

**POLITICAL COMMITTEE**  
**CITY/TOWN OF APACHE JUNCTION**  
**CAMPAIGN FINANCE REPORT**  
**2013 March/May Regular Election**

FOR OFFICE USE ONLY

CITY OF APACHE JUNCTION  
 CITY CLERK  
 300 E SUPERSTITION BLVD.  
 APACHE JUNCTION, AZ. 85119

1. Gail A. Evans City Council  
Full Name of Committee  
1434 N. Cortez  
Address  
Apache Jtc Az 85119 Pinal 888-342-480  
City ZIP Code County Phone  
 2. Gail Evans for City Council  
Sponsoring Organization or Candidate and office  
Gail Evans City Council  
Name of Candidate and Office Sought (if applicable)  
gailtheaevans@hotmail.com 888-342-6901  
E-Mail Address Fax #

3A. ID#  
COM-6-12

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

- January 31 Report - For Period of June 7, 2011 thru December 31, 2012 ..... January 1, 2013 and January 31, 2013
- Pre-Primary Election Report - For Period of January 1, 2013 thru February 28, 2013 ..... March 1, 2013 and March 8, 2013
- Post-Primary Election Report - For Period of March 1, 2013 thru April 1, 2013 ..... April 2, 2013 and April 14, 2013
- Pre-General Election Report - For Period of April 2, 2013 thru May 9, 2013 ..... May 10, 2013 and May 17, 2013
- Post-General Election Report - For Period of May 10, 2013 thru June 10, 2013 ..... June 11, 2013 and June 20, 2013
- \*\*January 31 Report - For Period of June 11, 2013 thru December 31, 2014 ..... January 1, 2015 and January 31, 2015

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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)		1617.62
5b Cash on Hand at the Beginning of this Reporting Period	1617.62	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	/	/
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	/	/
6a Total Debts and Obligations from Previous Campaign Committee at Beginning of this Election Period (or at time Statement of Organization was filed for the new committee) [Do not add or subtract this line from the other lines]		400.00
6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	/	400.00
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	/	1217.62

\*Insert date which is 21 days after date of last election (A.R.S. §15-913).  
 \*\*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: Gail Evans for City Council  
 3. Report covering period from 5-10 Thru 6-10-13

2. ID#

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)		
(c) Political Committees (Total from Schedule B)		
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]		
(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)		
8. Total Receipts [add 4(f), 5(c), 6, and 7]		
<b>DISBURSEMENTS</b>		
9. Expenditures for operating expenses (Total from Schedule D)		
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]		400.00
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. Total disbursements [subtract line 17 from line 16]		
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)		

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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.

Gail A. Evans

Type or Print Name of Treasurer

Gail Evans

Signature of Treasurer or Candidate or Designating Individual

Date

7-3-13

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

**SCHEDULE A**

1. Committee Name Gail A. Evens for City Council

2. ID# COM-6-12

3. Report covering period from 5-10

thru 6-10-13

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 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(z), Column A]			

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\*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

*Paul Pons for City Council*

2. ID #

*COM-6-12*

3. Report covering period from

*5-10-13*

thru

*6-10-13*

**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 contributor's name and address on Schedule A, do not include them on this schedule.

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**CONTRIBUTIONS FROM POLITICAL COMMITTEES**

**SCHEDULE B**

1. Committee Name Paul Ward City Council 2. ID # COM-6-12  
 3. Report covering period from 5-10-13 thru 6-10-13

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		
	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)			

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**CANDIDATE LOANS**

**SCHEDULE C**

1. Committee Name <i>Neil A. Constable, Council</i>		2. ID # <i>COM-6-12</i>	
3. Report covering period from <i>5-10-13</i> thru <i>10-10-13</i>			
<b>4. LOANS MADE OR GUARANTEED BY CANDIDATE</b>		<b>DATE RECEIVED</b>	<b>AMOUNT RECEIVED</b>
NAME AND ADDRESS FROM WHOM RECEIVED			<b>CUMULATIVE TOTAL THIS CAMPAIGN TO DATE</b>
<b>4a.</b>	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION		
<b>b.</b>	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION		
<b>c.</b>	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION		
<b>d.</b>	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION		
<b>e.</b>	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION		
<b>f.</b>	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION		
<b>5. ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C</b> [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A]			

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**OTHER LOANS**

**SCHEDULE C1**

1. Committee Name

*Paul A. Coars for City Council*

2. ID#

*com-6-12*

3. Report covering period from

*5-10-13*

thru

*6-10-13*

4 ALL OTHER LOANS			
	NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.	DATE LOAN RECEIVED	AMOUNT 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]		

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**EXPENDITURES FOR OPERATING EXPENSES\***

**SCHEDULE D**

1. Committee Name

*Joint. Ward City Council*

2. ID#

*COM-6-12*

3. Report covering period from

*5-10-13*

thru

*6-10-13*

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  DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
b.	NAME, ADDRESS, CITY, STATE AND ZIP  DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
c.	NAME, ADDRESS, CITY, STATE AND ZIP  DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
d.	NAME, ADDRESS, CITY, STATE AND ZIP  DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
e.	NAME, ADDRESS, CITY, STATE AND ZIP  DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
f.	NAME, ADDRESS, CITY, STATE AND ZIP  DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
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)		

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

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

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**INDEPENDENT EXPENDITURES\***

**SCHEDULE D-1**

1. Committee Name

*Gay A. Evans for Let's Renewal*

2. ID #

*com-6-12*

3. Report covering period from

*5-10-13*

thru

*6-10-13*

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		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted <input type="checkbox"/> Opposed <input type="checkbox"/>		
	CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted <input type="checkbox"/> Opposed <input type="checkbox"/>		
	CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted <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)		

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\*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**

1. Committee Name

*Full Authority Council*

2. ID#

*COM-6-12*

3. Report covering period from

*5-10-13*

thru

*6-10-13*

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#		
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#		
i.	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)		

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**OFFSETS TO OPERATING EXPENSES \***

**SCHEDULE D-3**

1. Committee Name

*Will County Council*

2. ID #

*com-6-12*

3. Report covering period from

*5-10-13*

thru

*6-10-13*

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		
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

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**REPAYMENT OF CANDIDATE LOANS**

**SCHEDULE D-4**

1. Committee Name

*Paul A. Owens for City Council*

2. ID#

*COM-6-12*

3. Report covering period from

*5-10-13*

thru

*6-10-13*

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		
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 Detail Summary Page, Line 13(a), Column A]		

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**REPAYMENT OF ALL OTHER LOANS**

**SCHEDULE D-5**

1. Committee Name City of Glendale City Council  
 3. Report covering period from 5-18-13 thru 6-10-13

2. ID# COM-6-12

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
4a.	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)		

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**TRANSFERS TO OTHER POLITICAL COMMITTEES**

**SCHEDULE D-6**

1. Committee Name

*Paul A. Gilens for City Council*

2 ID#

*COM-6-12*

3. Report covering period from

*5-10-17*

thru

*6-10-17*

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#		
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 [Transfer total to Detailed Summary Page, Line 14, Column A]		

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**ANY OTHER DISBURSEMENT**

**SCHEDULE D-7**

1. Committee Name Gail Evans for City Council

2. ID# COM-6-12

3. Report covering period from May 10 thru June 10

ANY OTHER DISBURSEMENTS		DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION			
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# <u>City of Apache Ste</u> <u>200 N. Idaho Rd AJ, AZ</u> DESCRIPTION <u>Late fee</u>	<u>6/7/13</u>	<u>400.00</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		

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 (Transfer total to Detailed Summary Page Line 15 Column A)

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**IN-KIND CONTRIBUTIONS and EXPENDITURES**

**SCHEDULE E**

1. Committee Name, Paul O. Evans for City Council

2. ID # COM-12-12

3. Report covering period from 5-10-13 thru 6-10-13

4		DATE	FAIR MARKET VALUE
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			
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> DESCRIPTION OCCUPATION EMPLOYER		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> DESCRIPTION OCCUPATION EMPLOYER		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# CONTRIBUTION <input checked="" type="checkbox"/> EXPENDITURE <input type="checkbox"/> DESCRIPTION OCCUPATION EMPLOYER		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/> 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 EXPENDITURES ONLY IF LAST PAGE OF SCHEDULE E (If last page of Schedule E, transfer total to Detailed Summary Page Line 11, Column A)		

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**DIVIDENDS, INTEREST, AND OTHER RECEIPTS**

**SCHEDULE F-1**

1. Committee Name Paul A. Garsfor City Council 2. ID# COM-6-12  
 3. Report covering period from 5-10-13 thru 6-10-13

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			
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)				

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 CITY OF SHERMAN DEPT.  
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 CITY OF ARMOCKE JUNCTION

**OFFSETS TO CONTRIBUTIONS RECEIVED \***

**SCHEDULE F-2**

1. Committee Name

*Paul Evans City Council*

2. ID#

*COM-6-12*

3. Report covering period from

*5-10-13*

thru

*6-10-13*

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		
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

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**DEBTS AND OBLIGATIONS (Excluding Loans)**

**SCHEDULE F-3**

1. Committee Name Debt Transfer City Council  
 3. Report covering period from 5-10-13 thru 6-10-13

2. ID# COM-6-12

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					
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					
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]					

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