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1-4-2016

POLITICAL COMMITTEE \$500 THRESHOLD EXEMPTION STATEMENT (REGISTRATION OR TERMINATION)

Election Cycle (year) FALL 2016		Election Cycle Dates * thru 11/28/2016		COMMITTEE ID # D3-C-2016-001	
Name of Committee Michelle R Hess for council					
Address 25565 W. Pioneer St					
City Buckeye	State AZ	Zip Code 85326	Phone Number 623-826-4813	E-Mail Address michellerhess@yahoo.com	
Chairman Name Michelle Hess		Chairman Phone Number 623-826-4813		Chairman E-Mail Address michellerhess@yahoo.com	
Treasurer Name Michelle Hess		Treasurer Phone Number 623-826-4813		Treasurer E-Mail Address michellerhess@yahoo.com	
<input checked="" type="checkbox"/> Candidate Committee or Exploratory Committee		Name of Candidate Michelle R Hess		Office Sought Council member District 3	
<input type="checkbox"/> Other Political Committee		Committee Type			

 COMMITTEE REGISTRATIONDate: 01-04-16

The above named committee hereby asserts the following:

- The committee has heretofore neither accepted any contributions nor made any expenditures.
- The committee intends to receive or expend less than \$500.
- The committee will file a Statement of Organization within five business days after expending or receiving monies over the \$500 limit pursuant to A.R.S. §§ 16-902.01 and 16-903(A).
- We, the undersigned, have read all of the applicable laws relating to campaign finance and reporting pursuant to A.R.S. §16-902.01(B)(6) and certify, to the best of our knowledge and belief, that the information contained in this \$500 Threshold Exemption Statement is true, correct and complete.

Michelle R. Hess
Signature of Chairman

Michelle R. Hess
Signature of Treasurer

 COMMITTEE TERMINATIONDate: June 6, 2016

This is to certify that all contributions received and all expenditures made on behalf of the political committee indicated above did not exceed \$500 for the named election cycle, that the committee will no longer receive any contributions or make any disbursements, that the committee has no outstanding debts or obligations, and that any surplus monies have been disposed of pursuant to A.R.S. § 16-915.01. (Deadline to file termination 2/27/2017).

Michelle R. Hess
Signature of Chairman

Michelle R. Hess
Signature of Treasurer

City
JUN 06 2016
Received
Charged to S & O
fa



CITY OF BUCKEYE

City Clerk

POLITICAL COMMITTEE
STATEMENT OF ORGANIZATION

JUN 06 2016

Titles 16 & 19 Arizona Revised Statutes
Definitions, statutory references and important information on reverse.

Received

for changed from \$500

Initial Registration Out of State Committee Amended Statement

ID# D3-C-2016-001

NAME OF POLITICAL COMMITTEE <u>Michelle R. Hess for Council</u>		DATE <u>06-06-16</u>	
ADDRESS (NUMBER & STREET) <u>25565 W. Pioneer St</u>	CITY <u>Buckeye</u>	STATE <u>AZ</u>	ZIP <u>85326</u>
MAILING ADDRESS (if different from above)	CITY	STATE	ZIP

COMMITTEE TELEPHONE # <u>623-826-4813</u>	COMMITTEE FAX #	COMMITTEE E-MAIL ADDRESS <u>michelle@yes4hess.com</u>
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DOES THE POLITICAL COMMITTEE HAVE A SPONSORING ORGANIZATION? YES NO
If yes, please provide the following information:

NAME OF SPONSORING ORGANIZATION	TYPE OF ORGANIZATION
ADDRESS OF SPONSORING ORGANIZATION	RELATIONSHIP TO POLITICAL COMMITTEE

TYPE OF POLITICAL COMMITTEE - Please check only one box:

CANDIDATE'S CAMPAIGN COMMITTEE (primary or general) AN ASSOCIATION OR COMBINATION OF PERSONS THAT MEETS BOTH CRITERIA:

SEPARATE SEGREGATED FUND (A.R.S. § 16-920 (A))

AN ASSOCIATION OR COMBINATION OF PERSONS THAT CIRCULATES PETITIONS IN SUPPORT OF THE QUALIFICATION OF A BALLOT MEASURE

Petition Serial Number _____

AN ASSOCIATION OR COMBINATION OF PERSONS THAT CIRCULATE A RECALL PETITION POLITICAL ORGANIZATION (see A.R.S. § 16-823)

POLITICAL PARTY (see A.R.S. §§ 16-801, 16-804, 16-821 and 16-825) EXPLORATORY COMMITTEE

OTHER TYPE OF COMMITTEE (please describe)

CHECK HERE IF REGISTERED WITH THE SECRETARY OF STATE AS A STANDING POLITICAL COMMITTEE PURSUANT TO A.R.S. § 16-902.01. (You must provide a copy of the statement of organization filed with the Secretary of State designating standing committee status)

EACH POLITICAL COMMITTEE SHALL HAVE A CHAIRMAN AND TREASURER. THE POSITION OF CHAIRMAN AND TREASURER OF A SINGLE POLITICAL COMMITTEE MAY NOT BE HELD BY THE SAME INDIVIDUAL, EXCEPT THAT A CANDIDATE MAY BE CHAIRMAN AND TREASURER OF HIS OR HER OWN CAMPAIGN COMMITTEE. A.R.S. §16-902(A).

NAME OF COMMITTEE CHAIRMAN <u>Michelle R. Hess</u>	CHAIRMAN'S TELEPHONE # <u>623-826-4813</u>	CHAIRMAN'S FAX #	
CHAIRMAN'S ADDRESS <u>25565 W. Pioneer St</u>	CITY <u>Buckeye</u>	STATE <u>AZ</u>	ZIP <u>85326</u>
CHAIRMAN'S OCCUPATION <u>Council member</u>	CHAIRMAN'S EMPLOYER <u>City of Buckeye</u>	CHAIRMAN'S E-MAIL ADDRESS <u>michellerhess@yahoo.com</u>	
NAME OF COMMITTEE TREASURER <u>Michelle R. Hess</u>	TREASURER'S TELEPHONE # <u>623-826-4813</u>	TREASURER'S FAX #	
TREASURER'S ADDRESS <u>25565 W. Pioner St</u>	CITY <u>Buckeye</u>	STATE <u>AZ</u>	ZIP <u>85326</u>
TREASURER'S OCCUPATION <u>Council member</u>	TREASURER'S EMPLOYER <u>City of Buckeye</u>	TREASURER'S E-MAIL ADDRESS <u>Michellerhess@yahoo.com</u>	

A POLITICAL COMMITTEE THAT ACCEPTS A CONTRIBUTION OR MAKES AN EXPENDITURE SHALL DESIGNATE AT LEAST ONE ACCOUNT AT A QUALIFIED FINANCIAL INSTITUTION (A.R.S. § 16-902(C)). LIST THE NAMES OF ALL FINANCIAL INSTITUTIONS WITH WHICH THE COMMITTEE MAINTAINS ACCOUNTS OR SAFETY DEPOSIT BOXES. (Do not list account numbers.)

1 US Bank 2. _____ 3. _____

FOR AN EXPLORATORY COMMITTEE OR A CANDIDATE'S CAMPAIGN COMMITTEE, PROVIDE THE FOLLOWING INFORMATION:
(Office sought is optional for an Exploratory Committee.)

NAME OF DESIGNATING INDIVIDUAL (DI) OR CANDIDATE <u>Michelle R. Hess</u>		CANDIDATE'S OR DESIGNATING INDIVIDUAL'S E-MAIL ADDRESS <u>michellerhess@yahoo.com</u>	
OFFICE SOUGHT <u>Councilmember District 3 for Buckeye, AZ</u>			
DI'S OR CANDIDATE'S ADDRESS <u>25565 W. Pioneer St</u>	CITY <u>Buckeye</u>	STATE <u>AZ</u>	ZIP <u>85326</u>

CANDIDATE'S (or DESIGNATING INDIVIDUAL'S) STATEMENT: I authorize the above-named political committee as my political committee to receive contributions and make expenditures on my behalf for the election in 2016.

Date: 06/02/16 Candidate's or DI's signature: Michelle R. Hess

CHAIRMAN'S AND TREASURER'S STATEMENT: We, the undersigned, pursuant to A.R.S. § 16-902.01(86) have read all the applicable laws relating to campaign finance and reporting and have examined the information contained in this statement of organization and, to the best of our knowledge and belief, it is true, correct and complete.

Date: 06/02/16 Chairman's signature: Michelle R. Hess

Date: 06/02/16 Treasurer's signature: Michelle R. Hess

DEFINITION OF POLITICAL COMMITTEE: A.R.S. § 16-901(19) "Political committee" means any of the following:

- a) A candidate or a candidate's campaign committee.
- b) A separate, segregated fund established pursuant to section 16-920, subsection A, paragraph 3.
- c) An association or combination of persons that circulates petitions in support of the qualification of a ballot measure, question or proposition.
- d) An association or combination of persons that circulates a petition to recall a public officer.
- e) A political party.
- f) An association or combination of persons that meets both of the following requirements:
 - i. Is organized, conducted or combined for the primary purpose of influencing the result of any election in this state or in any county, city, town or other political subdivision in this state, including a judicial retention election.
 - ii. Knowingly receives contributions or makes expenditures of more than five hundred dollars in connection with any election during a calendar year, including a judicial retention election.
- g) A political organization.
- h) An exploratory committee.

The types of political committees are listed on the front of this form.

NOTE FOR INDIVIDUALS INVOLVED IN POLITICAL ACTIVITIES: An individual acting alone, unless that individual is a candidate, is not a political committee under Arizona law and need not file a statement of organization. If any additional person or persons join the effort begun by an individual and meets the definition of a "political committee" in A.R.S. § 16-901(19) under Arizona law, the committee must register pursuant to A.R.S. § 16-902.01(A).

NOTE FOR THOSE INVOLVED IN INITIATIVE, REFERENDUM AND RECALL EFFORTS: Before circulating initiative, referendum or recall petitions, a political committee must file its statement of organization with the appropriate filing office. Signatures obtained on petitions prior to the filing of the statement of organization are void and shall not be counted in determining the legal sufficiency of the petition. A.R.S. §§ 19-114(B) and 19-202(C). Even though an individual, acting alone, may begin the initiative, referendum or recall effort, as soon as other persons join the effort to circulate petitions in support of the effort, the association of persons must register as a political committee.



City Clerk

MAY 02 2016
Stewart E. Hissam
Received

FINANCIAL DISCLOSURE STATEMENT

(For use by Local Public Officers of the City of Buckeye)

Date 05/02/16

For Calendar Year May 2nd, 2015
through May 2nd, 2016.
(Or other applicable period, please specify)

1. GENERAL INFORMATION

List your name and address, and the name of each member of your household. Also, list all names under which you and members of your household did business. Include controlled and dependent businesses (see definitions) and indicate whether a business is controlled or dependent, or both.

- (a) Name of Local Public Officer Michelle R. Hess
Address 25565 W. Pioneer St Buckeye, AZ 85326
- (b) Name of Local Public Officer's Spouse McKenzie Hess
- (c) Members of Household Lauren Hess, Teremiah Hess, Samuel Hess

(d) Names under which you, your spouse and members of your household (those persons listed in (a), (b) and (c) above) did business.

Local Public Officer or Member of Household	Business Name	Business Address	Controlled and/or Dependent Business
<u>Michelle Hess</u>	<u>City of Buckeye, IWN, Plexus</u>	<u>Buckeye</u>	<u>NO, No, NO</u>
<u>McKenzie D Hess</u>	<u>City of Buckeye</u>	<u>Buckeye</u>	<u>No</u>

2. **SOURCES OF COMPENSATION**

List names and addresses of all employers and all other sources of compensation in excess of \$1,000 received during the preceding calendar year by you, your spouse or members of your household (those persons listed in 1 (a), (b) and (c) above), or received by any other person for the use or benefit of you, your spouse or members of your household. Also, describe the nature of each employer's business and the services for which compensation was received.

You Need Not List:

Income to a business listed in 1 (d), specifically those individual sources of compensation that constituted a portion of the gross income of the business from which you or members of your household derived compensation.

Local Public Officer or Member of Household	Description of Employer's Name & Address of Employer or Other Source of Compensation over \$1,000	Business and Individual's Services for Which Compensation Was Received
Michelle R. Hess	City of Buckeye	Councilmember
	IWN - Contracted EE	Musician
	Plexus	Ambassador
Mckenzie Hess	City of Buckeye	Fire Captain

3. **INFORMATION ON CONTROLLED BUSINESS**

In Columns (1) and (2) give the name of any controlled business and describe the goods or services provided by the business.

If a single source of compensation to the controlled business amounts to more than \$10,000 and 25 percent of the gross income of the business, indicate the nature of the goods and services provided to the customer or client and a description of the business activities if that customer or client is a business in Columns (3) and (4). If there is no such major client or customer, leave Columns (3) and (4) blank.

You Need Not List:

- The identity of any customer or client.
- The amount of income from any customer or client.
- The activities of any customer or client which is not a business.

(1)	(2)	(3)	(4)
Name of Controlled Business (from Item 1 (d))	Goods or Services Provided by the Business	Goods or Services Provided to the Major Customer or Client (more than \$10,000 and 25% of Gross)	Business Activity of the Major Customer or Client, if a Business
N/A			

(Use additional sheet if there is more than one such major customer or client of a controlled business.)

4. **INFORMATION ON DEPENDENT BUSINESS**

A "dependent business" is so-called because over half of its income is dependent on one major customer or client. A dependent business may also be a controlled business if the public officer or members of his household also own more than a fifty percent interest in the business. If a dependent business is listed as a controlled business under Item 3, it need not be listed in this item.

Describe the goods or services provided by the business, the goods or services provided to the major customer or client and the business activity if the major customer or client is a business.

You Need Not List:

- The identity of any customer or client.
- The amount of income from any customer or client.
- The activities of any customer or client which is not a business.

(1)	(2)	(3)	(4)
Name of Dependent Business (from Item 1 (d))	Goods or Services Provided by the Business	Goods or Services Provided to the Major Customer or Client (more than \$10,000 and 50% of Gross)	Business Activity of the Major Customer or Client, if a Business
N/A			

(Use additional sheet if there is more than one such major customer or client of a dependent business.)

6. **REAL PROPERTY OWNERSHIP IN CITY OF BUCKEYE.**

List all real property interests and real property improvements located in the City of Buckeye, including location and approximate size in which you, any member of your household or a controlled or dependent business held legal title or a beneficial interest at any time during the preceding calendar year, and the value, by category, of the equity in any such property.

If you or any member of your household or a controlled or dependent business acquired or divested any such interest during the preceding calendar year, disclose the transaction made and date that it occurred. If the controlled or dependent business is in the business of dealing in real property or improvements, disclosure need not include individual parcels or transactions, but the aggregate value of all such parcels.

You Need Not List:

- Your primary residence.
- Property used for personal recreation by you.
- Individual parcels and transactions, if a controlled or dependent business is a dealer in real property.*

Location and Approximate Size of Realty in City	Local Public Officer or Member of Household or Business from Items 3 or 4	Value of Equity by Category	Date Acquired or #Divested
<i>None</i>			

*Business dealers in real property---state only name of controlled or dependent business and aggregate value of equity interests, by category number, of all parcels held during the year.

Name of Controlled or Dependent Business Dealer in Real Property	Aggregate Value of Equity Interests by Category #
<i>None</i>	

7. **DEBTS; EXCEPTIONS**

List names and addresses of creditors for all debts in excess of \$1,000 owed by you or members of your household either in your own names or in the names of any other persons at any time during the preceding calendar year.

List names and addresses of creditors to whom a controlled or dependent business owed a debt of more than \$10,000 which was also more than 30 percent of the total business indebtedness at any time during the preceding calendar year.

If the debt was incurred or discharged during the year, list whether it was incurred or discharged and the date.

You Need Not List:

- Debts resulting from the ordinary conduct of a business other than a controlled or dependent business.
- Credit card transactions.
- Debts on residences or recreational property exempt from disclosure.
- Retail installment contracts.
- Debts on motor vehicles not used for commercial purposes.
- Debts secured by cash values on life insurance.
- Debts owed to relatives.
- Any amounts.

PERSONAL DEBTS OVER \$1,000

Name and Address of Creditor (or Person to Whom Payments Are Made)	Date Local Public Officer or Member of Household Owing the Debt	Incurred and/or Discharged
Sunstate FCU	Feb 2015	\$ 2,5000 incurred
Direct Stafford Loans	Oct 2008/15	\$ 13,000 incurred
Taylor Burcham	Aug 2015	\$ 300 monthly (for 13 years) incurred

BUSINESS DEBTS OVER \$10,000 AND 30%

Name and Address of Creditor (or Person to Whom Payments Are Made)	Date Local Public Officer or Member of Household Owing the Debt	Incurred and/or Discharged
N/A		

8. **DEBTORS**

List the name of the debtor for each debt in excess of \$1,000 owed at any time during the preceding calendar year to you and members of your household or to any other person for the use or benefit of the aforementioned persons.

List the name of the debtor for each debt exceeding \$10,000 owed to a controlled or dependent business which was also more than 30 percent of the total indebtedness to the business at any time during the preceding calendar year.

Give the amount of each debt by category number.

If the debt was incurred or discharged during the year, list whether it was incurred or discharged and the date.

You Need Not List:

Those debts owed to you or members of your household resulting from the ordinary conduct of a business other than a controlled or dependent business.

DEBTS OVER \$1,000 OWED TO YOU PERSONALLY

Name of Debtor	Local Public Officer or Member of Household to Whom Debt is Owed	Amount by Category #	Date Incurred and/or Discharged
N/A			

DEBTS OVER \$10,000 AND 30% OWED TO YOUR BUSINESS

Name of Debtor	Name of Controlled or Dependent Business to Whom the Debt is Owed (Business from Item 3 or 4)	Amount by Category #	Date Incurred and/or Discharged
N/A			

9. **GIFTS**

List each source of any gift or accumulated gifts in excess of \$500 in value received during the preceding calendar year by you, members of your household or by any other person for the use or benefit of the aforementioned persons.

You Need Not List:

- Gifts received by will.
- Gifts received by intestate succession.
- Gifts received from intervivos (living) trusts established by a spouse or ancestor.
- Gifts received from testamentary trusts established by a spouse or ancestor.
- Gifts received from any other member of the household or relatives to the second degree of consanguinity. (Parents, grandparents, siblings, children and grandchildren of the recipient.)
- Political campaign contributions if publicly reported as political campaign contributions.
- Amounts.

Name of Donor of Gifts over \$500

Local Public Officer or Member of Household---Recipient

None

10. **BUSINESS LICENSES**

List all business licenses issued, by the City of Buckeye or by any other governmental agency which requires for its issuance the consideration of the application for such license by the _____ council of the _____ of _____, to, held by or in which you or any member of your household had an interest at any time during the preceding calendar year.

Type of License	Name in Which License is Issued	Local Public Officer or Member of Household Holding Interest, if Not Issued in Own Name	Type of Business	Location of Business
<i>N/A</i>				

11. **LOCAL GOVERNMENT BONDS**

List all bonds, together with their value, issued by the City of Buckeye, any industrial development authority of such city or town or any nonprofit corporation organized or authorized by such city or town held at any time during the preceding calendar year by you or any member of your household, which bonds issued by a single entity had a value in excess of \$1,000.

If the bonds were acquired or divested during the year, list whether they were acquired or divested and the date.

Bonds Over \$1,000	Issuing Agency	Local Public Officer or Member of Household	Value by Category #	Date Acquired and/or Divested
<i>N/A</i>				

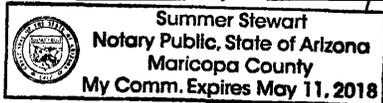
VERIFICATION

I do solemnly swear that the foregoing Financial Disclosure Statement filed herewith is in all things true and correct and fully shows all information required to be reported by me.

Michelle R. Hess

Signature of Affiant

SUBSCRIBED and sworn to before me by Michelle R. Hess
this 2nd day of May, 2016



Summer Stewart
Notary Public

My Commission Expires:

May 11, 2018



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

*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

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																											
4a.	<table border="1" 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">Vaz, Manjula</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">2 N Central Ave</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Phoenix, AZ 85004</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Partner</td> <td colspan="2">Gammage</td> </tr> </table>	LAST	FIRST	MI	Vaz, Manjula			STREET ADDRESS			2 N Central Ave			CITY	STATE	ZIP	Phoenix, AZ 85004			OCCUPATION	EMPLOYER		Partner	Gammage		07/19/16	\$200	\$200
LAST	FIRST	MI																										
Vaz, Manjula																												
STREET ADDRESS																												
2 N Central Ave																												
CITY	STATE	ZIP																										
Phoenix, AZ 85004																												
OCCUPATION	EMPLOYER																											
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STREET ADDRESS																												
CITY	STATE	ZIP																										
OCCUPATION	EMPLOYER																											
c.	<table border="1" 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="1" 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																											
e.	<table border="1" 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 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]	\$70	6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]
		\$70

*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																								
	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">Barber, Dennis</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">6507 W Villa Rita</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Glendale, AZ 85308</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Vice President</td> <td colspan="2">Core Construction</td> </tr> </table>	LAST	FIRST	MI	Barber, Dennis			STREET ADDRESS			6507 W Villa Rita			CITY	STATE	ZIP	Glendale, AZ 85308			OCCUPATION	EMPLOYER		Vice President	Core Construction		06/10/16	\$500	\$500
LAST	FIRST	MI																										
Barber, Dennis																												
STREET ADDRESS																												
6507 W Villa Rita																												
CITY	STATE	ZIP																										
Glendale, AZ 85308																												
OCCUPATION	EMPLOYER																											
Vice President	Core Construction																											
b.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Hickman, Lisa</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">22800 W Moonlight Path</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Buckeye, AZ 85326</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Retired</td> <td colspan="2">Retired</td> </tr> </table>	LAST	FIRST	MI	Hickman, Lisa			STREET ADDRESS			22800 W Moonlight Path			CITY	STATE	ZIP	Buckeye, AZ 85326			OCCUPATION	EMPLOYER		Retired	Retired		06/23/16	\$300	\$300
LAST	FIRST	MI																										
Hickman, Lisa																												
STREET ADDRESS																												
22800 W Moonlight Path																												
CITY	STATE	ZIP																										
Buckeye, AZ 85326																												
OCCUPATION	EMPLOYER																											
Retired	Retired																											
c.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Landis, Diane</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">608 N La Loma Ave</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Litchfield Park, AZ 85340</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Accountant</td> <td colspan="2">Self-Employed</td> </tr> </table>	LAST	FIRST	MI	Landis, Diane			STREET ADDRESS			608 N La Loma Ave			CITY	STATE	ZIP	Litchfield Park, AZ 85340			OCCUPATION	EMPLOYER		Accountant	Self-Employed		07/19/16	\$100	\$100
LAST	FIRST	MI																										
Landis, Diane																												
STREET ADDRESS																												
608 N La Loma Ave																												
CITY	STATE	ZIP																										
Litchfield Park, AZ 85340																												
OCCUPATION	EMPLOYER																											
Accountant	Self-Employed																											
d.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Taylor, Karrin</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">3344 W Camelback Rd #100</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Phoenix, AZ 85018</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Consultant</td> <td colspan="2">Self-Employed</td> </tr> </table>	LAST	FIRST	MI	Taylor, Karrin			STREET ADDRESS			3344 W Camelback Rd #100			CITY	STATE	ZIP	Phoenix, AZ 85018			OCCUPATION	EMPLOYER		Consultant	Self-Employed		07/21/16	\$200	\$200
LAST	FIRST	MI																										
Taylor, Karrin																												
STREET ADDRESS																												
3344 W Camelback Rd #100																												
CITY	STATE	ZIP																										
Phoenix, AZ 85018																												
OCCUPATION	EMPLOYER																											
Consultant	Self-Employed																											
e.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Clark, Ken</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">325 W Coronado Rd</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Phoenix, AZ 85018</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Realtor</td> <td colspan="2">Self-Employed</td> </tr> </table>	LAST	FIRST	MI	Clark, Ken			STREET ADDRESS			325 W Coronado Rd			CITY	STATE	ZIP	Phoenix, AZ 85018			OCCUPATION	EMPLOYER		Realtor	Self-Employed		07/19/16	\$50	\$50
LAST	FIRST	MI																										
Clark, Ken																												
STREET ADDRESS																												
325 W Coronado Rd																												
CITY	STATE	ZIP																										
Phoenix, AZ 85018																												
OCCUPATION	EMPLOYER																											
Realtor	Self-Employed																											
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 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																					
4a.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Denny, Veronica</td> </tr> <tr> <td colspan="3">STREET ADDRESS 3601 N 292nd Dr</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Buckeye, AZ 85396</td> </tr> <tr> <td>OCCUPATION Teacher</td> <td colspan="2">EMPLOYER Saddle Mountain District</td> </tr> </table>	LAST	FIRST	MI	Denny, Veronica			STREET ADDRESS 3601 N 292nd Dr			CITY	STATE	ZIP	Buckeye, AZ 85396			OCCUPATION Teacher	EMPLOYER Saddle Mountain District		07/21/16	\$100	\$100
LAST	FIRST	MI																				
Denny, Veronica																						
STREET ADDRESS 3601 N 292nd Dr																						
CITY	STATE	ZIP																				
Buckeye, AZ 85396																						
OCCUPATION Teacher	EMPLOYER Saddle Mountain District																					
b.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Melinda Gulick</td> </tr> <tr> <td colspan="3">STREET ADDRESS 30487 N 77th Place</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Scottsdale , AZ 85366</td> </tr> <tr> <td>OCCUPATION Real Estate</td> <td colspan="2">EMPLOYER DMB</td> </tr> </table>	LAST	FIRST	MI	Melinda Gulick			STREET ADDRESS 30487 N 77th Place			CITY	STATE	ZIP	Scottsdale , AZ 85366			OCCUPATION Real Estate	EMPLOYER DMB		07/23/16	\$50	\$50
LAST	FIRST	MI																				
Melinda Gulick																						
STREET ADDRESS 30487 N 77th Place																						
CITY	STATE	ZIP																				
Scottsdale , AZ 85366																						
OCCUPATION Real Estate	EMPLOYER DMB																					
c.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Saylor, Sherry</td> </tr> <tr> <td colspan="3">STREET ADDRESS 6406 S Wilson</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Buckeye, AZ 85326</td> </tr> <tr> <td>OCCUPATION Farmer</td> <td colspan="2">EMPLOYER Self-Employed</td> </tr> </table>	LAST	FIRST	MI	Saylor, Sherry			STREET ADDRESS 6406 S Wilson			CITY	STATE	ZIP	Buckeye, AZ 85326			OCCUPATION Farmer	EMPLOYER Self-Employed		07/19/16	\$100	\$100
LAST	FIRST	MI																				
Saylor, Sherry																						
STREET ADDRESS 6406 S Wilson																						
CITY	STATE	ZIP																				
Buckeye, AZ 85326																						
OCCUPATION Farmer	EMPLOYER Self-Employed																					
d.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Oberhansly, Steve</td> </tr> <tr> <td colspan="3">STREET ADDRESS 5711 E College Ave</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Phoenix, AZ 85031</td> </tr> <tr> <td>OCCUPATION Director</td> <td colspan="2">EMPLOYER Phoenix Art Museum</td> </tr> </table>	LAST	FIRST	MI	Oberhansly, Steve			STREET ADDRESS 5711 E College Ave			CITY	STATE	ZIP	Phoenix, AZ 85031			OCCUPATION Director	EMPLOYER Phoenix Art Museum		08/04/16	\$100	\$100
LAST	FIRST	MI																				
Oberhansly, Steve																						
STREET ADDRESS 5711 E College Ave																						
CITY	STATE	ZIP																				
Phoenix, AZ 85031																						
OCCUPATION Director	EMPLOYER Phoenix Art Museum																					
e.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Strain, Jane</td> </tr> <tr> <td colspan="3">STREET ADDRESS 1801 Bella Vista Dr</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Sierra Vista, AZ 85365</td> </tr> <tr> <td>OCCUPATION Retired</td> <td colspan="2">EMPLOYER Retired</td> </tr> </table>	LAST	FIRST	MI	Strain, Jane			STREET ADDRESS 1801 Bella Vista Dr			CITY	STATE	ZIP	Sierra Vista, AZ 85365			OCCUPATION Retired	EMPLOYER Retired		08/06/16	\$50	\$50
LAST	FIRST	MI																				
Strain, Jane																						
STREET ADDRESS 1801 Bella Vista Dr																						
CITY	STATE	ZIP																				
Sierra Vista, AZ 85365																						
OCCUPATION Retired	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#
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			
4a.	LAST FIRST MI Vaz, Manjula STREET ADDRESS 2 N Central Ave CITY STATE ZIP Phoenix, AZ 85004 OCCUPATION EMPLOYER Partner Gammage	07/29/16	\$200	\$200
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(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.	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#
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 Transcation 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> </table> CANDIDATE _____ OFFICE SOUGHT _____ YEAR OF ELECTION _____	PURPOSE AND DESCRIPTION OF PURCHASE	<input type="checkbox"/>	Benefitted	<input type="checkbox"/>	Opposed		
PURPOSE AND DESCRIPTION OF PURCHASE	<input type="checkbox"/>	Benefitted	<input type="checkbox"/>	Opposed				
4b.	NAME, ADDRESS, CITY, STATE AND ZIP <table border="1" data-bbox="204 873 1157 921"> <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> </table> CANDIDATE _____ OFFICE SOUGHT _____ YEAR OF ELECTION _____	PURPOSE AND DESCRIPTION OF PURCHASE	<input type="checkbox"/>	Benefitted	<input type="checkbox"/>	Opposed		
PURPOSE AND DESCRIPTION OF PURCHASE	<input type="checkbox"/>	Benefitted	<input type="checkbox"/>	Opposed				
4c.	NAME, ADDRESS, CITY, STATE AND ZIP <table border="1" data-bbox="204 1108 1157 1157"> <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> </table> CANDIDATE _____ OFFICE SOUGHT _____ YEAR OF ELECTION _____	PURPOSE AND DESCRIPTION OF PURCHASE	<input type="checkbox"/>	Benefitted	<input type="checkbox"/>	Opposed		
PURPOSE AND DESCRIPTION OF PURCHASE	<input type="checkbox"/>	Benefitted	<input type="checkbox"/>	Opposed				
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	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#
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]				