POLITICAL COMMITTEE

CITY OF

1.

2.

CAMPAIGN FINANCE REPORT

2016 August/November Regular Election

FOR OFFICE USE ONLY

RECEIVED

AUG 2 3 2016

	u = 0 E010
Michael Hughes for Mayor of Payson Address Der W. Roundur 85541 Gila 928-978-4495	TOWN CLERK TOWN OF PAYSON
City ZIP Code County Phone	
City County Friend	
	3A. ID#
Sponsoring Organization or Candidate and office Mrchal Herosea Mayor of Page Name of Candidate and Office Spright (if applicable) M. Charle M. Minay 405 re. Com Fax #	12-0-04

4.	REPC	DRTING PERIOD (Please check appropriate box) DUE BETWEEN
		January 31 Report - For Period of* thru December 31, 2015
		June 30 Report - For Period of January 1, 2016 thru May 31, 2016
		Pre-Primary Election Report - For Period of June 1, 2016 thru August 18, 2016
		Post-Primary Election Report - For Period of August 19, 2016 thru September 19, 2016
		Pre-General Election Report - For Period of September 20, 2016 thru October 27, 2016
		Post-General Election Report - For Period of October 28, 2016 thru November 28, 2016
		**January 31, Report - For Period of November 29, 2016 thru December 31, 2017

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	8203	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	\$3,330	3,530
5d	Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	3530	3,530
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]		9
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	2,757,60	2,757.60
7.	Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	#772.40	# 772.40

^{*}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

DETAILED SUMMARY PAGE		Page 2			
OF RECEIPTS AND DISBURSEMENTS	2. ID# 12	C-04			
1. Committee Name: Michael Huyles Por Mayor of Pays	in A PI	imary			
3. Report covering period from 6-1-16 Thru F 18-76	G	eneral			
RECEIPTS	COLUMN A	COLLINALD			
RECEIF 19	THIS PERIOD	COLUMN B CAMPAIGN TO DATE			
4. Contributions other than loans and in-kind:					
(a) Individuals - more than \$50 (Total from Schedule A)	1485	1485			
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)	345	345			
(c) Political Committees (Total from Schedule B)					
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	1830	1830			
(e) Refund of contributions (Total from Schedule F-2)	6				
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	1830	1830			
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	1,500	1200			
(b) All other loans (Total from Schedule C-1)					
(c) Total Loans [add 5(a) and 5(b)]	1,500	1700			
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]	3,330	3,530			
	7	,			
DISBURSEMENTS					
9. Expenditures for operating expenses (Total from Schedule D)	2,757.60	2757.60			
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]	2,75760	2757.60			
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		1			
18. Total disbursements [subtract line 17 from line 16]	2,757,60	2.752			
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)					
20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to complete.	the best of my knowledge ar	d belief it is true and			
Michael Huches					
Type or Print Name of Treasurer					
1/2018/1/	8-17-1	(G			
Signature of Treasurer or Candidate Designating Individual Date	te				

SCHEDULE A

2. ID# 12-C-04

Primary

3. Report covering period from 67-16 mm 8-16-16 4. CONTRIBUTIONS RECEIVED RECEIVED TOTAL THIS TOTAL THIS THIS TOTAL THIS TOTAL THIS TOTAL THIS TOTAL THIS TOTAL THIS TOTAL THIS THIS TOTAL THIS TOTAL THIS THIS TOTAL THIS THIS TOTAL THIS THIS TOTAL THIS THIS THIS TOTAL THIS THIS THIS THIS THIS THIS THIS THIS		1. Committee Name Michael Heyhor For Mayor of	Passa		
NAME ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR 4. NAST FIRST MI CONTROL S SHEET ADDRESS STREET ADDRES		6-1-11	hru8-18-	/6	
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR THIS PERIOD CANTAL MAD WIlliam + Marilym STREET ACCRESS (101 S. SATUMAN PORTION - MILLIAM STREET ACCRESS (101 S. SATUMAN PORTION - MILLIAM STREET ACCRESS (101 S. SATUMAN PORTION - MILLIAM STATE COT PORTION COUNTY ON EMPLOYER COT STATE FREST AND STATE COT STATE C	4	CONTRIBUTIONS			
Cost/k man William + Marilyan STREET ADDRESS IND S. Schrift Street CITY Payson A BENELOVER Red Ived D. LAST Connell Sa M. STREET ADDRESS STREET ADDRESS COUNCY Presson EMPLOYER COUNCY Presson Rayon COUNCY Presson COUNCY		NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR	T RECEIVED	THIS	CAMPAIGN
CPY ASS. OCCUPATION B. LAST CONNELL SOL STATE STATE CONNELL SOL STATE CONNELL SOL STATE CONNELL SOL STATE CONNELL SOL COUNTY STATE COUNTY STAT	4a.	2	6-7-16	\$50 =	
D. LAST CONNELL Su STREET ADDRESS COUGHTON COUNTY PRIST CITY PAISY COUGHTON COUGHTON COUGHTON COUNTY PRIST CITY PAISY COUGHTON EMPLOYER CITY STATE CITY STATE CITY STATE COUGHTON COUGHTON EMPLOYER CITY COUGHTON EMPLOYER CITY COUGHTON COUGHTON EMPLOYER COUGHTON COUGHTON COUGHTON EMPLOYER COUGHTON COUGHTON COUGHTON COUGHTON COUGHTON COUGHTON COUGHTON COUGHTON COUGHTON STATE COUGHTON		CITY STATE ZIP	_		
STREET ADDRESS SOT S. Green Palme Cir CITY Page COUNCY Present COUNCY Present COUNCY Present COUNCY Present COUNCY Present STREET ADDRESS 269 S Conj for Br. CITY COCCOPATION CITY STATE SPSY11 OCCOPATION CITY STATE SPSY11 COCCOPATION CITY STATE SPSY11 STREET ADDRESS CITY STATE SPSY11 STREET ADDRESS CITY STATE SPSY11 CITY STATE SPSY11 STATE SPSY11 CITY STATE SPSY11 CI		OCCUPATION . EMPLOYER			
CITY STATE S	b.	Connell Sa M.			
CCUPATION C. LAST FIRST MI STREET ADDRESS 269 S Conj for Br. CITY STATE STREET ADDRESS OCCUPATION EMPLOYER 6/23 4/00. — 6/23 4/00. — 6/23 4/00. — 6/23 4/00. — 6/23 4/00. — 6/23 4/00. — 6/23 4/00. — 6/23 4/00. — 6/23 4/00. — 6/23 4/00. — 6/23 4/00. — 6/23 4/00. — 6/23 6/23 4/00. — 6/23 6/23 6/23 4/00. — 6/23	•	CITY STATE ZIP	6-7-16	\$ 100,-	
STREET ADDRESS 269 S Conj for Br. CITY Prys. OCCUPATION DEMPLOYER		OCCUPATION EMPLOYER			
CITY STATE ZIP PLYST AL SSS-411 OCCOPATION EMPLOYER DEMPLOYER MI STREET ADDRESS GITY W Charthom CITY STATE ZIP Pagar As SS541 OCCOPATION EMPLOYER Baskes EMPLOYER Baskes EMPLOYER Baskes EMPLOYER Baskes A 100 I 100 EMPLOYER Baskes EMPLOYER Baskes A 100 EMPLOYER Baskes EMPLOYER Baskes A 100 EMPLOYER Baskes EMPLOYER Baskes EMPLOYER Baskes EMPLOYER Baskes EMPLOYER Baskes EMPLOYER	c.	Dane Place 1 as coli Anne P			
d. LAST FIRST MI Raddatz Walter F STREET ADDRESS GITY W Charthom CITY STATE ZIP Pager As SSSUI OCCUPATION EMPLOYER Basks EMPLOYER MI Hall Martin STREET ADDRESS /OW W. Driftwood Dr CITY STATE ZIP Basks EMPLOYER Basks 1 OW. W. Driftwood Dr CITY STATE ZIP Pager A SSSUI OCCUPATION EMPLOYER EMPLOYER STATE ZIP Pager A SSSUI OCCUPATION EMPLOYER EMPLOYER STATE ZIP Pager A SSSUI OCCUPATION EMPLOYER STATE ZIP Pager A SSSUI OCCUPATION EMPLOYER 5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed		CITY STATE ZIP	6/14	X 40	
Raddatz Walter STREET ADDRESS GITY STATE ZIP CITY STATE ZIP OCCUPATION LAST FIRST MI STREET ADDRESS IOND W. Driffword Dr CITY STATE ZIP CITY STATE ZIP ABOUT STATE ZIP OCCUPATION STATE ZIP OCCUPATION CITY STATE ZIP OCCUPATION COOPPATION SEMPLOYER EMPLOYER SEL ZIP OCCUPATION EMPLOYER SEL ZIP OCCUPATION EMPLOYER 5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed		/ =	_		
CITY STATE ZIP STATE ZIP STATE STATE COCHATION EMPLOYER Baskes E. LAST STREET ADDRESS CITY CITY Page OCCUPATION STATE EMPLOYER Baskes 8 /00,2 8 /00,2 EMPLOYER EMPLOYER STATE ZIP Page OCCUPATION EMPLOYER 5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed	d.	Raddatz Walter F		4100 =	
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E. LAST Hull Martin STREET ADDRESS /ON W. Driftwood Dr CITY STATE Page OCOUPATION COUPATION EMPLOYER 5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed		OCCUPATION EMPLOYED			
STREET ADDRESS CON W. Dr. H. Wrod Dr. CITY STATE ZIP PAGAL M. 85541 OCOUPATION EMPLOYER 5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed	е.	LAST FIRST MI			
OCOUPATION Self EMPLOYER 5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed		1000 w. Driftwood Dr	183	\$ 100,2	
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]		Paga A 85541 OCOUPATION D 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]			

SCHEDULE A

2. ID# 12-C-04 Primary

	1. Committee Name Michael Hughes for Mayor of	Gener	al 	
	Committee Name 1 1 Clubble 1 Flugger Toy 17 (1) Of Report covering period from 6 1 1 6 thn	6-10-1	4	
4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS	CUMULATIVE TOTAL THIS
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR		PERIOD	CAMPAIGN TO DATE
4a.	Kort Garry + Debora 4			
		6/	AT SECTION OF THE PARTY OF THE	
	P-0, Box 2295 CITY_ STATE ZIP	6/24		
٠	Paysu & 85841		150.	,
	occupation EMPLOYER ERA			
b.		11		
	STREET ADDRESS	6/24	\$ 25.2	
	STREET ADDRESS LIOT PLET BY CITY STATE FIRST MI J STREET ADDRESS LIOT STATE ZIP			
	STATE ZIP			
	occupation EMPLOYER			
C.	LAST FIRST MI			
	EV-ans King J STREET ADDRESS	61	A 1000 10	
		124	8/01.2	
	CITY STATE ZIP			
	OCCUPATION EMPLOYER			
d.	Marking and Analy			
	STREET ADDRESS	1/011	950.00	
	753 N. Mountain View Road	6/24		
	Star Valley AZ 85541			
	OCCUPATION EMPLOYER			
е.	FALKARY JOSEPH + Sharon			
	STREET ADDRESS	6/24	\$100.00	
	612 E. Coronado Way STATE ZIP	10/09		
	Payson AZ 85041			
	OCCUPATION EMPLOYER		\$325.00	

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]

SCHEDULE A

2. ID# 12 - C - O \(\forall \)
A Primary

	1. Committee Name MICHALL HUGHLS FOR MOLYON OF P	Mozyd		
	3. Report covering period from 6-1-76 thr		16	
4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR		THIS PERIOD	CAMPAIGN TO DATE
4a.	LAST Bates Paul MI	, ,		
	STREET ADDRESS PO BOX 1945 CITY STATE ZIP	6/24/16	# (W,D)	
	POSON AZ 85541 OCCUPATION ROW FOR ERA			
b.	LAST A MI	6/24/16	\$100.0°	
	CITY PAYSON AT 8554	10704 1110		
c.	STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS SO2 N. My Herhorn Rd CITY STATE POLYSON AZ S5541 CCCUPATION EMPLOYER	6/24/16	\$150.00	
d.	STREET ADDRESS OCCUPATION FIRST Mentel + Herman FIRST Mentel + Herman STATE STATE EMPLOYER EMPLOYER	6/24/16	* 30.00	
e.	STERNER SANGU STREET ADDRESS LU39 W RIMWIGW M CITY STATE ZIP PAYSON AT EMPLOYER	ठीठ५116	5 (4 <u>ce</u>	
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]			

SCHEDULE A

12-6-04

Primary

	1. Committee Name Michael Hughes for Mayor of t	() (45)	Genera	11
	, , , , , ,	6-18-1	ζ.	
т	3. Report covering period from 67-16 thr		Z	
4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR		THIS PERIOD	CAMPAIGN TO DATE
4a.	LAST FIRST MI			
	STREET ADDRESS	7.	#20 cm	
	16734 E Wesdly # 202	7/5/16	\$ 30	
	Fountain Hills A 55268	776		
Ì	OCCUPATION EMPLOYER			
ь.	LAST, FIRST MI			
•	Halverson Warren & Phyllis	11		
	STREET ADDRESS 11 M S. M d. View Dr	6/26	\$100.2	
	CITY) STATE ZIP	- 0		
	OCCUPATION EMPLOYER			
	OCCUPATION			
C.	WWSon John & San			
	STREET ADDRESS	81 9	8250,2	
	1005 S Corson City Ctr	1/4		
	CITY Pursu STATE STATE STATE	,		
	OCCUPATION EMPLOYER			
d.	LAST FIRST MI			
	OTDEET ADDRESS			
	STREET ADDRESS			
	CITY STATE ZIP			
	OCCUPATION EMPLOYER			-
	LAST FIRST MI			
e.	DAST TINGT			
	STREET ADDRESS			
	CITY STATE ZIP	1		
	OCCUPATION EMPLOYER	1		
	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(2), Column A]		14185	
				

CONTRIBUTIONS of \$50 or less - AGGREGATE TOTAL*

SCHEDULE A-1

	2. ID#	12-6-04
	1	Primary
1. Committee Name Michael Hyles by Mayor of Payson		General
	_	
3. Report covering period fromthru		

4. Aggregate Total of Contributions of \$50 or less

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
6-28 Fundraiser 6/28 Penate	#325= 20,2	
6/28 Penate	20,2	
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]	345	6. CUMMULATIVE 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.

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

2. ID:	f
	Primary
	General

	!	L	
			General
1. Committee Name			
Report covering period from	thru		
			

4		CONTRIBUTIONS	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS	
		IDENTITY OF CONTRIBUTOR AND DATE RECEIVED	THIS PERIOD	CAMPAIGN TO DATE	
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 Detailed Summary Page	F LAST PAGE OF SCHEDULE B [If last page of Schedule B, transfer total to b, Line 4(c), Column A]			

	CANDIDATE LOANS			S	CHEDULE C
1.	Committee Name		2.	ID#	
	40 1 1 11 1 1 Man at Pa	A SAN		Ø F	Primary
	Michael Huyles for Major of Pa				General
3.	Report covering period from 6 -/-/6 thru_	8-18-16			
4.	LOANS MADE OR GUARANTEED BY CANDIDATE	DATE RECEIVED		AMOUNT	CUMULATIVE
	NAME AND ADDRESS FROM WHOM RECEIVED	RECEIVED		RECEIVED	TOTAL THIS CAMPAIGN TO DATE
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP Alrolvel Hoyles			-	
	200 W Ronalys Payon & 85541	6-7-16	1	0000	
	DESCRIPTION LIOU TO CUMPA GE NAME, ADDRESS, CITY, STATE, AND ZIP				
b.	NAME, ADDRESS, CITY, STATE, AND ZIP Michael Guylog				
	DESCRIPTION Loan + Campaign	6-18-16	4	500	
c.	NAME, ADDRESS, CITY, STATE, AND ZIP				
	DESCRIPTION				
ď.	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 PA [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a),				

OTHER LOANS

SCHEDULE C1

2.	ID#	
		Primary
		General

		General			
1.	Committee Name				
3.	Report covering period fromthru	*			
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	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
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 Page, Line 5(a), Column A]	Detailed Summary			

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

12-6-09
Primary
General

1. Committee Name Michael Huyles For Major of Payson

3. Report covering period from 6-1-16 thru 8-18-16

4	EXPENDITURES	DATE	AMOUNT OF
	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	EXPENDITURE MADE	THE EXPENDITURE
4a.	NAME, ADDRESS, CITY, STATE AND ZIP Have - C/Gv/C DESCRIPTION OF ITEMS OR SERVICES PURCHASED	6/1	\$38.39
	Checks		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP VISTa Print	6/17	\$ 1,206.2
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED YOUR SIGHS & BUSINESS COUNTY	1	
4c.	NAME, ADDRESS, CITY, STATE AND ZIP		
	Wolmart	6/20	\$ 85. 89
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Supplies for Fundraiser NAME, ADDRESS, CITY, STATE AND ZIP		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP		
	Safeway	6/20	\$76.59
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Supplies for Fundrayser NAME, ADDRESS, CITY, STATE AND ZIP		
4e.	NAME, ADDRESS, CITY. STATE AND ZIP		
	Wolmart	1/24	\$ 78.10
	Supplies to Fundialise		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP		
	Sa few as DESCRIPTION OF ITEMS OR SERVICES PURCHASED	124	B34. 76
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Sapplies Hor Fundraiser		
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

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID#	12-C-04
X	Primary
	General

1. Committee Name Michael Heyles for Major of Payson

3. Report covering period from 6-1-16 thru 8-18-16

4	EXPENDITURES	DATE EXPENDITURE	AMOUNT OF
	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	MADE	THE EXPENDITURE
4a.	Safewy	924	\$ 19. 3 <u>6</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	124	
	Supplies for Fundraiser Name, Address, City, State and ZIP		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP		
	Dollar Tree	6/24	\$6.52
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Supplies for Fundruser	·	
4c.	NAME, ADDRESS, CITY, STATE AND ZIP		
	KM06-	7/12	g 720, 9
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP		
	KMOG	7/26	\$ 240.0
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP		
	Round up	7/21	# 138.81
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED NAME, ADDRESS, CITY, STATE AND ZIP		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP		
	Wolmard	7/11	\$ 20.27
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Supplies Hr Signs		
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

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

12-C-CY

Primary

	1. Committee Name Michael Heyles for Major of Payson	Gener	al
	3. Report covering period from 6-1-16 thru 8-18-1	6	
4	EXPENDITURES	DATE	AMOUNT OF
	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	EXPENDITURE MADE	THE EXPENDITURE
4a.	NAME, ADDRESS, CITY, STATE AND ZIP		
	KMOG	8/4	\$ 100.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED AIr Time on Radio		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP		
	Walmort	8/1	<#7.39>
	Credit bock on Sign Supplies		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		

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]

NAME, ADDRESS, CITY, STATE AND ZIP

DESCRIPTION OF ITEMS OR SERVICES PURCHASED

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

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

2. ID#

Report covering period fromthruthruthruthru		
INDEPENDENT EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
ENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED	WADE	CAPENDITORE
ME, ADDRESS, CITY, STATE AND ZIP		
RPOSE AND DESCRIPTION OF PURCHASE Penefitted Dipposed		
NDIDATE OFFICE SOUGHT YEAR OF ELECTION		
ME, ADDRESS, CITY, STATE AND ZIP		
RPOSE AND DESCRIPTION OF PURCHAS Benefitted Deposed NDIDATE OFFICE SOUGHT YEAR OF ELECTION		
NDIDALE OFFICE SOUGHT FEAR OF ELECTION		
ME, ADDRESS, CITY, STATE AND ZIP		
IRPOSE AND DESCRIPTION OF PURCHASI enefitted Dodosed NDIDATE OFFICE SOUGHT YEAR OF ELECTION		
NDBALE OFFICE SOUGHT YEAR OF ELECTION	ł	
		1

*SEE

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

AMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WITHIN THE LAST X MONTHS	AMOUNT
	ŀ

LOANS MADE BY REPORTING COMMITTEE

NAME, ADDRESS, CITY, STATE, ZIP, AND ID#

ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [Transfer total to Detail Summary Page Line 12, Column A]

SCHEDULE D-2

Primary

2. ID#

	1. Committee Name			Gener	al
	3. Report covering period fromthru				
4	LOANS MADE BY THE REPORTING COMMITTEE		DA.		AMOUNT
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE	LC	JAN I	MADE	OF THE LOAN
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#				

Pageof

OFFSETS TO OPERATING EXPENSES *

SCHEDULE D-3

2. ID#

	Pr	imary
1. Committee Name	Ge	eneral
3. Report covering period fromthru		
REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES	DATE REFUND	AMOUNT OF THE
NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED	RECEIVED	
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		
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND		
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND		
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND		
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		
		<u> </u>

Schedule D-3 Page___of ___

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

2. ID#

		Ц		Primar ———	у
	1. Committee Name			Genera	al
	3. Report covering period fromthru				
	REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE	F		ATE YMENT	AMOUNT OF THE
Ì	NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		M	ADE	REPAYMENT
а.	NAME, ADDRESS, CITY, STATE, AND ZIP				
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP				
4c.	NAME, ADDRESS, CITY, STATE. AND ZIP				
		<u> </u>			
4d.	NAME, ADDRESS, CITY, STATE, AND ZIP				
4e.	NAME, ADDRESS, CITY, STATE, AND ZIP				
4f.	NAME, ADDRESS, CITY, STATE, AND ZIP	1			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [Transfer total to Detail Summary Page, Line 13(a), Column A]				

Schedule D-4 Page____of ____

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

		2. 1D#	
			Primary
1. Committee Name			General
Report covering period from	thru		

			
4	REPAYEE		AMOUNT OF THE
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	MADE	REPAYMENT
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
		<u> </u>	
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#				
			Primary			
	1. Committee Name		General			
	3. Report covering period from thru	···.				
4	TRANSFERS MADE BY THE REPORTING COMMITTEE		TRANSF	ER	AMOUNT OF THE TRANSFER	
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE				110 1101 211	
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#					
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#					
4c.	NAME, ADDRESS, CITY, STAYE, ZIP AND ID#					
40.	NAME, ADDRESS, CITT, STATE, ZIF AND ID#					
		ŀ			:	
4d.	NAME, ADDRESS. CITY, STATE, ZIP AND ID#					
		ļ				
4e.	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]

NAME, ADDRESS, CITY, STATE, ZIP AND ID#

ANY OTHER DISBURSEMENT

SCHEDULE D-7

2. ID#

		Pr		Prim	ary
	1. Committee Name			Gene	eral
	3. Report covering period fromthru				
4.	ANY OTHER DISBURSEMENTS				AMOUNT OF THE DISBURSEMENT
-	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION	MADE			DISBURSEMENT
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]				

Page___of ___

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

		2. 10)#	
			Prir	mary
1. Committee Name			Ger	neral
3. Report covering period from	thru			
IN-KIND CONTRIBUTIONS and E.	XPENDITURES	D	ATE	FAIR MARKET VALUE

	Report covering period from	thruthru		
4	IN-KIND CONTRIBL	ITIONS and EXPENDITURES	DATE	FAIR MARKET VALUE
	NAME AND ADDRESS OF INDIVID POLITICAL COMMITTEE) FROM			
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 LAS Line 6, Column A]	T PAGE OF SCHEDULE E [If last page of Schedule E, transfer to	al to Detailed Summary Page	
6.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAS Line 11, Column A]	T PAGE OF SCHEDULE E [If last page of Schedule E, transfer to	tal to Detailed Summary Page	

Page	of
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DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

Primary

	1. Committee Name		G	eneral			
	3. Report covering period from thru	1					
4	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS		DATE AMOUNT		AMOUNT OF THE		
	NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED		CEIVED		RECEIPT		
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#			\dashv			
	DESCRIPTION OF RECEIPT	$\left\{ \right.$					
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	4	1			

OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F-2

Page____of ____

Primary

2. ID#

	1. Committee Name	General			al
	3. Report covering period fromthru				
4	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED		DATE REFUI		AMOUNT OF THE
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE		MADI	Ξ.	REFUND
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 !D#				
	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), Co	olumn Aj		

Includes return of contributions received by reporting committee

DEBTS AND OBLIGATIONS (Excluding Loans)

SCF		1.11	_ 1	
- 51 .F	1-11	l Ji	-	

2. ID#		

	1. Committee Name						
	3. Report covering period fromthru						
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		
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	·		11.1			
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#						
	DESCRIPTION OF DEBT						
5.	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]						