



**STATE OF ARIZONA
YAVAPAI COUNTY
POLITICAL COMMITTEE
CAMPAIGN FINANCE REPORT**

**FILED WITH
CITY CLERK**
Date 6/18/15 Hr. 3:52 P.M.
Sign James R. Beagle

FOR OFFICE USE ONLY

3. ID#
2015-02

1. Committee to re-elect James Lamerson for city council
Full Name of Committee

955 Angelina Dr.
Address

Prescott AZ 86301 771-0921
City Zip Code Phone

2. _____
Sponsoring Organization (if applicable)

Name of Candidate and Office Sought (if applicable)

Email Address Fax #

4. REPORTING PERIOD (Please check appropriate box)		DUE BETWEEN
a.	<input type="checkbox"/> JANUARY 31 REPORT For Period of January 1, 2014 thru December 31, 2014	January 1 and February 2, 2015
b.	<input type="checkbox"/> MARCH PRE-ELECTION REPORT For Period of January 1 thru February 26, 2015	February 27 and March 6, 2015
c.	<input type="checkbox"/> MARCH POST-ELECTION REPORT For Period of February 27 thru March 30, 2015	March 31 and April 9, 2015
d.	<input type="checkbox"/> MAY PRE-ELECTION REPORT For Period of March 31 thru May 7, 2015	May 8 and May 15, 2015
e.	<input checked="" type="checkbox"/> MAY POST-ELECTION REPORT For Period of May 8 thru June 8, 2015	June 9 and June 18, 2015
f.	<input type="checkbox"/> AUGUST PRE-ELECTION REPORT For Period of June 9 thru August 13, 2015	August 14 and August 21, 2015
g.	<input type="checkbox"/> AUGUST POST-ELECTION REPORT For Period of August 14 thru September 14, 2015	September 15 and September 24, 2015
h.	<input type="checkbox"/> NOVEMBER PRE-ELECTION REPORT For Period of September 15 thru October 22, 2015	October 23 and October 30, 2015
i.	<input type="checkbox"/> NOVEMBER POST-ELECTION REPORT For Period of October 23 thru November 23, 2015	November 24 and December 3, 2015

5	Summary	Column A Total This Reporting Period	Column B Election Period Total to Date
5a	Total 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 (ending balance from the previous reporting period)	3856.00	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	650.00	650.00
5d	Subtotal (add lines b and c for column A and add lines a and c for column B)	4506.00	4506.00
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]		
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	0	954.00
7	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	4506.00	4506.00

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

1. Committee Name _____
 3. Report covering period of _____

2. ID# 2015-2

RECEIPTS

	Column A this period	Column B Campaign to Date
4. Contributions other than loans and in-kind:		
(a) Individuals - more than \$25 (Total from Schedule A)	650	3880
(b) Individuals - aggregate \$25 or less (Total from Schedule A-1)	650	3450
(c) Political Committees (Total from Schedule B)	0	430
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	0	0
(e) Refund of contributions (Total from Schedule F-2)	650	3880
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	0	0
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	650	3880
(b) All other loans (Total from Schedule C-1)	0	0
(c) Total Loans [add 5(a) and 5(b)]	0	0
6. In-kind contributions (Total from Schedule E)	0	0
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	0	930
8. Total Receipts [add 4(f), 5(c), 6, and 7]	0	0
	650	5460

DISBURSEMENTS

9. Expenditures for operating expenses (Total from Schedule D)	0	24.00
10. Independent Expenditures (Total from Schedule D-1)	0	0
11. Value of In-kind expenditures (Total from Schedule E)	0	930.00
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 [all 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	954
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	954
	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.

Erik Meishardt

TYPE OR PRINT NAME OF TREASURER

[Signature]

SIGNATURE OF TREASURER or CANDIDATE or DESIGNATING INDIVIDUAL

6-16-15

Date

CONTRIBUTIONS more than \$25 - from INDIVIDUALS -

SCHEDULE A

1. Committee Name: Elect Jim Lamerson for City Council
 3. Report covering period from May 8th 2015 thru June 8th 2015

2. ID# 2015-2

4.	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR			
a.	Name <u>James Reinher</u> Street Address <u>1963 Bloomingdale Dr.</u> City <u>Prescott</u> State <u>AZ</u> Zip <u>86301</u> Occupation <u>Retired</u> Employer	<u>5-11-15</u>	<u>50.00</u>	
b.	Name <u>VANESSA MANLEY</u> Street Address <u>272 SAN CARLOS RD.</u> City <u>Prescott</u> State <u>AZ</u> Zip <u>86303</u> Occupation <u>Retired</u> Employer	<u>5-15-15</u>	<u>500⁰⁰</u>	
c.	Name <u>Lee Ramble</u> Street Address <u>222 W. Gurley St.</u> City <u>Prescott</u> State <u>AZ</u> Zip <u>86301</u> Occupation <u>Realtor</u> Employer <u>National Realty</u>	<u>5-15-15</u>	<u>100⁰⁰</u>	
d.	Name Street Address City State Zip Occupation Employer			
e.	Name Street Address City State Zip Occupation Employer			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [Transfer total to Detailed Summary Page, Line 4(a), Column A]		<u>650⁰⁰</u>	

* If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.



**STATE OF ARIZONA
YAVAPAI COUNTY
POLITICAL COMMITTEE
CAMPAIGN FINANCE REPORT**

**FILED WITH
CITY CLERK**
Date 5/13/15 Hr. 3:56P.
By K Webb

FOR OFFICE USE ONLY

1. Committee to re-elect Jim Lamerson for city counsel
 Full Name of Committee

955 Angelita Dr
 Address

Prescott Az 86301 771-0921
 City Zip Code Phone

2. _____
 Sponsoring Organization (if applicable)

 Name of Candidate and Office Sought (if applicable)

 Email Address

 Fax #

3. ID#
2015-02

4. REPORTING PERIOD (Please check appropriate box)		DUE BETWEEN	
a.	<input type="checkbox"/> JANUARY 31 REPORT For Period of January 1, 2014 thru December 31, 2014	January 1 and February 2, 2015	
b.	<input type="checkbox"/> MARCH PRE-ELECTION REPORT For Period of January 1 thru February 26, 2015	February 27 and March 6, 2015	
c.	<input type="checkbox"/> MARCH POST-ELECTION REPORT For Period of February 27 thru March 30, 2015	March 31 and April 9, 2015	
d.	<input checked="" type="checkbox"/> MAY PRE-ELECTION REPORT For Period of March 31 thru May 7, 2015	May 8 and May 15, 2015	
e.	<input type="checkbox"/> MAY POST-ELECTION REPORT For Period of May 8 thru June 8, 2015	June 9 and June 18, 2015	
f.	<input type="checkbox"/> AUGUST PRE-ELECTION REPORT For Period of June 9 thru August 13, 2015	August 14 and August 21, 2015	
g.	<input type="checkbox"/> AUGUST POST-ELECTION REPORT For Period of August 14 thru September 14, 2015	September 15 and September 24, 2015	
h.	<input type="checkbox"/> NOVEMBER PRE-ELECTION REPORT For Period of September 15 thru October 22, 2015	October 23 and October 30, 2015	
i.	<input type="checkbox"/> NOVEMBER POST-ELECTION REPORT For Period of October 23 thru November 23, 2015	November 24 and December 3, 2015	
5	Summary	Column A	Column B
5a	Total 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 (ending balance from the previous reporting period)	0	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	4810.00	
5d	Subtotal (add lines b and c for column A and add lines a and c for column B)	4810.00	4810.00
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]		
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	954.00	
7	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	3856.00	

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

1. Committee Name Elect Jim Lamerson
 3. Report covering period of 3-31-15 to 5-7-2015

2. ID# 2015-02

RECEIPTS

	Column A this period	Column B Campaign to Date
4. Contributions other than loans and in-kind:		
(a) Individuals - more than \$25 (Total from Schedule A)	3880.00	3880.00
(b) Individuals - aggregate \$25 or less (Total from Schedule A-1)	3450.00	3450.00
(c) Political Committees (Total from Schedule B)	430.00	430.00
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	0	0
(e) Refund of contributions (Total from Schedule F-2)	3880.00	3880.00
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	0	0
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	3880.00	3880.00
(b) All other loans (Total from Schedule C-1)	0	0
(c) Total Loans [add 5(a) and 5(b)]	0	0
6. In-kind contributions (Total from Schedule E)	0	0
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	930.00	930.00
8. Total Receipts [add 4(f), 5(c), 6, and 7]	0	0
	4810.00	4810.00

DISBURSEMENTS

9. Expenditures for operating expenses (Total from Schedule D)	24.00	24.00
10. Independent Expenditures (Total from Schedule D-1)	0	0
11. Value of In-Kind expenditures (Total from Schedule E)	930.00	930.00
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 [all 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]	954.00	954.00
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]	954.00	954.00
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.

TYPE OR PRINT NAME OF TREASURER

Erik Meinhardt

SIGNATURE OF TREASURER or CANDIDATE or DESIGNATING INDIVIDUAL

Date

5-12-15

CONTRIBUTIONS more than \$25 – from INDIVIDUALS*

SCHEDULE A

1. Committee Name: Elect Jim Lamerson
 3. Report covering period from 3-31-15 thru 5-7-15

2. ID# 2015-02

4.	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR			
a.	Name <u>DAN Morris</u> Street Address <u>381 Perigrine Ln.</u> City <u>Prescott</u> State <u>AZ</u> Zip <u>86301</u> Occupation <u>Business Owner</u> Employer <u>SELF</u>	<u>4-23</u>	<u>100.00</u>	
b.	Name <u>Jerome Robinson</u> Street Address <u>4669 Sharp Shooter Way</u> City <u>Prescott</u> State <u>AZ</u> Zip <u>86301</u> Occupation <u>Retired</u> Employer	<u>4-23</u>	<u>50.00</u>	
c.	Name <u>LARRY GRAY</u> Street Address <u>2979 Southpark</u> City <u>Prescott</u> State <u>AZ</u> Zip <u>86305</u> Occupation <u>Retired Police Officer</u> Employer	<u>4-23</u>	<u>50.00</u>	
d.	Name <u>HARRY OBERG</u> Street Address <u>1376 Ridgewood Dr.</u> City <u>Prescott</u> State <u>AZ</u> Zip <u>86305</u> Occupation <u>Retired</u> Employer	<u>4-23</u>	<u>100.00</u>	
e.	Name <u>DAVID STRINGER</u> Street Address <u>1290 White Spar Rd.</u> City <u>Prescott</u> State <u>AZ</u> Zip <u>86303</u> Occupation <u>Motel Owner</u> Employer	<u>4-23</u>	<u>100.00</u>	
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [Transfer total to Detailed Summary Page, Line 4(a), Column A]			

* If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS more than \$25 -- from INDIVIDUALS *

SCHEDULE A

1. Committee Name: _____

2. ID # 2015-02

3. Report covering period from _____ thru _____

4.	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR				
a.	Name <u>Steven Pierce</u> Street Address <u>14000 N 7 V RANCH RD</u> City <u>Prescott</u> State <u>AZ</u> Zip <u>86305</u> Occupation <u>Senator / RANCH OWNER</u> Employer	4-23	100.00	
b.	Name <u>Billie Orr</u> Street Address <u>1401 CLAYBORNE Circle</u> City <u>Prescott</u> State <u>AZ</u> Zip <u>86301</u> Occupation <u>retired Educator</u> Employer	4-23	50.00	
c.	Name <u>George Sheats</u> Street Address <u>1242 Crown Ridge Rd.</u> City <u>Prescott</u> State <u>AZ</u> Zip <u>86301</u> Occupation <u>retired businessman</u> Employer	4-23	50.00	
d.	Name <u>Bill Feldmeier</u> Street Address <u>PO Box 485</u> City <u>Prescott</u> State <u>AZ</u> Zip <u>86302</u> Occupation <u>retired contractor</u> Employer	4-23	250.00	
e.	Name <u>Nancy Barrett</u> Street Address <u>2054 Old Kettle Dr.</u> City <u>Prescott</u> State <u>AZ</u> Zip <u>86305</u> Occupation <u>retired</u> Employer	4-23	100.00	
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [Transfer total to Detailed Summary Page, Line 4(a), Column A]			

* If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS more than \$25 – from INDIVIDUALS •

SCHEDULE A

1. Committee Name: _____

2. ID# 2015-02

3. Report covering period from _____ thru _____

4.	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR			
a.	Name <u>Lucy MASON</u> Street Address <u>301 E. Rosser</u> City <u>Prescott</u> State <u>AZ</u> Zip <u>86301</u> Occupation <u>Former legislat</u> Employer	<u>4-23</u>	<u>300.00</u>	
b.	Name <u>Alex Vakula</u> Street Address <u>203 E. Union St.</u> City <u>Prescott</u> State <u>AZ</u> Zip <u>86303</u> Occupation <u>Attorney</u> Employer	<u>4-23</u>	<u>50.00</u>	
c.	Name <u>Scott Mascher</u> Street Address <u>1875 W Rd 2N.</u> City <u>Chino Valley</u> State <u>AZ</u> Zip <u>86323</u> Occupation <u>Sheriff</u> Employer	<u>4-23</u>	<u>100.00</u>	
d.	Name <u>Chester McVey</u> Street Address <u>1559 Northridge Dr.</u> City <u>Prescott</u> State <u>AZ</u> Zip <u>86301</u> Occupation <u>Retired</u> Employer	<u>4-23</u>	<u>50.00</u>	
e.	Name [REDACTED] Street Address [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED] Occupation [REDACTED] Employer			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [Transfer total to Detailed Summary Page, Line 4(a), Column A]			

* If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS more than \$25 - from INDIVIDUALS *

SCHEDULE A

1. Committee Name: _____

2. ID # 2015-02

3. Report covering period from _____ thru _____

4.	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR			
a.	Name Roger Reinsch Street Address 803 Scenic Point City Prescott AZ State Zip 86303 Occupation retired Employer	4-23	100.00	
b.	Name SANDRA BROWN Street Address 13240 N. Ironhawk Dr. City Prescott AZ State Zip 86305 Occupation retired Employer	4-23	100.00	
c.	Name Malcolm Barrett Street Address 2054 N. Old Kettle Dr. City Prescott AZ State Zip 86305 Occupation realtor Employer	4-23 100.00	100.00	
d.	Name Lois Marie Smith Street Address PO Box 1950 City Prescott AZ State Zip 86303 Occupation retired Employer	4-7	300.00	
e.	Name W.J. Roecker Street Address 4963 Cactus Place City Prescott AZ State Zip 86301 Occupation retired Employer	4-7	100.00	
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (Transfer total to Detailed Summary Page, Line 4(a), Column A)			

* If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS more than \$25 – from INDIVIDUALS*

SCHEDULE A

1. Committee Name: _____

2. ID# 2015-02

3. Report covering period from _____ thru _____

4.	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR				
a.	Name <u>Len Scamardo</u> Street Address <u>314 Double D Drive</u> City <u>Prescott</u> State <u>AZ</u> Zip <u>86301</u> Occupation <u>licensed contractor</u> Employer	<u>4-23</u>	<u>100.00</u>	
b.	Name <u>Rodney Kyle</u> Street Address <u>1025 Quicksilver Dr.</u> City <u>Prescott</u> State <u>AZ</u> Zip <u>86303</u> Occupation <u>Store Owner</u> Employer <u>self</u>	<u>4-13</u>	<u>100.00</u>	
c.	Name <u>Steve Blair</u> Street Address <u>1902 Northside Dr.</u> City <u>Prescott</u> State <u>AZ</u> Zip <u>86301</u> Occupation <u>Business Person</u> Employer	<u>4-7</u>	<u>100.00</u>	
d.	Name <u>Sherrie Hanna</u> Street Address <u>2503 Willow Creek Rd.</u> City <u>Prescott</u> State <u>AZ</u> Zip <u>86301</u> Occupation <u>Postal Employee</u> Employer <u>USPS</u>	<u>4-7</u>	<u>100.00</u>	
e.	Name <u>Yvonne Dorman</u> Street Address <u>1335 Mullen Way</u> City <u>Prescott</u> State <u>AZ</u> Zip <u>86303</u> Occupation <u>retired</u> Employer	<u>4-7</u>	<u>500.00</u>	
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (Transfer total to Detailed Summary Page, Line 4(a), Column A)			

* If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name: _____

2. ID # 2015-02

3. Report covering period from _____ thru _____

4.	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR			
a.	Name Greg Lazell Street Address 815 N. Walnut City Prescott State AZ. Zip 86301 Occupation Facilities Director Employer Prescott College	4-23	50.00	
b.	Name David Hess Street Address PO Box 191 City Prescott State AZ. Zip 86302 Occupation Doctor Employer	4-27	150.00	
c.	Name Earle Rison (JEAN) Street Address 428 River Oaks Dr. City Prescott State AZ. Zip 86301 Occupation retired Employer	4-26	50.00	
d.	Name Judd Simmons Street Address 2515 Country Park Dr City Prescott State AZ. Zip 86305 Occupation Property manager Employer self	4-30	100.00	
e.	Name Larry Gray Street Address 2979 South Park City Prescott AZ. State AZ. Zip 86305 Occupation retired Employer	4-30	50.00	
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [Transfer total to Detailed Summary Page, Line 4(a), Column A]		3450.00	3450.00

* If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS of \$25 or less - AGGREGATE TOTAL*

SCHEDULE A-1

2. ID# 2015-02

1. Committee Name Elect Jim Lamerson
3. Report covering period from 3-31-15 thru 5-7-2015
4. Aggregate Total of Contributions of \$25 or less

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
Aggregate total \$25 or less	430.00	430.00
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b) Column A]	430.00	6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]

If contributions of \$25 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

QUALIFYING CONTRIBUTIONS OF \$5 - FROM INDIVIDUALS

SCHEDULE A-2

1. Committee Name _____

2. ID # _____

3. Report covering period from _____ thru _____

4. CONTRIBUTIONS				DATE RECEIVED	AMOUNT RECEIVED
NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR					
a.	LAST	FIRST	MI		
	STREET ADDRESS				
	CITY	STATE	ZIP		
	COUNTY OF RESIDENCE	SOLICITOR			
b.	LAST	FIRST	MI		
	STREET ADDRESS				
	CITY	STATE	ZIP		
	COUNTY OF RESIDENCE	SOLICITOR			
c.	LAST	FIRST	MI		
	STREET ADDRESS				
	CITY	STATE	ZIP		
	COUNTY OF RESIDENCE	SOLICITOR			
d.	LAST	FIRST	MI		
	STREET ADDRESS				
	CITY	STATE	ZIP		
	COUNTY OF RESIDENCE	SOLICITOR			
e.	LAST	FIRST	MI		
	STREET ADDRESS				
	CITY	STATE	ZIP		
	COUNTY OF RESIDENCE	SOLICITOR			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A-2 [If last page of Schedule A-2, transfer total to Detailed Summary Page] Reminder: The total sum must be attached as a check or money order (made payable to the Citizen's Clean Election Fund) to the participating Candidate's Application to Receive Funds and Qualifying Contributions Report (filed with the Secretary of State). See A.R.S. §16-950(B)				

* For Participating Candidates, as defined in A.R.S. § 16-961 (C)

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____

4. CONTRIBUTIONS		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
IDENTITY OF CONTRIBUTOR AND DATE RECEIVED			
a.	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)			

Schedule B Page ____ of ____

CANDIDATE LOANS

SCHEDULE C

Office Revision 01/2015

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

4. <u>LOANS MADE OR GUARANTEED BY CANDIDATE</u>				DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, FROM WHOM RECEIVED						
4a.	Last	First	Middle Initial			
	Street Address					
	City	State	Zip			
	Description					
b.	Last	First	Middle Initial			
	Street Address					
	City	State	Zip			
	Description					
c.	Last	First	Middle Initial			
	Street Address					
	City	State	Zip			
	Description					
e.	Last	First	Middle Initial			
	Street Address					
	City	State	Zip			
	Description					
f.	Last	First	Middle Initial			
	Street Address					
	City	State	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 C-1

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

ALL OTHER LOANS				
4.	NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OF LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City State Zip			
	NAME OF ENDORSEMENT OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City State Zip			
	Description			
b.	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City State Zip			
	NAME OF ENDORSEMENT OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City State Zip			
	Description			
c.	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City State Zip			
	NAME OF ENDORSEMENT OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City State Zip			
	Description			
d.	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City State Zip			
	NAME OF ENDORSEMENT OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City State Zip			
	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(b), Column A]			

EXPENDITURES FOR OPERATING EXPENSES**

SCHEDULE D

1. Committee Name Elect Jim Lamerson
 3. Report Covering period from 3-31-15 thru 5-7-2015

2. ID# 2015-02

4.	EXPENDITURES NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
a.	Name <u>NATIONAL BANK OF ARIZONA</u> Street Address <u>201 N. Montezuma #100</u> City <u>Prescott</u> State <u>AZ</u> Zip <u>86301</u> Description of Items or Services Purchased <u>Monthly Service Charge for checking Account</u>	<u>3/2015</u> <u>4/2015</u> <u>5/2015</u>	<u>8.00</u> <u>8.00</u> <u>8.00</u> <u>24.00 total</u>
b.	Name Street Address City State Zip Description of Items or Services Purchased		
c.	Name Street Address City State Zip Description of Items or Services Purchased		
d.	Name Street Address City State Zip Description of Items or Services Purchased		
e.	Name Street Address City State Zip Description of Items or Services Purchased		
f.	Name Street Address City State 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 Detailed Summary Page Line 9, Column A)		

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

1. Committee Name _____

2. ID # _____

3. Report covering period from _____ thru _____

INDEPENDENT EXPENDITURES				DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4. IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITED OR OPPOSED					
a. Name					
Street Address					
City	State	Zip			
Purpose and Description of Purchase		Benefited <input type="checkbox"/>	Opposed <input type="checkbox"/>		
Candidate	Office Sought	Year of Election			
b. Name					
Street Address					
City	State	Zip			
Purpose and Description of Purchase		Benefited <input type="checkbox"/>	Opposed <input type="checkbox"/>		
Candidate	Office Sought	Year of Election			
c. Name					
Street Address					
City	State	Zip			
Purpose and Description of Purchase		Benefited <input type="checkbox"/>	Opposed <input type="checkbox"/>		
Candidate	Office Sought	Year of Election			
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULED 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

1. Committee Name _____

2. ID # _____

3. Report covering period from _____ thru _____

LOANS MADE BY THE REPORTING COMMITTEE				DATE LOAN MADE	AMOUNT OF LOAN
4.	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE				
a.	Committee Name		ID#		
	Address				
	City	State	Zip		
b.	Committee Name		ID#		
	Address				
	City	State	Zip		
c.	Committee Name		ID#		
	Address				
	City	State	Zip		
d.	Committee Name		ID#		
	Address				
	City	State	Zip		
e.	Committee Name		ID#		
	Address				
	City	State	Zip		
f.	Committee Name		ID#		
	Address				
	City	State	Zip		
g.	Committee Name		ID#		
	Address				
	City	State	Zip		
h.	Committee Name		ID#		
	Address				
	City	State	Zip		
i.	Committee Name		ID#		
	Address				
	City	State	Zip		
5.	ENTER TOTAL ONLY LAST PAGE OF SCHEDULE D-2 [If last page of Schedule D-2, transfer totals to Detailed Summary Page, Line 12, Column A]				

OFFSETS TO OPERATING EXPENSES*

SCHEDULE D-3

1. Committee Name _____

2. ID # _____

3. Report covering period from _____ thru _____

4. 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			
a.	Name		
	Street Address		
	City State Zip		
	Description of Refund		
b.	Name		
	Street Address		
	City State Zip		
	Description of Refund		
c.	Name		
	Street Address		
	City State Zip		
	Description of Refund		
d.	Name		
	Street Address		
	City State Zip		
	Description of Refund		
e.	Name		
	Street Address		
	City State Zip		
	Description of Refund		
f.	Name		
	Street Address		
	City State 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

1. Committee Name _____

2. ID # _____

3. Report covering period from _____ thru _____

4. REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE		DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
NAMES AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE			
a.	Name		
	Street Address		
	City State Zip		
b.	Name		
	Street Address		
	City State Zip		
c.	Name		
	Street Address		
	City State Zip		
d.	Name		
	Street Address		
	City State Zip		
e.	Name		
	Street Address		
	City State Zip		
f.	Name		
	Street Address		
	City State Zip		
g.	Name		
	Street Address		
	City State Zip		
h.	Name		
	Street Address		
	City State Zip		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 (If last page of Schedule D-4, transfer total to Detailed Summary Page, Line 13(a), Column A)		

REPAYMENT OF OTHER LOANS

SCHEDULE D-5

1. Committee Name _____

2. ID # _____

3. Report covering period from _____ thru _____

REPAYMENT OF ALL OTHER LOANS		DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
4.	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
a.	Name and ID #		
	Street Address		
	City State Zip		
b.	Name and ID #		
	Street Address		
	City State Zip		
c.	Name and ID #		
	Street Address		
	City State Zip		
d.	Name and ID #		
	Street Address		
	City State Zip		
e.	Name and ID #		
	Street Address		
	City State Zip		
f.	Name and ID #		
	Street Address		
	City State Zip		
g.	Name and ID #		
	Street Address		
	City State Zip		
h.	Name and ID #		
	Street Address		
	City State Zip		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [If last page of schedule, transfer total to Detailed Summary Page, Line 13(b), Column A]		

TRANSFERS TO OTHER POLITICAL COMMITTEES

1. Committee Name _____

2. ID # _____

3. Report covering period from _____ thru _____

4. TRANSFERS MADE BY THE REPORTING COMMITTEE		DATE TRANSFER WAS MADE	AMOUNT OF THE TRANSFER
NAMES, ADDRESS AND ID# TO WHOM TRANSFER (DISBURSEMENT) WAS MADE			
a.	Name and ID #		
	Street Address		
	City State Zip		
b.	Name and ID #		
	Street Address		
	City State Zip		
c.	Name and ID #		
	Street Address		
	City State Zip		
d.	Name and ID #		
	Street Address		
	City State Zip		
e.	Name and ID #		
	Street Address		
	City State Zip		
f.	Name and ID #		
	Street Address		
	City State Zip		
g.	Name and ID #		
	Street Address		
	City State Zip		
h.	Name and ID #		
	Street Address		
	City State Zip		
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 #

1. Committee Name _____

3. Report covering period from _____ thru _____

ANY OTHER DISBURSEMENT		DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
4.	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE: DESCRIPTION		
a.	Name and ID #		
	Street Address		
	City State Zip		
	Description		
b.	Name and ID #		
	Street Address		
	City State Zip		
	Description		
c.	Name and ID #		
	Street Address		
	City State Zip		
	Description		
d.	Name and ID#		
	Street Address		
	City State Zip		
	Description		
e.	Name and ID #		
	Street Address		
	City State Zip		
	Description		
f.	Name and ID #		
	Street Address		
	City State Zip		
	Description		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7, (if last page Schedule D-7, transfer total to Detailed Summary Page, Line 15, Column A)		

Schedule D-7 Page ____ of ____

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

Office Revision 01/2015

1. Committee Name Elect Jim Lamerson

2. ID# 2015-02

3. Report covering period from 3-31-15 thru 5-7-2015

4. <u>IN-KIND CONTRIBUTIONS and EXPENDITURES</u>		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			
a.	<p>Name, Address, City, State, Zip, and ID # <u>John Lamerson</u> <u>2601 N. Williamson Valley Rd.</u> <u>Prescott AZ. 86301</u></p> <p>CONTRIBUTION <input checked="" type="checkbox"/></p> <p>EXPENDITURE <input type="checkbox"/></p> <p>Description <u>Fund Raiser at Brick + Bones</u></p> <p>Occupation <u>Retired</u> Employer</p>	<u>4-23</u>	<u>500.00</u>
b.	<p>Name, Address, City, State, Zip, and ID # <u>Steve Blair</u> <u>1802 Northside Dr</u> <u>Prescott AZ. 86301</u></p> <p>CONTRIBUTION <input checked="" type="checkbox"/></p> <p>EXPENDITURE <input type="checkbox"/></p> <p>Description <u>Fund Raiser at Brick + Bones</u></p> <p>Occupation <u>Business Man</u> Employer <u>self</u></p>	<u>4-23</u>	<u>430.00</u>
c.	<p>Name, Address, City, State, Zip, and ID # <u>Brick + Bones</u> <u>2014 S. Montezuma St.</u> <u>Prescott AZ. 86301</u></p> <p>CONTRIBUTION <input type="checkbox"/></p> <p>EXPENDITURE <input checked="" type="checkbox"/></p> <p>Description <u>Fund Raiser - money spent to rent space and food</u></p> <p>Occupation <u>Business</u> Employer</p>	<u>4-23</u>	<u>930.00</u>
d.	<p>Name, Address, City, State, Zip, and ID #</p> <p>CONTRIBUTION <input type="checkbox"/></p> <p>EXPENDITURE <input type="checkbox"/></p> <p>Description</p> <p>Occupation Employer</p>		
e.	<p>Name, Address, City, State, Zip, and ID #</p> <p>CONTRIBUTION <input type="checkbox"/></p> <p>EXPENDITURE <input type="checkbox"/></p> <p>Description</p> <p>Occupation Employer</p>		
5.	<p>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]</p>		<u>930.00</u>
6.	<p>ENTER TOTAL IN-KIND EXPENDITURES ONLY IF LAST PAGE OF SECHEDULE E [if last page of Schedule E, transfer total to Detailed Summary Page, Line 11, Column A]</p>		<u>930.00</u>

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

1. Committee Name _____

2. ID # _____

3. Report covering period from _____ thru _____

4. DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS NAME AND ADDRESS OF INDIVIDUAL (OR NAME AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM THE RECEIPT WAS RECEIVED		DATE RECEIVED	AMOUNT OF THE RECEIPT
a.	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Receipt		
b.	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Receipt		
c.	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Receipt		
d.	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Receipt		
e.	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Receipt		
f.	Name and ID Number		
	Street Address		
	City State Zip		
	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*

2. ID # _____

1. Committee Name _____

3. Report covering period from _____ thru _____

4. REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED NAME AND ADDRESS OF INDIVIDUAL (OR NAME AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM THE REFUND WAS MADE; DESCRIPTION		DATE REFUND WAS MADE	AMOUNT OF THE REFUND
a.	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Refund		
b.	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Refund		
c.	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Refund		
d.	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Refund		
e.	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Refund		
f.	Name and ID Number		
	Street Address		
	City State Zip		
	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

Schedule F-2 Page ____ of ____

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

1. Committee Name _____

2. ID # _____

3. Report covering period from _____ thru _____

DEBTS AND OBLIGATIONS		OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
4.	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID # OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED				
a.	Name, Address, City, State, Zip, and ID#				
	Description of Debt				
b.	Name, Address, City, State, Zip, and ID#				
	Description of Debt				
c.	Name, Address, City, State, Zip, and ID#				
	Description of Debt				
d.	Name, Address, City, State, Zip, and ID#				
	Description of Debt				
e.	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 [If last page of Schedule F-3, transfer total to Detailed Summary Page, Line 19, Column A]				