



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

FOR OFFICE USE ONLY

City Clerk

[AUG 24 2016]

Received *ja*

1. Campanghla For Mayor
Full Name of Committee
21755 W Mohave St.
Address 623-640
Buckeye AZ 85326 Maricopa 8659
City ZIP Code County Phone

2. _____
Sponsoring Organization or Candidate and office

Name of Candidate and Office Sought (if applicable)

E-Mail Address Fax #

3A. ID#
M-2016-002

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

- January 31 Report - For Period of _____ * thru December 31, 2015 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 18, 2016 August 19, 2016 and August 26, 2016
- Post-Primary Election Report - For Period of August 19, 2016 thru September 19, 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 28, 2016 November 29, 2016 and December 8, 2016
- **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
5a 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	\$ 957.94	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	\$ 778.90	\$ 2,078.90
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	\$ 1736.84	\$ 2,078.90
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)	\$ 1415.03	\$ 1757.09
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	\$ 321.81	\$ 321.81

*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.

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID#

M-2016-002

1. Committee Name Campanella For Mayor

3. Report covering period from 6/1/16 thru 8/18/16

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR			
4a.	LAST FIRST MI <u>Carpenter Scott</u> STREET ADDRESS <u>1048 W Spur Ct</u> CITY STATE ZIP <u>Gilbert AZ 85233</u> OCCUPATION EMPLOYER <u>Attorney Carpenter Harlowood</u>	7/10/16	\$100.00	\$100.00
d.	LAST FIRST MI <u>Bolon Joshua + Stacey</u> STREET ADDRESS <u>1220 E Orchid Ct</u> CITY STATE ZIP <u>Gilbert AZ 85296</u> OCCUPATION EMPLOYER <u>Attorney Carpenter Harlowood</u>	7/8/16	\$100.00	\$100.00
c.	LAST FIRST MI <u>Harlowood James + Linda</u> STREET ADDRESS <u>11613 S. Chinook Ct.</u> CITY STATE ZIP <u>Phoenix AZ 85044</u> OCCUPATION EMPLOYER <u>Attorney Carpenter Harlowood</u>	7/8/16	\$100.00	\$100.00
d.	LAST FIRST MI <u>Sahl Mark + Kayla</u> STREET ADDRESS <u>9127 S. Juniper St</u> CITY STATE ZIP <u>Tempe AZ 85284</u> OCCUPATION EMPLOYER <u>Attorney Carpenter Harlowood</u>	7/6/16	\$100.00	\$100.00
e.	LAST FIRST MI <u>Delgado Javier</u> STREET ADDRESS <u>1321 E. Milada Dr.</u> CITY STATE ZIP <u>Phoenix AZ 85042</u> OCCUPATION EMPLOYER <u>Attorney Carpenter Harlowood</u>	7/7/16	\$193.90	\$193.90
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 \$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#

M-2016-002

1. Committee Name Campagna For Mayor

3. Report covering period from 6/1/16 thru 8/18/16

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																								
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR																											
4a.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Campagna Lugtto</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">21755 W Mohave St</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Buckeye</td> <td>AZ</td> <td>85326</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Child Care</td> <td colspan="2">Kid City</td> </tr> </table>	LAST	FIRST	MI	Campagna Lugtto			STREET ADDRESS			21755 W Mohave St			CITY	STATE	ZIP	Buckeye	AZ	85326	OCCUPATION	EMPLOYER		Child Care	Kid City		7/20/16	\$160.00	\$160.00
LAST	FIRST	MI																										
Campagna Lugtto																												
STREET ADDRESS																												
21755 W Mohave St																												
CITY	STATE	ZIP																										
Buckeye	AZ	85326																										
OCCUPATION	EMPLOYER																											
Child Care	Kid City																											
b.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Stafford Richard</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">23118 W Papago St</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Buckeye</td> <td>AZ</td> <td>85326</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	Stafford Richard			STREET ADDRESS			23118 W Papago St			CITY	STATE	ZIP	Buckeye	AZ	85326	OCCUPATION	EMPLOYER		Retired			4/16/16		\$100.00
LAST	FIRST	MI																										
Stafford Richard																												
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23118 W Papago St																												
CITY	STATE	ZIP																										
Buckeye	AZ	85326																										
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c.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Welch Bobby</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">1973 E Auburn Dr.</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Tempe</td> <td>AZ</td> <td>85283</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>SGIF Employee</td> <td colspan="2">Bck Coatings</td> </tr> </table>	LAST	FIRST	MI	Welch Bobby			STREET ADDRESS			1973 E Auburn Dr.			CITY	STATE	ZIP	Tempe	AZ	85283	OCCUPATION	EMPLOYER		SGIF Employee	Bck Coatings		4/16/16		\$400
LAST	FIRST	MI																										
Welch Bobby																												
STREET ADDRESS																												
1973 E Auburn Dr.																												
CITY	STATE	ZIP																										
Tempe	AZ	85283																										
OCCUPATION	EMPLOYER																											
SGIF Employee	Bck Coatings																											
d.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Charles Gregory + Eileen</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">1494 Sea Crest Lane</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Brookings</td> <td>Oregon</td> <td>97415</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	Charles Gregory + Eileen			STREET ADDRESS			1494 Sea Crest Lane			CITY	STATE	ZIP	Brookings	Oregon	97415	OCCUPATION	EMPLOYER		Retired			3/17/16		\$200
LAST	FIRST	MI																										
Charles Gregory + Eileen																												
STREET ADDRESS																												
1494 Sea Crest Lane																												
CITY	STATE	ZIP																										
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e.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Moore Earl</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">22373 W Cantilever Ct.</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Buckeye</td> <td>AZ</td> <td>85326</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	Moore Earl			STREET ADDRESS			22373 W Cantilever Ct.			CITY	STATE	ZIP	Buckeye	AZ	85326	OCCUPATION	EMPLOYER		Retired			12/21/15		\$500
LAST	FIRST	MI																										
Moore Earl																												
STREET ADDRESS																												
22373 W Cantilever Ct.																												
CITY	STATE	ZIP																										
Buckeye	AZ	85326																										
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)																											

*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#
MI-2016-002

1. Committee Name Campaign for Mayor

3. Report covering period from 6/1/16 thru 8/18/16

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR			
4a.	LAST <u>Smith</u> FIRST <u>Keith</u> MI STREET ADDRESS <u>316 E Michigan</u> CITY <u>Marquette</u> STATE <u>MI</u> ZIP <u>49855</u> OCCUPATION _____ EMPLOYER _____	<u>11/12/15</u>		<u>\$100</u>
b.	LAST _____ FIRST _____ MI STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____ OCCUPATION _____ EMPLOYER _____			
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(2), Column A]		<u>\$753.90</u>	<u>\$2053.90</u>

*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#

M-2016-002

1. Committee Name Campanella For Mayor

3. Report covering period from 6/1/16 thru 8/18/16

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
<p>Mr. Bruce Flickenger 22027 W. Kimberly Dr Buckeye, AZ 85326</p>	<p>25.00</p>	<p>25.00</p>	
<p>5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]</p> <p style="text-align: center;">/</p>	<p>25.00</p>	<p>6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]</p>	<p>25.00</p>

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

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

2. ID#

M-2016-002

1. Committee Name Campanella For Mayor

3. Report covering period from 6/1/16 thru 8/18/16

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

CANDIDATE LOANS

SCHEDULE C

1.	Committee Name <i>Campagna For Mayor</i>	2. ID # <i>M-2016-002</i>		
3.	Report covering period from <i>6/1/16</i> thru <i>8/18/16</i>			
4.	LOANS MADE OR GUARANTEED BY CANDIDATE NAME AND ADDRESS FROM WHOM RECEIVED	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	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 [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A]			

OTHER LOANS

SCHEDULE C1

2. ID#

11-2016-002

1. Committee Name Campanglla For Mayor

3. Report covering period from 6/1/16 thru 8/18/16

4	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) 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#

M-2016-002

1. Committee Name Campagna For Mayor

3. Report covering period from 6/1/16 thru 8/18/16

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 <u>Fed Ex OFFICE</u> <u>1619, N. DYSART Rd. Avondale, AZ 85392</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Political Signs</u>	<u>7/16/16</u>	<u>\$867.55</u>
4b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Fed Ex OFFICE</u> <u>1619 N DYSART Rd, Avondale, AZ 85392</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Candidate Handout Cards</u>	<u>6/16/16</u>	<u>\$547.01</u>
4c.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Alliance Bank</u> <u>2901 N. Central Ave, # 100</u> <u>Phoenix, AZ 85012</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Bank Charge</u>	<u>6/1/16</u>	<u>\$0.47</u>
4d.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Wood JAT Consulting and Design</u> <u>4620 S. 14th St</u> <u>Phoenix, AZ 85040</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>web site</u>	<u>3/29/16</u>	<u>\$210.00</u>
4e.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Alliance Bank</u> <u>2901 N. Central Ave, # 100</u> <u>Phoenix, AZ 85012</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Bank Charge</u>	<u>2/22/16</u>	<u>\$17.20</u>
4f.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Fed Ex OFFICE</u> <u>1619 N. DYSART Rd</u> <u>Avondale, AZ 85392</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Political Palm Cards</u>	<u>2/9/16</u>	<u>\$114.86</u>
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]		<u>\$1757.09</u>

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

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

2. ID#

M-2016-002

1. Committee Name Campagna For Mayor

3. Report covering period from 6/1/16 thru 8/18/16

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 PURPOSE AND DESCRIPTION OF PURCHASE <input type="checkbox"/> Benefitted <input type="checkbox"/> Opposed CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP PURPOSE AND DESCRIPTION OF PURCHASE <input type="checkbox"/> Benefitted <input type="checkbox"/> Opposed CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP PURPOSE AND DESCRIPTION OF PURCHASE <input type="checkbox"/> Benefitted <input type="checkbox"/> Opposed 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#

M-2016-002

1. Committee Name Campanella For Mayor

3. Report covering period from 6/1/16 thru 8/18/16

4	LOANS MADE BY THE REPORTING COMMITTEE	DATE LOAN MADE	AMOUNT OF THE LOAN
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4h.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4i.	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#

M-2016-002

1. Committee Name Campanella For Mayor

3. Report covering period from 6/1/16 thru 8/18/16

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		
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4e.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4f.	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#

M-2016-002

1. Committee Name Campanella For Mayor

3. Report covering period from 6/1/16 thru 8/18/16

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		
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4e.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4f.	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

2. ID#
M-2016-002

1. Committee Name Campanella For Mayor

3. Report covering period from 6/1/16 thru 8/18/16

4	REPAYMENT OF ALL OTHER LOANS	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4f.	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#

M-2016-002

1. Committee Name Campanella For Mayor

3. Report covering period from 6/1/16 thru 8/18/16

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) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4f.	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

2. ID#

M-2016-002

1. Committee Name Campangella For Mayor

3. Report covering period from 6/1/16 thru 8/18/16

4.	ANY OTHER DISBURSEMENTS	DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
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

2. ID#

M-2016-002

1. Committee Name Campavella For Mayor

3. Report covering period from 6/1/16 thru 8/18/16

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 EXPENDITURE		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE		
	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#

M-2016-602

1. Committee Name Campangillo For Mayor

3. Report covering period from 6/1/16 thru 8/18/16

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#		
	DESCRIPTION OF RECEIPT		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
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		

OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F-2

2. ID#

M-2016-002

1. Committee Name Campanella For Mayor

3. Report covering period from 6/1/16 thru 8/18/16

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		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
4f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	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

2. ID#
M-2016-002

1. Committee Name Campanella For Mayor
 3. Report covering period from 6/1/16 thru 8/18/16

4	DEBTS AND OBLIGATIONS	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED				
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
4e.	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]				