

Amended

RECEIVED

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CITY CLERK'S OFFICE
CITY OF BISBEE
RECEIVED

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

1. Conroy Mayor.com
Full Name of Committee
608 Shattuck St
Address
Bisbee 58603 Cochise 266-0401
City ZIP Code County Phone

2. Sponsoring Organization or Candidate and office
Cynthia Conroy Mayor
Name of Candidate and Office Sought (if applicable)
cachisbeco@gmail.com
E-Mail Address Fax #

3A ID# M-14-03
 Primary
 General

4. REPORTING PERIOD (Please check appropriate box) **DUE BETWEEN**

- January 31 Report - For Period of _____ * thru December 31, 2013 January 1, 2014 and January 31, 2014
- June 30 Report - For Period of January 1, 2014 thru May 31, 2014 June 1, 2014 and June 30, 2014
- Pre-Primary Election Report - For Period of June 1, 2014 thru August 14, 2014 August 15, 2014 and August 22, 2014
- Post-Primary Election Report - For Period of August 15, 2014 thru September 15, 2014 September 16, 2014 and September 25, 2014
- Pre-General Election Report - For Period of September 16, 2014 thru October 23, 2014 October 24, 2014 and October 31, 2014
- Post-General Election Report - For Period of October 24, 2014 thru November 24, 2014 November 25, 2014 and December 4, 2014
- **January 31, Report - For Period of November 25, 2014 thru December 31, 2015 January 1, 2016 and January 31, 2016

| 5. SUMMARY | Column A Total This Reporting Period | Column B Election Period Total To Date |
|---|--|--|
| 5a Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee) | | |
| 5b Cash on Hand at the Beginning of this Reporting Period | 500- | |
| 5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8) | | |
| 5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B] | | |
| 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) | 00.00 | |
| 7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d] | 500- | |

*Insert date which is 21 days after date of last election (A.R.S. §16-913).
**Other reports will be due before this reporting period if a special or recall election is held prior to the next general election.

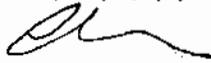
DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

1. Committee Name: Conroy 4 Mayor. com
 3. Report covering period from Jan 1 Thru Jan 30

| | |
|--------------------------|---------|
| 2. ID# | |
| <input type="checkbox"/> | Primary |
| <input type="checkbox"/> | General |

| RECEIPTS | COLUMN A THIS PERIOD | COLUMN B CAMPAIGN TO DATE |
|---|-------------------------|------------------------------|
| 4. Contributions other than loans and in-kind. | 0 | |
| (a) Individuals - more than \$50 (Total from Schedule A) | 500 | 560 |
| (b) Individuals - aggregate \$50 or less (Total from Schedule A-1) | 0 | |
| (c) Political Committees (Total from Schedule B) | 0 | |
| (d) Subtotal Contributions [add 4(a), 4(b), and 4(c)] | 0 | |
| (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)] | 500 | |
| 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] | | |
| DISBURSEMENTS | | |
| 9. Expenditures for operating expenses (Total from Schedule D) | 500 0 | |
| 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] | 0 | |
| 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.



| | |
|---|--------------------------|
| Type or Print Name of Treasurer <u>Cynthia A. Conroy</u> | Date <u>6/30/2014</u> |
| Signature of Treasurer or Candidate or Designating Individual | Date |

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

| | |
|--------------------------|---------|
| 2. ID# | |
| <input type="checkbox"/> | Primary |
| <input type="checkbox"/> | General |

1 Committee Name Conroy 4 Mayor

3 Report covering period from Jan 1 thru Jan 30

| 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>Conroy</td> <td>Lyndia</td> <td>A</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">608 Shattuck St</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Bridge</td> <td>Ar</td> <td>85603</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td>Retired</td> <td colspan="2"></td> </tr> </table> | LAST | FIRST | MI | Conroy | Lyndia | A | STREET ADDRESS | | | 608 Shattuck St | | | CITY | STATE | ZIP | Bridge | Ar | 85603 | OCCUPATION | EMPLOYER | | Retired | | | 6/16/2011 | 500 | 500 |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Conroy | Lyndia | A | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 608 Shattuck St | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bridge | Ar | 85603 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retired | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3"></td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td></td> <td colspan="2"></td> </tr> </table> | LAST | FIRST | MI | | | | STREET ADDRESS | | | | | | CITY | STATE | ZIP | | | | OCCUPATION | EMPLOYER | | | | | | | |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3"></td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td></td> <td colspan="2"></td> </tr> </table> | LAST | FIRST | MI | | | | STREET ADDRESS | | | | | | CITY | STATE | ZIP | | | | OCCUPATION | EMPLOYER | | | | | | | |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| d. | <table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3"></td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td></td> <td colspan="2"></td> </tr> </table> | LAST | FIRST | MI | | | | STREET ADDRESS | | | | | | CITY | STATE | ZIP | | | | OCCUPATION | EMPLOYER | | | | | | | |
| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| LAST | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CITY | STATE | ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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) | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*If contributions of \$50 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1

CONTRIBUTIONS of \$50 or less - AGGREGATE TOTAL*

SCHEDULE A-1

N/A

1. Committee Name Conroy 4 Mayor. com

3. Report covering period from 6/1 thru 6/30

| | |
|--------------------------|---------|
| 2. ID# | |
| <input type="checkbox"/> | Primary |
| <input type="checkbox"/> | General |

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

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

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

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

N/A

| | |
|--------------------------|---------|
| 2. ID# | |
| <input type="checkbox"/> | Primary |
| <input type="checkbox"/> | General |

1. Committee Name Council 4 Mayor

3. Report covering period from 6/1 thru 6/30

| 4 | | CONTRIBUTIONS | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|----|---------------|--|-----------------------------|--|
| | | IDENTITY OF CONTRIBUTOR AND DATE RECEIVED | | |
| 4a | ID # | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DATE RECEIVED | | | |
| b | ID # | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DATE RECEIVED | | | |
| c | ID # | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DATE RECEIVED | | | |
| d | ID # | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DATE RECEIVED | | | |
| e | ID # | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DATE RECEIVED | | | |
| f | ID # | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DATE RECEIVED | | | |
| g | ID # | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DATE RECEIVED | | | |
| h | ID # | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DATE RECEIVED | | | |
| i | ID # | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DATE RECEIVED | | | |
| 5. | | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE B (If last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A) | | |

CANDIDATE LOANS

MA

SCHEDULE C

| | | | | |
|-----|--|--------------------------|-----------------|--|
| 1 | Committee Name <i>Conroy & Major, com</i> | 2. ID # | | |
| | | <input type="checkbox"/> | Primary | |
| | | <input type="checkbox"/> | General | |
| 3. | Report covering period from <i>Jan 1</i> thru <i>July 31</i> | | | |
| 4. | LOANS MADE OR GUARANTEED BY CANDIDATE | DATE RECEIVED | AMOUNT RECEIVED | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
| | NAME AND ADDRESS FROM WHOM RECEIVED | | | |
| 4a. | NAME, ADDRESS, CITY, STATE, AND ZIP | | | |
| | | | | |
| | DESCRIPTION | | | |
| b. | NAME, ADDRESS, CITY, STATE, AND ZIP | | | |
| | | | | |
| | DESCRIPTION | | | |
| c. | NAME, ADDRESS, CITY, STATE, AND ZIP | | | |
| | | | | |
| | DESCRIPTION | | | |
| d. | NAME, ADDRESS, CITY, STATE, AND ZIP | | | |
| | | | | |
| | DESCRIPTION | | | |
| e. | NAME, ADDRESS, CITY, STATE, AND ZIP | | | |
| | | | | |
| | DESCRIPTION | | | |
| f. | NAME, ADDRESS, CITY, STATE, AND ZIP | | | |
| | | | | |
| | DESCRIPTION | | | |
| 5. | ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C (if last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A) | | | |

OTHER LOANS

SCHEDULE C1

N/A

| | |
|--------------------------|---------|
| 2. ID# | |
| <input type="checkbox"/> | Primary |
| <input type="checkbox"/> | General |

1. Committee Name Conroy 4 Mayor.com
 3. Report covering period from Jan 1 thru Jan 30

| 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

| | |
|--------------------------|---------|
| 2 ID# | |
| <input type="checkbox"/> | Primary |
| <input type="checkbox"/> | General |

1. Committee Name Conv of 4 Major. Com

3. Report covering period from Jan 1 through Jan 30

| 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>Banners In cheap</u> | <u>4/20/13</u> | <u>200.00</u> |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>4 banners</u> | | |
| 4b. | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED | | |
| 4c. | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED | | |
| 4d. | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED | | |
| 4e. | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED | | |
| 4f. | 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) | | |

AR amended

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

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

| | |
|--------------------------|---------|
| 2. ID# | |
| <input type="checkbox"/> | Primary |
| <input type="checkbox"/> | General |

1 Committee Name Comry 4 Major - com
 3 Report covering period from 2/1 thru 2/30

| 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# <i>NA</i> | | |
| 4b. | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| 4c. | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| 4d. | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| 4e. | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| 4f. | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| 4g. | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| 4h. | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| 4i. | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| 5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [Transfer total to Detail Summary Page Line 12, Column A] | | | |

OFFSETS TO OPERATING EXPENSES *

SCHEDULE D-3

| | |
|--------------------------|---------|
| 2 ID# | |
| <input type="checkbox"/> | Primary |
| <input type="checkbox"/> | General |

1 Committee Name Conry 4 May

3 Report covering period from 6/1 thru 6/30

| REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES | | DATE REFUND RECEIVED | AMOUNT OF THE REFUND |
|---|-------------------------------------|----------------------|----------------------|
| NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED | | | |
| 4a. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| | DESCRIPTION OF REFUND | | |
| 4b. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| | DESCRIPTION OF REFUND | | |
| 4c. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| | DESCRIPTION OF REFUND | | |
| 4d. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| | DESCRIPTION OF REFUND | | |
| 4e. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| | DESCRIPTION OF REFUND | | |
| 4f. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| | DESCRIPTION OF REFUND | | |
| 5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 (if last page of Schedule D-3, [transfer total to Detailed Summary Page Line 17 Column A]) | | | |
| * Includes return of contributions made by reporting committee | | | |

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

| | |
|--------------------------|---------|
| 2. ID# | |
| <input type="checkbox"/> | Primary |
| <input type="checkbox"/> | General |

1 Committee Name Congressman Lora

3 Report covering period from 6/1 thru 6/3

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

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

N/A

| | |
|--------------------------|---------|
| 2 ID# | |
| <input type="checkbox"/> | Primary |
| <input type="checkbox"/> | General |

1. Committee Name Com 4/1/14

3. Report covering period from 6/11 thru 6/30

| 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# <i>N/A</i> | | |
| 4b | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| 4c | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| 4d | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| 4e | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| 4f | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| 5 | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [Transfer total to Detailed Summary Page, Line 13(b), Column A] | | |

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

| | |
|--------------------------|---------|
| 2. ID# | |
| <input type="checkbox"/> | Primary |
| <input type="checkbox"/> | General |

1. Committee Name Conry 4 may

3. Report covering period from 6/1 thru 6/30

| 4 | TRANSFERS MADE BY THE REPORTING COMMITTEE NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE | DATE TRANSFER MADE | AMOUNT OF THE TRANSFER |
|-----|--|--------------------|------------------------|
| 4a. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# <i>N/A</i> | | |
| 4b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| 4c. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| 4d. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| 4e. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| 4f. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 (Transfer total to Detailed Summary Page, Line 14, Column A)

ANY OTHER DISBURSEMENT

SCHEDULE D-7

| | |
|--------------------------|---------|
| 2 ID# | |
| <input type="checkbox"/> | Primary |
| <input type="checkbox"/> | General |

1. Committee Name Conroy 4 May

3. Report covering period from 4/1 thru 6/30

| 4 | ANY OTHER DISBURSEMENTS | DATE DISBURSEMENT MADE | AMOUNT OF THE DISBURSEMENT |
|----|--|------------------------|----------------------------|
| | NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE: DESCRIPTION | | |
| 4a | NAME, ADDRESS, CITY, STATE, ZIP AND ID# <u>N/A</u> DESCRIPTION | | |
| 4b | NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION | | |
| 4c | NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION | | |
| 4d | NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION | | |
| 4e | NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION | | |
| 5 | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 (Transfer total to Detailed Summary Page Line 15 Column A) | | |

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

| | |
|--------------------------|---------|
| 2 ID# | |
| <input type="checkbox"/> | Primary |
| <input type="checkbox"/> | General |

1. Committee Name Com 4 May

3. Report covering period from Jan 1 thru Jan 30

| 4 | IN-KIND CONTRIBUTIONS and EXPENDITURES | | DATE | FAIR MARKET VALUE |
|----|--|-----------------------------|------|-------------------|
| | NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN | | | |
| 4a | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION EXPENDITURE | | |
| | DESCRIPTION | | | |
| | OCCUPATION | EMPLOYER | | |
| 4b | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION EXPENDITURE | | |
| | DESCRIPTION | | | |
| | OCCUPATION | EMPLOYER | | |
| 4c | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION EXPENDITURE | | |
| | DESCRIPTION | | | |
| | OCCUPATION | EMPLOYER | | |
| 4d | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION EXPENDITURE | | |
| | DESCRIPTION | | | |
| | OCCUPATION | EMPLOYER | | |
| 5 | ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E. (If last page of Schedule E, transfer total to Detailed Summary Page Line 6, Column A) | | | |
| 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

| | |
|--------------------------|---------|
| 2 ID# | |
| <input type="checkbox"/> | Primary |
| <input type="checkbox"/> | General |

1. Committee Name Conry 4 May
 3. Report covering period from 6/1 thru 6/30

| 4 | DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS | DATE AMOUNT RECEIVED | AMOUNT OF THE RECEIPT |
|----|--|----------------------|-----------------------|
| | NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED | | |
| 4a | NAME, ADDRESS, CITY, STATE, ZIP AND ID#  | | |
| | DESCRIPTION OF RECEIPT | | |
| 4b | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF RECEIPT | | |
| 4c | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF RECEIPT | | |
| 4d | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF RECEIPT | | |
| 4e | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF RECEIPT | | |
| 4f | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF RECEIPT | | |

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 (If last page of Schedule F-1, transfer total to Detailed Summary Page Line 7 Column A)

OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F-2

| | |
|--------------------------|---------|
| 2. ID# | |
| <input type="checkbox"/> | Primary |
| <input type="checkbox"/> | General |

1. Committee Name Com 74 Mayor, Wv
 3. Report covering period from 6/11 thru 6/30

| 4 | REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED | DATE REFUND MADE | AMOUNT OF THE REFUND |
|-----|--|------------------|----------------------|
| | NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE | | |
| 4a. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# <i>N/A</i> | | |
| | DESCRIPTION OF REFUND | | |
| 4b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF REFUND | | |
| 4c. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF REFUND | | |
| 4d. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF REFUND | | |
| 4e. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF REFUND | | |
| 4f. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF REFUND | | |

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-2 (If last page of Schedule F-2, transfer total to Detailed Summary Page, Line 4(E), Column A)

* Includes return of contributions received by reporting committee