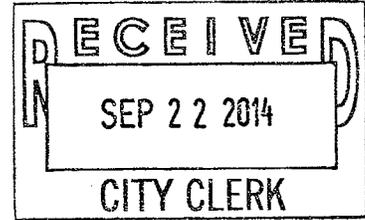


**POLITICAL COMMITTEE**  
**CITY/TOWN OF LHC**  
**CAMPAIGN FINANCE REPORT**  
**2014 August/November Regular Election**  
**Bill Ullery for Mayor**

FOR OFFICE USE ONLY



1. Full Name of Committee \_\_\_\_\_  
 Address **Lake Havasu City, AZ 86406** \_\_\_\_\_  
 City \_\_\_\_\_ ZIP Code \_\_\_\_\_ County \_\_\_\_\_ Phone \_\_\_\_\_

2. Sponsoring Organization or Candidate and office \_\_\_\_\_  
 Name of Candidate and Office Sought, if applicable \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_ Fax # \_\_\_\_\_

3A. ID# 14-NP-113

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)		0
5b Cash on Hand at the Beginning of this Reporting Period	0	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	10,038.69	30,777.38
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	10,038.69	30,777.38
6a Total Debts and Obligations from Previous Campaign Committee at Beginning of this Election Period (or at time Statement of Organization was filed for the new committee) [Do not add or subtract this line from the other lines]		0
6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	10,038.69	30,777.38
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	0	0

\*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

**Bill Ulery for Mayor**

2. ID#	14-SP-117
<input checked="" type="checkbox"/> Primary	
<input type="checkbox"/> General	

1. Committee Name: \_\_\_\_\_  
 3. Report covering period from 8-14 Thru 9-15

RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4. Contributions <u>other</u> than loans and in-kind:		
(a) Individuals - more than \$50 (Total from Schedule A)	100	800
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)	0	0
(c) Political Committees (Total from Schedule B)	0	0
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	100	800
(e) Refund of contributions (Total from Schedule F-2)	0	0
(f) Total Contributions <u>Other</u> than Loans and In-kind [subtract 4(e) from 4(d)]	100	800
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	8038.69	26,777.38
(b) All other loans (Total from Schedule C-1)	0	0
(c) Total Loans [add 5(a) and 5(b)]	8038.69	26,777.38
6. In-kind contributions (Total from Schedule E)	2000	4000
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	0	0
8. Total Receipts [add 4(f), 5(c), 6, and 7]	10,038.69	30,777.38
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	8038.69	26,777.38
10. Independent Expenditures (Total from Schedule D-1)	-	-
11. Value of In-kind expenditures (Total from Schedule E)	2000.00	4000.00
12. Loans made by reporting committee (Total from Schedule D-2)	0	0
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)	0	0
(b) Repayment of all other loans (Total from Schedule D-5)	0	0
(c) Total Loan Repayments [add 13(a) and 13(b)]	0	0
14. Transfers to other political committees (Total from Schedule D-6)	0	0
15. Any other disbursement (Total from Schedule D-7)	0	0
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	10,038.69	30,777.38
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)	0	0
18. Total disbursements [subtract line 17 from line 16]	10,038.69	30,777.38
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	10,038.69	30,777.38

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: **Bill Ulery**

Signature of Treasurer or Candidate or Designated Agent: \_\_\_\_\_ Date: 9-16-14

CONTRIBUTIONS more than \$50 - from INDIVIDUALS\*

SCHEDULE A

2. ID# 14-AP-113	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

Bill Ullery for Mayor

1. Committee Name \_\_\_\_\_  
 3. Report covering period from 8-14 thru 9-15

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>LAUKEY</td> <td>JOHN</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">2350 HAVASUPAI</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>LHC</td> <td>AZ</td> <td>86403</td> </tr> <tr> <td colspan="2">OCCUPATION</td> <td>EMPLOYER</td> </tr> <tr> <td colspan="2">MADONIA</td> <td>WALC-MART</td> </tr> </table>	LAST	FIRST	MI	LAUKEY	JOHN		STREET ADDRESS			2350 HAVASUPAI			CITY	STATE	ZIP	LHC	AZ	86403	OCCUPATION		EMPLOYER	MADONIA		WALC-MART	8-15	100	700
LAST	FIRST	MI																										
LAUKEY	JOHN																											
STREET ADDRESS																												
2350 HAVASUPAI																												
CITY	STATE	ZIP																										
LHC	AZ	86403																										
OCCUPATION		EMPLOYER																										
MADONIA		WALC-MART																										
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LAST	FIRST	MI																										
STREET ADDRESS																												
CITY	STATE	ZIP																										
OCCUPATION		EMPLOYER																										
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (If last page of Schedule A, transfer total to Detailed Summary Page Line 4(z), Column A)		100	800																								

\*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

**Bill Ullery for Mayor**

2. ID# 14-NP-113	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name \_\_\_\_\_

3. Report covering period from 8-15 thru 9-15

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]	0	6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]	0

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

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

2. ID#	14-NP-113
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

**Bill Ullery for Mayor**

1. Committee Name \_\_\_\_\_

3. Report covering period from 9-14 thru 9-15

4	CONTRIBUTIONS		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	IDENTITY OF CONTRIBUTOR AND DATE RECEIVED			
4a	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
b.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
c.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
d.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
e.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
f.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
g.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
h.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
i.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE B [if last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]		0	0

CANDIDATE LOANS

SCHEDULE C

1.	Committee Name <b>Bill Ulery for Mayor</b>	2. ID # <b>14-102113</b>		
		<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>
			General	
3.	Report covering period from <b>8-15</b> thru <b>9-15</b>			
4.	LOANS MADE OR GUARANTEED BY CANDIDATE	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME AND ADDRESS OF WHOM RECEIVED			
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP <b>[REDACTED] Lake Havasu City, AZ 86406</b>	<b>9-15</b>	<b>8038.69</b>	<b>26,777.38</b>
	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]		<b>8038.69</b>	<b>26,777.38</b>

OTHER LOANS

SCHEDULE C1

**Bill Ullery for Mayor**

2. ID# 14-NP-103	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name \_\_\_\_\_  
 3. Report covering period from 9-14 thru 9-15

4	ALL OTHER LOANS	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.			
4a	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4b	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4c	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4d	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 [If last page of Schedule C-1, transfer total to Detailed Summary Page, Line 5(a), Column A]		0	

EXPENDITURES FOR OPERATING EXPENSES\*

SCHEDULE D

Bill Ullery for Mayor

2. ID# 14-NP-113	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name \_\_\_\_\_  
 3. Report covering period from 8-19 through 8-19

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 RIVERSIDE CITY NEWSPAPER AVONIA BLVD WILMINGTON 96403 DESCRIPTION OF ITEMS OR SERVICES PURCHASED ADS ON VISA CARD - SWEL	8-21	8,038.69
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]		8038.69

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

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

Bill Ullery for Mayor

2. ID#	14-NP-113
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name \_\_\_\_\_

3. Report covering period from 8-15 thru 9-15

4	LOANS MADE BY THE REPORTING COMMITTEE	DATE LOAN MADE	AMOUNT OF THE LOAN
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4h.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4i.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [Transfer total to Detail Summary Page Line 12, Column A]		0

OFFSETS TO OPERATING EXPENSES \*

SCHEDULE D-3

Bill Ullery for Mayor

2. ID#	1408213
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name \_\_\_\_\_  
 3. Report covering period from 8-19 thru 9-19

REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES		DATE REFUND RECEIVED	AMOUNT OF THE REFUND
NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED			
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4e.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4f.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 [If last page of Schedule D-3, (transfer total to Detailed Summary Page Line 17 Column A)]		0

\* Includes return of contributions made by reporting committee

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

**Bill Ullery for Mayor**

2. ID#	14-PP-113
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name \_\_\_\_\_

3. Report covering period from 9-14 thru 2-15

	REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
	NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4e.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4f.	NAME, ADDRESS, CITY, STATE, AND ZIP		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [Transfer total to Detail Summary Page, Line 13(a), Column A]		0

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

**Bill Ullery for Mayor**

2. ID# <u>14-NP0113</u>	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name \_\_\_\_\_

3. Report covering period from 8-14 thru 9-13

4	REPAYMENT OF ALL OTHER LOANS	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [Transfer total to Detailed Summary Page, Line 13(b), Column A]		0

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

2. ID# 14-NP-113	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

Bill Ullery for Mayor

1. Committee Name \_\_\_\_\_

3. Report covering period from 8-19 thru 9-15

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

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

0

ANY OTHER DISBURSEMENT

SCHEDULE D-7

**Bill Ullery for Mayor**

2. ID#	14-UP-113
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name \_\_\_\_\_

3. Report covering period from 8-13 thru 9-13

4.	ANY OTHER DISBURSEMENTS	DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 (Transfer total to Detailed Summary Page Line 15 Column A)		0

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

Bill Ullery for Mayor

2. ID# 14-20113	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name \_\_\_\_\_

3. Report covering period from 7-14 thru 9-15

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# PETER SCHMIDT [REDACTED] 411 21st St NW, DC 20036	CONTRIBUTION EXPENDITURE VOLUNTEER	9-1	2000.00
	DESCRIPTION FDS - RLV			
	OCCUPATION MARKET DC	EMPLOYER SELF		
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]			2000
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]			2000

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

Bill Ullery for Mayor

2. ID# 14-2013	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name \_\_\_\_\_

3. Report covering period from 8-16 thru 9-13

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

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

0

OFFSETS TO CONTRIBUTIONS RECEIVED \*

SCHEDULE F-2

**Bill Ullery for Mayor**

2. ID#	12-10-13
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name \_\_\_\_\_

3. Report covering period from 9-15 thru 9-15

4	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED	DATE REFUND MADE	AMOUNT OF THE REFUND
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#  DESCRIPTION OF REFUND		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#  DESCRIPTION OF REFUND		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#  DESCRIPTION OF REFUND		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#  DESCRIPTION OF REFUND		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#  DESCRIPTION OF REFUND		
4f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#  DESCRIPTION OF REFUND		
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-2 (If last page of Schedule F-2, transfer total to Detailed Summary Page, Line 4(E), Column A)			0

\* Includes return of contributions received by reporting committee