### **POLITICAL COMMITTEE**

#### **CITY OF**

E-Mail Address

4. REPORTING PERIOD (Please check appropriate box)

# **CAMPAIGN FINANCE REPORT**

2016 August/November Regular Election

Jessica for Council 1. Full Name of Committee 255 Kachina Dr Address 928 699 7071 Sedona, 86336 Yavapai ZIP Code Phone 2. Sponsoring Organization or Candidate and office Jessica Williamson Sedona City Council Name of Candidate and Office Sought (if applicable) jessicaw86336@gmail.com

Fax#

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RECEIVED

JUN 01 2016

CITY OF SEDONA **CITY CLERK'S OFFICE** 

**DUE BETWEEN** 

3A. ID# C42016-02

L	January 31 Report - For Period of* thru December 31, 2015		January 1, 2016 and February 1, 2	2016
	June 30 Report - For Period of January 1, 2016 thru May 31, 2016		June 1, 2016 and June 30, 2	2016
	Pre-Primary Election Report - For Period of June 1, 2016 thru August 18, 2016		August 19, 2016 and August 26, 2	2016
	Post-Primary Election Report - For Period of August 19, 2016 thru September	19, 2016 Sept	tember 20, 2016 and September 29, 7	2016
	Pre-General Election Report - For Period of September 20, 2016 thru October 2	27, 2016	October 28, 2016 and November 4, 2	2016
	Post-General Election Report - For Period of October 28, 2016 thru November	28, 2016 No	ovember 29, 2016 and December 8, 7	2016
	**January 31, Report - For Period of November 29, 2016 thru December 31, 2017.		. January 1, 2018 and January 31, 7	2018
5.	SUMMARY	<b>Column A</b> Total This Reporting Period	Column B Election Period Total To Date	
5. 5a	SUMMARY  Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)	Total This Reporting	Election Period	
	Surplus from Previous Campaign (or at time Statement of Organization was	Total This Reporting	Election Period Total To Date	
5a	Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)	Total This Reporting Period	Election Period Total To Date	
5a 5b	Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)  Cash on Hand at the Beginning of this Reporting Period  Total Receipts (from corresponding columns on Detailed	Total This Reporting Period  0	Election Period Total To Date 0	
5a 5b 5c	Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)  Cash on Hand at the Beginning of this Reporting Period  Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)  Subtotal [add Lines b and c for Column A and add lines	Total This Reporting Period  0 200.00	Election Period Total To Date  0  200.00	

Cash on Hand at Close of Reporting Period [Subtract

Detailed Summary Page, Line 18)

Line 6b from Line 5d]

200.00

200.00

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

<sup>\*\*</sup>Other reports will be due before this reporting period if a special or recall election is held prior to the next general election.

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# **DETAILED SUMMARY PAGE**

Signature of Treasurer or Candidate or Designating Individual

Page 2

OF RECEIPTS AND DISBURSEMENTS	2. ID#	
1. Committee Name: Jessica for Council		
3. Report covering period from 1-1-2016 Thru 5-31-2016		
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)	200.00	200.00
(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)		
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)		
8. Total Receipts [add 4(f), 5(c), 6, and 7]	200.00	200.00
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	0	0
10. Independent Expenditures (Total from Schedule D-1)	0	0
11. Value of In-kind expenditures (Total from Schedule E)	0	0
12. Loans made by reporting committee (Total from Schedule D-2)	0	0
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)	0	0
(b) Repayment of all other loans (Total from Schedule D-5)	0	0
(c) Total Loan Repayments [add 13(a) and 13(b)]	0	0
14. Transfers to other political committees (Total from Schedule D-6)	0	0
15. Any other disbursement (Total from Schedule D-7)	0	0
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	0	0
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)	0	0
18. Total disbursements [subtract line 17 from line 16]	0	0
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	0	0
20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance complete.	report and to the best of my knowledge a	nd belief it is true and
Charles D. Williamson		
Type or Print Name of Treasurer	6-1-2016	

Date

and described of the second

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

## SCHEDULE A

2. ID#		

I. Committee Name		
. Committee Hame		

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

	5. Report covering period from							
4	CONTRIBUTIONS		DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS			
	NAME, ADDRESS, OCCUPATI	ON AND EMPLOYER	OR CONTRIBUTOR	!	ļ	THIS PERIOD	CAMPAIGN TO DATE	
4a.	Williamson, Charles D.	FIRST		MI	5-31-2016	200.00	200.00	
	STREET ADDRESS 40 Sheath Drive							
	Carry Sedona, Az 86336	STATE	ZIP					
	occupation retired		employer retired					
b.	LAST	FIRST		MI				
	STREET ADDRESS							
	CITY	STATE	ZIP				!	
	OCCUPATION		EMPLOYER					
C.	LAST	FIRST		MI				
	STREET ADDRESS							
	CITY	STATE	ZIP					
	OCCUPATION		EMPLOYER					
d.	LAST	FIRST		MI				
	STREET ADDRESS							
	CITY	STATE	ZIP					
	OCCUPATION		EMPLOYER		_			
е.	LAST	FIRST		MI				
	STREET ADDRESS				_			
ŀ	СІТУ	STATE	ZIP					
	OCCUPATION		EMPLOYER					
5.	ENTER TOTAL ONLY IF LAST PAGE Summary Page Line 4(z), Column A)	OF SCHEDULE A [If las	t page of Schedule A. tr	ansfer total to Deta	niled	200.00	200.00	

- 500