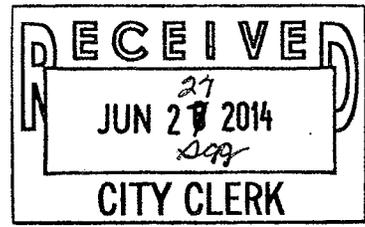


**POLITICAL COMMITTEE**  
**CITY/TOWN OF \_\_\_\_\_**  
**CAMPAIGN FINANCE REPORT**  
**2014 August/November Regular Election**

FOR OFFICE USE ONLY



1. Doug Claeys for council  
Full Name of Committee  
 \_\_\_\_\_  
Address  
 \_\_\_\_\_  
LAKE HAVASU CITY 86403 MOHAVE  
City ZIP Code County Phone

2. \_\_\_\_\_  
Sponsoring Organization or Candidate and office  
DOUG CLAEYS - city council  
Name of Candidate and Office Sought (if applicable)  
 \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ Fax # \_\_\_\_\_

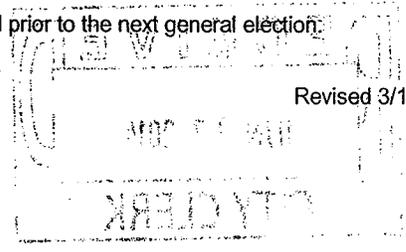
3A. ID# 14-NP-110  
 Primary  
 General

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)		0
5b Cash on Hand at the Beginning of this Reporting Period	0	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	800.49	800.49
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	800.49	800.49
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
6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	420.83	420.83
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	379.66	379.66

\*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: Doug Claeys for Council  
 3. Report covering period from 1-1-14 Thru 5-31-14

2. ID#	<u>14-NP-110</u>
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

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)	<u>725.00</u>	<u>725.00</u>
(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)]	<u>725.00</u>	<u>725.00</u>
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)]	<u>0</u>	<u>0</u>
6. In-kind contributions (Total from Schedule E)	<u>75.49</u>	<u>75.49</u>
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)		
8. Total Receipts [add 4(f), 5(c), 6, and 7]	<u>800.49</u>	<u>800.49</u>
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	<u>345.34</u>	<u>345.34</u>
10. Independent Expenditures (Total from Schedule D-1)		
11. Value of In-kind expenditures (Total from Schedule E)	<u>75.49</u>	<u>75.49</u>
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]	<u>420.83</u>	<u>420.83</u>
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)		

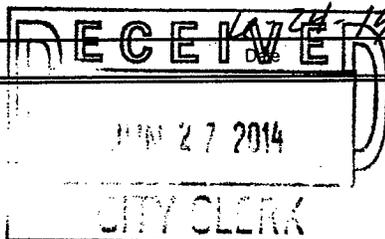
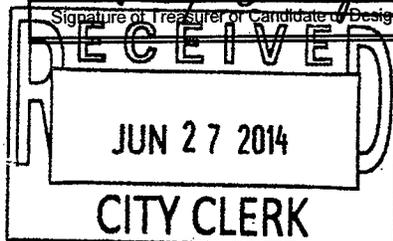
20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to the best of my knowledge and belief it is true and complete.

Doug Claeys

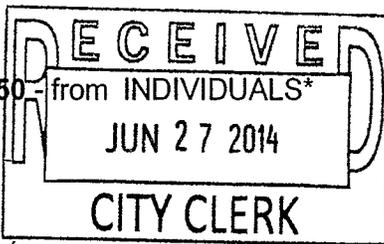
Type or Print Name of Treasurer

[Redacted Name]

Signature of Treasurer or Candidate or Designating Individual



CONTRIBUTIONS more than \$50 from INDIVIDUALS\*



SCHEDULE A

2. ID#	14-NP-110
<input type="checkbox"/>	Primary
<input type="checkbox"/>	General

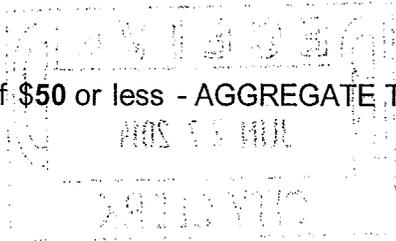
1. Committee Name Doug CRAEYS for Council  
 3. Report covering period from 1-1-14 thru 5-31-14

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</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>BRACAMONTE</td> <td>JACQUELINE</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">[REDACTED]</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>LAKE HAVASU CITY</td> <td>AZ</td> <td>86404</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>RETIRED</td> <td colspan="2"></td> </tr> </table>	LAST	FIRST	MI	BRACAMONTE	JACQUELINE		STREET ADDRESS			[REDACTED]			CITY	STATE	ZIP	LAKE HAVASU CITY	AZ	86404	OCCUPATION	EMPLOYER		RETIRED			5-20-14	200.00	200.00
LAST	FIRST	MI																										
BRACAMONTE	JACQUELINE																											
STREET ADDRESS																												
[REDACTED]																												
CITY	STATE	ZIP																										
LAKE HAVASU CITY	AZ	86404																										
OCCUPATION	EMPLOYER																											
RETIRED																												
b.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>KOEPKE</td> <td>JAMES</td> <td>R</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">[REDACTED]</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>LHC</td> <td>AZ</td> <td>86406</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>RETIRED</td> <td colspan="2"></td> </tr> </table>	LAST	FIRST	MI	KOEPKE	JAMES	R	STREET ADDRESS			[REDACTED]			CITY	STATE	ZIP	LHC	AZ	86406	OCCUPATION	EMPLOYER		RETIRED			4-19-14	100.00	100.00
LAST	FIRST	MI																										
KOEPKE	JAMES	R																										
STREET ADDRESS																												
[REDACTED]																												
CITY	STATE	ZIP																										
LHC	AZ	86406																										
OCCUPATION	EMPLOYER																											
RETIRED																												
c.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>THOMPSON</td> <td>SUE</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">[REDACTED]</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>LHC</td> <td>AZ</td> <td>86404</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td></td> <td colspan="2"></td> </tr> </table>	LAST	FIRST	MI	THOMPSON	SUE		STREET ADDRESS			[REDACTED]			CITY	STATE	ZIP	LHC	AZ	86404	OCCUPATION	EMPLOYER					5-13-14	100.00	100.00
LAST	FIRST	MI																										
THOMPSON	SUE																											
STREET ADDRESS																												
[REDACTED]																												
CITY	STATE	ZIP																										
LHC	AZ	86404																										
OCCUPATION	EMPLOYER																											
d.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>SALSCHIEDER</td> <td>JIM</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">[REDACTED]</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>LHC</td> <td>AZ</td> <td>86406</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>PRESIDENT</td> <td colspan="2">MARINE ASSC.</td> </tr> </table>	LAST	FIRST	MI	SALSCHIEDER	JIM		STREET ADDRESS			[REDACTED]			CITY	STATE	ZIP	LHC	AZ	86406	OCCUPATION	EMPLOYER		PRESIDENT	MARINE ASSC.		5-18-14	75.00	75.00
LAST	FIRST	MI																										
SALSCHIEDER	JIM																											
STREET ADDRESS																												
[REDACTED]																												
CITY	STATE	ZIP																										
LHC	AZ	86406																										
OCCUPATION	EMPLOYER																											
PRESIDENT	MARINE ASSC.																											
e.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>HINMAN</td> <td>BRUCE</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">[REDACTED]</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>LHC</td> <td>AZ</td> <td>86406</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td></td> <td colspan="2"></td> </tr> </table>	LAST	FIRST	MI	HINMAN	BRUCE		STREET ADDRESS			[REDACTED]			CITY	STATE	ZIP	LHC	AZ	86406	OCCUPATION	EMPLOYER					4-30-14	250.00	250.00
LAST	FIRST	MI																										
HINMAN	BRUCE																											
STREET ADDRESS																												
[REDACTED]																												
CITY	STATE	ZIP																										
LHC	AZ	86406																										
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)		725.00	725.00																								

\*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# 14-NP-110	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Doug Claeys for Council

3. Report covering period from 1-1-14 thru 5-31-14

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]	0

\*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#	14-NP-110
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Doug Claeys for Council

3. Report covering period from 1-1-14 thru 5-31-14

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		
	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 [If last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]			0

CANDIDATE LOANS

SCHEDULE C

1.	Committee Name			2. ID #	14-NP-110	
	Doug Claeys for Council			<input checked="" type="checkbox"/>	Primary	
				<input type="checkbox"/>	General	
3.	Report covering period from 1-1-14 thru 5-31-14					
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]					0

OTHER LOANS

SCHEDULE C1

2. ID#	14-NP-110
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Doug Clarys for Council  
 3. Report covering period from 1-1-14 thru 5-31-14

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]		0	

EXPENDITURES FOR OPERATING EXPENSES\*

SCHEDULE D

2. ID# 14-NP-110	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Doug Claeys for Council

3. Report covering period from 1-1-14 thru 5-31-14

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>STAPLES</u> <u>1850 KIOWA</u> <u>LHC, AZ 86404</u>	<u>4-6-14</u>	<u>100.78</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Office Supplies</u>		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Impruvit Consulting</u> <u>PO BOX 118</u> <u>LHC, AZ. 86405</u>	<u>3-20-14</u>	<u>168.97</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>BROCHURES</u>		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP <u>IMPRUVIT Consulting</u> <u>PO BOX 118</u> <u>LHC, AZ 86405</u>	<u>4-24-14</u>	<u>47.46</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>BROCHURES</u>		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP <u>USPO</u> <u>McCulloch Blvd</u> <u>LHC, AZ</u>	<u>5-20-14</u>	<u>9.80</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>POSTAGE STAMPS</u>		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP <u>CARTRIDGE World</u> <u>2800 SWEETWATER AVE</u> <u>LHC, AZ 86406</u>	<u>5-27-14</u>	<u>18.33</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>OFFICE SUPPLIES</u>		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP <u><del>South</del></u>		
	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>345.34</u>

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

**INDEPENDENT EXPENDITURES\***

**SCHEDULE D-1**

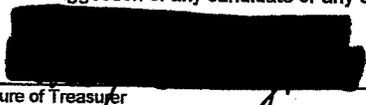
1. Committee Name Doug Claeys for Council  
 3. Report covering period from 1-1-14 thru 5-31-14

2. ID #  
14-NP-110

4. INDEPENDENT EXPENDITURES		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED			
4a.	NAME, ADDRESS, CITY, STATE AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted <input type="checkbox"/> Opposed <input type="checkbox"/>		
	CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted <input type="checkbox"/> Opposed <input type="checkbox"/>		
	CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted <input type="checkbox"/> Opposed <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]		<u>0</u>

\*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#	14-NP-110
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Doug Claeys for Council

3. Report covering period from 1-1-14 thru 5-31-14

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)		0

OFFSETS TO OPERATING EXPENSES \*

SCHEDULE D-3

2. ID#	14-NP-110
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Doug CLAEYS for Council

3. Report covering period from 1-1-14 thru 5-31-14

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

0

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

2. ID# <u>14-NP-110</u>	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Doug Claeys for Council

3. Report covering period from 1-1-14 thru 5-31-14

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)			0

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

2. ID#	14-NP-110
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Doug CLAEYS for Council  
 3. Report covering period from 1-1-14 thru 5-31-14

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)		0

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

2. ID#	14-NP-110
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Doug Claeys for Council

3. Report covering period from 1-1-14 thru 5-31-14

4	TRANSFERS MADE BY THE REPORTING COMMITTEE	DATE TRANSFER MADE	AMOUNT OF THE TRANSFER
	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-6 [Transfer total to Detailed Summary Page, Line 14, Column A]		0

ANY OTHER DISBURSEMENT

SCHEDULE D-7

2. ID#	14-NP-110
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Doug CLAEYS for Council

3. Report covering period from 1-1-14 thru 5-31-14

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]		0



DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

2. ID#	14-NP-110
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Doug Claeys for Council  
 3. Report covering period from 1-1-14 thru 5-31-14

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)		0

OFFSETS TO CONTRIBUTIONS RECEIVED \*

SCHEDULE F-2

2. ID#	14-NP-110
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Doug Claeys for Council

3. Report covering period from 1-1-14 thru 5-31-14

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)			0

\* Includes return of contributions received by reporting committee