



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

FOR OFFICE USE ONLY

City Clerk Recieved 08/24/16 la

1. **Michelle R. Hess For Council**

Full Name of Committee  
**25565 W Pioneer**

Address  
**Buckeye 85326 Maricopa 623-826-4813**

City ZIP Code County Phone

2. Sponsoring Organization or Candidate and office  
**Michelle R. Hess Buckeye Council District 3**

Name of Candidate and Office Sought (if applicable)  
**michellerhess@yahoo.com**

E-Mail Address Fax #

3A. ID#

**D3-C-2016-001**

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	<b>\$39.10</b>	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	<b>\$7,570</b>	<b>\$7,570</b>
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	<b>\$7,609.10</b>	<b>\$7,570</b>
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)	<b>\$4,978.85</b>	<b>\$4,978.85</b>
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	<b>\$2,630.25</b>	

\*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: Michelle R. Hess For Council  
 3. Report covering period from 06/01/16 Thru 08/18/16

2. ID#  D3-C-2016-001
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RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4. Contributions other than loans and in-kind:	0	0
(a) Individuals - more than \$50 (Total from Schedule A)	\$1,750	\$1,750
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)	\$70	\$70
(c) Political Committees (Total from Schedule B)	\$5,750	\$5,750
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	\$7,570	\$7,570
(e) Refund of contributions (Total from Schedule F-2)	0	0
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	\$7,570	\$7,570
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	0	0
(b) All other loans (Total from Schedule C-1)	0	0
(c) Total Loans [add 5(a) and 5(b)]	0	0
6. In-kind contributions (Total from Schedule E)	0	0
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	0	0
8. Total Receipts [add 4(f), 5(c), 6, and 7]	\$7,570	\$7,570
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	\$4,978.85	\$4,978.85
10. Independent Expenditures (Total from Schedule D-1)	0	0
11. Value of In-kind expenditures (Total from Schedule E)	0	0
12. Loans made by reporting committee (Total from Schedule D-2)	0	0
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)	0	0
(b) Repayment of all other loans (Total from Schedule D-5)	0	0
(c) Total Loan Repayments [add 13(a) and 13(b)]	0	0
14. Transfers to other political committees (Total from Schedule D-6)	0	0
15. Any other disbursement (Total from Schedule D-7)	0	0
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	\$4,978.85	\$4,978.85
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)	0	0
18. Total disbursements [subtract line 17 from line 16]	\$4,978.85	\$4,978.85
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	0	0
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 \$50 - from INDIVIDUALS\*

SCHEDULE A

2. ID#  
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from June 1st, 2016 thru August 18th, 2016

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																								
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR																											
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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]	\$1,750	\$1,750																									

\*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# D3-C-2016-001
-------------------------

1. Committee Name Michelle R. Hess For Council

3. Report covering period from June 1st, 2016 thru August 18th, 2016

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
Marguerite Davis	\$25	\$25
DeAnn Fry	\$20	\$20
Suzanne Prentiss	\$25	\$25
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]	<b>\$70</b>	6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]
		<b>\$70</b>

\*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 more than \$50 - from INDIVIDUALS\*

SCHEDULE A

2. ID#  
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from June 1st, 2016 thru August 18th, 2016

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																					
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LAST	FIRST	MI																							
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STREET ADDRESS 6507 W Villa Rita																									
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LAST	FIRST	MI																							
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LAST	FIRST	MI																							
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LAST	FIRST	MI																							
Clark, Ken																									
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CITY	STATE	ZIP																							
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CONTRIBUTIONS more than \$50 - from INDIVIDUALS\*

SCHEDULE A

2. ID#  
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from June 1st, 2016 thru August 18th, 2016

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																		
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LAST	FIRST	MI																				
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OCCUPATION Teacher	EMPLOYER Saddle Mountain District																					
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LAST	FIRST	MI																				
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OCCUPATION	EMPLOYER																											
Partner	Gammage																											
b.	<table border="0" style="width:100%"> <tr> <td style="width:33%">LAST</td> <td style="width:33%">FIRST</td> <td style="width:33%">MI</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td> </td> <td colspan="2"> </td> </tr> </table>	LAST	FIRST	MI				STREET ADDRESS						CITY	STATE	ZIP				OCCUPATION	EMPLOYER							
LAST	FIRST	MI																										
STREET ADDRESS																												
CITY	STATE	ZIP																										
OCCUPATION	EMPLOYER																											
c.	<table border="0" style="width:100%"> <tr> <td style="width:33%">LAST</td> <td style="width:33%">FIRST</td> <td style="width:33%">MI</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td> </td> <td colspan="2"> </td> </tr> </table>	LAST	FIRST	MI				STREET ADDRESS						CITY	STATE	ZIP				OCCUPATION	EMPLOYER							
LAST	FIRST	MI																										
STREET ADDRESS																												
CITY	STATE	ZIP																										
OCCUPATION	EMPLOYER																											
d.	<table border="0" style="width:100%"> <tr> <td style="width:33%">LAST</td> <td style="width:33%">FIRST</td> <td style="width:33%">MI</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td> </td> <td colspan="2"> </td> </tr> </table>	LAST	FIRST	MI				STREET ADDRESS						CITY	STATE	ZIP				OCCUPATION	EMPLOYER							
LAST	FIRST	MI																										
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CITY	STATE	ZIP																										
OCCUPATION	EMPLOYER																											
e.	<table border="0" style="width:100%"> <tr> <td style="width:33%">LAST</td> <td style="width:33%">FIRST</td> <td style="width:33%">MI</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td> </td> <td colspan="2"> </td> </tr> </table>	LAST	FIRST	MI				STREET ADDRESS						CITY	STATE	ZIP				OCCUPATION	EMPLOYER							
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]	\$1,750	\$1,750																									

\*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 FROM POLITICAL COMMITTEES

SCHEDULE B

2. ID#  
D3-C-2016-001

Michelle R. Hess For Council

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

June 1st, 2016

August 18th, 2016

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

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 Avondale Professional Fire PAC PO Box 220 Avondale, AZ 85323	\$1,000	\$1,000
	DATE RECEIVED			
	06/20/16			
b.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP Daisy Mountain Fire PAC	\$2,500	\$2,500
	DATE RECEIVED			
	06/20/16			
c.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP Surprise Pro Firefighters	\$500	\$500
	DATE RECEIVED			
	06/20/16			
d.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP Pinnacle West PAC	\$500	\$500
	DATE RECEIVED			
	06/29/16			
e.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP Employees Better Government PAC 18500 N Allied Way, Phoenix, AZ 85012	\$250	\$250
	DATE RECEIVED			
	07/27/16			
f.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP United Phoenix Firefighters Local 49, Peoria Chapter PAC 61 E Columbus Ave, Ste 200 Phoenix, AZ 85012	\$1,000	\$1,000
	DATE RECEIVED			
	07/27/16			
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]		\$5,750	\$5,750

**CANDIDATE LOANS**

**SCHEDULE C**

1.	Committee Name  Michelle R. Hess For Council	2. ID #  D3-C-2016-001		
3.	Report covering period from <u>June 1st, 2016</u> thru <u>August 18th, 2016</u>			
4.	<b>LOANS MADE OR GUARANTEED BY CANDIDATE</b>  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#  
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from June 1st, 2016 thru August 18th, 2016

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#  
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from June 1st, 2016 thru August 18th, 2016

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 Paypal	06/01/16 - 08/18/16	\$27.21
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Transaction Fees		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP US Bank	06/01/16 - 08/18/16	\$10.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Bank Fees		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP HighGround Inc 830 N 4th Ave Phoenix, AZ 85003	06/01/16 - 08/18/16	\$915.77
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Campaign Consulting and Marketing Materials		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP US Postmaster	06/01/16 - 08/18/16	\$262.40
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Postage		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP Costco Checks	08/10/16	\$29.64
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Business Checks		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP WIX	06/01/16 - 08/18/16	\$41.70
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Website		
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]		\$4,978.85

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

EXPENDITURES FOR OPERATING EXPENSES\*

SCHEDULE D

2. ID#  
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from June 1st, 2016 thru August 18th, 2016

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 See Level 1835 Ranch Rd Tempe, AZ 85284	06/01/16 - 08/18/16	\$675
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Graphic Design		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP Americopy 856 E Main St Mesa, AZ 85203	06/01/16 - 08/18/16	\$1,033.61
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Printing of Materials		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP Fry's	06/01/16 - 08/18/16	\$37.12
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Volunteer Supplies		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP Rainbow Doughnuts	08/13/16	\$19.65
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Volunteer Meals		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP Home Town True Value	06/01/16 - 08/18/16	\$13.11
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Sign Supplies		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP Lowe's	06/01/16 - 08/18/16	\$16.58
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Sign Supplies		
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]		\$4,978.85

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

## EXPENDITURES FOR OPERATING EXPENSES\*

## SCHEDULE D

2. ID#

D3-C-2016-001

1. Committee Name Michelle R. Hess For Council3. Report covering period from June 1st, 2016 thru August 18th, 2016

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 Paypal  DESCRIPTION OF ITEMS OR SERVICES PURCHASED Transaction Fees	06/01/16 - 08/18/16	\$27.21
4b.	NAME, ADDRESS, CITY, STATE AND ZIP US Bank  DESCRIPTION OF ITEMS OR SERVICES PURCHASED Bank Fees	06/01/16 - 08/18/16	\$10.00
4c.	NAME, ADDRESS, CITY, STATE AND ZIP HighGround Inc 830 N 4th Ave Phoenix, AZ 85003  DESCRIPTION OF ITEMS OR SERVICES PURCHASED Campaign Consulting and Marketing Materials	06/01/16 - 08/18/16	\$915.77
4d.	NAME, ADDRESS, CITY, STATE AND ZIP US Postmaster  DESCRIPTION OF ITEMS OR SERVICES PURCHASED Postage	06/01/16 - 08/18/16	\$262.40
4e.	NAME, ADDRESS, CITY, STATE AND ZIP Costco Checks  DESCRIPTION OF ITEMS OR SERVICES PURCHASED Business Checks	08/10/16	\$29.64
4f.	NAME, ADDRESS, CITY, STATE AND ZIP WIX  DESCRIPTION OF ITEMS OR SERVICES PURCHASED Website	06/01/16 - 08/18/16	\$41.70
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]		\$4,978.85

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

Page \_\_\_ of \_\_\_

INDEPENDENT EXPENDITURES\*

SCHEDULE D-1

2. ID#  
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from June 1st, 2016 thru \_\_\_\_\_

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  <table border="1" data-bbox="204 636 1157 684"> <tr> <td>PURPOSE AND DESCRIPTION OF PURCHASE</td> <td><input type="checkbox"/></td> <td>Benefitted</td> <td><input type="checkbox"/></td> <td>Opposed</td> </tr> <tr> <td>CANDIDATE</td> <td>OFFICE SOUGHT</td> <td colspan="3">YEAR OF ELECTION</td> </tr> </table>	PURPOSE AND DESCRIPTION OF PURCHASE	<input type="checkbox"/>	Benefitted	<input type="checkbox"/>	Opposed	CANDIDATE	OFFICE SOUGHT	YEAR OF ELECTION				
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  <table border="1" data-bbox="204 875 1157 924"> <tr> <td>PURPOSE AND DESCRIPTION OF PURCHASE</td> <td><input type="checkbox"/></td> <td>Benefitted</td> <td><input type="checkbox"/></td> <td>Opposed</td> </tr> <tr> <td>CANDIDATE</td> <td>OFFICE SOUGHT</td> <td colspan="3">YEAR OF ELECTION</td> </tr> </table>	PURPOSE AND DESCRIPTION OF PURCHASE	<input type="checkbox"/>	Benefitted	<input type="checkbox"/>	Opposed	CANDIDATE	OFFICE SOUGHT	YEAR OF ELECTION				
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  <table border="1" data-bbox="204 1110 1157 1159"> <tr> <td>PURPOSE AND DESCRIPTION OF PURCHASE</td> <td><input type="checkbox"/></td> <td>Benefitted</td> <td><input type="checkbox"/></td> <td>Opposed</td> </tr> <tr> <td>CANDIDATE</td> <td>OFFICE SOUGHT</td> <td colspan="3">YEAR OF ELECTION</td> </tr> </table>	PURPOSE AND DESCRIPTION OF PURCHASE	<input type="checkbox"/>	Benefitted	<input type="checkbox"/>	Opposed	CANDIDATE	OFFICE SOUGHT	YEAR OF ELECTION				
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#  
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from June 1st, 2016 thru \_\_\_\_\_

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#  
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from June 1st, 2016 thru \_\_\_\_\_

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#  
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from June 1st, 2016 thru \_\_\_\_\_

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#  
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from June 1st, 2016 thru \_\_\_\_\_

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#  
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from June 1st, 2016 thru \_\_\_\_\_

4	TRANSFERS MADE BY THE REPORTING COMMITTEE NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	DATE TRANSFER MADE	AMOUNT OF THE TRANSFER
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#  
D3-C-2016-001

Michelle R. Hess For Council

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

June 1st, 2016

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

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#  
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from June 01, 2016 thru August 18th, 2016

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#  
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from June 1st, 2016 thru \_\_\_\_\_

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#  
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from June 1st, 2016 thru \_\_\_\_\_

4	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE	DATE REFUND MADE	AMOUNT OF THE REFUND
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#  
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from June 1st, 2016 thru \_\_\_\_\_

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]				