

POLITICAL COMMITTEE
CITY OF Flagstaff
CAMPAIGN FINANCE REPORT
2016 August/November Regular Election

Amanda
RECEIVED
DEC 12 2016
 FOR OFFICE USE ONLY
 BY: *E. Blum*

RECEIVED
JUN 29 2016
 BY: *E. Blum*

1. Charlie Council
 Full Name of Committee
2109 N. Fourth St. #3
 Address
Flagstaff 86004 Coconino 928-774-2331
 City ZIP Code County Phone

2. Charlie Odegaard
 Sponsoring Organization or Candidate and Office
Charlie Odegaard - Flagstaff City Council
 Name of Candidate and Office (if applicable)
charlieodegaard@yahoo.com 928-774-4668
 E-Mail Address Fax #

SA: ID#

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

January 31 Report - For Period of _____ thru December 31, 2016 January 1, 2016 and February 1, 2016

June 30 Report - For Period of January 1, 2016 thru May 31, 2016 June 1, 2016 and June 30, 2016

Pre-Primary Election Report - For Period of June 1, 2016 thru August 10, 2016 August 10, 2016 and August 20, 2016

Post-Primary Election Report - For Period of August 10, 2016 thru September 10, 2016 September 20, 2016 and September 29, 2016

Pre-General Election Report - For Period of September 20, 2016 thru October 27, 2016 October 28, 2016 and November 4, 2016

Post-General Election Report - For Period of October 28, 2016 thru November 20, 2016 November 29, 2016 and December 6, 2016

**January 31, Report - For Period of November 20, 2016 thru December 31, 2017 January 1, 2018 and January 31, 2018

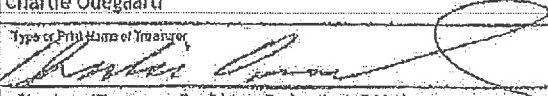
6. SUMMARY		Column A Total This Reporting Period	Column B Election Period Total To Date
6a	Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)		99.00
6b	Cash on Hand at the Beginning of this Reporting Period	1453.10	
6c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	3775.12	5228.22
6d	Subtotal (add Lines b and c for Column A and add lines a and c for Column B)	5228.22	5327.22
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)	4411.90	4510.90
7.	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 6d)	816.32	816.32

*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: Charlie4Council
 2. Report covering period from 1/1/16 thru 5/31/16

2. ID#

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)	3,375.00	4505.00
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)	400.00	822.10
(c) Political Committees (Total from Schedule B)		
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	3775.00	5327.10
(e) Refund of contributions (Total from Schedule F-2)		
(f) Total Contributions Other than Loans and In-Kind [subtract 4(e) from 4(d)]	3775.00	5327.10
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)	.12	.12
8. Total Receipts [add 4(f), 6(c), 7, and 8]	3775.12	5327.22
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	4411.90	4510.90
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]	4411.90	4510.90
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. Total disbursements [subtract line 17 from line 16]	4411.90	4510.90
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.		
Charlie Odegård Type or Print Name of Treasurer		
		6/29/16
Signature of Treasurer or Candidate or Designating Individual		Date

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID#

1. Committee Name Charter Council

3. Report covering period from 1/1/16 thru 5/31/16

4		CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.		NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR			
	LAST FIRST MI	Hernandez Marjorie	2/9/16	50.00	50.00
	STREET ADDRESS	3301 S. Little Dr			
	CITY STATE ZIP	Flagstaff AZ 86001			
	OCCUPATION EMPLOYER	Retired			
	LAST FIRST MI	Donaldson Joe	2/16/16	100.00	100.00
	STREET ADDRESS	1325 E. Linda Vista			
	CITY STATE ZIP	Flagstaff AZ 86004			
	OCCUPATION EMPLOYER	Retired			
	LAST FIRST MI	Behnke Valarie	2/16/16	200.00	200.00
	STREET ADDRESS	2601 E. Heidi Loop			
	CITY STATE ZIP	Flagstaff AZ 86004			
	OCCUPATION EMPLOYER	Retired			
	LAST FIRST MI	Davis Nancy	3/27/16	50.00	30.00
	STREET ADDRESS	4423 E. Coburn Dr.			
	CITY STATE ZIP	Flagstaff AZ 86004			
	OCCUPATION EMPLOYER	Retired			
	LAST FIRST MI	Behnke Valarie	4/3/16	100.00	300.00
	STREET ADDRESS	2601 E. Heidi Loop			
	CITY STATE ZIP	Flagstaff AZ 86004			
	OCCUPATION EMPLOYER	Retired			
6.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (if last page of Schedule A, transfer total to Detailed Summary Page Line 44, Column A)			500.00	

SAMP PAPER

*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#

1. Committee Name Charlie Council

3. Report covering period from 1/1/16

thru 5/31/16

CONTRIBUTIONS		DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																								
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR																												
a.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Odegaard</td> <td>Charlie</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">403 W. Havasupai Rd</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Flagstaff</td> <td>AZ</td> <td>86001</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Self</td> <td colspan="2">Odegaard's Sewing Center</td> </tr> </table>	LAST	FIRST	MI	Odegaard	Charlie		STREET ADDRESS			403 W. Havasupai Rd			CITY	STATE	ZIP	Flagstaff	AZ	86001	OCCUPATION	EMPLOYER		Self	Odegaard's Sewing Center		4/3/16	100.00	100.00
LAST	FIRST	MI																										
Odegaard	Charlie																											
STREET ADDRESS																												
403 W. Havasupai Rd																												
CITY	STATE	ZIP																										
Flagstaff	AZ	86001																										
OCCUPATION	EMPLOYER																											
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b.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Chaney</td> <td>Faith</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">2111 N. Rain Tree Rd</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Flagstaff</td> <td>AZ</td> <td>86004</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Retired</td> <td colspan="2"></td> </tr> </table>	LAST	FIRST	MI	Chaney	Faith		STREET ADDRESS			2111 N. Rain Tree Rd			CITY	STATE	ZIP	Flagstaff	AZ	86004	OCCUPATION	EMPLOYER		Retired			4/8/16	50.00	50.00
LAST	FIRST	MI																										
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LAST	FIRST	MI																										
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Principal	FUSD																											
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LAST	FIRST	MI																										
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Employed	City of Flagstaff																											
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Flagstaff	AZ	86004																										
OCCUPATION	EMPLOYER																											
Retired																												
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (if last page of Schedule A, transfer total to Deleted Summary Page Line 4(b), Column A)		325.00																									

*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 more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID#

1. Committee Name: Charlie Council

3. Report covering period from 1/1/16 thru 5/31/16

CONTRIBUTIONS				DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR						
a.	LAST Harris	FIRST Joan	MI	4/8/16	100.00	240.00
STREET ADDRESS 4178 S. Pheasant Run Dr.						
CITY Flagstaff		STATE AZ	ZIP 86005			
OCCUPATION Retired		EMPLOYER				
b.	LAST Getto	FIRST Ronald	MI	4/9/16	100.00	100.00
STREET ADDRESS 2028 E. Del Rae Dr.						
CITY Flagstaff		STATE AZ	ZIP 86005			
OCCUPATION Self		EMPLOYER Star Lite Lanes				
c.	LAST Oravits	FIRST Angela	MI	4/15/16	50.00	50.00
STREET ADDRESS 1889 N. Rain Tree Rd.						
CITY Flagstaff		STATE AZ	ZIP 86004			
OCCUPATION Self		EMPLOYER Oravits Properties				
d.	LAST Knorr	FIRST Jeff	MI	4/18/16	100.00	100.00
STREET ADDRESS 6744 E. Anazazi Dr.						
CITY Flagstaff		STATE AZ	ZIP 86004			
OCCUPATION Self		EMPLOYER JKG				
e.	LAST Slayton	FIRST Steven	MI	4/28/16	100.00	100.00
STREET ADDRESS 7974 El Rancho Trl						
CITY Snowflake		STATE AZ	ZIP 85937			
OCCUPATION Unemployed		EMPLOYER				
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (first page of Schedule A, unless total is Detailed Summary Page Up 4(a), Column A)					450.00	

*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 more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID#

1. Committee Name: Charlie4Council

3. Report covering period from 1/1/16

thru 5/31/16

Same person as on page 2

Same person as on page 2

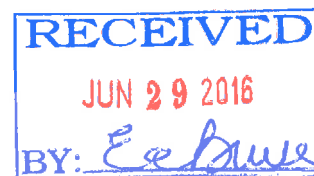
Same person as on page 3

CONTRIBUTIONS		DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																								
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
Odegaard	Charlie																											
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403 W. Havocyn Rd																												
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c.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>McClauley</td> <td>Camilla</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">60 Wilson St.</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Flagstaff</td> <td>AZ</td> <td>86001</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Retired</td> <td colspan="2"></td> </tr> </table>	LAST	FIRST	MI	McClauley	Camilla		STREET ADDRESS			60 Wilson St.			CITY	STATE	ZIP	Flagstaff	AZ	86001	OCCUPATION	EMPLOYER		Retired			5/19/16	50.00	50.00
LAST	FIRST	MI																										
McClauley	Camilla																											
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60 Wilson St.																												
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
Holpuch	Michael																											
STREET ADDRESS																												
29572 N. 130th Ave.																												
CITY	STATE	ZIP																										
Pearra	AZ	85383																										
OCCUPATION	EMPLOYER																											
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POLITICAL COMMITTEE
CITY OF Flagstaff
CAMPAIGN FINANCE REPORT
2016 August/November Regular Election

FOR OFFICE USE ONLY



1. Charlie4Council
 Full Name of Committee
2109 N. Fourth St. #3
 Address
Flagstaff 86004 Coconino 928-774-2331
 City ZIP Code County Phone
 2. Charlie Odegaard
 Sponsoring Organization or Candidate and office
Charlie Odegaard - Flagstaff City Council
 Name of Candidate and Office Sought (if applicable)
charlieodegaard@yahoo.com 928-774-4668
 E-Mail Address Fax #

3A. ID#

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

DUE BETWEEN

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- **January 31, Report - For Period of November 29, 2016 thru December 31, 2017 January 1, 2018 and January 31, 2018

5. SUMMARY	Column A Total This Reporting Period	Column B Election Period Total To Date
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*Insert date which is 21 days after date of last election (A.R.S. §16-913).

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**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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2. ID#

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(c) Political Committees (Total from Schedule B)		
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	3775.00	5327.10
(e) Refund of contributions (Total from Schedule F-2)		
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	3775.00	5327.10
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)	.12	.12
8. Total Receipts [add 4(f), 5(c), 6, and 7]	3775.12	5327.22
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	4411.90	4510.90
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]	4411.90	4510.90
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. Total disbursements [subtract line 17 from line 16]	4411.90	4510.90
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.

Charlie Odegaard

Type or Print Name of Treasurer



6/29/16

Signature of Treasurer or Candidate or Designating Individual

Date

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID#

1. Committee Name Charlie4Council

3. Report covering period from 1/1/16 thru 5/31/16

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																								
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LAST	FIRST	MI																										
Hernandez	Marjorie																											
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
Behnke	Valarie																											
STREET ADDRESS																												
2601 E. Heidi Loop																												
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Flagstaff	AZ	86004																										
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
Behnke	Valarie																											
STREET ADDRESS																												
CITY	STATE	ZIP																										
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CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID#

1. Committee Name Charlie4Council

3. Report covering period from 1/1/16 thru 5/31/16

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LAST	FIRST	MI																										
Odegaard	Charlie																											
STREET ADDRESS																												
403 W. Havasupai Rd																												
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
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CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID#

1. Committee Name Charlie4Council

3. Report covering period from 1/1/16 thru 5/31/16

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LAST	FIRST	MI																										
Harris	Joan																											
STREET ADDRESS																												
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Flagstaff	AZ	86005																										
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
Knorr	Jeff																											
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LAST	FIRST	MI																										
Slayton	Steven																											
STREET ADDRESS																												
7974 El Rancho Trl																												
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
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OCCUPATION	EMPLOYER																											
Retired																												
d.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Slayton</td> <td>Steven</td> <td></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	Slayton	Steven		STREET ADDRESS			CITY	STATE	ZIP	OCCUPATION	EMPLOYER		5/27/16	100.00	200.00									
LAST	FIRST	MI																										
Slayton	Steven																											
STREET ADDRESS																												
CITY	STATE	ZIP																										
OCCUPATION	EMPLOYER																											
e.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Holpuch</td> <td>Michael</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">29572 N. 130th Ave.</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Peoria</td> <td>AZ</td> <td>85383</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Retired</td> <td colspan="2"></td> </tr> </table>	LAST	FIRST	MI	Holpuch	Michael		STREET ADDRESS			29572 N. 130th Ave.			CITY	STATE	ZIP	Peoria	AZ	85383	OCCUPATION	EMPLOYER		Retired			5/31/16	200.00	200.00
LAST	FIRST	MI																										
Holpuch	Michael																											
STREET ADDRESS																												
29572 N. 130th Ave.																												
CITY	STATE	ZIP																										
Peoria	AZ	85383																										
OCCUPATION	EMPLOYER																											
Retired																												
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]		1550.00																									

*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 more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID#

1. Committee Name Charlie4Council

3. Report covering period from 1/1/16 thru 5/31/16

4	CONTRIBUTIONS		DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR				
4a.	LAST Odegaard	FIRST Charlie MI	5/31/16	500.00	1800.00
STREET ADDRESS					
CITY STATE ZIP					
OCCUPATION	EMPLOYER				
b.	LAST Odegaard	FIRST Glenda MI	5/31/16	50.00	50.00
STREET ADDRESS 403 W. Havasupai Rd					
CITY STATE ZIP Flagstaff AZ 86001					
OCCUPATION Self	EMPLOYER Odegaard's				
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]			550.00	3375.00

*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 of \$50 or less - AGGREGATE TOTAL*

SCHEDULE A-1

2. ID#

1. Committee Name Charlie4Council

3. Report covering period from 1/1/16 thru 5/31/16

4. Aggregate Total of Contributions of \$50 or less

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
2-Checks	50.00	190.00	
Cash	235.00	517.10	
4-Website PayPal	115.00	115.00	
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]	400.00	6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]	822.10

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

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID#

1. Committee Name Charlie4Council

3. Report covering period from 1/1/16 thru 5/31/16

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 National Bank of AZ PO Box 30709 Salt Lake City, UT 84130 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Fee	1/31/16	5.00
4b.	NAME, ADDRESS, CITY, STATE AND ZIP Campaign Partner 16 Dudley St Fitchburg, MA 01420 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Website	1/31/16	4.95
4c.	NAME, ADDRESS, CITY, STATE AND ZIP United Way of Northern Arizona 1515 E. Cedar Ave. Flagstaff, AZ 86004 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Luncheon	2/19/16	30.00
4d.	NAME, ADDRESS, CITY, STATE AND ZIP Flagstaff Chamber of Commerce 101 W. Rte. 66 Flagstaff, AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Chamber Mixer	2/24/16	20.00
4e.	NAME, ADDRESS, CITY, STATE AND ZIP National Bank of AZ DESCRIPTION OF ITEMS OR SERVICES PURCHASED Fee	2/29/16	5.00
4f.	NAME, ADDRESS, CITY, STATE AND ZIP Campaign Partner DESCRIPTION OF ITEMS OR SERVICES PURCHASED Website	2/29/16	4.95
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]		69.90

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

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID#

1. Committee Name Charlie4Council

3. Report covering period from 1/1/16 thru 5/31/16

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 GoDaddy 14455 N. Hayden Rd #219 Scottsdale, AZ 85260 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Domain Name	3/3/16	29.77
4b.	NAME, ADDRESS, CITY, STATE AND ZIP Chicken-Fil-A 1000 S. Milton Rd Flagstaff, AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Dinner	3/4/16	8.95
4c.	NAME, ADDRESS, CITY, STATE AND ZIP Pagaus Printing PO Box 2523 Flagstaff, AZ 86003 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Business Cards	3/9/16	40.67
4d.	NAME, ADDRESS, CITY, STATE AND ZIP Campaign Partner DESCRIPTION OF ITEMS OR SERVICES PURCHASED Website	3/29/16	4.95
4e.	NAME, ADDRESS, CITY, STATE AND ZIP Campaign Partner DESCRIPTION OF ITEMS OR SERVICES PURCHASED Website	3/31/16	21.72
4f.	NAME, ADDRESS, CITY, STATE AND ZIP Campaign Graphics 1229 N. Wakonda St. Flagstaff, AZ 86004 DESCRIPTION OF ITEMS OR SERVICES PURCHASED T-Shirts	3/31/16	267.24
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]		373.30

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

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID#

1. Committee Name Charlie4Council

3. Report covering period from 1/1/16 thru 5/31/16

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 Campaign Graphics	3/31/16	514.79
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Bumper Stickers		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP Coconino Coalition for Children 2625 N. King St. Flagstaff, AZ 86004	3/31/16	35.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Luncheon		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP GoDaddy	4/1/16	29.77
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Domain Name		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP GoDaddy	4/7/16	52.17
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Email		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP Campaign Graphics	4/4/16	400.77
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Door Hangers		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP Girl Scouts 119 E. Coronado Rd Phoenix, AZ 85004	4/8/16	30.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Dinner		
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]		1062.50

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

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID#

1. Committee Name Charlie4Council

3. Report covering period from 1/1/16 thru 5/31/16

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 Salsa Brava 2220 Rte 66 Flagstaff, AZ 86004	4/8/16	800.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Campaign Dinner		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP Campaign Graphics	4/4/16	355.60
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Stickers		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP Flagstaff Chamber of Commerce	4/27/16	10.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Chamber Mixer		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP Campaign Partner	4/29/16	29.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Website		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP National Bank of AZ	4/29/16	5.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Fee		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP Flagstaff Shelter Services 4185 E. Huntington Dr Flagstaff, AZ 86004	5/3/16	52.24
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Donation		
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]		1251.84

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

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID#

1. Committee Name Charlie4Council

3. Report covering period from 1/1/16 thru 5/31/16

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 The Mountain Guide 450 S. Beech Dr Flagstaff, AZ 86004 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Advertising	5/10/16	897.00
4b.	NAME, ADDRESS, CITY, STATE AND ZIP GoDaddy DESCRIPTION OF ITEMS OR SERVICES PURCHASED Domain Name	5/13/16	30.34
4c.	NAME, ADDRESS, CITY, STATE AND ZIP AZ Daily Sun 1751 S. Thompson Flagstaff, AZ 86001 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Advertising	5/16/16	598.02
4d.	NAME, ADDRESS, CITY, STATE AND ZIP Jacob Harting Cancer Go Fund DESCRIPTION OF ITEMS OR SERVICES PURCHASED Donation	5/24/16	50.00
4e.	NAME, ADDRESS, CITY, STATE AND ZIP Campaign Partner DESCRIPTION OF ITEMS OR SERVICES PURCHASED Website	5/24/16	29.00
4f.	NAME, ADDRESS, CITY, STATE AND ZIP Chevron Lake Mary Road Flagstaff, AZ 86005 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Fuel	5/31/16	45.00
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]		1649.36

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

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID#

1. Committee Name Charlie4Council

3. Report covering period from 1/1/16 thru 5/31/16

4	EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4a.	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE NAME, ADDRESS, CITY, STATE AND ZIP National Bank of AZ DESCRIPTION OF ITEMS OR SERVICES PURCHASED Fee	5/31/16	5.00
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]		5.00/4411.90

*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#

1. Committee Name Charlie4Council

3. Report covering period from 1/1/16 thru 5/31/16

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# National Bank of AZ PO Box 30709 Salt Lake City, AZ 84130 DESCRIPTION OF RECEIPT Interest	1/31/16	.02
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# National Bank of AZ DESCRIPTION OF RECEIPT Interest	2/29/16	.04
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# National Bank of AZ DESCRIPTION OF RECEIPT Interest	3/31/16	.05
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# National Bank of AZ DESCRIPTION OF RECEIPT Interest	4/29/16	.01
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# National Bank of AZ DESCRIPTION OF RECEIPT Interest	5/31/16	.00
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)		.12