



PINAL COUNTY
wide open opportunity

STATE OF ARIZONA
PINAL COUNTY
POLITICAL COMMITTEE
CAMPAIGN FINANCE REPORT

FOR OFFICE USE ONLY

RECEIVED

JAN 31 2014

PINAL COUNTY SCHOOL OFFICE

3. ID#
2013004CSS

1. Yes For Kids Florence

Full Name of Committee

2231 N. Smithsonian Dr.

Address

Florence

85132

(480) 277-4794

City

Zip Code

Phone

2.

Sponsoring Organization (if applicable)

Name of Candidate and Office Sought (if applicable)

jumbo 4512 ffd@hotmail.com

Email Address

Fax #

Primary Election: August 28, 2012
General Election: November 6, 2012

4. Reporting Period (Please Check Appropriate Box)

Due Between

a	<input checked="" type="checkbox"/> JANUARY 31ST REPORT - 3 For Period of November 23, 2011 through December 31, 2011 3	Jan. 1, 2012 4 and Jan. 31, 2012 4
b	<input type="checkbox"/> JUNE 30TH REPORT - For Period of January 1, 2012 through May 31, 2012	June 1, 2012 and July 2, 2012
c	<input type="checkbox"/> PRE-PRIMARY ELECTION REPORT - For Period of June 1, 2012 through August 16, 2012	Aug. 17, 2012 and Aug. 24, 2012
d	<input type="checkbox"/> POST-PRIMARY ELECTION REPORT - For Period of August 17, 2012 through September 17, 2012	Sept. 18, 2012 and Sept. 27, 2012
e	<input type="checkbox"/> PRE-GENERAL ELECTION REPORT - For Period of September 18, 2012 through October 25, 2012	Oct. 26, 2012 and Nov. 2, 2012
f	<input type="checkbox"/> POST-GENERAL ELECTION REPORT - For Period of October 26, 2012 through November 26, 2012	Nov. 27, 2012 and Dec. 6, 2012

5.	Summary	Column A Total This Reporting Period	Column B Election Period Total to Date
5a	Total Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)	4,780.10	4,780.10
5b	Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period)	859.00	1,423.25
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	0.00	3,001.00
5d	Subtotal (add lines b and c for column A and add lines a and c for column B)	859.00	7,781.10
6a	Total Debts and Obligations from Previous Campaign Committee at Beginning of this Election Period (or at time Statement of Organization was filed for the new committee) [Do not add or subtract this line from the other lines]		
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	0.00	6,177.85
7.	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	859.00	859.00

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2

1. Committee Name Yes For Kids Florence

2. ID #
2013004CSS

3. Report covering period of _____

RECEIPTS

Column A This Period	Column B 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)
 - (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]

\$0.00	\$906.00
\$0.00	\$906.00
\$0.00	\$906.00
\$0.00	\$906.00

DISBURSEMENTS

9. Expenditures for operating expenses (Total from Schedule D)
10. Independent Expenditures (Total from Schedule D-1)
11. Value of In-kind expenditures (Total from Schedule E)
12. Loans made by reporting committee (Total from Schedule D-2)
13.
 - (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)
 - (b) Repayment of all other loans (Total from Schedule D-5)
 - (c) Total Loan Repayments [add 13(a) and 13(b)]
14. Transfers to other political committees (Total from Schedule D-6)
15. Any other disbursement (Total from Schedule D-7)
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)
18. Total disbursements [subtract line 17 from line 16]
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)

\$0.00	\$6,057.85
	\$120.00
\$0.00	\$6,177.85
\$0.00	\$6,177.85

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.

Dave Downey

Type or Print Name of Treasurer

David Downey

1-31-14

Signature of Treasurer or Candidate or Designating Individual

Date

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Yes For Kids Florence

2. ID#

2013004CSS

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 OF CONTRIBUTOR			
a	Name			
	Street Address			
	City State Zip			
	Occupation Employer			
b	Name			
	Street Address			
	City State Zip			
	Occupation Employer			
c	Name			
	Street Address			
	City State Zip			
	Occupation Employer			
d	Name			
	Street Address			
	City State Zip			
	Occupation Employer			
e	Name			
	Street Address			
	City State Zip			
	Occupation Employer			
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [Transfer total to Detailed Summary Page, Line 4(a), 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.

Schedule A Page ____ of ____

revised 08/2011

CONTRIBUTIONS of \$25 or less - AGGREGATE TOTAL***SCHEDULE A-1**1. Committee Name Yes For Kids Florence2. ID#
2013004CSS

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
			\$906.00
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b) Column A]		6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]	\$906.00

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.

revised 06/2011

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

CONTRIBUTIONS		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
IDENTITY OF CONTRIBUTOR AND DATE RECEIVED			
4.	a 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]			

CANDIDATE LOANS

SCHEDULE C

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

LOANS MADE OR GUARANTEED BY CANDIDATE				DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, FROM WHOM RECEIVED						
4.						
4a	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
b	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
c	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
d	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
e	Last	First	Initial			
	Street Address					
	City	State	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]					

OTHER LOANS

SCHEDULE C-1

2. ID#

1. Committee Name

3. Report covering period from thru

ALL OTHER LOANS		DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OF LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN				
a	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	Description			
b	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	Description			
c	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	Description			
d	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	Description			

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 (If last page of Schedule C-1, transfer total)

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name Yes For Kids Florence

2. ID#

2013004CSS

3. Report covering period from _____ thru _____

EXPENDITURES			DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
a. Name				
Street Address				
City	State	Zip		
Description of Items or Services Purchased				
b. Name				
Street Address				
City	State	Zip		
Description of Items or Services Purchased				
c. Name				
Street Address				
City	State	Zip		
Description of Items or Services Purchased				
d. Name				
Street Address				
City	State	Zip		
Description of Items or Services Purchased				
e. Name				
Street Address				
City	State	Zip		
Description of Items or Services Purchased				
f. Name				
Street Address				
City	State	Zip		
Description of Items or Services Purchased				
15. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D (If last page of Schedule D, transfer total to Detailed				

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

INDEPENDENT EXPENDITURES			DATE EXPENDITURE	AMOUNT OF THE
4. IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITED OR OPPOSED				
a	Name			
	Street Address			
	City			
	State			
	Zip			
	Purpose and Description of Purchase			
	Benefited <input type="checkbox"/> Opposed <input type="checkbox"/>			
	Candidate	Office Sought	Year of Election	
b	Name			
	Street Address			
	City			
	State			
	Zip			
	Purpose and Description of Purchase			
	Benefited <input type="checkbox"/> Opposed <input type="checkbox"/>			
	Candidate	Office Sought	Year of Election	
c	Name			
	Street Address			
	City			
	State			
	Zip			
	Purpose and Description of Purchase			
	Benefited <input type="checkbox"/> Opposed <input type="checkbox"/>			
	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 authorized 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

SCHEDULE D-2

2. ID#

3. Report covering period from _____ thru _____

Schedule D-2 Page ____ of ____
revised 06/2011

SCHEDULE D-3

1. Committee Name	
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2. ID#

[illegible][illegible]

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name _____

2. ID# _____

_____ thru _____

REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE			DATE REPAYMENT	AMOUNT OF THE
_____ Street Address City State Zip				
b	Name			
	Street Address			
	City State Zip			
c	Name			
	Street Address			
	City State Zip			
d	Name			
	Street Address			
	City State Zip			
e	Name			
	Street Address			
	City State Zip			
f	Name			
	Street Address			
	City State Zip			
I hereby certify that the information furnished on this schedule is true and correct to the best of my knowledge and belief, and that I am a duly qualified elector of the State of _____, and am entitled to vote in the primary election held on _____, 20____.				

REPAYMENT OF OTHER LOANS

SCHEDULE D-5

1. Committee Name _____

2. ID# _____

3. Repayment period: _____ thru _____

REPAYMENT OF ALL OTHER LOANS		DATE	AMOUNT OF THE REPAYMENT
a. Name and ID Number Street Address City State Zip			
b	Name and ID Number Street Address City State Zip		
c	Name and ID Number Street Address City State Zip		
d	Name and ID Number Street Address City State Zip		
e	Name and ID Number Street Address City State Zip		
f	Name and ID Number Street Address City State Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [If last page of schedule, transfer total to Detailed Summary Page, Line 13(b), Column A]		

SCHEDULE D-6

2. ID#

thru

ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 (Transfer total to Detailed Summary Page, Line 14, Column A)

SCHEDULE D-7

2. ID#

thru

ANY OTHER DISBURSEMENT	DATE	AMOUNT OF THE

Street Address

City

State

ZIP

Description	Frequency	Severity	Impact	Mitigation	Status	Owner	Last Update
System Degrade	Low	Medium	Minor	Restart Service	Open	Admin	2023-10-27
Data Corruption	Medium	High	Major	Backup & Restore	In Progress	DBA	2023-10-28
Security Breach	High	Critical	Severe	Patch & Monitor	Closed	Sec Team	2023-10-26
Performance Issue	Medium	Medium	Minor	Optimize Query	Open	Dev	2023-10-27
Hardware Failure	Low	High	Major	Replace Hardware	Open	IT Support	2023-10-28
Configuration Error	Low	Medium	Minor	Revert Config	Open	Admin	2023-10-27
Network Outage	High	Critical	Severe	Restore Network	Closed	Network Team	2023-10-26
Software Bug	Medium	Medium	Minor	Fix Bug	Open	Dev	2023-10-27
User Access Issue	Low	Medium	Minor	Reset Password	Open	Admin	2023-10-27
Data Loss	High	Critical	Severe	Recover Data	Open	DBA	2023-10-28
System Crash	Low	High	Major	Restart System	Open	Admin	2023-10-27
Performance Degradation	Medium	Medium	Minor	Optimize System	Open	Dev	2023-10-27
Security Vulnerability	High	Critical	Severe	Patch Vulnerability	Open	Sec Team	2023-10-28
Data Integrity Issue	Medium	Medium	Minor	Verify Data	Open	DBA	2023-10-27
System Degrade	Low	Medium	Minor	Restart Service	Open	Admin	2023-10-27
Data Corruption	Medium	High	Major	Backup & Restore	In Progress	DBA	2023-10-28
Security Breach	High	Critical	Severe	Patch & Monitor	Closed	Sec Team	

b	Name and ID Number
---	--------------------

• • • • •

21610

214

c	Name and ID Number
---	--------------------

Street Address

City

State

Zip

Description	
--------------------	--

le IName and ID Number

Street Address

$$\frac{1}{\sqrt{\pi}} \int_{-\infty}^{\infty} f(x) e^{-x^2} dx = \frac{1}{\sqrt{\pi}} \int_{-\infty}^{\infty} f(x) e^{-x^2} dx$$

510

1 5 1 ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 (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

Yes For Kids Florence

2. ID#

2013004CSS

3. Hyperlink covering codes for

for

IN-KIND CONTRIBUTIONS and EXPENDITURES		DATE	FAIR MARKET VALUE
<p>a Name, Address, City, State, Zip, and ID#</p> <p>CONTRIBUTION <input type="checkbox"/></p> <p>EXPENDITURE <input type="checkbox"/></p> <p>Description</p> <p>Occupation Employer</p>			
<p>b Name, Address, City, State, Zip, and ID#</p> <p>CONTRIBUTION <input type="checkbox"/></p> <p>EXPENDITURE <input type="checkbox"/></p> <p>Description</p> <p>Occupation Employer</p>			
<p>c Name, Address, City, State, Zip, and ID#</p> <p>CONTRIBUTION <input type="checkbox"/></p> <p>EXPENDITURE <input type="checkbox"/></p> <p>Description</p> <p>Occupation Employer</p>			
<p>d Name, Address, City, State, Zip, and ID#</p> <p>CONTRIBUTION <input type="checkbox"/></p> <p>EXPENDITURE <input type="checkbox"/></p> <p>Description</p> <p>Occupation Employer</p>			
<p>e 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)</p>			
<p>f ENTER TOTAL IN-KIND EXPENDITURES ONLY IF LAST PAGE OF SCHEDULE E (if last page of Schedule E, transfer total to Detailed Summary Page, Line 11, Column A)</p>			

SCHEDULE F-1

2. ID#

DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS

AMOUNT

Zid

1 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

1. Committee Name _____

2. ID# _____

REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED		DATE REFUND	AMOUNT OF THE
Description of Refund			
b	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Refund		
c	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Refund		
d	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Refund		
e	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Refund		
f	Name and ID Number		
	Street Address		
	City State Zip		
	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.

Schedule F-2 Page _____ of _____

Revised 02/2004

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

1. Committee Name _____

2. ID# _____

DEBTS AND OBLIGATIONS		OUTSTANDING BALANCE	AMOUNT INCURRED THIS	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT
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				

IF ENTER TOTAL OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD ONLY IF LAST PAGE OF SCHEDULE F-3 (If
 If last page of Schedule F-3, transfer total to Detailed Summary Page Line 49, Column A)