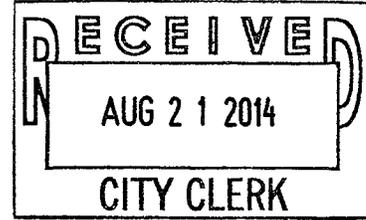


POLITICAL COMMITTEE
CITY/TOWN OF _____
CAMPAIGN FINANCE REPORT
2014 August/November Regular Election

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

_____ Primary
Name of Candidate and Office Sought (if applicable)

_____ General
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)		
5b Cash on Hand at the Beginning of this Reporting Period	\$ 379.66	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	\$ 1,034.27	\$ 1,834.76
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	\$ 1,413.93	\$ 1,834.76
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)	\$ 1,413.93	\$ 1,834.76
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	\$ 0.00	\$ 0.00

*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 June 1, 2014 Thru August 14, 2014

2. ID# 14-NP-110	
<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)	\$ 450.00	\$1,175.00
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)	\$ 273.00	\$ 273.00
(c) Political Committees (Total from Schedule B)		
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	\$ 723.00	\$1,448.00
(e) Refund of contributions (Total from Schedule F-2)		
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	\$ 723.00	\$1,448.00
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	\$ 113.02	\$ 113.02
(b) All other loans (Total from Schedule C-1)		
(c) Total Loans [add 5(a) and 5(b)]	\$ 113.02	\$ 113.02
6. In-kind contributions (Total from Schedule E)	\$ 198.25	\$ 273.74
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)		
8. Total Receipts [add 4(f), 5(c), 6, and 7]	\$ 1,034.27	\$1,834.76
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	\$1,215.68	\$1,561.02
10. Independent Expenditures (Total from Schedule D-1)		
11. Value of In-kind expenditures (Total from Schedule E)	\$ 198.25	\$ 273.74
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)]	0	
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]	\$1,413.93	\$1,834.76
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. Total disbursements [subtract line 17 from line 16]	\$1,413.93	\$1,834.76
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 report and to the best of my knowledge and belief it is true and complete.

Doug Claeys

Type or Print Name of Treasurer: _____

Signature of Treasurer or Candidate or Designating Individual: _____

8-20-14

Date: _____

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

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 June 1, 2014 thru August 14, 2014

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																								
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR																												
4a.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>McCarty</td> <td>Bill</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>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	McCarty	Bill		STREET ADDRESS			[REDACTED]			CITY	STATE	ZIP	Lake Havasu City	AZ	86406	OCCUPATION	EMPLOYER		Retired			7-5-2014	\$50.00	\$50.00
LAST	FIRST	MI																										
McCarty	Bill																											
STREET ADDRESS																												
[REDACTED]																												
CITY	STATE	ZIP																										
Lake Havasu City	AZ	86406																										
OCCUPATION	EMPLOYER																											
Retired																												
b.	<table border="0"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Konen</td> <td>Mike</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>86405</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Realator</td> <td colspan="2"></td> </tr> </table>	LAST	FIRST	MI	Konen	Mike		STREET ADDRESS			[REDACTED]			CITY	STATE	ZIP	Lake Havasu City	AZ	86405	OCCUPATION	EMPLOYER		Realator			7-5-2014	\$ 250.00	\$ 250.00
LAST	FIRST	MI																										
Konen	Mike																											
STREET ADDRESS																												
[REDACTED]																												
CITY	STATE	ZIP																										
Lake Havasu City	AZ	86405																										
OCCUPATION	EMPLOYER																											
Realator																												
c.	<table border="0"> <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>Lake Havasu City</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	Hinman	Bruce		STREET ADDRESS			[REDACTED]			CITY	STATE	ZIP	Lake Havasu City	AZ	86406	OCCUPATION	EMPLOYER		Retired			7-13-2014	\$50.00	\$ 300.00
LAST	FIRST	MI																										
Hinman	Bruce																											
STREET ADDRESS																												
[REDACTED]																												
CITY	STATE	ZIP																										
Lake Havasu City	AZ	86406																										
OCCUPATION	EMPLOYER																											
Retired																												
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LAST	FIRST	MI																										
Gollnick	Liz																											
STREET ADDRESS																												
[REDACTED]																												
CITY	STATE	ZIP																										
Lake Havasu City	AZ	86406																										
OCCUPATION	EMPLOYER																											
Retired																												
e.	<table border="0"> <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			5-20-2014	0	\$ 200.00
LAST	FIRST	MI																										
Bracamonte	Jacqueline																											
STREET ADDRESS																												
[REDACTED]																												
CITY	STATE	ZIP																										
Lake Havasu City	AZ	86404																										
OCCUPATION	EMPLOYER																											
Retired																												
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)																											

*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 more than \$50 - from INDIVIDUALS*

SCHEDULE A

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 June 1, 2014 thru August 14, 2014

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>Koepke</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>Lake Havasu City</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	Jim		STREET ADDRESS			[REDACTED]			CITY	STATE	ZIP	Lake Havasu City	AZ	86406	OCCUPATION	EMPLOYER		Retired			4/19/2014	0	\$ 100.00
LAST	FIRST	MI																										
Koepke	Jim																											
STREET ADDRESS																												
[REDACTED]																												
CITY	STATE	ZIP																										
Lake Havasu City	AZ	86406																										
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LAST	FIRST	MI																										
Thompson	Sue																											
STREET ADDRESS																												
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LAST	FIRST	MI																										
Salscheider	Jim																											
STREET ADDRESS																												
[REDACTED]																												
CITY	STATE	ZIP																										
Lake Havasu City	AZ	86404																										
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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)		\$ 450.00	\$1,175.00																								

*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 June 1, 2014 thru August 14, 2014

4. Aggregate Total of Contributions of \$50 or less

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
fundraiser	\$ 273.00	\$ 273.00
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]	\$ 273.00	6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B] \$ 273.00

*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 June 1, 2014 thru August 14, 2014

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	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 June 1, 2014 thru August 14, 2014				
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 Doug Claeys [REDACTED] LHC, AZ 86403		6-27-2014	\$ 113.02	\$ 113.02
	DESCRIPTION Individual loan				
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]			\$ 113.02	\$ 113.02

OTHER LOANS

SCHEDULE C1

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

1. Committee Name Doug Claeyes for Council
 3. Report covering period from June 1, 2014 thru August 14, 2014

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 June 1, 2014 thru August 14, 2014

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 Donut Post 1730 West Acoma Blvd LHC, AZ 86403	7-18-14	\$ 14.10
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Donuts for meet and greet		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP Donut Post 1730 West Acoma Blvd LHC, AZ 86403	8-9-14	\$ 12.45
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Donuts for meet and greet		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP Southside Signs 2800 Sweetwater Ave LHC, AZ 86406	7-18-14	\$ 32.36
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED sign posts		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP Havasu Iron and Metal 1909 Commander Dr LHC, AZ 86403	6-30-14	\$ 24.41
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED rebar		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP Home Depot 100 Centre Blvd LHC, AZ 86404	6-30-14	\$ 22.21
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED construction material		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP Staples 1850 Kiowa Ave LHC, AZ 86404	7-30-14	\$ 22.64
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED office supplies		
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]		

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

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 June 1, 2014 thru August 14, 2014

4	EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4a.	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE NAME, ADDRESS, CITY, STATE AND ZIP Cartridge World 2800 Sweetwater Ave LHC, AZ 86406	7-30-14	\$ 20.49
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED office supplies		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP Cartridge World 2800 Sweetwater Ave LHC, AZ 86406	6-24-14	\$ 64.71
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED office supplies		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP River City Newspaper 2225 West Acoma Blvd LHC, AZ 86403	7-31-14	\$ 205.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED print ad		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP River City Newspaper 2225 West Acoma Blvd LHC, AZ 86403	8-4-14	\$ 352.77
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED print ad		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP Lake Havasu City 2330 McCoullock Blvd N LHC, AZ 86403	6-27-14	\$ 115.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED sign permit		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP SpeedySigns.com 162 SW Spencer Court, Lake City, FL 32024	6-13-14	\$ 329.54
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED signs		
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)		\$1,215.68

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

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 June 1, 2014 thru August 14, 2014

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 June 1, 2014 thru August 14, 2014

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)		0

* Includes return of contributions made by reporting committee

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

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 June 1, 2014 thru August 14, 2014

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 June 1, 2014 thru August 14, 2014

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 June 1, 2014 thru August 14, 2014

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 June 1, 2014 thru August 14, 2014

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

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

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 June 1, 2014 thru August 14, 2014

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# Bruce Hinman [REDACTED], LHC, AZ 86406	CONTRIBUTION EXPENDITURE	7-30-14	\$ 198.25
	DESCRIPTION print ad, sign, tee shirt			
	OCCUPATION Retired	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)			\$ 198.25
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)			\$ 198.25

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 June 1, 2014 thru August 14, 2014

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 June 1, 2014 thru August 14, 2014

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