



PINAL COUNTY
wide open opportunity

STATE OF ARIZONA
PINAL COUNTY
POLITICAL COMMITTEE
CAMPAIGN FINANCE REPORT

FOR OFFICE USE ONLY
RECEIVED

JUN 26 2014

PINAL COUNTY SCHOOL OFFICE

B. T. S.

3. ID#

2013004CSS

1. Yes For Kids
Full Name of Committee
6283 W. Yorktown Way
Address
Florence AZ 85132 520 233 6436
City Zip Code Phone

2. _____
Sponsoring Organization (if applicable)

Name of Candidate and Office Sought (if applicable)

Email Address Fax #

4. Reporting Period (Please Check Appropriate Box)		Due Between
a	<input type="checkbox"/> JANUARY 31ST REPORT - For Period of November 27, 2012 through December 31, 2013	Jan. 1, 2014 and Jan. 31, 2014
b	<input type="checkbox"/> JUNE 30TH REPORT - For Period of January 1, 2014 through May 31, 2014	June 1, 2014 and June 30, 2014
c	<input type="checkbox"/> PRE-PRIMARY ELECTION REPORT - For Period of June 1, 2014 through August 14, 2014	Aug. 15, 2014 and Aug. 22, 2014
d	<input type="checkbox"/> POST-PRIMARY ELECTION REPORT - For Period of August 15, 2014 through September 15, 2014	Sept. 16, 2014 and Sept. 25, 2014
e	<input type="checkbox"/> PRE-GENERAL ELECTION REPORT - For Period of September 16, 2014 through October 23, 2014	Oct. 24, 2014 and Oct. 31, 2014
f	<input type="checkbox"/> POST-GENERAL ELECTION REPORT - For Period of October 24, 2014 through November 24, 2014	Nov. 25, 2014 and Dec. 4, 2014

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

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2

1. Committee Name _____

2. ID # _____

3. Report covering period of _____

RECEIPTS

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]

Column A This Period	Column B Campaign to Date
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DISBURSEMENTS

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

20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to the best of my knowledge and belief it is true and complete.

Type or Print Name of Treasurer

Signature of Treasurer or Candidate or Designating Individual

Date

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name _____

2. ID# _____

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.

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. CUMULATIVE 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

1. Committee Name _____

2. ID# _____

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

2. ID#

1. Committee Name

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
4. 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 to Detailed Summary Page, Line 5(b), Column A]				

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name _____

2. ID#

3. Report covering period from _____ thru _____

EXPENDITURES				DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4.	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE				
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				
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [If last page of Schedule D, transfer total to Detailed Summary Page Line 9, Column A]				

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

INDEPENDENT EXPENDITURES				DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
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 campaign committee or agent of that candidate.

Daniel Downey
Signature of Treasurer

NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WITHIN THE LAST SIX MONTHS	AMOUNT