



CITY OF TUCSON
OFFICE OF THE CITY CLERK
PETITION DRIVE POLITICAL COMMITTEE
CAMPAIGN FINANCE ADMINISTRATION REPORT
RECEIPT

General Election – November 6, 2012

NAME OF COMMITTEE FILING REPORT

Committee for Repeal the MainGate Overlay – 2012 – RF01

(Name of Political Committee)

for

(Name of Sponsoring Organization, *when applicable*)

Statement of Organization ID Number 12-210-CT Petition Serial Number 2012-RF01

(*when applicable*)

Political Committee Statement Of Organization ID Number 12-210-CT Original or
 Amended

CAMPAIGN FINANCE REPORT:

At the time of filing the petition (*Report date of: March 30, 2012*)

June 30 Report (Filed on or before July 2, 2012)

At the Time of Filing a Petition Filed More Than Sixty (60) Days After the Date of Issuance. (*Report date of: _____*)

Thirty (30) days after the filing of the petition. (*Report date of: _____*)

In the case of any petition not filed with the city clerk within the deadline for filing established by the Tucson Charter or Tucson Code, all petition drive political committees shall file campaign finance reports twenty (20) days after the expiration of said deadline. (*Report date of: _____*)

State Pre-Primary Election Report (Filed on or before August 16, 2012)

State Post-Primary Election Report (Filed on or before September 27, 2012)

State Pre-General Election Report (Filed on or before October 25, 2012)

State Post-General Election Report (Filed on or before December 6, 2012)

January 31 Report (Filed on or before January 31, 2014)

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

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

Other _____

 Signature Deputy City Clerk

3/30/12

 Date



**PETITION DRIVE POLITICAL COMMITTEE
STATE OF ARIZONA
CAMPAIGN FINANCE REPORT**

For Office Use Only
CITY OF TUCSON

**CITY OF TUCSON
RECEIVED**

12 MAR 30 2012

1. Repeal the Main Gate Overlay - 2012 - RFOI
 Full Name of Committee

22 E. University Blvd
 Address

Tucson AZ 85705 (520)390-5680
 City Zip Code Phone Number

2. _____
 Sponsoring Organization and Office

 Name of Candidate and Office Sought (if applicable)

 E-Mail Address Fax #

3A. ID# _____

45-4696329

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

- a. At the time of filing the petition
 For Period of March 1, 2012 through March 20, 2012 March 30, 2012
- b. June 30 Report
 For Period of Date Ending of First Report through May 31, 2012 *July 2, 2012
- c. At the time of filing a petition filed more than sixty (60) days after the date of issuance.
- d. Thirty (30) days after the filing of the petition, except in any case where the petition drive political committee the applied for a petition or petition number files additional signatures in response to the city clerk's certificate stating that an insufficient number of signatures has been filed with the petition, the statement shall be filed thirty (30) days after the deadline for filing additional signatures.
- e. In the case of any petition not filed with the city clerk within the deadline for filing established by the Tucson Charter or Tucson Code, all petition drive political committees shall file campaign finance reports twenty (20) days after the expiration of said deadline.
- f. Pre-Primary Election
 For Period of June 1, 2012 through August 8, 2012 August 16, 2012
- g. Post-Primary Election
 For Period of August 9, 2012 through September 17, 2012 September 27, 2012
- h. Pre-General Election
 For Period of September 18, 2012 through October 17, 2012 October 25, 2012
- i. Post General Election
 For Period of October 18, 2012 through November 26, 2012 December 6, 2012
- j. January 31 Report
 For Period of November 27, 2012 through December 31, 2013 January 31, 2014
- k. Other _____

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

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)		
5b Cash on Hand at Beginning of this Reporting Period	0	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	\$ 7,100.00	\$ 7,100.00
5d Subtotal (add Lines [b] and [c] for Column A and add lines [a] and [c] for Column B)	\$ 7,100.00	\$ 7,100.00
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)		
6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	\$ 1,955.10	\$ 1,955.10
7. Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d - Column A must equal Column B)	\$ 5,144.90	\$ 5,144.90

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

1. Committee Name Repeal the Main Gate Overlay-2012-RFOI 3. ID# 45-4696329
 2. Report Covering Period From March 1, 2012 Thru March 20, 2012

RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4. Contributions other than loans and in-kind:		
(a) Individuals - more than \$25 (Total from Schedule A)	7,100.00	
(b) Individuals - aggregate \$25 or less (Total from Schedule A-1)		
(c) Political Committees (Total from Schedule B)		
(d) Subtotal Contributions [add 4(a), 4(b) and 4(c)]	7,100.00	7,100.00
(e) Refund of Contributions (Total from Schedule F-2)		
(f) Total contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	0.00	0.00
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)]	0	0
6. In-kind contributions (Total from Schedule E)		
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)		
8. TOTAL Receipts [add 4(f), 5(c), 6, and 7]	7,100.00	7,100.00
DISBURSEMENTS		
9. Expenditures for Operating Expenses (Total from Schedule D)	1,955.10	
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)	411.47	
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]	1,955.10	
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. TOTAL disbursements [subtract line 17 from line 16]	1,955.10	
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	<u>Denise R. Baldwin</u>	
Signature of Treasurer or Candidate or Designating Individual	<u>Denise R. Baldwin</u>	Date <u>3/30/12</u>

CONTRIBUTIONS FROM INDIVIDUALS*
(More than \$25)*

SCHEDULE A

1. Committee Name Repeal the Main Gate Overlay 2012 RFOI 3. ID # 45-4696329
 2. Report Covering Period from March 1, 2012 thru March 20, 2012

4.	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																								
a.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Little</td> <td>Val</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">634 N. 1st Ave.</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Tucson</td> <td>AZ</td> <td>85719</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Director, Water Conservation Alliance</td> <td colspan="2">Water Conservation Alliance of Southern Arizona</td> </tr> </table>	LAST	FIRST	MI	Little	Val		STREET ADDRESS			634 N. 1st Ave.			CITY	STATE	ZIP	Tucson	AZ	85719	OCCUPATION	EMPLOYER		Director, Water Conservation Alliance	Water Conservation Alliance of Southern Arizona		3/6/12	\$ 100.00	\$ 100.00
LAST	FIRST	MI																										
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
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LAST	FIRST	MI																										
West University	Neighborhood Assn																											
STREET ADDRESS																												
[REDACTED]																												
CITY	STATE	ZIP																										
Tucson	AZ	857																										
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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 \$25 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 \$25 or Less - AGGREGATE TOTAL*

SCHEDULE A-1

1. Committee Name _____
2. Report Covering Period from _____ thru _____
3. ID # _____
4. Aggregate Total of Contributions of \$25 or Less

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

*If contributions of \$25 or less are listed with 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 _____

	CONTRIBUTIONS		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	ID#, NAME, AND ADDRESS OF CONTRIBUTOR AND DATE RECEIVED			
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 <small>[If last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]</small>			

CANDIDATE LOANS

SCHEDULE C

1. Committee Name _____

3. ID # _____

2. Report Covering Period from _____ thru _____

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

OTHER LOANS

SCHEDULE C1

3. ID #

1. Committee Name _____

2. Report Covering Period from _____ thru _____

	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) OF LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.			
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 Repeal the Main Gate Overlay-2012-RFOI 2. ID# 45-4696329

3. Report Covering Period from: March 1, 2012 thru March 20, 2012

EXPENDITURES		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE			
a.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Gloo Factory</u>	<u>3/15/12</u>	<u>\$1,751.13</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Printing and PR materials</u>	CHECK # <u>101</u>	
b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Ace Stamp</u>	<u>3/15/12</u>	<u>\$180.02</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Stamps</u>	CHECK # <u>102</u>	
c.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Chase Bank</u>	<u>3/13/12</u>	<u>\$23.95</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Checks</u>	CHECK # <u>NA</u>	
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]		<u>\$1,955.10</u>

*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 _____

INDEPENDENT EXPENDITURES			DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE	
IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED					
a.	NAME, ADDRESS, CITY, STATE AND ZIP				
	PURPOSE AND DESCRIPTION OF PURCHASE			Benefited <input type="checkbox"/>	Opposed <input type="checkbox"/>
	CANDIDATE	OFFICE SOUGHT	YEAR OF ELECTION		
b.	NAME, ADDRESS, CITY, STATE AND ZIP				
	PURPOSE AND DESCRIPTION OF PURCHASE			Benefited <input type="checkbox"/>	Opposed <input type="checkbox"/>
	CANDIDATE	OFFICE SOUGHT	YEAR OF ELECTION		
c.	NAME, ADDRESS, CITY, STATE AND ZIP				
	PURPOSE AND DESCRIPTION OF PURCHASE			Benefited <input type="checkbox"/>	Opposed <input type="checkbox"/>
	CANDIDATE	OFFICE SOUGHT	YEAR OF ELECTION		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1				
	[If last page of Schedule D-1, transfer total to Detailed Summary Page, Line 10, Column A]				

*** 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 Repeal the Main Gate Overlay 2012-RFOI

3. ID# 45-4696329

2. Report Covering Period from March 1, 2012 thru March 29, 2012

4. LOANS MADE BY REPORTING COMMITTEE		DATE LOAN MADE	AMOUNT OF THE LOAN
NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE			
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# <u>Denise Baldwin</u> <u>22 E. University Blvd</u> <u>Tucson AZ 85705</u>	<u>3/1/12</u>	<u>\$ 89.94</u>
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# <u>Denise Baldwin</u> <u>22 E. University Blvd.</u> <u>Tucson Az 85705</u>	<u>3/6/12</u>	<u>\$ 321.53</u>
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# <u>Denise Baldwin</u> <u>22 E. University Blvd.</u> <u>Tucson, AZ 85705</u>	<u>3/7/12</u>	<u>\$ 8.29</u>
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# <u>Denise Baldwin</u> <u>22 E. University Blvd</u> <u>Tucson AZ 85705</u>	<u>3/8/12</u>	<u>\$ 40.24</u>
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# <u>Denise Baldwin</u> <u>22 E. University Blvd.</u> <u>Tucson, AZ 85705</u>	<u>3/10/12</u>	<u>\$ 7.20</u>
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]		<u>411.47</u>

OFFSETS TO OPERATING EXPENSES*

SCHEDULE D-3

1. Committee Name _____

2. ID#

3. Report Covering Period from: _____ 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		
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		DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE			
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 _____

	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		
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 _____

	TRANSFERS MADE BY THE REPORTING COMMITTEE	DATE TRANSFER MADE	AMOUNT OF THE TRANSFER
	NAME, ADDRESS AND ID# TO WHOM TRANSFER (DISBURSEMENT) WAS MADE		
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 _____

	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

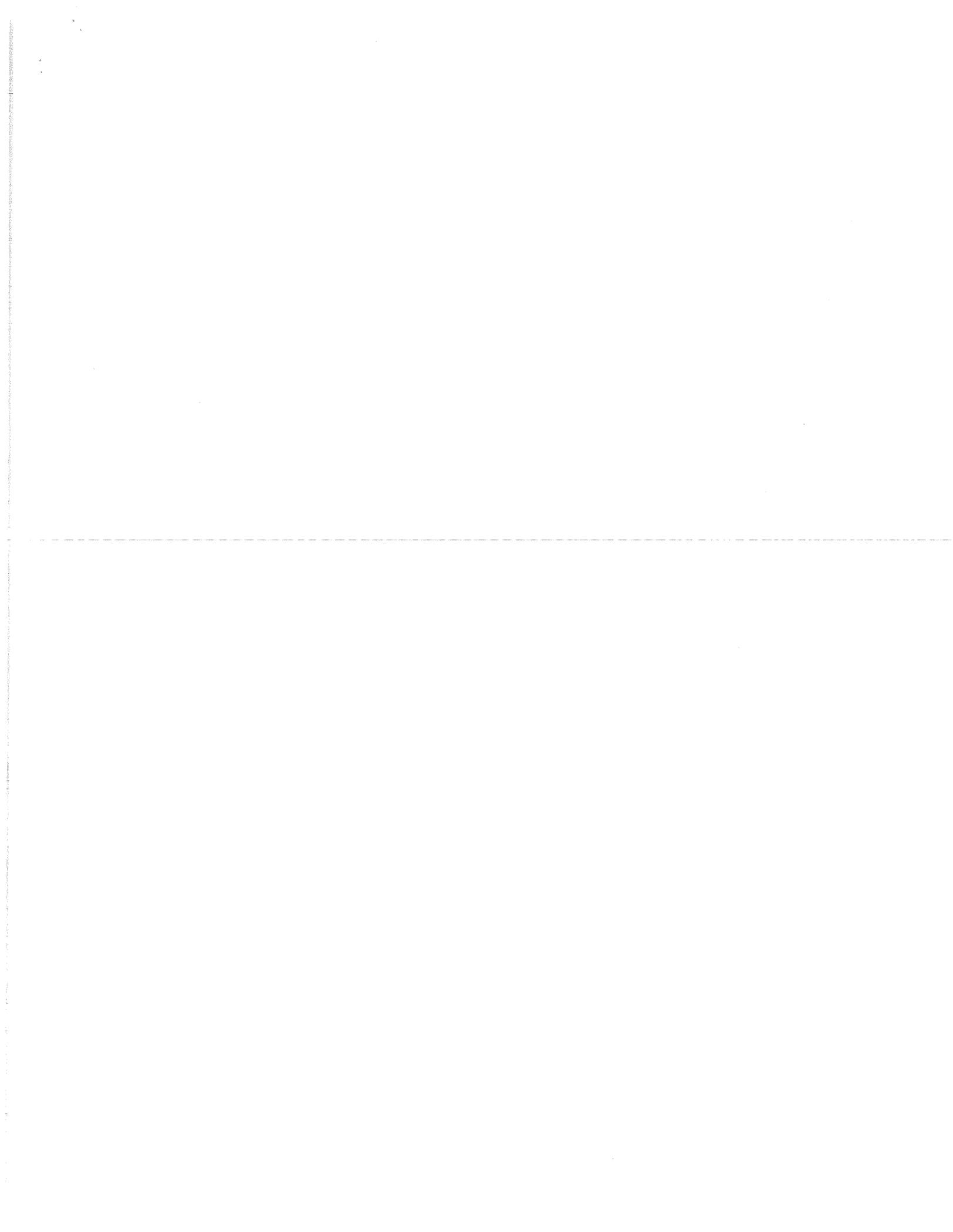
SCHEDULE E

1. Committee Name _____

2. ID #

3. Report Covering Period from: _____ thru _____

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											
a.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 20%;"> CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> </td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/>	DESCRIPTION		OCCUPATION	EMPLOYER				
NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/>										
DESCRIPTION											
OCCUPATION	EMPLOYER										
DESCRIPTION											
OCCUPATION	EMPLOYER										
b.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 20%;"> CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> </td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> <tr> <td colspan="2"> </td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/>	DESCRIPTION		OCCUPATION	EMPLOYER				
NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/>										
DESCRIPTION											
OCCUPATION	EMPLOYER										
DESCRIPTION											
OCCUPATION	EMPLOYER										
c.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 20%;"> CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> </td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> <tr> <td colspan="2"> </td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/>	DESCRIPTION		OCCUPATION	EMPLOYER				
NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/>										
DESCRIPTION											
OCCUPATION	EMPLOYER										
DESCRIPTION											
OCCUPATION	EMPLOYER										
d.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 20%;"> CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> </td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> <tr> <td colspan="2"> </td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/>	DESCRIPTION		OCCUPATION	EMPLOYER				
NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/>										
DESCRIPTION											
OCCUPATION	EMPLOYER										
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 _____

2. ID#

3. Report Covering Period from: _____ thru _____

	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS	DATE RECEIVED	AMOUNT OF THE RECEIPT
4.	NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED		
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		
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]		

OFFSETS TO CONTRIBUTIONS RECEIVED*

SCHEDULE F-2

1. Committee Name _____

2. ID #

3. Report Covering Period from: _____ thru _____

	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		
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 _____

	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				
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]				