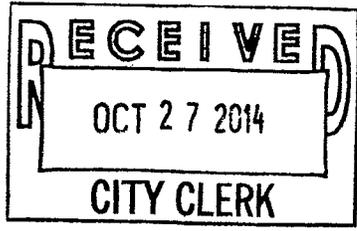


**POLITICAL COMMITTEE**  
**CITY/TOWN OF**  
**CAMPAIGN FINANCE REPORT**  
**2014 August/November Regular Election**

FOR OFFICE USE ONLY



1. Doug Claeys for Council  
Full Name of Committee  
 \_\_\_\_\_  
Address  
 \_\_\_\_\_  
Lake Havasu City      86403      Mohave      \_\_\_\_\_  
City                                      ZIP Code                                      County                                      Phone

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

3A. ID# 14-NP-110

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)		\$ 0.00
5b Cash on Hand at the Beginning of this Reporting Period	\$ 0.00	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	\$ 581.27	\$2,416.03
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	\$ 581.27	\$ 2,416.03
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]		\$ 0.00
6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	\$ 581.27	\$ 2,416.03
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	\$ 0.00	\$ 0.00

\*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: Doug Claeys for Council  
 3. Report covering period from Sept 16, 2014 thru October 23, 2014

2. ID# 14-NP-110	
<input type="checkbox"/>	Primary
<input checked="" type="checkbox"/>	General

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)	\$ 200.00	\$1,375.00
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)	\$ 65.00	\$ 338.00
(c) Political Committees (Total from Schedule B)		
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	\$ 265.00	\$1,713.00
(e) Refund of contributions (Total from Schedule F-2)		
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	\$ 265.00	\$1,713.00
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	\$ 316.27	\$ 429.29
(b) All other loans (Total from Schedule C-1)		
(c) Total Loans [add 5(a) and 5(b)]	\$ 316.27	\$ 429.29
6. In-kind contributions (Total from Schedule E)	\$ 0.00	\$ 273.74
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)		
8. Total Receipts [add 4(f), 5(c), 6, and 7]	\$ 581.27	\$2,416.03
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	\$ 581.27	\$2,142.29
10. Independent Expenditures (Total from Schedule D-1)		
11. Value of In-kind expenditures (Total from Schedule E)	\$ 0.00	\$ 273.74
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)]	\$ 0.00	\$ 0.00
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]	\$ 581.27	\$2,416.03
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. Total disbursements [subtract line 17 from line 16]	\$ 581.27	\$2,416.03
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	0	0

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

*Doug Claeys*  
 Type or Print Name of Treasurer  
 Signature of Treasurer or Candidate or Designating Individual  
 Date *10-26-14*

CONTRIBUTIONS more than \$50 - from INDIVIDUALS\*

SCHEDULE A

2. ID# 14-NP-110	
<input type="checkbox"/>	Primary
<input checked="" type="checkbox"/>	General

1. Committee Name Doug Claeys for Council

3. Report covering period from Sept 16, 2014 thru October 23, 2014

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>Neher</td> <td>Maureen</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">[REDACTED]</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Lake Havasu City</td> <td>AZ</td> <td>86405</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	Neher	Maureen		STREET ADDRESS			[REDACTED]			CITY	STATE	ZIP	Lake Havasu City	AZ	86405	OCCUPATION	EMPLOYER		Retired			9-19-2014	\$100.00	\$100.00
LAST	FIRST	MI																										
Neher	Maureen																											
STREET ADDRESS																												
[REDACTED]																												
CITY	STATE	ZIP																										
Lake Havasu City	AZ	86405																										
OCCUPATION	EMPLOYER																											
Retired																												
b.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Hinman</td> <td>Bruce</td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">[REDACTED]</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Lake Havasu City</td> <td>AZ</td> <td>86406</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td></td> <td colspan="2"></td> </tr> </table>	LAST	FIRST	MI	Hinman	Bruce		STREET ADDRESS			[REDACTED]			CITY	STATE	ZIP	Lake Havasu City	AZ	86406	OCCUPATION	EMPLOYER					9-19-2014	\$100.00	\$500.00
LAST	FIRST	MI																										
Hinman	Bruce																											
STREET ADDRESS																												
[REDACTED]																												
CITY	STATE	ZIP																										
Lake Havasu City	AZ	86406																										
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							
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OCCUPATION	EMPLOYER																											
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							
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STREET ADDRESS																												
CITY	STATE	ZIP																										
OCCUPATION	EMPLOYER																											
e.	<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																										
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]		\$ 200.00																									

\*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

2. ID#		14-NP-110
<input type="checkbox"/>	Primary	
<input checked="" type="checkbox"/>	General	

1. Committee Name Doug Claeys for Council

3. Report covering period from Sept 16, 2014 thru October 23, 2014

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
donations	\$ 65.00	\$ 338.00	
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]	\$ 65.00	6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]	\$ 338.00

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

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

2. ID# 14-NP-110	
<input type="checkbox"/>	Primary
<input checked="" type="checkbox"/>	General

1. Committee Name Doug Claeys for Council

3. Report covering period from Sept 16, 2014 thru October 23, 2014

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			2. ID # 14-NP-110		
	Doug Claeys for Council			<input type="checkbox"/>	Primary	
				<input checked="" type="checkbox"/>	General	
3.	Report covering period from Sept 16, 2014 thru October 23, 2014					
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 Doug Claeys [REDACTED] LHC, AZ 86403			10-06-2014	\$ 316.27	\$ 429.29
	DESCRIPTION Individual loan					
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)]			\$ 216.27	\$ 429.29	

OTHER LOANS

SCHEDULE C1

2. ID# 14-NP-110	
<input type="checkbox"/>	Primary
<input checked="" type="checkbox"/>	General

1. Committee Name Doug Claeys for Council  
 3. Report covering period from Sept 16, 2014 thru October 23, 2014

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

2. ID#	14-NP-110
<input type="checkbox"/>	Primary
<input checked="" type="checkbox"/>	General

1. Committee Name Doug Claeys for Council

3. Report covering period from Sept 16, 2014 thru October 23, 2014

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 Printing Plus 2069 McCulloch Blvd LHC, AZ 86403	10-03-14	\$ 43.14
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED name tag		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP Printing Plus 2069 McCulloch Blvd LHC, AZ 86403	10-10-14	\$ 59.32
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED brochures		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP Printing Plus 2069 McCulloch Blvd LHC, AZ 86403	10-17-14	\$ 59.32
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED brochures		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP Super Cheap Signs 9804 Gray Blvd. Austin, TX 78785	9-29-14	\$ 228.63
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED yard signs		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP Super Cheap Signs 9804 Gray Blvd. Austin, TX 78785	6-30-14	\$ 164.86
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED yard signs		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP Wells Fargo 1601 McCulloch Blvd LHC, AZ 86403	9-26-14	\$ 26.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Bank Service Fees		
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)		\$ 581.27

\*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# 14-NP-110	
<input type="checkbox"/>	Primary
<input checked="" type="checkbox"/>	General

1. Committee Name Doug Claeys for Council

3. Report covering period from Sept 16, 2014 thru October 23, 2014

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

2. ID#	14-NP-110
<input type="checkbox"/>	Primary
<input checked="" type="checkbox"/>	General

1. Committee Name Doug Claeys for Council

3. Report covering period from Sept 16, 2014 thru October 23, 2014

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

2. ID# 14-NP-110	
<input type="checkbox"/>	Primary
<input checked="" type="checkbox"/>	General

1. Committee Name Doug Claeys for Council

3. Report covering period from Sept 16, 2014 thru October 23, 2014

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

2. ID#	14-NP-110
<input type="checkbox"/>	Primary
<input checked="" type="checkbox"/>	General

1. Committee Name Doug Claeys for Council

3. Report covering period from Sept 16, 2014 thru October 23, 2014

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-110	
<input type="checkbox"/>	Primary
<input checked="" type="checkbox"/>	General

1. Committee Name Doug Claeys for Council

3. Report covering period from Sept 16, 2014 thru October 23, 2014

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

2. ID# 14-NP-110	
<input type="checkbox"/>	Primary
<input checked="" type="checkbox"/>	General

1. Committee Name Doug Claeys for Council

3. Report covering period from Sept 16, 2014 thru October 23, 2014

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

2. ID# 14-NP-110	
<input type="checkbox"/>	Primary
<input checked="" type="checkbox"/>	General

1. Committee Name Doug Claeys for Council

3. Report covering period from Sept 16, 2014 thru October 23, 2014

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)			\$ 0.00
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)			\$ 0.00

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

2. ID# <b>14-NP-110</b>	
<input type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Doug Claeys for Council

3. Report covering period from Sept 16, 2014 thru October 23, 2014

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

2. ID# 14-NP-110	
<input type="checkbox"/>	Primary
<input checked="" type="checkbox"/>	General

1. Committee Name Doug Claeys for Council

3. Report covering period from Sept 16, 2014 thru October 23, 2014

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