

POLITICAL COMMITTEE
CITY OF
CAMPAIGN FINANCE REPORT
2015 August/November Regular Election

FOR OFFICE USE ONLY

08-13-15 A10:56 IN

1. Camp Verde for Good Government
Full Name of Committee
P.O. Box 324
Address
CAMP Verde AZ 86322 YAVAPAI 928-821-3002
City ZIP Code County Phone

2. Sponsoring Organization or Candidate and office
Name of Candidate and Office Sought (if applicable)
myvote@vol.com
E-Mail Address Fax #

3A. ID#
PC-2015-02

4. REPORTING PERIOD (Please check appropriate box)

DUE BETWEEN

- January 31 Report - For Period of _____ * thru December 31, 2014 January 1, 2015 and February 2, 2015
- ~~June 30~~ June 30 Report - For Period of January 1, 2015 thru May 31, 2015 June 1, 2015 and June 30, 2015
- Pre-Primary Election Report - For Period of June 1, 2015 thru August 13, 2015 August 14, 2015 and August 21, 2015
- Post-Primary Election Report - For Period of August 14, 2015 thru September 14, 2015 September 15, 2015 and September 24, 2015
- Pre-General Election Report - For Period of September 15, 2015 thru October 22, 2015 October 23, 2015 and October 30, 2015
- Post-General Election Report - For Period of October 23, 2015 thru November 23, 2015 November 24, 2015 and December 3, 2015
- **January 31, Report - For Period of November 24, 2015 thru December 31, 2015 January 1, 2017 and January 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	32.81	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	32.81	
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]		32.81
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]		—
6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	32.81	32.81
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	- 0 -	- 0 -

*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.

CONTRIBUTIONS of \$50 or less - AGGREGATE TOTAL*

SCHEDULE A-1

2. ID# <u>PC-2015-02</u>	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Camp Verde for Good Government

3. Report covering period from Jan 6-1-15 thru 8-13-15

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
<u>Cheri Wischmeyer</u>	<u>\$32.81</u>	<u>32.81</u>	
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]	<u>32.81</u>	6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]	<u>32.81</u>

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

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID#	
<input type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name CAMP Verde for Good Government

3. Report covering period from _____ thru _____

4		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
EXPENDITURES			
NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE			
4a.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Office Max</u> <u>Cottonwood AZ</u>	<u>2-12-15</u>	<u>32 81</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Copies & Supplies</u>		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
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		
4f.	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