CITY OF TUCSON
OFFICE OF THE CITY CLERK
CAMPAIGN FINANCE ADMINISTRATION REPORT RECEIPT

CFA

Primary Election – August 27, 2013
General Election – November 5, 2013

NAME OF COMMITTEE FILING REPORT
For Southern Arizona Business PAC
(Name of Political Committee)
for _____ who is a candidate for the office
(Name of Candidate, *when applicable*)
of _____ Political Party _____ ID # 09-157-CT

OR

CANDIDATE $500 THRESHOLD EXCEPTION STATEMENT
for _____
(Name of Candidate)
who is a Candidate for the Office of _____
Political Party _____ ID# _____

☐ Political Committee Statement of Organization # _____ ☐ Original *or* ☐ Amended

☐ Request for Public Matching Funds Contract# _____ **(PMF Candidates Only)**

CAMPAIGN FINANCE REPORT:

☐ a. Statement Establishing Eligibility – **PMF Candidates Only**

☐ b. Consolidated City/State Campaign Finance Report (Filed on or before January 31, 2013)

☐ c. Consolidated City/State Campaign Finance Report (Filed on or before July 1, 2013)

☐ d. Consolidated City/State Pre – Primary Report (Filed on or before August 23, 2013)

☐ e. City Post – Primary Report (Filed on or before September 6, 2013) – **PMF Candidates Only**

☐ f. State Post – Primary Election Report (Filed on or before September 26, 2013)

☑ g. Consolidated City/State Pre – General Election Report (Filed on or before November 1, 2013)

☐ h. City Post – General Election Report (Filed on or before November 15, 2013) – **PMF Candidates Only**

☐ i. State Post – General Election Report (Filed on or before December 5, 2013)

☐ Termination Statement *(Final report must be included if not previously filed)*

☐ Political Committee No Activity Statement *(Report date of:* _____ *)*

☐ Other _____

CITY OF TUCSON RECEIVED
13 OCT 29 AM 11:47
OFFICE OF THE CITY CLERK

Signature Deputy City Clerk

Date: 10/29/13

CFA Sec
170560

POLITICAL COMMITTEE
STATE OF ARIZONA
CAMPAIGN FINANCE REPORT

For Office Use Only

CITY OF TUCSON

CITY OF TUCSON
RECEIVED

13 OCT 29 A11 :08

1. Southern Arizona Business PAC
Full Name of Committee

465 W. St. Mary's Road
Address

Tucson 85701 792-2250
City Zip Code Phone Number

2. Tucson Metropolitan Chamber of Commerce
Sponsoring Organization and Office

Name of Candidate and Office Sought (if applicable)

swilka@tucsonchamber.org 882-5704
E-Mail Address Fax #

3. ID# OFFICE OF THE CITY CLERK 09-157-CT

4. **REPORTING PERIOD** (Please check appropriate box) **FILING DEADLINE**

- ☐ January 31 Report – For Period of November 29, 2011 through December 31, 2012 ..... January 31, 2013
- ☐ June 30 Report – For Period of January 1, 2013 through May 31, 2013 ..... *July 1, 2013
- ☐ Pre-Primary Election Report – For Period of June 1, 2013 through August 15, 2013 ..... August 23, 2013
- ☐ Post-Primary Election Report – For Period of August 16, 2013 through September 16, 2013 ..... September 26, 2013
- ☒ Pre-General Election Report – For Period of September 17, 2013 through October 24, 2013 ..... November 1, 2013
- ☐ Post-General Election Report – For Period of October 25, 2013 through November 25, 2013 ..... December 5, 2013
- ☐ January 31, 2015 Report – For Period of November 26, 2013 through December 31, 2014 ..... *February 2, 2015

5. **SUMMARY**	***Column A*** Total This Reporting Period	***Column B*** Election Period To Date
5a Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)	$ 8149.82	$ 8149.82
5b Cash on Hand at Beginning of this Reporting Period	$ 7258.88	$ 8149.82
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	$ 1.81	$ 110.87
5d Subtotal (*add Lines [b] and [c] for Column A and add lines [a] and [c] for Column B)*	$ 7260.69	$ 8260.60
6a Total Debts and Obligations from Previous Campaign Committee at beginning of the Election Period (or at time Statement of Organization was filed for the new committee) (Do not add or subtract this line from the other lines)	-0-	-0-
6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	$ 717.78	$ 1717.78
7. Cash on Hand at Close of Reporting Period (*Subtract Line 6b from Line 5d - Column A must equal Column B)*	$ 6542.91	$ 6542.91

*Per A.R.S. §16-916(D) if the date for filing any Campaign Finance Report is a Saturday, a Sunday or another legal holiday, the filing deadline is the next day that is not a Saturday, a Sunday, or another legal holiday.

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

1. Committee Name Southern Arizona Business PAC

3. ID# 09-157-CT

2. Report Covering Period From 9/17/13 Thru 10/24/13

RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4. Contributions other than loans and In-kind:		
(a) Individuals - more than $50 (Total from Schedule A)		
(b) Individuals - aggregate $50 or less (Total from Schedule A-1)		100.00
(c) Political Committees (Total from Schedule B)		
(d) **Subtotal Contributions [*add 4(a), 4(b) and 4(c)*]**		100.00
(e) Refund of Contributions (Total from Schedule F-2)		
(f) **Total contributions Other than Loans and In-kind [*subtract 4(e) from 4(d)*]**		
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)		
(b) All other loans (Total from Schedule C-1)		
(c) **Total loans [add 5(a) and 5(b)]**		
6. In-kind contributions (Total from Schedule E)		
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	1.81	10.87
8. **TOTAL Receipts [add 4(f), 5(c), 6, and 7]**	1.81	110.87
DISBURSEMENTS		
9. Expenditures for Operating Expenses (Total from Schedule D)	717.78	1717.78
10. Independent Expenditures (Total from Schedule D-1)		
11. Value of In-kind expenditures (Total from Schedule E)		
12. Loans made by reporting committee (Total from Schedule D-2)		
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)		
(b) Repayment of all other loans (Total from Schedule D-5)		
(c) **Total Loan Repayments [add 13(a) and 13(b)]**		
14. Transfers to other political committees (Total from Schedule D-6)		
15. Any other disbursement (Total from Schedule D-7)		
16. **Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]**	717.78	1717.78
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. **TOTAL disbursements [subtract line 17 from line 16]**	717.78	1717.78
19. Total Outstanding Debts owed by Reporting Candidate or Political Comm. (Schedule F-3)		

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

Type or Print Name of Treasurer ROBERT D. RAMIREZ 10/28/2013

Signature of Treasurer or Candidate or Designating Individual: Date

18 OCT 29 AM 10:00
OFFICE OF THE CITY CLERK
CITY OF TUCSON RECEIVED

REV 4/12

CONTRIBUTIONS FROM INDIVIDUALS*
(More than $50)*

SCHEDULE A

1. Committee Name_____ 3. ID #

2. Report Covering Period from_____thru_____

4.	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a.	LAST FIRST MI STREET ADDRESS CITY STATE ZIP OCCUPATION EMPLOYER			
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(a), 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 of $50 or Less - AGGREGATE TOTAL* SCHEDULE A-1

1. Committee Name_____ 3. ID #
2. Report Covering Period from_____thru_____
4. Aggregate Total of Contributions of $50 or Less

Description	Amount Received This Period		Cumulative Total This Campaign To Date
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4 (b), Column A]		6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]	

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

CONTRIBUTIONS FROM POLITICAL COMMITTEES — SCHEDULE B

1. Committee Name_____ 3. ID#

2. Report Covering Period from:_____thru_____

4.	CONTRIBUTIONS ID#, NAME, AND ADDRESS OF CONTRIBUTOR AND DATE RECEIVED		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
b.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
c.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
d.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
e.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
f.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
g.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
h.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
I.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE B [If last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]			

CANDIDATE LOANS

SCHEDULE C

1. Committee Name_____

3. ID #

2. Report Covering Period from_____thru_____

4. LOANS MADE OR GUARANTEED BY CANDIDATE NAME AND ADDRESS FROM WHOM RECEIVED	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a. 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]**			

REV 3/00

OTHER LOANS

SCHEDULE C1

1. Committee Name_____

3. ID #

2. Report Covering Period from_____thru_____

4.	ALL OTHER LOANS NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OF LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a.	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			
b.	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			
c.	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			
d.	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(b), Column A]**			

EXPENDITURES FOR OPERATING EXPENSES* SCHEDULE D

1. Committee Name Southern Arizona Business PAC 2. ID# 09-157-CT

3. Report Covering Period from: 9/17/13 thru 10/24/13

4.	EXPENDITURES NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
a.	NAME, ADDRESS, CITY, STATE AND ZIP Spectrum Printing 4651 S. Butterfield Drive #161; Tucson, AZ 85714	9/26/13	$ 389.16
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED #9 Return Envelopes	CHECK # 1012	
b.	NAME, ADDRESS, CITY, STATE AND ZIP Spectrum Printing 4651 S. Butterfield Drive #161; Tucson, AZ 85714	9/26/13	$ 328.62
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED #10 Envelopes	CHECK # 1013	
c.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK #	
d.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK #	
e.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK #	
f.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK #	
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [If last page of Schedule D, transfer total to Detailed Summary Page, Line 9, Column A]		$ $ 717.78

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

INDEPENDENT EXPENDITURES * SCHEDULE D-1

1. Committee Name_____ 3. ID#

2. Report Covering Period from_____ thru _____

4.	INDEPENDENT EXPENDITURES IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
a.	NAME, ADDRESS, CITY, STATE AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefited ☐ Opposed ☐		
	CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
b.	NAME, ADDRESS, CITY, STATE AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefited ☐ Opposed ☐		
	CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
c.	NAME, ADDRESS, CITY, STATE AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefited ☐ 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. STATUTE 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

1. Committee Name_____

3. ID#

2. Report Covering Period from_____ thru _____

4.	LOANS MADE BY REPORTING COMMITTEE NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE	DATE LOAN MADE	AMOUNT OF THE LOAN
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
g.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
h.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 **[If last page of Schedule D-2, transfer total to Detailed Summary Page, Line 12, Column A]**		

OFFSETS TO OPERATING EXPENSES* SCHEDULE D-3

1. Committee Name_____ 2. ID#

3. Report Covering Period from:_____thru_____

4.	REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED	DATE REFUND RECEIVED	AMOUNT OF THE REFUND
a.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF REFUND		
b.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF REFUND		
c.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF REFUND		
d.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF REFUND		
e.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF REFUND		
f.	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

1. Committee Name_____

2. ID#

3. Report Covering Period from:_____thru_____

4.	REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
a.	NAME, ADDRESS, CITY, STATE AND ZIP		
b.	NAME, ADDRESS, CITY, STATE AND ZIP		
c.	NAME, ADDRESS, CITY, STATE AND ZIP		
d.	NAME, ADDRESS, CITY, STATE AND ZIP		
e.	NAME, ADDRESS, CITY, STATE AND ZIP		
f.	NAME, ADDRESS, CITY, STATE AND ZIP		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 **[Transfer total to Detailed Summary Page, Line 13(a), Column A]**		

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

1. Committee Name_____

2. ID#

3. Report Covering Period from:_____thru_____

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

1. Committee Name_____ 2. ID#

3. Report Covering Period from_____ thru _____

4.	TRANSFERS MADE BY THE REPORTING COMMITTEE NAME, ADDRESS AND ID# TO WHOM TRANSFER (DISBURSEMENT) WAS MADE	DATE TRANSFER MADE	AMOUNT OF THE TRANSFER
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 **[If last page of Schedule D-6, transfer total to Detailed Summary Page, Line 14, Column A]**		

ANY OTHER DISBURSEMENTS

SCHEDULE D-7

1. Committee Name_____ 2. ID#

3. Report Covering Period from_____ thru _____

4.

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

1. Committee Name_____

2. ID #

3. Report Covering Period from:_____thru_____

4.

IN-KIND CONTRIBUTIONS AND EXPENDITURES NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN		DATE	FAIR MARKET VALUE
a. NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION ☐ EXPENDITURE ☐		
DESCRIPTION			
OCCUPATION	EMPLOYER		
b. NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION ☐ EXPENDITURE ☐		
DESCRIPTION			
OCCUPATION	EMPLOYER		
c. NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION ☐ EXPENDITURE ☐		
DESCRIPTION			
OCCUPATION	EMPLOYER		
d. NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION ☐ EXPENDITURE ☐		
DESCRIPTION			
OCCUPATION	EMPLOYER		

5.	ENTER TOTAL OF 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 OF IN-KIND **EXPENDITURES** 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

1. Committee Name Southern Arizona Business PAC

2. ID# 09-157-CT

3. Report Covering Period from: 9/17/13 thru 10/24/13

4.	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED	DATE RECEIVED	AMOUNT OF THE RECEIPT
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# Bank of Tucson 4400 E. Broadway Blvd. Tucson, AZ 85711 DESCRIPTION OF RECEIPT	10/1/13	$1.81
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		
f.	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]		$1.81

REV 3/00

OFFSETS TO CONTRIBUTIONS RECEIVED* SCHEDULE F-2

1. Committee Name_____ 2. ID #

3. Report Covering Period from:_____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
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
f.	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

1. Committee Name_____ 2. ID#

3. Report Covering Period from:_____thru_____

4.	DEBTS AND OBLIGATIONS NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
f.	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 **[If last page of F-3, transfer total to Detailed Summary Page, Line 19, Column A]**				