

POLITICAL COMMITTEE
CITY OF GLENDALE
CAMPAIGN FINANCE REPORT
2015 November Special Election

FOR OFFICE USE ONLY

CITY CLERK
 CITY OF GLENDALE
 2016 JAN 29 PM 3:14

1. Chavira for Glendale
 Full Name of Committee
6118 N 88th Ave
 Address
Glendale 85305 Maricopa (623) 872-9509
 City ZIP Code County Phone
 2. Chavira for Glendale
 Sponsoring Organization or Candidate and office
Sam Chavira for Glendale City Council
 Name of Candidate and Office Sought (if applicable)
info@chaviraforglendale.com N/A
 E-Mail Address Fax #

3A. ID#
 12-13

4. REPORTING PERIOD (Please check appropriate box)

DUE BETWEEN

- January 31 Report - For Period of _____ * thru December 31, 2014 January 1, 2015 and January 31, 2015
- June 30 Report - For Period of January 1, 2015 thru May 31, 2015 June 1, 2015 and June 30, 2015
- Pre-Election Report - For Period of June 1, 2015 thru October 22, 2015 October 23, 2015 and October 30, 2015
- Post-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, 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)		\$39.27
5b Cash on Hand at the Beginning of this Reporting Period	\$1,431.14	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	\$16,250.00	\$33,590.00
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	\$17,681.14	\$33,590.00
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]		\$0.00
6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	\$1,010.00	\$16,958.13
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	\$16,671.14	\$16,671.14

*Insert date which is 21 days after date of last election (A.R.S. §16-913).

**This will depend on the year next election is held. The "due between" year will be the year of an election and the date following "December 31" will be the immediately prior year.

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

1. Committee Name: Chavira for Glendale
 3. Report covering period from 11/24/15 Thru 12/31/15

2. ID#
12-13

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)	\$5,000.00	\$17,695.00
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)	\$0.00	\$315.00
(c) Political Committees (Total from Schedule B)	\$11,250.00	\$15,580.00
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	\$16,250.00	\$33,590.00
(e) Refund of contributions (Total from Schedule F-2)	\$0.00	\$0.00
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	\$0.00	\$0.00
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	\$0.00	\$0.00
(b) All other loans (Total from Schedule C-1)	\$0.00	\$0.00
(c) Total Loans [add 5(a) and 5(b)]	\$0.00	\$0.00
6. In-kind contributions (Total from Schedule E)	\$0.00	\$0.00
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	\$0.00	\$0.00
8. Total Receipts [add 4(f), 5(c), 6, and 7]	\$16,250.00	\$33,590.00
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	\$1,010.00	\$16,958.13
10. Independent Expenditures (Total from Schedule D-1)	\$0.00	\$0.00
11. Value of In-kind expenditures (Total from Schedule E)	\$0.00	\$0.00
12. Loans made by reporting committee (Total from Schedule D-2)	\$0.00	\$0.00
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)	\$0.00	\$0.00
(b) Repayment of all other loans (Total from Schedule D-5)	\$0.00	\$0.00
(c) Total Loan Repayments [add 13(a) and 13(b)]	\$0.00	\$0.00
14. Transfers to other political committees (Total from Schedule D-6)	\$0.00	\$0.00
15. Any other disbursement (Total from Schedule D-7)	\$0.00	\$0.00
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	\$1,010.00	\$16,958.13
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)	\$0.00	\$0.00
18. Total disbursements [subtract line 17 from line 16]	\$1,010.00	\$16,958.13
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	\$0.00	\$0.00

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.

Judy McCoy Chavira

Type or Print Name of Treasurer

Judy McCoy - Chavira

Signature of Treasurer or Candidate or Designating individual

1/28/16

Date

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID# 12-13

1. Committee Name Chavira for Glendale

3. Report covering period from 11/24/15 thru 12/31/15

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE												
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR																
4a.	<table border="1"> <tr> <td>LAST Becker</td> <td>FIRST Mark</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 5950 E Caballo Dr</td> </tr> <tr> <td>CITY Paradise Valley</td> <td>STATE AZ</td> <td>ZIP 85253</td> </tr> <tr> <td>OCCUPATION Owner</td> <td colspan="2">EMPLOYER Becker Boards</td> </tr> </table>	LAST Becker	FIRST Mark	MI	STREET ADDRESS 5950 E Caballo Dr			CITY Paradise Valley	STATE AZ	ZIP 85253	OCCUPATION Owner	EMPLOYER Becker Boards		12/04/15	\$5,000.00	\$5,000.00
LAST Becker	FIRST Mark	MI														
STREET ADDRESS 5950 E Caballo Dr																
CITY Paradise Valley	STATE AZ	ZIP 85253														
OCCUPATION Owner	EMPLOYER Becker Boards															
b.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	LAST	FIRST	MI	STREET ADDRESS			CITY	STATE	ZIP	OCCUPATION	EMPLOYER				
LAST	FIRST	MI														
STREET ADDRESS																
CITY	STATE	ZIP														
OCCUPATION	EMPLOYER															
c.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	LAST	FIRST	MI	STREET ADDRESS			CITY	STATE	ZIP	OCCUPATION	EMPLOYER				
LAST	FIRST	MI														
STREET ADDRESS																
CITY	STATE	ZIP														
OCCUPATION	EMPLOYER															
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LAST	FIRST	MI														
STREET ADDRESS																
CITY	STATE	ZIP														
OCCUPATION	EMPLOYER															
e.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	LAST	FIRST	MI	STREET ADDRESS			CITY	STATE	ZIP	OCCUPATION	EMPLOYER				
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]		\$5,000.00													

*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 of \$50 or less - AGGREGATE TOTAL*

SCHEDULE A-1

2. ID# 12-13

1. Committee Name Chavira for Glendale

3. Report covering period from 11/24/15 thru 12/31/15

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. 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#
12-13

1. Committee Name Chavira for Glendale

3. Report covering period from 11/24/15 thru 12/31/15

4	CONTRIBUTIONS		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	IDENTITY OF CONTRIBUTOR AND DATE RECEIVED			
4a	ID # 1797	NAME, ADDRESS, CITY, STATE AND ZIP UFCW99 2401 N Central Ave Phoenix, AZ 85012	\$6,250.00	\$6,250.00
	DATE RECEIVED 12/23/2015			
b.	ID # 1227	NAME, ADDRESS, CITY, STATE AND ZIP Arizona Pipe Trades 469 3109 N 24th St Phoenix, AZ 85016	\$5,000.00	\$5,000.00
	DATE RECEIVED 12/28/2015			
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]		\$11,250.00	

CANDIDATE LOANS

SCHEDULE C

1.	Committee Name Chavira for Glendale	2. ID # 12-13		
3.	Report covering period from <u>11/24/15</u> thru <u>12/31/15</u>			
4.	LOANS MADE OR GUARANTEED BY CANDIDATE	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]			

OTHER LOANS

SCHEDULE C1

2. ID#
12-13

1. Committee Name Chavira for Glendale
 3. Report covering period from 11/24/15 thru 12/31/15

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

2. ID# 12-13

1. Committee Name Chavira for Glendale

3. Report covering period from 11/24/15 thru 12/31/15

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 City of Glendale 5850 West Glendale Ave Glendale, AZ 85301 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Late fee: Post-Election campaign finance report	12/4/2015	\$10.00
4b.	NAME, ADDRESS, CITY, STATE AND ZIP PB Consulting, LLC 15825 N 9th Ave. Phoenix, AZ 85023 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Account management fee	12/31/2015	\$1,000.00
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]		\$1,010.000

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

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

2. ID# 12-13

1. Committee Name Chavira for Glendale

3. Report covering period from 11/24/15 thru 12/31/15

4	INDEPENDENT EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE												
	IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED														
4a.	<table border="1"> <tr> <td colspan="4">NAME, ADDRESS, CITY, STATE AND ZIP</td> </tr> <tr> <td>PURPOSE AND DESCRIPTION OF PURCHASE</td> <td><input type="checkbox"/></td> <td>Benefitted</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CANDIDATE</td> <td>OFFICE SOUGHT</td> <td colspan="2">YEAR OF ELECTION</td> </tr> </table>	NAME, ADDRESS, CITY, STATE AND ZIP				PURPOSE AND DESCRIPTION OF PURCHASE	<input type="checkbox"/>	Benefitted	<input type="checkbox"/>	CANDIDATE	OFFICE SOUGHT	YEAR OF ELECTION			
NAME, ADDRESS, CITY, STATE AND ZIP															
PURPOSE AND DESCRIPTION OF PURCHASE	<input type="checkbox"/>	Benefitted	<input type="checkbox"/>												
CANDIDATE	OFFICE SOUGHT	YEAR OF ELECTION													
4b.	<table border="1"> <tr> <td colspan="4">NAME, ADDRESS, CITY, STATE AND ZIP</td> </tr> <tr> <td>PURPOSE AND DESCRIPTION OF PURCHASE</td> <td><input type="checkbox"/></td> <td>Benefitted</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CANDIDATE</td> <td>OFFICE SOUGHT</td> <td colspan="2">YEAR OF ELECTION</td> </tr> </table>	NAME, ADDRESS, CITY, STATE AND ZIP				PURPOSE AND DESCRIPTION OF PURCHASE	<input type="checkbox"/>	Benefitted	<input type="checkbox"/>	CANDIDATE	OFFICE SOUGHT	YEAR OF ELECTION			
NAME, ADDRESS, CITY, STATE AND ZIP															
PURPOSE AND DESCRIPTION OF PURCHASE	<input type="checkbox"/>	Benefitted	<input type="checkbox"/>												
CANDIDATE	OFFICE SOUGHT	YEAR OF ELECTION													
4c.	<table border="1"> <tr> <td colspan="4">NAME, ADDRESS, CITY, STATE AND ZIP</td> </tr> <tr> <td>PURPOSE AND DESCRIPTION OF PURCHASE</td> <td><input type="checkbox"/></td> <td>Benefitted</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CANDIDATE</td> <td>OFFICE SOUGHT</td> <td colspan="2">YEAR OF ELECTION</td> </tr> </table>	NAME, ADDRESS, CITY, STATE AND ZIP				PURPOSE AND DESCRIPTION OF PURCHASE	<input type="checkbox"/>	Benefitted	<input type="checkbox"/>	CANDIDATE	OFFICE SOUGHT	YEAR OF ELECTION			
NAME, ADDRESS, CITY, STATE AND ZIP															
PURPOSE AND DESCRIPTION OF PURCHASE	<input type="checkbox"/>	Benefitted	<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]														

*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

2. ID# 12-13

1. Committee Name Chavira for Glendale

3. Report covering period from 11/24/15 thru 12/31/15

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#		
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#		
4i.	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]		

OFFSETS TO OPERATING EXPENSES *

SCHEDULE D-3

2. ID# 12-13

1. Committee Name Chavira for Glendale

3. Report covering period from 11/24/15 thru 12/31/15

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		
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4e.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4f.	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		

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

2. ID# 12-13

1. Committee Name Chavira for Glendale

3. Report covering period from 11/24/15 thru 12/31/15

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		
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4e.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4f.	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]		

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

2. ID#
12-13

1. Committee Name Chavira for Glendale

3. Report covering period from 11/24/15 thru 12/31/15

4	REPAYMENT OF ALL OTHER LOANS	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
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#		
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# 12-13

1. Committee Name Chavira for Glendale

3. Report covering period from 11/24/15 thru 12/31/15

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#		
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#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A]		

ANY OTHER DISBURSEMENT

SCHEDULE D-7

2. ID# 12-13

1. Committee Name Chavira for Glendale

3. Report covering period from 11/24/15 thru 12/31/15

4.	ANY OTHER DISBURSEMENTS	DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION		
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)		

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

2. ID# 12-13

1. Committee Name Chavira for Glendale

3. Report covering period from 11/24/15 thru 12/31/15

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#	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 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 CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [If last page of Schedule E, transfer total to Detailed Summary Page Line 11, Column A]			

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

2. ID# 12-13

1. Committee Name Chavira for Glendale

3. Report covering period from 11/24/15 thru 12/31/15

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		
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# DESCRIPTION OF RECEIPT		
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		

OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F-2

2. ID# 12-13

1. Committee Name Chavira for Glendale

3. Report covering period from 11/24/15 thru 12/31/15

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		
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 ID# 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), Column A)		

* Includes return of contributions received by reporting committee

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

2. ID#

12-13

1. Committee Name Chavira for Glendale

3. Report covering period from 11/24/15 thru 12/31/15

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				
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				
4e.	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]				