



PINAL COUNTY  
wide open opportunity

STATE OF ARIZONA  
PINAL COUNTY  
POLITICAL COMMITTEE  
CAMPAIGN FINANCE REPORT

FOR OFFICE USE ONLY

RECEIVED

DEC 03 2015

PINAL COUNTY SCHOOL OFFICE

BK

1. Communities United for Kids

Full Name of Committee

6283 W Yorktown Way

Address

Florence

85132

520 2336 436

City

Zip Code

Phone

3. ID#

2014029 CSS

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 25, 2014 through December 31, 2014	Jan. 1, 2015 and Jan. 31, 2015
b	<input type="checkbox"/> JUNE 30TH REPORT - For Period of January 1, 2015 through May 31, 2015	June 1, 2015 and June 30, 2015
c	<input type="checkbox"/> PRE-PRIMARY ELECTION REPORT - For Period of June 1, 2015 through August 13, 2015	Aug. 14, 2015 and Aug. 21, 2015
d	<input type="checkbox"/> POST-PRIMARY ELECTION REPORT - For Period of August 14, 2015 through September 14, 2015	Sept. 15, 2015 and Sept. 24, 2015
e	<input type="checkbox"/> PRE-GENERAL ELECTION REPORT - For Period of September 15, 2015 through October 22, 2015	Oct. 23, 2015 and Oct. 30, 2015
f	<input checked="" type="checkbox"/> POST-GENERAL ELECTION REPORT - For Period of October 23, 2015 through November 23, 2015	Nov. 24, 2015 and Dec. 3, 2015

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)	3267.06	
5b	Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period)	3267.06	3267.06
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	0	0
5d	Subtotal (add lines b and c for column A and add lines a and c for column B)	3267.06	3267.06
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	0
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	494.68	494.68
7.	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	2772.38	2772.38

**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**


**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

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 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**

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

2. ID# 

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

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

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

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

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 Communities United for Kids 2. ID# 2014029-CSS

3. Report covering period from 10-23-15 thru 11-23-15

EXPENDITURES				DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE					
a	Name <u>Looks Good Printing</u> Street Address _____ City _____ State _____ Zip _____ Description of Items or Services Purchased <u>SIGNS</u>			<u>11/2/15</u>	<u>150.00</u>
b	Name <u>Little Caesar</u> Street Address _____ City _____ State _____ Zip _____ Description of Items or Services Purchased <u>PIZZA</u>			<u>11/6/15</u>	<u>213.40</u>
c	Name <u>Wal Mart</u> Street Address _____ City _____ State _____ Zip _____ Description of Items or Services Purchased <u>party supplies</u>			<u>11/6/15</u>	<u>72.18</u>
d	Name <u>Safeway</u> Street Address _____ City _____ State _____ Zip _____ Description of Items or Services Purchased <u>food</u>			<u>11/6/15</u>	<u>59.10</u>
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

1. Committee Name Communities United for Kids

2. ID#

2014029-CSS3. Report covering period from 10-23-15 thru 11-23-15

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]					<u>494.68</u>

\* 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.

David Downey  
Signature of Treasurer

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