREET ADDRESS: PO BOX 5972 CITY: CAREFREE STATE: AZ ZIP: 85377 OCCUPATION: RETIRED EMPLOYER:	9-30	100.00	100.00
e.	LAST: GOULDER FIRST: HARRY MI: STREET ADDRESS: PO BOX 1793 CITY: CAREFREE STATE: AZ ZIP: 85377 OCCUPATION: RETIRED EMPLOYER:	9-30	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 $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*

SCHEDULE A

2. ID# CØ22014

Primary

X General

1. Committee Name PAC IN OPPOSITION TO PROP 488 & 489

3. Report covering period from _____ thru 10-6-14

4	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	LAST: STAUDE FIRST: DOUGLAS MI: A STREET ADDRESS: P O BOX 3645 CITY: CAREFREE STATE: AZ ZIP: 85377 OCCUPATION: EMPLOYER:	9-30	100.00	100.00
b.	LAST: GOSULE FIRST: JOHN MI: V STREET ADDRESS: P O BOX 5405 CITY: CAREFREE STATE: AZ ZIP: 85377 OCCUPATION: EMPLOYER:	9-30	100.00	100.00
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]		1330.00	1330.00

*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 FROM POLITICAL COMMITTEES

SCHEDULE B

2. ID# C022014

Primary

✓ General

1. Committee Name PAC IN OPPOSITION TO PROP 488 & 489

3. Report covering period from _____ thru 10-6-14

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		
	DATE RECEIVED			
b.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
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]			

NONE

CANDIDATE LOANS

SCHEDULE C

1.	Committee Name PAC IN OPPOSITION TO PROP. 488 & 489	2. ID # C0 22014 Primary ✓ General
3.	Report covering period from _____ thru 10-6-14	

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]			

NONE

OTHER LOANS

SCHEDULE C1

2. ID# C0022014

Primary

✓ General

1. Committee Name PAC IN OPPOSITION TO PROP. 488 & 489

3. Report covering period from _____ thru 10-6-14

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# NONE			
	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

2. ID# C00 72014

Primary

✓ General

1. Committee Name PAC IN OPPOSITION TO PROP 488 & 489

3. Report covering period from _____ thru 10-6-14

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 UPS OFFICE CAREFREE MKT PLACE CAREFREE AZ 85377 DESCRIPTION OF ITEMS OR SERVICES PURCHASED PRINT AND DISTRIBUTE FLYERS		$1300.00
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]		$1300.00

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

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

2. ID# C022014

1. Committee Name PAC IN OPPOSITION TO Prop. 488 & 489

3. Report covering period from _____ thru 10-6-14

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]		0

NONE

*SEE A.R.S. § 16-901(14).

I certify, under penalty 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.

5

Signature of Treasurer

6

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# CO 28014

Primary

✓ General

1. Committee Name PAC IN OPPOSITION TO Prop. 488 & 489

3. Report covering period from _____ thru 10-6-14

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#		
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# None		
4f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4h.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4i.	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]		0

OFFSETS TO OPERATING EXPENSES *

SCHEDULE D-3

2. ID# C0022014

Primary

✓ General

1. Committee Name PAC IN OPPOSITION TO PROP. 488 & 489

3. Report covering period from _____ thru 10-6-14

	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		

NONE

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] — 0

* Includes return of contributions made by reporting committee

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

2. ID# C0220014

Primary

✓ General

1. Committee Name PAC IN OPPOSITION TO PROP 488 & 489

3. Report covering period from _____ thru 10-06-14

	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		
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP N/A		
4d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4e.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4f.	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]		0

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

2. ID# C0022014

Primary

✓ General

1. Committee Name PAC IN OPPOSITION TO PROP 488 & 489

3. Report covering period from _____ thru 10-6-14

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#		
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#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [Transfer total to Detailed Summary Page, Line 13(b), Column A]		0

N/A

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

2. ID# LD22014

Primary

X General

1. Committee Name PAC IN OPPOSITION TO PROP 486 & 489

3. Report covering period from _____ thru 10-6-14

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#		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# N/A		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4f.	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] 0

ANY OTHER DISBURSEMENT

SCHEDULE D-7

2. ID# C00 22814

Primary

✓ General

1. Committee Name PAC IN OPPOSITION TO PROP 488 & 489

3. Report covering period from _____ thru 10-6-14

4.	ANY OTHER DISBURSEMENTS NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION	DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# BANK OF AMERICA WHAMPUM ST CARE FREE AZ 85377 DESCRIPTION MONTH OF BANK FEE	10/3/14	15.00
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		

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [Transfer total to Detailed Summary Page Line 15 Column A] 15.00

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

2. ID# CO 22014

Primary

✓ General

1. Committee Name PALIN OPPOSITION TO PROP 488 4489

3. Report covering period from _____ thru 10-06-14

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#	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		
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]			0
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]			0

NONE

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

2. ID# CO 22014

Primary

✓ General

1. Committee Name PAC IN OPPOSITION TO PROP 488/489

3. Report covering period from _____ thru 10-6-14

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		
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		

NONE

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* 0

OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F-2

2. ID# 1250014

Primary

✓ General

1. Committee Name PAAC in Opposition to Prop 488 & 489

3. Report covering period from _____ thru 10-6-14

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
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# N/A 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		

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] 0

* Includes return of contributions received by reporting committee

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

2. ID# C0220114

1. Committee Name PAL in Opposition to Prop 488 & 489

3. Report covering period from _____ thru 10-6-14

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
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#		NONE		
	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				
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]				0