



**State of Arizona
Political Committee
Campaign Finance Report**

For Office Use Only
RECEIVED
NAVAJO COUNTY
ELECTION SERVICES
2012 SEP 28 PM 4:19

3A. ID#
12-023

1. Committee to Elect Bob Higgins
Full Name of Committee

P.O. Box 534
Address

Lakeside, Az 85929 NAVAJO 928-521-3828
City Zip Code County Phone #

2. _____
Sponsoring Organization (if applicable)

**Primary Election: August 28, 2012
General Election: November 6, 2012**

Robert J Higgins Navajo County Superior Court Judge Div II
Name of Candidate and Office Sought (if applicable)

E-Mail Address Fax #

4. REPORTING PERIOD (Please check appropriate box)

DUE BETWEEN

a. <input type="checkbox"/>	JANUARY 31 REPORT For Period of November 23, 2010 thru December 31, 2011	January 1, 2012 thru January 31, 2012
b. <input type="checkbox"/>	JUNE 30 REPORT For Period of January 1, 2012 thru May 31, 2012	June 1, 2012 thru July 2, 2012
c. <input type="checkbox"/>	PRE-PRIMARY ELECTION REPORT For Period of June 1, 2012 thru August 16, 2012	August 17, 2012 thru August 24, 2012
d. <input checked="" type="checkbox"/>	POST-PRIMARY ELECTION REPORT For Period of August 17, 2012 thru September 17, 2012	September 18, 2012 thru September 27, 2012
e. <input type="checkbox"/>	PRE-GENERAL ELECTION REPORT For Period of September 18, 2012 thru October 25, 2012	October 26, 2012 thru November 2, 2012
f. <input type="checkbox"/>	POST-GENERAL ELECTION REPORT For Period of October 26, 2012 thru November 26, 2012	November 27, 2012 thru December 6, 2012

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)	0.00	0.00
5b.	Cash on Hand at the Beginning of this Reporting Period	3,999.63	3,999.63
5c.	Total Receipts (Column A from corresponding columns on Detail Summary Page, Line 8)	5,600.00	21,528.73
5d.	Subtotal (add lines b and c for column A and add lines a and c for column B)	9,599.63	21,528.73
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)		0.00
6b.	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	5,208.43	17,137.53
7.	Cash on Hand at Close of Reporting Period (Line 5d - Line 6b)	4,372.40	

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

1. Committee Name: Committee to Elect Bob Higgins
 3. Report covering period from 8/17/12 Thru 9/17/12

2. ID#

RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4. Contributions other than loans and in-kind:		
(a) Individuals - more than \$50 (Total from Schedule A)	5,600.00	21,528.73
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)		
(c) Political Committees (Total from Schedule B)		
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]		
(e) Refund of contributions (Total from Schedule F-2)		
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]		
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)		
(b) All other loans (Total from Schedule C-1)		
(c) Total Loans [add 5(a) and 5(b)]		
6. In-kind contributions (Total from Schedule E)		
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)		
8. Total Receipts [add 4(f), 5(c), 6, and 7]	5,600.00	21,528.73
QUALIFYING CONTRIBUTION RECEIPTS		
Qualifying Contributions of \$5 from Individuals (Total from Schedule A2).		
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	5,208.43	17,137.53
10. Independent Expenditures (Total from Schedule D-1)		
11. Value of In-kind expenditures (Total from Schedule E)		
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]	5,208.43	17,137.73
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)	99.00	99.00
18. Total disbursements [subtract line 17 from line 16]	5,109.43	17,038.73
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	0.00	0.00

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

Robert J Higgins ROBERT J HIGGINS
 Type or Print Name of Treasurer

Robert J Higgins 9-27-12
 Signature of Treasurer or Candidate or Designating Individual Date

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID #

1. Committee Name Committee to Elect Bob Higgins

3. Report covering period from 8/17/12 thru 9/17/12

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>Higgins</td> <td>Robert</td> <td>J</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">5314 Trail End Road</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Lakeside</td> <td>AZ</td> <td>85929</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Judge</td> <td colspan="2">Nav. County, State of AZ</td> </tr> </table>	LAST	FIRST	MI	Higgins	Robert	J	STREET ADDRESS			5314 Trail End Road			CITY	STATE	ZIP	Lakeside	AZ	85929	OCCUPATION	EMPLOYER		Judge	Nav. County, State of AZ		9/7/12	5,000.00	20,728.73
LAST	FIRST	MI																										
Higgins	Robert	J																										
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LAST	FIRST	MI																										
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OCCUPATION	EMPLOYER																											
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (If last page of Schedule A, transfer total to Detailed Summary Page Line 4(z), Column A)		5,600	21,528.73																								

*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. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name Committee to Elect Bob Higgins

2. ID #

3. Report covering period from 8/17/12 thru 9/17/12

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>Wal-Mart</u> <u>Show Low, AZ 85901</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Candy for Parade</u>	8/20/12	67.95
b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Circle K</u> <u>Pinetop, AZ 85935</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Gas</u>	8/20/12	59.33
c.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Submarine Veterans</u> <u>c/o Buck Briddle</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Golf tee sponsorship for charity event</u>	8/21/12	100.00
d.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Shell Oil</u> <u>Show low, AZ 85901</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Gas</u>	8/22/12	37.39
e.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Safeway</u> <u>Lakeside, AZ 85929</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Food for campaign BBQ</u>	8/22/12	81.80
f.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Maverick Magazine</u> <u>Show low, AZ 85901</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Advertisement</u>	8/23/12	120.00
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 #

1. Committee Name Committee to Elect Bob Higgins

3. Report covering period from 8/17/12 thru 9/17/12

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 White Mountain Entertainment WME Theatres Lakeside, AZ 85929 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Advertisement	8/24/12	50.00
b.	NAME, ADDRESS, CITY, STATE AND ZIP USPS Show low, AZ 85901 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Shipping of campaign materials	8/25/12	96.45
c.	NAME, ADDRESS, CITY, STATE AND ZIP Maverick Pinetop/Lakeside, AZ 85929 DESCRIPTION OF ITEMS OR SERVICES PURCHASED GAS	8/26/12	91.42
d.	NAME, ADDRESS, CITY, STATE AND ZIP Express Fuels Show low, AZ DESCRIPTION OF ITEMS OR SERVICES PURCHASED GAS	8/28/12	20.56
e.	NAME, ADDRESS, CITY, STATE AND ZIP KTNN Radio Window Rock Shopping Ctr Window Rock, AZ 86515 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Advertisement	8/28/12	390.00
f.	NAME, ADDRESS, CITY, STATE AND ZIP Wal-mart Show low, AZ 85901 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Water, food for booth	8/28/12	75.14
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

1. Committee Name Committee to Elect Bob Higgins

2. ID #

3. Report covering period from 8/17/12 thru 9/17/12

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>Basha's</u> <u>Whiteriver, AZ 85941</u>	<u>8/28/12</u>	<u>11.32</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Food for booth</u>		
b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Amanda Larzelere</u> <u>Whiteriver, AZ 85941</u>	<u>8/29/12</u>	<u>150.00</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Campaign worker</u>		
c.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Circle K</u> <u>Heber, AZ 85928</u>	<u>8/30/12</u>	<u>36.69</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>GAS</u>		
d.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Apple App</u> <u>Apple, Cupertino, Ca</u>	<u>9/4/12</u>	<u>1.06</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>App to download mobile pictures to Facebook Campaign page</u>		
e.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Victorystore.com</u>	<u>9/6/12</u>	<u>496.50</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Campaign supplies</u>		
f.	NAME, ADDRESS, CITY, STATE AND ZIP <u>White Mountain Apache Tribal Fair and Rodeo</u> <u>Whiteriver, AZ 85941</u>	<u>9/7/12</u>	<u>250.00</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Parade Entry fee</u>		
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 #

1. Committee Name Committee to Elect Bob Higgins

3. Report covering period from 8/17/12 thru 9/17/12

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>Postcardmania.com</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>POST CARDS / Postage</u>	9/7/12	1,564.10
b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Maverick</u> <u>Show low, AZ 85901</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>GAS</u>	9/7/12	60.81
c.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Safeway Fuel</u> <u>Show low, AZ 85901</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>GAS</u>	9/9/12	33.93
d.	NAME, ADDRESS, CITY, STATE AND ZIP <u>PineTop-Lakeside Chamber</u> <u>PineTop, AZ 85935</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Advertisements</u>	9/11/12	50.00
e.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Victorystore.com</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Campaign supplies</u>	9/12/12	341.00
f.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Lowe's</u> <u>Show low, AZ 85901</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>T-BARS for signs</u>	9/12/12	33.08
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 #

1. Committee Name Committee to Elect Bob Higgins

3. Report covering period from 8/17/12 thru 9/17/12

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>Navajo County Fair</u> <u>Holbrook, AZ 86025</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Advertisement</u>	<u>9/12/12</u>	<u>200.00</u>
b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Navajo County Recorder</u> <u>Holbrook, AZ 86025</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Late fee</u>	<u>9/12/12</u>	<u>110.00</u>
c.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Postcardmania.Com</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>POSTAGE / POST CARDS</u>	<u>9/17/12</u>	<u>679.90</u>
d.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
e.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
f.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D (If last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A)		<u>5,208.43</u>

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

CONTRIBUTIONS of \$50 or less - AGGREGATE TOTAL*

SCHEDULE A-1

1. Committee Name Committee to Elect Bob Higgins

2. ID #

3. Report covering period from 8/17/12 thru 9/17/12

4. Aggregate Total of Contributions of \$25 or less

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

*If contributions of \$50 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

1. Committee Name Committee to Elect Bob Higgins

2. ID #

3. Report covering period from 8/17/12 thru 9/17/12

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

CANDIDATE LOANS

SCHEDULE C

1.	Committee Name <u>Committee to Elect Bob Higgins</u>	2.	ID #
3.	Report covering period from <u>8/17/12</u> thru <u>9/17/12</u>		
4.	LOANS MADE OR GUARANTEED BY CANDIDATE	DATE RECEIVED	AMOUNT RECEIVED
	NAME AND ADDRESS FROM WHOM RECEIVED		CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION		
b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION		
c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION		
d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION		
e.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION		
f.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION		
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C [if last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A]		

OTHER LOANS

SCHEDULE C1

1. Committee Name Committee to Elect Bob Higgins

2. ID #

3. Report covering period from 8/17/12 thru 9/17/12

4	ALL OTHER LOANS	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.			
4a	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4b	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4c	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4d	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 [If last page of Schedule C-1, transfer total to Detailed Summary Page, Line 5(a), Column A]			

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name Committee to Elect Bob Higgins

2. ID #

3. Report covering period from 8/17/12 thru 9/17/12

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		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
b.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
c.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
d.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
e.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
f.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [If last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A]		

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

OFFSETS TO OPERATING EXPENSES *

SCHEDULE D-3

1. Committee Name Committee to Elect Bob Higgins

2. ID #

3. Report covering period from 8/17/12 thru 9/17/12

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 <u>Postcardmania.com</u>	<u>9/13/12</u>	<u>99.00</u>
	DESCRIPTION OF REFUND <u>Refund/Rebate because of amount of purchase</u>		
b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
e.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
f.	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]			<u>99.00</u>

* Includes return of contributions made by reporting committee

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name Comm. Me to Elect Bob Higgins

2. ID #

3. Report covering period from 8/17/12 thru 9/17/12

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		
b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
e.	NAME, ADDRESS, CITY, STATE, AND ZIP		
f.	NAME, ADDRESS, CITY, STATE, AND ZIP		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [Transfer total to Detail Summary Page, Line 13(a), Column A]		

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

1. Committee Name Committee to Elect Bob Higgins

2. ID #

3. Report covering period from 8/17/12 thru 9/17/12

4	REPAYMENT OF ALL OTHER LOANS NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [Transfer total to Detailed Summary Page, Line 13(b), Column A]		

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

1. Committee Name Committee to Elect Bob Higgins 2. ID #
 3. Report covering period from 8/17/12 thru 9/17/12

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#		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A]			

ANY OTHER DISBURSEMENT

SCHEDULE D-7

1. Committee Name Committee to Elect Bob Higgins

2. ID #

3. Report covering period from 8/17/12 thru 9/17/12

ANY OTHER DISBURSEMENTS		DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION			
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [Transfer total to Detailed Summary Page Line 15 Column A]

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

1. Committee Name Committee to Elect Bob Tiggins

2. ID #

3. Report covering period from 8/17/12 thru 9/17/12

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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 60%;"> <table style="width: 100%;"> <tr> <td style="width: 50%;">CONTRIBUTION</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>EXPENDITURE</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> </td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	<table style="width: 100%;"> <tr> <td style="width: 50%;">CONTRIBUTION</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>EXPENDITURE</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	CONTRIBUTION	<input type="checkbox"/>	EXPENDITURE	<input type="checkbox"/>	DESCRIPTION		OCCUPATION	EMPLOYER		
NAME, ADDRESS, CITY, STATE, ZIP AND ID#	<table style="width: 100%;"> <tr> <td style="width: 50%;">CONTRIBUTION</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>EXPENDITURE</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	CONTRIBUTION	<input type="checkbox"/>	EXPENDITURE	<input type="checkbox"/>								
CONTRIBUTION	<input type="checkbox"/>												
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DESCRIPTION													
OCCUPATION	EMPLOYER												
b.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 60%;"> <table style="width: 100%;"> <tr> <td style="width: 50%;">CONTRIBUTION</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>EXPENDITURE</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> </td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	<table style="width: 100%;"> <tr> <td style="width: 50%;">CONTRIBUTION</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>EXPENDITURE</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	CONTRIBUTION	<input type="checkbox"/>	EXPENDITURE	<input type="checkbox"/>	DESCRIPTION		OCCUPATION	EMPLOYER		
NAME, ADDRESS, CITY, STATE, ZIP AND ID#	<table style="width: 100%;"> <tr> <td style="width: 50%;">CONTRIBUTION</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>EXPENDITURE</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	CONTRIBUTION	<input type="checkbox"/>	EXPENDITURE	<input type="checkbox"/>								
CONTRIBUTION	<input type="checkbox"/>												
EXPENDITURE	<input type="checkbox"/>												
DESCRIPTION													
OCCUPATION	EMPLOYER												
c.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</td> <td style="width: 60%;"> <table style="width: 100%;"> <tr> <td style="width: 50%;">CONTRIBUTION</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>EXPENDITURE</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> </td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td>EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	<table style="width: 100%;"> <tr> <td style="width: 50%;">CONTRIBUTION</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>EXPENDITURE</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	CONTRIBUTION	<input type="checkbox"/>	EXPENDITURE	<input type="checkbox"/>	DESCRIPTION		OCCUPATION	EMPLOYER		
NAME, ADDRESS, CITY, STATE, ZIP AND ID#	<table style="width: 100%;"> <tr> <td style="width: 50%;">CONTRIBUTION</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>EXPENDITURE</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	CONTRIBUTION	<input type="checkbox"/>	EXPENDITURE	<input type="checkbox"/>								
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EXPENDITURE	<input type="checkbox"/>												
DESCRIPTION													
OCCUPATION	EMPLOYER												
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NAME, ADDRESS, CITY, STATE, ZIP AND ID#	<table style="width: 100%;"> <tr> <td style="width: 50%;">CONTRIBUTION</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>EXPENDITURE</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	CONTRIBUTION	<input type="checkbox"/>	EXPENDITURE	<input type="checkbox"/>								
CONTRIBUTION	<input type="checkbox"/>												
EXPENDITURE	<input type="checkbox"/>												
DESCRIPTION													
OCCUPATION	EMPLOYER												
5.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E <i>[If last page of Schedule E, transfer total to Detailed Summary Page Line 6, Column A]</i>												
6.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E <i>[If last page of Schedule E, transfer total to Detailed Summary Page Line 11, Column A]</i>												

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

1. Committee Name Comm. To Elect Bob Higgins

2. ID #

3. Report covering period from 8/17/12 thru 9/17/12

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		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 [If last page of Schedule F-1, transfer total to Detailed Summary Page Line 7 Column A]			

OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F-2

1. Committee Name Committee to Elect Bob Higgins

2. ID #

3. Report covering period from 8/17/12 thru 9/17/12

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		
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-2 [If last page of Schedule F-2, transfer total to Detailed Summary Page, Line 4(E), Column A]		

* Includes return of contributions received by reporting committee

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

1. Committee Name Committee to Elect Bob Higgins

2. ID #

3. Report covering period from 8/17/12 thru 9/17/12

4	DEBTS AND OBLIGATIONS	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED				
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 [Transfer total to Detail Summary Page Line 19, Column A]				