

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

FOR OFFICE USE ONLY

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CITY OF KINGMAN

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1. MC-32
Full Name of Committee
Address
City ZIP Code County Phone

2. Erin Cochran
Sponsoring Organization or Candidate and office
Erin Cochran mayor
Name of Candidate and Office Sought (if applicable)
ecochran82@gmail.com
E-Mail Address Fax #

3A. ID#

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	746 ²⁸	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	1200	1959 ²⁸
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	1946 ²⁸	
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)	500	18 ⁰⁰
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	1941 ²⁸	1941 ²⁸

*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 more than \$50 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name MC-32

2. ID# CGC-14

3. Report covering period from 8/15/14 thru 9/15/14

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR				
4a.	<p>LAST FIRST MI <u>Doyes Diane</u></p> <p>STREET ADDRESS [REDACTED]</p> <p>CITY STATE ZIP [REDACTED]</p> <p>OCCUPATION EMPLOYER [REDACTED]</p>	8/15/14	200 ⁰⁰	600 ⁰⁰
b.	<p>LAST FIRST MI</p> <p>STREET ADDRESS</p> <p>CITY STATE ZIP</p> <p>OCCUPATION EMPLOYER</p>			
c.	<p>LAST FIRST MI</p> <p>STREET ADDRESS</p> <p>CITY STATE ZIP</p> <p>OCCUPATION EMPLOYER</p>			
d.	<p>LAST FIRST MI</p> <p>STREET ADDRESS</p> <p>CITY STATE ZIP</p> <p>OCCUPATION EMPLOYER</p>			
e.	<p>LAST FIRST MI</p> <p>STREET ADDRESS</p> <p>CITY STATE ZIP</p> <p>OCCUPATION EMPLOYER</p>			
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)		200 ⁰⁰	600 ⁰⁰

*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 FROM POLITICAL COMMITTEES

SCHEDULE B

1. Committee Name MC-32

2. ID# CBC-14

3. Report covering period from 8/15/14 thru 9/15/14

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 <u>United Professional firefighters of MESA</u> [REDACTED]	<u>500⁰⁰</u>	<u>500⁰⁰</u>
	DATE RECEIVED	<u>8/19/14</u>		
b.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP <u>United Professional firefighters of Phoenix 493</u> [REDACTED]	<u>500⁰⁰</u>	<u>1000⁰⁰</u>
	DATE RECEIVED	<u>8/19/14</u>		
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>		<u>1000⁰⁰</u>	<u>1000⁰⁰</u>

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]			

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name MC-32

2. ID# COC-14

3. Report covering period from 8/15/14 thru 9/15/14

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>Willafox</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Service fee</u>	<u>9/1/14</u>	<u>5.00</u>
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 8, Column A)		

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