

**POLITICAL COMMITTEE**  
**CITY/TOWN OF FLAGSTAFF**  
**CAMPAIGN FINANCE REPORT**  
**2012 March/May Regular Election**

FOR OFFICE USE ONLY

1. Don M Peavey For Flagstaff  
Full Name of Committee  
4446 E Joey Ave.  
Address  
Flagstaff 86004 Coconino 226-0878  
City ZIP Code County Phone

2. Don M Peavey - Flagstaff City Council  
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**
- January 31 Report - For Period of 11/22/2010 \* thru December 31, 2011 ..... January 1, 2012 and January 31, 2012
  - Pre-Primary Election Report - For Period of January 1, 2012 thru February 22, 2012 ..... February 23, 2012 and March 1, 2012
  - Post-Primary Election Report - For Period of February 23, 2012 thru April 2, 2012 ..... April 3, 2012 thru April 12, 2012
  - Pre-General Election Report - For Period of April 3, 2012 thru April 25, 2012 ..... April 26, 2012 thru May 3, 2012
  - Post-General Election Report - For Period of April 26, 2012 thru June 4, 2012 ..... June 5, 2012 and June 14, 2012
  - \*\*January 31 Report - For Period of June 5, 2012 thru December 31, 2013 ..... January 1, 2014 and January 31, 2014

| 5. SUMMARY  | Column A<br>Total This<br>Reporting Period | Column B<br>Election Period<br>Total To Date |
|---|--|--|
| 5a Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)  | <del>88.57</del><br>873.34                 | <del>190.23</del>                            |
| 5b Cash on Hand at the Beginning of this Reporting Period   |  |  |
| 5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)   | 15.23                                      | 190.23                                       |
| 5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]   | 88.57                                      | 190.23                                       |
| 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] | Ø  |  |
| 6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)   | 88.57                                      | 190.23                                       |
| 7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]  | Ø  | Ø  |

\*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: don m prayer for Flagstaff  
 3. Report covering period from 4/26/12 Thru 6/14/12

|        |
|--------|
| 2. ID# |
|--------|

| RECEIPTS  | COLUMN A<br>THIS PERIOD | COLUMN B<br>CAMPAIGN TO DATE |
|---|-------------------------|------------------------------|
| 4. Contributions other than loans and in-kind:  |                         |                              |
| (a) Individuals - more than \$25 (Total from Schedule A)                                      |                         |                              |
| (b) Individuals - aggregate \$25 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)                          | 15.23                   | 175.00                       |
| (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)                 | 0                       |                              |
| 8. Total Receipts [add 4(f), 5(c), 6, and 7]  | 15.23                   |                              |
| <b>QUALIFYING CONTRIBUTION RECEIPTS</b>   |                         |                              |
| Qualifying Contributions of \$5 from Individuals (Total from Schedule A2)                     |                         |                              |
| <b>DISBURSEMENTS</b>  |                         |                              |
| 9. Expenditures for operating expenses (Total from Schedule D)                                |                         | 101.66                       |
| 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)  | 88.57                   | 10                           |
| 16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]                       | 88.57                   | 101.66                       |
| 17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)        |                         |                              |
| 18. Total disbursements [subtract line 17 from line 16]                                       | 88.57                   | 101.66                       |
| 19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3) | 0                       | 0                            |

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.

Natalie Street

Type or Print Name of Treasurer

Signature of Treasurer or Candidate or Designating Individual

Date



**CONTRIBUTIONS more than \$25 - from INDIVIDUALS\***

**SCHEDULE A**

|         |
|---------|
| 2. ID # |
|---------|

1. Committee Name \_\_\_\_\_

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.            | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table> | LAST          | FIRST                       | MI                                     | STREET ADDRESS |  |  | CITY | STATE | ZIP | OCCUPATION | EMPLOYER |  |  |  |  |
| LAST           | FIRST  | MI            |                             |  |                |  |  |      |       |     |            |          |  |  |  |  |
| STREET ADDRESS |  |               |                             |  |                |  |  |      |       |     |            |          |  |  |  |  |
| CITY           | STATE  | ZIP           |                             |  |                |  |  |      |       |     |            |          |  |  |  |  |
| OCCUPATION     | EMPLOYER   |               |                             |  |                |  |  |      |       |     |            |          |  |  |  |  |
| b.             | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table> | LAST          | FIRST                       | MI                                     | STREET ADDRESS |  |  | CITY | STATE | ZIP | OCCUPATION | EMPLOYER |  |  |  |  |
| LAST           | FIRST  | MI            |                             |  |                |  |  |      |       |     |            |          |  |  |  |  |
| STREET ADDRESS |  |               |                             |  |                |  |  |      |       |     |            |          |  |  |  |  |
| CITY           | STATE  | ZIP           |                             |  |                |  |  |      |       |     |            |          |  |  |  |  |
| OCCUPATION     | EMPLOYER   |               |                             |  |                |  |  |      |       |     |            |          |  |  |  |  |
| c.             | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table> | LAST          | FIRST                       | MI                                     | STREET ADDRESS |  |  | CITY | STATE | ZIP | OCCUPATION | EMPLOYER |  |  |  |  |
| LAST           | FIRST  | MI            |                             |  |                |  |  |      |       |     |            |          |  |  |  |  |
| STREET ADDRESS |  |               |                             |  |                |  |  |      |       |     |            |          |  |  |  |  |
| CITY           | STATE  | ZIP           |                             |  |                |  |  |      |       |     |            |          |  |  |  |  |
| OCCUPATION     | EMPLOYER   |               |                             |  |                |  |  |      |       |     |            |          |  |  |  |  |
| d.             | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table> | LAST          | FIRST                       | MI                                     | STREET ADDRESS |  |  | CITY | STATE | ZIP | OCCUPATION | EMPLOYER |  |  |  |  |
| LAST           | FIRST  | MI            |                             |  |                |  |  |      |       |     |            |          |  |  |  |  |
| STREET ADDRESS |  |               |                             |  |                |  |  |      |       |     |            |          |  |  |  |  |
| CITY           | STATE  | ZIP           |                             |  |                |  |  |      |       |     |            |          |  |  |  |  |
| OCCUPATION     | EMPLOYER   |               |                             |  |                |  |  |      |       |     |            |          |  |  |  |  |
| e.             | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table> | LAST          | FIRST                       | MI                                     | STREET ADDRESS |  |  | CITY | STATE | ZIP | OCCUPATION | EMPLOYER |  |  |  |  |
| 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]  |               |                             |  |                |  |  |      |       |     |            |          |  |  |  |  |

\*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**

2. ID #

1. Committee Name \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

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

| DESCRIPTION   | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE  |  |
|---|-----------------------------|---|--|
|   |                             |   |  |
| 5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A] |                             | 6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B] |  |

\*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

2. ID #

1. Committee Name \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

| 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 <i> [If last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A] </i> |                                    |                             |  |

**CANDIDATE LOANS**

**SCHEDULE C**

|   |  |               |                 |
|---|--|---------------|-----------------|
| 1. Committee Name                               |  | 2. ID #       |                 |
| 3. Report covering period from _____ thru _____ |  |               |                 |
| 4.  | <b>LOANS MADE OR GUARANTEED BY CANDIDATE</b>   | DATE RECEIVED | AMOUNT RECEIVED |
|   | NAME AND ADDRESS FROM WHOM RECEIVED  |               |                 |
| 4a.   | NAME, ADDRESS, CITY, STATE, AND ZIP  | 6/7/12        | \$15.23         |
|   |  |               | \$15.23         |
|   | 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<br>(If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A) |               | \$15.23         |

**OTHER LOANS**

**SCHEDULE C1**

1. Committee Name \_\_\_\_\_

2. ID # \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

| 4  | ALL OTHER LOANS  | DATE<br>LOAN RECEIVED | AMOUNT<br>OF LOAN | CUMULATIVE<br>TOTAL THIS<br>CAMPAIGN<br>TO DATE |
|----|--|-----------------------|-------------------|---|
|    | NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.  |                       |                   |   |
| 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

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<br><br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED   |                       |                           |
| b.  | NAME, ADDRESS, CITY, STATE AND ZIP<br><br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED   |                       |                           |
| c.  | NAME, ADDRESS, CITY, STATE AND ZIP<br><br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED   |                       |                           |
| d.  | NAME, ADDRESS, CITY, STATE AND ZIP<br><br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED   |                       |                           |
| e.  | NAME, ADDRESS, CITY, STATE AND ZIP<br><br>DESCRIPTION OF ITEMS OR SERVICES PURCHASED   |                       |                           |
| f.  | NAME, ADDRESS, CITY, STATE AND ZIP<br><br>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] |                       |                           |

\*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  | DATE EXPENDITURE MADE | AMOUNT OF THE EXPENDITURE |
|--|---|-----------------------|---------------------------|
| IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED |   |                       |                           |
| 4a.  | NAME, ADDRESS, CITY, STATE AND ZIP<br><br>PURPOSE AND DESCRIPTION OF PURCHASE    Benefitted <input type="checkbox"/> Opposed <input type="checkbox"/><br>CANDIDATE                                      OFFICE SOUGHT                                      YEAR OF ELECTION |                       |                           |
| 4b.  | NAME, ADDRESS, CITY, STATE AND ZIP<br><br>PURPOSE AND DESCRIPTION OF PURCHASE    Benefitted <input type="checkbox"/> Opposed <input type="checkbox"/><br>CANDIDATE                                      OFFICE SOUGHT                                      YEAR OF ELECTION |                       |                           |
| 4c.  | NAME, ADDRESS, CITY, STATE AND ZIP<br><br>PURPOSE AND DESCRIPTION OF PURCHASE    Benefitted <input type="checkbox"/> Opposed <input type="checkbox"/><br>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 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.

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   | DATE<br>LOAN MADE | AMOUNT<br>OF THE LOAN |
|-----|---|-------------------|-----------------------|
|     | NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE                                 |                   |                       |
| 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         |   | DATE REPAYMENT MADE | AMOUNT OF THE REPAYMENT |
|--|---|---------------------|-------------------------|
| NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE |   |                     |                         |
| 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

1. Committee Name \_\_\_\_\_

2. ID# \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

| 4   | REPAYMENT OF ALL OTHER LOANS  | DATE<br>REPAYMENT<br>MADE | AMOUNT<br>OF THE<br>REPAYMENT |
|-----|---|---------------------------|-------------------------------|
|     | NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE)<br>TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE |                           |                               |
| 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   | DATE TRANSFER MADE | AMOUNT OF THE TRANSFER |
|-----|---|--------------------|------------------------|
|     | NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE)<br>TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE |                    |                        |
| 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 don m peavey for Flagstaff

2. ID #

3. Report covering period from 4/26/12 thru 6/4/12

| ANY OTHER DISBURSEMENTS   |   | DATE DISBURSEMENT MADE | AMOUNT OF THE DISBURSEMENT |
|---|---|------------------------|----------------------------|
| NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION |   |                        |                            |
| a.  | <p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br/> <u>Poore Medical Clinic</u><br/> <u>120 West Fine Ave • Flagstaff, AZ 86001</u></p> <p>DESCRIPTION*<br/> <u>Donation to Free Clinic</u></p> | <u>6/7/12</u>          | <u>\$88.57</u>             |
| b.  | <p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <p>DESCRIPTION</p>   |                        |                            |
| c.  | <p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <p>DESCRIPTION</p>   |                        |                            |
| d.  | <p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <p>DESCRIPTION</p>   |                        |                            |
| e.  | <p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <p>DESCRIPTION</p>   |                        |                            |

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 <input type="checkbox"/> |                   |
|     |   | EXPENDITURE <input type="checkbox"/>  |                   |
|     | DESCRIPTION   |                                       |                   |
|     | OCCUPATION  | EMPLOYER                              |                   |
| b.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   | CONTRIBUTION <input type="checkbox"/> |                   |
|     |   | EXPENDITURE <input type="checkbox"/>  |                   |
|     | DESCRIPTION   |                                       |                   |
|     | OCCUPATION  | EMPLOYER                              |                   |
| c.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   | CONTRIBUTION <input type="checkbox"/> |                   |
|     |   | EXPENDITURE <input type="checkbox"/>  |                   |
|     | DESCRIPTION   |                                       |                   |
|     | OCCUPATION  | EMPLOYER                              |                   |
| d.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#   | CONTRIBUTION <input type="checkbox"/> |                   |
|     |   | EXPENDITURE <input type="checkbox"/>  |                   |
|     | 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   | DATE<br>AMOUNT<br>RECEIVED | AMOUNT<br>OF THE<br>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#<br><br><br><br><br><br><br><br><br><br>DESCRIPTION OF RECEIPT                 |                            |                             |
| b.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br><br><br><br><br><br><br><br><br>DESCRIPTION OF RECEIPT                 |                            |                             |
| c.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br><br><br><br><br><br><br><br><br>DESCRIPTION OF RECEIPT                 |                            |                             |
| d.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br><br><br><br><br><br><br><br><br>DESCRIPTION OF RECEIPT                 |                            |                             |
| e.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br><br><br><br><br><br><br><br><br>DESCRIPTION OF RECEIPT                 |                            |                             |
| f.  | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br><br><br><br><br><br><br><br><br>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**

2. ID #

1. Committee Name \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

| 4  | REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED  | DATE REFUND MADE | AMOUNT OF THE REFUND |
|----|--|------------------|----------------------|
|    | NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE |                  |                      |
| a. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>DESCRIPTION OF REFUND   |                  |                      |
| b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>DESCRIPTION OF REFUND   |                  |                      |
| c. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>DESCRIPTION OF REFUND   |                  |                      |
| d. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>DESCRIPTION OF REFUND   |                  |                      |
| e. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>DESCRIPTION OF REFUND   |                  |                      |
| f. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#<br><br>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   |  | OUTSTANDING<br>BALANCE<br>BEGINNING<br>THIS PERIOD | AMOUNT INCURRED<br>THIS PERIOD | PAYMENT THIS<br>PERIOD | OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|----|---|--|--|--------------------------------|------------------------|---|
|    | NAME AND ADDRESS OF INDIVIDUAL (OR NAME,<br>ADDRESS AND ID# OF THE POLITICAL<br>COMMITTEE) TO WHOM DEBT IS OWED                                     |  |  |                                |                        |   |
| 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] |  |  |                                |                        |   |



**CITY / TOWN OF FLAGSTAFF  
POLITICAL COMMITTEE  
TERMINATION STATEMENT**

A.R.S. §§ 16-914 and 16-915.01

ID# ~~2011-05~~ 2011-05

|  |                 |  |                              |
|--|-----------------|--|------------------------------|
| NAME OF POLITICAL COMMITTEE<br><b>Don M Peavey for Flagstaff</b> |                 |  |                              |
| ADDRESS (NUMBER & STREET)<br><b>4446 E Joey Ave</b>              |                 | CITY<br><b>Flagstaff</b>                             | STATE ZIP<br><b>AZ 86004</b> |
| MAILING ADDRESS (IF DIFFERENT FROM ABOVE)                        |                 | CITY   | STATE ZIP                    |
| COMMITTEE TELEPHONE #<br><b>928-226-0878</b>                     | COMMITTEE FAX # | COMMITTEE E-MAIL ADDRESS<br><b>don@donmpeavey.us</b> |                              |
| NAME OF SPONSORING ORGANIZATION OR CANDIDATE AND OFFICE          |                 |  |                              |
| ADDRESS OF SPONSORING ORGANIZATION                               |                 | EMAIL ADDRESS AND FAX #                              |                              |

**Select the boxes that apply:**

- A.  This is to certify that all contributions received and all expenditures made on behalf of the political committee indicated above have been reported as required by A.R.S. § 16-913. We further certify that the political committee will no longer receive any contributions or make any disbursements, that the committee has no outstanding debts or obligations, and that any surplus monies have been disposed of pursuant to A.R.S. § 16-915.01.

**Please mark the appropriate statement below to indicate which campaign finance report states the disposition of any surplus monies.**

- The disposition of surplus monies was submitted on the campaign finance report filed on: \_\_\_\_\_
- The disposition of surplus monies is reported on the attached campaign finance report.

- B.  This committee has terminated its activities in the above-named jurisdiction. The undersigned chairman and treasurer hereby attest that it is the intent of this committee to remain active in other jurisdictions and that all remaining monies of this committee shall be used in other jurisdictions.
- C.  This committee has transferred the committee's debts and obligations to a subsequent committee.

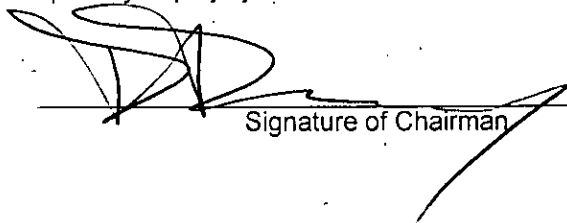
**Please enter the full name and ID# of the committee into which debts and obligations have been transferred.**

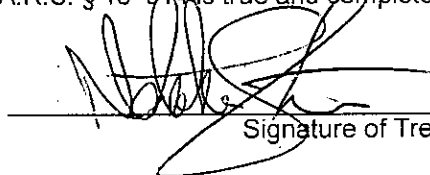
Name of Committee: \_\_\_\_\_ ID # \_\_\_\_\_

We, Don M. Peavey  
Printed name of Chairman, and

Natalie Street, certify under  
Printed name of Treasurer

penalty of perjury that this statement of termination pursuant to A.R.S. § 16-914 is true and complete.

  
Signature of Chairman

  
Signature of Treasurer

