



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

*For Office Use Only*

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NAVAJO COUNTY  
ELECTION SERVICES

2012 NOV 21 AM 9:28

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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)

\_\_\_\_\_  
Name of Candidate and Office Sought (if applicable)

\_\_\_\_\_  
E-Mail Address                                  Fax #

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

4. REPORTING PERIOD (Please check appropriate box)		DUE BETWEEN
a. <input type="checkbox"/>	<b>JANUARY 31 REPORT</b> For Period of November 23, 2010 thru December 31, 2011	January 1, 2012 thru January 31, 2012
b. <input type="checkbox"/>	<b>JUNE 30 REPORT</b> For Period of January 1, 2012 thru May 31, 2012	June 1, 2012 thru July 2, 2012
c. <input type="checkbox"/>	<b>PRE-PRIMARY ELECTION REPORT</b> For Period of June 1, 2012 thru August 16, 2012	August 17, 2012 thru August 24, 2012
d. <input type="checkbox"/>	<b>POST-PRIMARY ELECTION REPORT</b> For Period of August 17, 2012 thru September 17, 2012	September 18, 2012 thru September 27, 2012
e. <input checked="" type="checkbox"/>	<b>PRE-GENERAL ELECTION REPORT</b> For Period of September 18, 2012 thru October 25, 2012	October 26, 2012 thru November 2, 2012
f. <input type="checkbox"/>	<b>POST-GENERAL ELECTION REPORT</b> 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	0
5b.	Cash on Hand at the Beginning of this Reporting Period	4,372.40	
5c.	Total Receipts (Column A from corresponding columns on Detail Summary Page, Line 8)	6,525.00	28,053.73
5d.	Subtotal (add lines b and c for column A and add lines a and c for column B)	10,897.40	28,053.73
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	0
6b.	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	8,329.90	25,467.43
7.	Cash on Hand at Close of Reporting Period (Line 5d - Line 6b)	2,586.30	

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

1. Committee Name: Committee to Elect Bob Higgins  
 3. Report covering period from 9/18/12 Thru 10/25/12

2. ID#

RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4. Contributions other than loans and in-kind:	0	0
(a) Individuals - more than \$50 (Total from Schedule A)	6,350	27,878.73
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)	25.00	25.00
(c) Political Committees (Total from Schedule B)	150.00	150.00
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	6,525.00	28,053.73
(e) Refund of contributions (Total from Schedule F-2)	0	
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	6,525.00	28,053.73
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	0	
(b) All other loans (Total from Schedule C-1)	0	
(c) Total Loans [add 5(a) and 5(b)]	0	
6. In-kind contributions (Total from Schedule E)	0	
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	0	
8. Total Receipts [add 4(f), 5(c), 6, and 7]	6,525.00	28,053.73
<b>QUALIFYING CONTRIBUTION RECEIPTS</b>		
Qualifying Contributions of \$5 from Individuals (Total from Schedule A2).	0	
<b>DISBURSEMENTS</b>		
9. Expenditures for operating expenses (Total from Schedule D)	8,329.90	25,467.43
10. Independent Expenditures (Total from Schedule D-1)	0	
11. Value of In-kind expenditures (Total from Schedule E)	0	
12. Loans made by reporting committee (Total from Schedule D-2)	0	
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)	0	
(b) Repayment of all other loans (Total from Schedule D-5)	0	
(c) Total Loan Repayments [add 13(a) and 13(b)]	0	
14. Transfers to other political committees (Total from Schedule D-6)	0	
15. Any other disbursement (Total from Schedule D-7)	0	
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	0	
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)	0	
18. Total disbursements [subtract line 17 from line 16]	8,329.90	25,467.43
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	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.

Robert J Higgins

Type or Print Name of Treasurer

Robert J Higgins

Signature of Treasurer or Candidate or Designating Individual

10/20/12

Date

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

**SCHEDULE A**

1. Committee Name Committee to Elect Bob Higgins

2. ID #

3. Report covering period from 9/18/12 thru 10/25/12

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR			
4a.	LAST FIRST MI <u>May Phillip and Suzanne</u> STREET ADDRESS <u>4937 E. Mitchell</u> CITY STATE ZIP <u>Phoenix AZ 85018</u> OCCUPATION EMPLOYER <u>Attorney Phillip Homener-Suzanne Collins, May Potenza</u>	<u>9/19/12</u>	<u>\$100.00</u>	<u>\$100.00</u>
b.	LAST FIRST MI <del>Higgins</del> <u>Higgins Robert J</u> STREET ADDRESS <u>5314 Trail End Road</u> CITY STATE ZIP <u>Lakeside AZ 85929</u> OCCUPATION EMPLOYER <u>Superior Court Judge State of AZ / Navajo County</u>	<u>9/25/12</u>	<u>\$6,000.00</u>	
c.	LAST FIRST MI <u>SEBY Michael</u> STREET ADDRESS <u>1178 N. Wakoda</u> CITY STATE ZIP <u>Flagstaff AZ 86004</u> OCCUPATION EMPLOYER <u>Physician</u>	<u>10/16/12</u>	<u>\$200.00</u>	<u>\$200.00</u>
d.	LAST FIRST MI <u>Blake Eli</u> STREET ADDRESS <u>P.O. Box 331</u> CITY STATE ZIP <u>Joseph City AZ 86032</u> OCCUPATION EMPLOYER	<u>10/16/12</u>	<u>\$50.00</u>	<u>\$50.00</u>
e.	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)		<u>\$6,350.00</u>	

\*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.

**CONTRIBUTIONS of \$50 or less - AGGREGATE TOTAL\***

**SCHEDULE A-1**

1. Committee Name Committee to Elect Bob Higgins

2. ID #
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3. Report covering period from 9/18/12 thru 10/25/12

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
Judith and Wayne Miller 2765 South Chipshot Drive Green Valley, AZ 85614	25.00	25.00	
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]	25.00	6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]	25.00

\*If contributions of \$50 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule. 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 9/18/12 thru 10/25/12

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 Navajo County Democratic Committee 210 E. 2nd Street Apt. 207 Winslow, AZ 86047	\$150.00	\$150.00
	DATE RECEIVED 10/16/12			
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]		\$150.00	\$150.00

**CANDIDATE LOANS**

**SCHEDULE C**

1.	Committee Name <u>Comm. Htee to Elect Bob Higgins</u>	2. ID #
3.	Report covering period from <u>9/18/12</u> thru <u>10/25/12</u>	

	<b>4. LOANS MADE OR GUARANTEED BY CANDIDATE</b>	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME AND ADDRESS FROM WHOM RECEIVED			
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
b.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
c.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
d.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
e.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
f.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A]			

**OTHER LOANS**

**SCHEDULE C1**

1. Committee Name Comm. Rec to Elect Bob Higgins

2. ID #

3. Report covering period from 9/18/12 thru 10/25/12

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 9/18/12 thru 10/25/12

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>Super Fuels</u> <u>Holbrook, AZ 86025</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>GAS</u>	<u>9/19/12</u>	<u>36.00</u>
b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Conoco</u> <u>Piñon, AZ</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>GAS</u>	<u>9/19/12</u>	<u>75.00</u>
c.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Holiday Inn Express</u> <u>Holbrook, AZ 86025</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Overnight stay</u>	<u>9/20/12</u>	<u>100.85</u>
d.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Burger King</u> <u>Holbrook, AZ 86025</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>food</u>	<u>9/20/12</u>	<u>7.37</u>
e.	NAME, ADDRESS, CITY, STATE AND ZIP <u>St Anthony School</u> <u>Show Low, AZ 85901</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED	<u>9/20/12</u>	<u>100.00</u>
f.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Giant</u> <u>Kayenta, AZ 86033</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>GAS</u>	<u>9/21/12</u>	<u>63.76</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

1. Committee Name Committee to Elect Bob Higgins  
 3. Report covering period from 9/18/12 thru 10/25/12

2. ID #

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 Recorder</u>  DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Early voter list</u>	9/21/12	182.00
b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Wal-mart</u> <u>Show Low, AZ</u>  DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Candy for parade</u>	9/24/12	71.69
c.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Postcardmania.com</u>  DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>mailing</u>	9/25/12	2,879.44
d.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Licano's Mexican Food</u> <u>Show Low, AZ 85901</u>  DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Lunch meeting with volunteers</u>	9/26/12	35.40
e.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Chase Bank</u> <u>Show Low, AZ 85901</u>  DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Service Fee</u>	9/28/12	15.00
f.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Maverick</u> <u>Lakeside, AZ 85929</u>  DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>GAS</u>	10/1/12	80.78
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 9/18/12 thru 10/25/12

4	EXPENDITURES NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4a.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Express Fuels</u> <u>Show Low, AZ 85901</u>  DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>GAS</u>	<u>10/1/12</u>	<u>40.76</u>
b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Big Brothers Big Sisters of N. Eastern Az.</u> <u>Show Low, AZ 85901</u>  DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Donation / Fundraiser</u>	<u>10/1/12</u>	<u>100.00</u>
c.	NAME, ADDRESS, CITY, STATE AND ZIP <del>Redevelopment Commission</del> <sup>RH</sup> <u>Safeway / Holbrook, AZ 86025</u>  DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Candy for parade</u>	<u>10/3/12</u>	<u>18.19</u>
d.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Circle K</u> <u>Holbrook, AZ 86025</u>  DESCRIPTION OF ITEMS OR SERVICES PURCHASED	<del>10/1/12</del> <sup>RH</sup> <u>10/4/12</u>	<u>74.66</u>
e.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Pineblp / Lakeside Parks &amp; Recreation</u> <u>Pineblp, AZ 85935</u>  DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Fall Festival Booth Space</u>	<u>10/4/12</u>	<u>60.00</u>
f.	NAME, ADDRESS, CITY, STATE AND ZIP <u>High 5 Design</u> <u>Lakeside, AZ 85929</u>  DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Magnetic signs</u>	<u>10/5/12</u>	<u>208.85</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 9/18/12 thru 10/25/12

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>Hensley's mini-mart</u> <u>Holbrook, AZ 86025</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>GAS</u>	<u>10/9/12</u>	<u>40.93</u>
	NAME, ADDRESS, CITY, STATE AND ZIP <u>The Print Place</u> <u>Holbrook, AZ 86025</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Cards</u>		
b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Hopi Cultural Center</u> <u>Keams Cyn, AZ</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>GAS</u>	<u>10/10/12</u>	<u>26.23</u>
	NAME, ADDRESS, CITY, STATE AND ZIP <u>Maverick</u> <u>Show Low, AZ 85901</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>GAS</u>		
d.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Safeway Stores</u> <u>Holbrook, AZ 86025</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Food for volunteers at meeting</u>	<u>10/10/12</u>	<u>21.81</u>
	NAME, ADDRESS, CITY, STATE AND ZIP <u>White Mountain Radio</u> <u>Lakeside, AZ 85929</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Advertisement</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

1. Committee Name Committee to Elect Bob Higgins

2. ID #

3. Report covering period from 9/18/12 thru 10/25/12

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>Super Fuels</u> <u>Holbrook, AZ 86025</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Food</u>	<u>10/16/12</u>	<u>4.13</u>
b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Express Fuels</u> <u>Show low, AZ 85901</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>GAS</u>	<u>10/16/12</u>	<u>90.40</u>
c.	NAME, ADDRESS, CITY, STATE AND ZIP <u>KTNN Radio</u> <u>Window Rock, AZ</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Advertising</u>	<u>10/16/12</u>	<u>650.00</u>
d.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Wal-mart</u> <u>Show Low, AZ 85901</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Parade candy</u>	<u>10/17/12</u>	<u>113.16</u>
e.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Amigo Cafe</u> <u>Kayenta, AZ 86033</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Lunch with campaign volunteers</u>	<u>10/18/12</u>	<u>24.63</u>
f.	NAME, ADDRESS, CITY, STATE AND ZIP <u>USPS</u> <u>Lakeside, AZ 85929</u> DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Mailing</u>	<u>10/18/12</u>	<u>90.13</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 9/18/12 thru 10/25/12

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 <u>Mustang</u> <u>Holbrook, AZ 86025</u>  DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>GAS</u>	10/19/12	75.00
b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>White Mountain Publishing</u> <u>Show Low, AZ 85901</u>  DESCRIPTION OF ITEMS OR SERVICES PURCHASED	10/19/12	863.67
c.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Bread of Life Mission</u> <u>Holbrook, AZ 86025</u>  DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Fundraiser</u>	10/19/12	100.00
d.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Bread of Life Mission</u> <u>Holbrook, AZ 86025</u>  DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Fundraiser</u>	10/22/12	175.00
e.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Express Fuels</u> <u>Show Low, AZ 85901</u>  DESCRIPTION OF ITEMS OR SERVICES PURCHASED	10/22/12	82.30
f.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Wal-mart</u> <u>Winslow, AZ 86047</u>  DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Parade candy</u>	10/22/12	50.38
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 9/18/12 thru 10/25/12

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>Priceline.com</u>		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Overnight stay in Holbrook</u>	<u>10/22/12</u>	<u>121.04</u>
b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Safeway Store</u> <u>Holbrook, AZ 86025</u>		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	<u>10/22/12</u>	<u>6.65</u>
c.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Carioca</u> <u>Taylor, AZ</u>		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>GAS</u>	<u>10/22/12</u>	<u>86.73</u>
d.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Carioca</u> <u>Taylor, AZ</u>		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>GAS</u>	<u>10/22/12</u>	<u>76.09</u>
e.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Home Depot</u> <u>Show Low, AZ 85901</u>		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>T POSTS For signs</u>	<u>10/22/12</u>	<u>46.15</u>
f.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Holbrook Tribune News</u> <u>Holbrook, AZ 86025</u>		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Advertisement</u>	<u>10/23/12</u>	<u>360.00</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

1. Committee Name Committee to Elect Bob Higgins

2. ID #

3. Report covering period from 9/18/12 thru 10/25/12

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 <u>Saleway Lakeside, AZ 85929</u>	<u>10/23/12</u>	<u>66.48</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Candy for Trunk or Treat in Show Low</u>		
b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Dollar Tree Show Low, AZ 85901</u>	<u>10/24/12</u>	<u>80.45</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Candy for Trunk or Treat White River</u>		
c.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Express Fuels Show Low, AZ 85901</u>	<u>10/24/12</u>	<u>41.18</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
d.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Ramon Riley White River, AZ</u>	<u>10/24/12</u>	<u>75.00</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Radio Advertisement</u>		
e.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Dollar Tree Show Low, AZ 85901</u>	<u>10/25/12</u>	<u>29.46</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Trunk or Treat Candy Cibola</u>		
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>8,329.90</u>

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

**INDEPENDENT EXPENDITURES\***

**SCHEDULE D-1**

1. Committee Name Comm. to Elect Bob Higgins

2. ID #

3. Report covering period from 9/18/12 thru 10/25/12

4	INDEPENDENT EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED		
4a.	NAME, ADDRESS, CITY, STATE AND ZIP  PURPOSE AND DESCRIPTION OF PURCHASE Benefitted <input type="checkbox"/> Opposed <input type="checkbox"/> CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP  PURPOSE AND DESCRIPTION OF PURCHASE Benefitted <input type="checkbox"/> Opposed <input type="checkbox"/> CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP  PURPOSE AND DESCRIPTION OF PURCHASE Benefitted <input type="checkbox"/> Opposed <input type="checkbox"/> CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 [If last page of Schedule D-1, transfer total to Detailed Summary Page Line 10, Column A]		

\*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]  
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 Committee to Elect Bob Higgins

2. ID #

3. Report covering period from 9/18/12 thru 10/25/12

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#		
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#		
g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
h.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
i.	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]		

**OFFSETS TO OPERATING EXPENSES \***

**SCHEDULE D-3**

1. Committee Name Committee to Elect Bob Higgins

2. ID #

3. Report covering period from 9/18/12 thru 10/25/12

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		
	DESCRIPTION OF REFUND		
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]*

\* Includes return of contributions made by reporting committee

**REPAYMENT OF CANDIDATE LOANS**

**SCHEDULE D-4**

1. Committee Name Committee to Elect Bob Higgins

2. ID #

3. Report covering period from 9/18/12 thru 10/25/12

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 9/18/12 thru 10/25/12

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#		
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 9/18/12 thru 10/25/12

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 Paul Higgins

2. ID #

3. Report covering period from 9/18/12 thru 10/25/12

ANY OTHER DISBURSEMENTS		DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION			
a.	<div style="border-bottom: 1px solid black; padding: 2px;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div style="border-bottom: 1px solid black; padding: 2px;">DESCRIPTION</div>		
b.	<div style="border-bottom: 1px solid black; padding: 2px;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div style="border-bottom: 1px solid black; padding: 2px;">DESCRIPTION</div>		
c.	<div style="border-bottom: 1px solid black; padding: 2px;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div style="border-bottom: 1px solid black; padding: 2px;">DESCRIPTION</div>		
d.	<div style="border-bottom: 1px solid black; padding: 2px;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div style="border-bottom: 1px solid black; padding: 2px;">DESCRIPTION</div>		
e.	<div style="border-bottom: 1px solid black; padding: 2px;">NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div style="border-bottom: 1px solid black; padding: 2px;">DESCRIPTION</div>		
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 Higgins

2. ID #

3. Report covering period from 9/18/12 thru 10/25/12

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: 20%;">CONTRIBUTION <input type="checkbox"/></td> <td style="width: 40%;"></td> </tr> <tr> <td></td> <td>EXPENDITURE <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="3">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/>			EXPENDITURE <input type="checkbox"/>		DESCRIPTION			OCCUPATION	EMPLOYER			
NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/>														
	EXPENDITURE <input type="checkbox"/>														
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: 20%;">CONTRIBUTION <input type="checkbox"/></td> <td style="width: 40%;"></td> </tr> <tr> <td></td> <td>EXPENDITURE <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="3">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/>			EXPENDITURE <input type="checkbox"/>		DESCRIPTION			OCCUPATION	EMPLOYER			
NAME, ADDRESS, CITY, STATE, ZIP AND ID#	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: 20%;">CONTRIBUTION <input type="checkbox"/></td> <td style="width: 40%;"></td> </tr> <tr> <td></td> <td>EXPENDITURE <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="3">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/>			EXPENDITURE <input type="checkbox"/>		DESCRIPTION			OCCUPATION	EMPLOYER			
NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/>														
	EXPENDITURE <input type="checkbox"/>														
DESCRIPTION															
OCCUPATION	EMPLOYER														
d.	<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: 20%;">CONTRIBUTION <input type="checkbox"/></td> <td style="width: 40%;"></td> </tr> <tr> <td></td> <td>EXPENDITURE <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="3">DESCRIPTION</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/>			EXPENDITURE <input type="checkbox"/>		DESCRIPTION			OCCUPATION	EMPLOYER			
NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/>														
	EXPENDITURE <input type="checkbox"/>														
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]														
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]														

**DIVIDENDS, INTEREST, AND OTHER RECEIPTS**

**SCHEDULE F-1**

1. Committee Name Committee to Elect Bob Higgins

2. ID #

3. Report covering period from 9/18/12 thru 10/25/12

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 9/18/12 thru 10/25/12

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 9/18/12 thru 10/25/12

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]				