

**POLITICAL COMMITTEE**  
**CITY/TOWN OF Kingman**  
**CAMPAIGN FINANCE REPORT**  
**2014 August/November Regular Election**

FOR OFFICE USE ONLY

**RECEIVED**

AUG 25 2014

CITY OF KINGMAN

*JML*

1. mc-32  
Full Name of Committee  
 \_\_\_\_\_  
Address  
 \_\_\_\_\_  
Kingman 86401 Mohave \_\_\_\_\_  
City ZIP Code County Phone

2. Erin Cochran, Mayor  
Sponsoring Organization or Candidate and office  
Erin Cochran Mayor  
Name of Candidate and Office Sought (if applicable)

\_\_\_\_\_  
E-Mail Address Fax #

3A. ID# '14 AUG 25 15:40 48  
COC-14

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

January 31 Report - For Period of \_\_\_\_\_ \* thru December 31, 2013. \_\_\_\_\_ January 1, 2014 and January 31, 2014

June 30 Report - For Period of January 1, 2014 thru May 31, 2014. \_\_\_\_\_ June 1, 2014 and June 30, 2014

Pre-Primary Election Report - For Period of June 1, 2014 thru August 14, 2014. \_\_\_\_\_ August 15, 2014 and August 22, 2014

Post-Primary Election Report - For Period of August 15, 2014 thru September 15, 2014. \_\_\_\_\_ September 16, 2014 and September 25, 2014

Pre-General Election Report - For Period of September 16, 2014 thru October 23, 2014. \_\_\_\_\_ October 24, 2014 and October 31, 2014

Post-General Election Report - For Period of October 24, 2014 thru November 24, 2014. \_\_\_\_\_ November 25, 2014 and December 4, 2014

\*\*January 31, Report - For Period of November 25, 2014 thru December 31, 2015. \_\_\_\_\_ January 1, 2016 and January 31, 2016

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	50	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	709 <sup>28</sup>	759 <sup>28</sup>
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	759 <sup>28</sup>	759 <sup>28</sup>
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)	13 <sup>00</sup>	13 <sup>00</sup>
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	746 <sup>28</sup>	746 <sup>28</sup>

\*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.

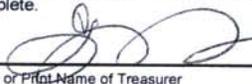
**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

1. Committee Name: MC-32  
 3. Report covering period from 6/1/14 Thru 8/14/14

2. ID#  
COC-14

RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4. Contributions other than loans and in-kind:	400	450
(a) Individuals - more than \$50 (Total from Schedule A)	400	450
(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)	309 <sup>28</sup>	309 <sup>28</sup>
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)		
8. Total Receipts [add 4(f), 5(c), 6, and 7]	709 <sup>28</sup>	759 <sup>28</sup>
DISBURSEMENTS		
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)	13 <sup>00</sup>	13 <sup>00</sup>
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]		
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. Total disbursements [subtract line 17 from line 16]	13 <sup>00</sup>	13 <sup>00</sup>
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 the best of my knowledge and belief it is true and complete.

  
 Type or Print Name of Treasurer  
Erin Cochran  
 Signature of Treasurer or Candidate or Designating Individual  
 Date 8/25/14

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

**SCHEDULE A**

1. Committee Name MC-32  
 3. Report covering period from 6/1/14 - ~~8/1/14~~ thru 8/14/14

2. ID# CBC-14

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 <u>Pyland Patti</u> STREET ADDRESS [REDACTED] CITY STATE ZIP <u>Kingman Az 82401</u> OCCUPATION EMPLOYER <u>Manager ATEK Customs</u>	7/16/14	\$100 <sup>00</sup>	\$100 <sup>00</sup>
b.	LAST FIRST MI <u>Swerdy Martin</u> STREET ADDRESS [REDACTED] CITY STATE ZIP <u>Kingman Az 82401</u> OCCUPATION EMPLOYER <u>Owner Martin Swerdy Jeep</u>	7/22/14	\$250 <sup>00</sup>	\$250 <sup>00</sup>
c.	LAST FIRST MI <u>Roberts Mike</u> STREET ADDRESS [REDACTED] CITY STATE ZIP <u>Kingman Az 82401</u> OCCUPATION EMPLOYER <u>Gen. Manager Unisource GAS</u>	7/22/14	\$50 <sup>00</sup>	\$50 <sup>00</sup>
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]		\$400	\$400

\*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 \_\_\_\_\_

2. ID# **COC-14**

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

**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]	N/A	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# COC-14

1. Committee Name \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

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 <i>[If last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]</i>		<span style="font-size: 2em; font-family: cursive;">N/A</span>	

**CANDIDATE LOANS**

**SCHEDULE C**

1. Committee Name _____	2. ID # <b>COC-14</b>		
3. Report covering period from _____ thru _____			
<b>4. LOANS MADE OR GUARANTEED BY CANDIDATE</b>	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME AND ADDRESS FROM WHOM RECEIVED			
4a. 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]		<b>NSA</b>	

# OTHER LOANS

**SCHEDULE C1**

1. Committee Name \_\_\_\_\_

2. ID# **CBC-14**

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4	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) OR LOAN, AND ANY ENDORSER OR GUARANTOR 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]	<b>N/A</b>		

**EXPENDITURES FOR OPERATING EXPENSES\***

**SCHEDULE D**

1. Committee Name MC-32

2. ID# COC-14

3. Report covering period from 6/1/14 thru 8/14/14

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 <u>Wells fargo</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>User fee</u>	<u>6/30/15</u>	<u>\$5</u>
b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Wells fargo</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Acct. fee</u>	<u>7/31/14</u>	<u>\$5</u>
c.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Wells fargo</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>User fee</u>	<u>8/8/14</u>	<u>\$3</u>
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]		<u>13<sup>00</sup></u>

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

**IN-KIND CONTRIBUTIONS and EXPENDITURES**

**SCHEDULE E**

1. Committee Name MC-32

2. ID# COC-14

3. Report covering period from 6/1/14 thru 8/14/14

4	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			
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# <u>Lisa Orden</u> [REDACTED] <u>Kingsman, Ar 86401</u> DESCRIPTION <u>Paid for Bumper Magnets.</u> OCCUPATION <u>Pest Control Owner</u> EMPLOYER <u>Mohave Pest Control</u>	7/28/14	\$209.28
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# <u>Richard Hamilton</u> [REDACTED] <u>Kingsman, Ar 86409</u> DESCRIPTION <u>Paid for a Tee Sign on a golf tournament</u> OCCUPATION <u>Construction</u> EMPLOYER <u>H&amp;H Development</u>	8/12/14	\$100
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#  DESCRIPTION OCCUPATION EMPLOYER		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#  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]		309.28
6.	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 11, Column A]		