



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

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Primary Election – August 29, 2017
 General Election – November 7, 2017

17 JAN 18 P3:22

NAME OF COMMITTEE FILING REPORT

For SAHBA PAC Issues Fund OFFICE OF THE CITY CLERK
 (Name of Political Committee)
 for _____ who is a candidate for the office
 (Name of Candidate, when applicable)
 of _____ Political Party _____ ID # 85-DIO-CT

- ☐ Political Committee Statement of Organization # _____ ☐ Original or
☐ Request for Public Matching Funds Contract# _____ (PMF Candidates Only) ☐ Amended

CAMPAIGN FINANCE REPORT:

- ☐ a. Statement Establishing Eligibility – **PMF Candidates Only**
- ☒ b. Quarterly City/State Campaign Finance Report (Filed on or before January 15, 2017) **SUNDAY**
- ☐ c. Quarterly City/State Campaign Finance Report (Filed on or before April 15, 2017) **SATURDAY**
- ☐ d. Quarterly City/State Campaign Finance Report (Filed on or before July 15, 2017) **SATURDAY**
- ☐ e. City/State Pre – Primary Report (Filed on or before August 19, 2017) **SATURDAY**
- ☐ f. City Post – Primary Report (Filed on or before September 8, 2017) – **PMF Candidates Only**
- ☐ g. State Post – Primary Election Report (Filed on or before October 15, 2017) **SUNDAY**
- ☐ h. City/State Pre – General Election Report (Filed on or before October 28, 2017) **SATURDAY**
- ☐ i. City Post – General Election Report (Filed on or before November 17, 2017) – **PMF Candidates Only**
- ☐ j. State Post – General Election Report (Filed on or before January 15, 2018)
- ☐ k. Termination Statement (Filed on or before March 13, 2018) – **PMF Candidates Only**
must include Final report if not previously filed
- ☐ Political Committee No Activity Statement (Report date of: _____)
- ☒ Other Late fee (\$10/day x 3 days) = \$30.00

Sharon Lee
 Signature Deputy City Clerk

Date: 1/18/17



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

For Office Use Only

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**OFFICE OF THE
CITY CLERK**

3. ID#

85-010-CT

1. **SAHBA PAC Issues**
Full Name of Committee
2840 N. Lounaty Club Rd
Address
Tucson 85716 520-795-5114
City Zip Code Phone Number
2. Sponsoring Organization and Office
Name of Candidate and Office Sought (if applicable)
info@ Sahba.org 520-326-8665
E-Mail Address Fax #

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

FILING DEADLINE

- ☐ January 31 Report – For Period of
November 26, 2013 through December 31, 2014 *February 2, 2015
- ☐ June 30 Report – For Period of
January 1, 2015 through May 31, 2015 June 30, 2015
- ☐ Pre-Primary Election Report – For Period of
June 1, 2015 through August 13, 2015 August 21, 2015
- ☐ Post-Primary Election Report – For Period of
August 14, 2015 through September 14, 2015 September 24, 2015
- ☐ Pre-General Election Report – For Period of
September 15, 2015 through October 22, 2015 October 30, 2015
- ☐ Post-General Election Report – For Period of
October 23, 2015 through November 23, 2015 December 3, 2015
- ☒ January 31, 2017 Report – For Period of
November 24, 2015 through December 31, 2016 January 31, 2017

| 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) | | 8161.02 |
| 5b Cash on Hand at Beginning of this Reporting Period | 13,640.03 | |
| 5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8) | 4455.- | 23,180.- |
| 5d Subtotal (add Lines [b] and [c] for Column A and add lines [a] and [c] for Column B) | 18,095.03 | 31,341.02 |
| 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) | 7900.- | 21,145.99 |
| 7. Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d - Column A must equal Column B) | 10,195.03 | 10,195.03 |

*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.

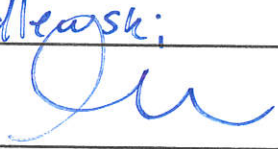
DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

1. Committee Name SAHBA PAC Issues

3. ID# 85-010-CT

2. Report Covering Period From 11.24.15

Thru 12.31.14

| 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) | | 465 - | 465 - |
| (b) Individuals - aggregate \$50 or less (Total from Schedule A-1) | | 3990 - | 22,715 - |
| (c) Political Committees (Total from Schedule B) | | | |
| (d) Subtotal Contributions [add 4(a), 4(b) and 4(c)] | | 4455 - | 23,180 - |
| (e) Refund of Contributions (Total from Schedule F-2) | | | |
| (f) Total contributions Other than Loans and In-kind [subtract 4(e) from 4(d)] | | 4455 - | 23,180 - |
| 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) | | | |
| 8. TOTAL Receipts [add 4(f), 5(c), 6, and 7] | | 4455 - | 23,180 - |
| DISBURSEMENTS | | | |
| 9. Expenditures for Operating Expenses (Total from Schedule D) | | 1900 - | 7445.99 |
| 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) | | 3500 - | 11,200 - |
| 15. Any other disbursement (Total from Schedule D-7) | | 5000 - | 5000 - |
| 16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15] | | 10,400 - | 23,645.99 |
| 17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3) | | 2500 - | 2500 - |
| 18. TOTAL disbursements [subtract line 17 from line 16] | | 7900 - | 21,145.99 |
| 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 | | David Godlewski | |
| Signature of Treasurer or Candidate or Designating Individual: | |  | |
| | | Date <u>11/17/17</u> | |

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REV 4/12

CONTRIBUTIONS FROM INDIVIDUALS*
(More than \$50)*

SCHEDULE A

1. Committee Name SAHBA PAC Issues 3. ID # 85-010-CT
2. Report Covering Period from 11.24.15 thru 12.31.16

| CONTRIBUTIONS | | DATE RECEIVED | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|---|---|---------------|-----------------------------|--|
| NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR | | | | |
| a. | <div>LAST <u>Storm</u> FIRST <u>Priscilla</u> MI</div> <div>STREET ADDRESS <u>13645 W. Sagebrush Rd</u></div> <div>CITY <u>Marana</u> STATE <u>AZ</u> ZIP <u>85653</u></div> <div>OCCUPATION _____ EMPLOYER _____</div> | 1.25.16 | 365- | 365- |
| b. | <div>LAST <u>Done</u> FIRST <u>Lyra</u> MI</div> <div>STREET ADDRESS <u>1554 W. Carmel Pointe Dr</u></div> <div>CITY <u>Oro Valley</u> STATE <u>AZ</u> ZIP <u>85737</u></div> <div>OCCUPATION <u>Realtor</u> EMPLOYER <u>self</u></div> | 2.16.16 | 100- | 100- |
| c. | <div>LAST _____ FIRST _____ MI</div> <div>STREET ADDRESS _____</div> <div>CITY _____ STATE _____ ZIP _____</div> <div>OCCUPATION _____ EMPLOYER _____</div> | | | |
| d. | <div>LAST _____ FIRST _____ MI</div> <div>STREET ADDRESS _____</div> <div>CITY _____ STATE _____ ZIP _____</div> <div>OCCUPATION _____ EMPLOYER _____</div> | | | |
| e. | <div>LAST _____ FIRST _____ MI</div> <div>STREET ADDRESS _____</div> <div>CITY _____ STATE _____ ZIP _____</div> <div>OCCUPATION _____ EMPLOYER _____</div> | | | |
| 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] | | 465- | |

*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 SAHBA PAC Issues 3. ID # 85-010-CT
2. Report Covering Period from 11.24.15 thru 12.31.16
4. Aggregate Total of Contributions of \$50 or Less

| Description | Amount Received This Period | | Cumulative Total This Campaign To Date |
|---|-----------------------------|---|--|
| Contributions from individuals | 3990- | | 22,715- |
| 5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4 (b), Column A] | 3990- | 6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B] | 22,715- |

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

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name SAHBA PAC Issues2. ID# 85-010-CT3. Report Covering Period from: 11.24.15 thru 12.31.16

| 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>VoterVoice LLC</u> <u>Po Box 82130</u> <u>Baton Rouge LA 70884</u> | <u>3.11.16</u> | <u>1500 -</u> |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Grassroots Advocacy System</u> | CHECK # <u>1814</u> | |
| b. | NAME, ADDRESS, CITY, STATE AND ZIP <u>AZ Dept of Revenue</u> <u>PO Box 29079</u> <u>Phoenix AZ 85038-9079</u> | <u>3.11.16</u> | <u>50 -</u> |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>State tanks</u> | CHECK # <u>1815</u> | |
| c. | NAME, ADDRESS, CITY, STATE AND ZIP <u>HBL CPA'S PC</u> <u>5656 E Grant Rd #200</u> <u>Tucson AZ 85712</u> | <u>3.28.16</u> | <u>350 -</u> |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Prep 2015 Corp Tax Return</u> | CHECK # <u>1816</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>1900 -</u> |

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

OFFSETS TO OPERATING EXPENSES*

SCHEDULE D-3

1. Committee Name SAHBA PAC Issues

2. ID# 85-010-CT

3. Report Covering Period from: 11.24.15 thru 12.31.16

| REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES | | DATE REFUND RECEIVED | AMOUNT OF THE REFUND |
|--|---|----------------------------|----------------------------|
| NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED | | | |
| a. | NAME, ADDRESS, CITY, STATE AND ZIP <u>YES on Pima County Bonds</u> <u>PO Box 32324</u> <u>Tucson, AZ 85751</u> | <u>2.3.16</u> | <u>2500 -</u> |
| | DESCRIPTION OF REFUND <u>new cashed check issued on 10.8.15</u> <u>check was voided</u> | | |
| 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] | | <u>2500 -</u> |

* Includes return of contributions made by reporting committee.

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

1. Committee Name SAHBA PAC Issues 2. ID# 85-010-CT
 3. Report Covering Period from 11.24.15 thru 12.31.16

| 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# <u>TUSD Kids First</u> ID 023-2016 <u>3661 N. Campbell Ave #442</u> <u>Tucson, AZ 85719</u> | <u>9.6.16</u> | <u>2500 -</u> |
| b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# <u>YES for Sahuarita Schools</u> ID 16-1702429 <u>Po Box 1062</u> <u>Sahuarita, AZ 85629</u> | <u>10.12.16</u> | <u>500 -</u> |
| c. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# <u>Leap Ahead for Amphie Schools</u> ID 201-2004 <u>Po Box 37108</u> <u>Tucson, AZ 85740-7108</u> | <u>10.12.16</u> | <u>500 -</u> |
| 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] | | | <u>3500 -</u> |

ANY OTHER DISBURSEMENTS

SCHEDULE D-7

1. Committee Name SAHBA PAC Issues

2. ID# 85-010-CT

3. Report Covering Period from 11.24.15 thru 12.31.14

| ANY OTHER DISBURSEMENTS | | DATE | AMOUNT |
|--|--|-------------------|---------------------|
| NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION | | DISBURSEMENT MADE | OF THE DISBURSEMENT |
| a. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# <u>AZ GOP</u> <u>3501 N. 24th St</u> <u>Phoenix, AZ 85014</u> | <u>10.25.14</u> | <u>5000 -</u> |
| | DESCRIPTION <u>Support for political activities</u> | | |
| 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] | | | <u>5000 -</u> |