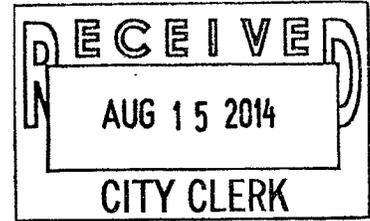


POLITICAL COMMITTEE
CITY/TOWN OF
CAMPAIGN FINANCE REPORT
2014 August/November Regular Election
Bill Ulery for Mayor

FOR OFFICE USE ONLY



1. Full Name of Committee _____
 Address _____
 City **Lake Havasu City, AZ 86406** ZIP Code _____ County **MOHAVE**
 2. Sponsoring Organization or Candidate and office _____
 Name of Candidate and Office Sought (if applicable) _____
 E-Mail Address _____ Fax # _____

3A. ID# _____
 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)	8056.17	20,738.69
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	8056.17	20,738.69
6a Total Debts and Obligations from <u>Previous</u> 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)	8056.17	20,738.69
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 Uilery for Mayor

1. Committee Name: _____
3. Report covering period from 6-1 Thru 8-14

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

	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
RECEIPTS		
4. Contributions other than loans and in-kind:		
(a) Individuals - more than \$50 (Total from Schedule A)	700	700
(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)]	700	700
(e) Refund of contributions (Total from Schedule F-2)	0	0
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	700	700
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	6056.17	18,738.69
(b) All other loans (Total from Schedule C-1)	0	0
(c) Total Loans [add 5(a) and 5(b)]	6056.17	18,738.69
6. In-kind contributions (Total from Schedule E)	2000	2000
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]	8056.17	20,738.69
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	6056.17	18,738.69
10. Independent Expenditures (Total from Schedule D-1)		
11. Value of in-kind expenditures (Total from Schedule E)	2000	2000
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]	8056.17	20,738.69
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]	8056.17	20,738.69
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	8056.17	20,738.69
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.		
<div style="background-color: black; width: 200px; height: 20px; margin: 0 auto;"></div>		
Type or Print Name of Treasurer	Bill Uilery	8-15-14
Signature of Treasurer or Candidate or Designating Individual		Date

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

Bill Ulery for Mayor

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

1. Committee Name _____
 3. Report covering period from 6-1 thru 8-14

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>BINDER</td> <td>LINDA</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>LHC</td> <td>AZ</td> <td>86403</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td></td> <td colspan="2">RETIRED</td> </tr> </table>	LAST	FIRST	MI	BINDER	LINDA		STREET ADDRESS			[REDACTED]			CITY	STATE	ZIP	LHC	AZ	86403	OCCUPATION	EMPLOYER			RETIRED		6-15	100	100
LAST	FIRST	MI																										
BINDER	LINDA																											
STREET ADDRESS																												
[REDACTED]																												
CITY	STATE	ZIP																										
LHC	AZ	86403																										
OCCUPATION	EMPLOYER																											
	RETIRED																											
b.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>EWING</td> <td>LUCILLE</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>LHC</td> <td>AZ</td> <td>86402</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td></td> <td colspan="2">RETIRED</td> </tr> </table>	LAST	FIRST	MI	EWING	LUCILLE		STREET ADDRESS			[REDACTED]			CITY	STATE	ZIP	LHC	AZ	86402	OCCUPATION	EMPLOYER			RETIRED		6-3	200	200
LAST	FIRST	MI																										
EWING	LUCILLE																											
STREET ADDRESS																												
[REDACTED]																												
CITY	STATE	ZIP																										
LHC	AZ	86402																										
OCCUPATION	EMPLOYER																											
	RETIRED																											
c.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>NISSER</td> <td>ARTHUR</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>LHC</td> <td>AZ</td> <td>86403</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td></td> <td colspan="2">RETIRED</td> </tr> </table>	LAST	FIRST	MI	NISSER	ARTHUR		STREET ADDRESS			[REDACTED]			CITY	STATE	ZIP	LHC	AZ	86403	OCCUPATION	EMPLOYER			RETIRED		6-1	50	50
LAST	FIRST	MI																										
NISSER	ARTHUR																											
STREET ADDRESS																												
[REDACTED]																												
CITY	STATE	ZIP																										
LHC	AZ	86403																										
OCCUPATION	EMPLOYER																											
	RETIRED																											
d.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>GRAYBILL</td> <td>TOM</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>CALABASSAS</td> <td>CA</td> <td>91302</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td></td> <td colspan="2">RETI</td> </tr> </table>	LAST	FIRST	MI	GRAYBILL	TOM		STREET ADDRESS			[REDACTED]			CITY	STATE	ZIP	CALABASSAS	CA	91302	OCCUPATION	EMPLOYER			RETI		6-15	100	100
LAST	FIRST	MI																										
GRAYBILL	TOM																											
STREET ADDRESS																												
[REDACTED]																												
CITY	STATE	ZIP																										
CALABASSAS	CA	91302																										
OCCUPATION	EMPLOYER																											
	RETI																											
e.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>BRACKMONT</td> <td>PHIL</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>HEPPELTON</td> <td>NV</td> <td>89052</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td></td> <td colspan="2">RETI</td> </tr> </table>	LAST	FIRST	MI	BRACKMONT	PHIL		STREET ADDRESS			[REDACTED]			CITY	STATE	ZIP	HEPPELTON	NV	89052	OCCUPATION	EMPLOYER			RETI		6-20	250	250
LAST	FIRST	MI																										
BRACKMONT	PHIL																											
STREET ADDRESS																												
[REDACTED]																												
CITY	STATE	ZIP																										
HEPPELTON	NV	89052																										
OCCUPATION	EMPLOYER																											
	RETI																											
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)		700	700																								

*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#	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name _____

3. Report covering period from 6-1 thru 8-14

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. CUMULATIVE 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

Bill Ullery for Mayor

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

1. Committee Name _____

3. Report covering period from 6-1 thru 8-14

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 Bill Ullery for Mayor	2. ID #		
		<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>
			General	
3.	Report covering period from <u>6-1</u> thru <u>8-14</u>			
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 <u>BILL ULLERY</u> <u>[REDACTED]</u> Lake Havasu City, AZ 86406	<u>8-4</u>	<u>6256.17</u>	<u>18738.69</u>
	DESCRIPTION <u>LOAN</u>			
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)		<u>6256.17</u>	<u>18738.69</u>

OTHER LOANS

SCHEDULE C1

Bill Ullery for Mayor

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

1. Committee Name _____
 3. Report covering period from 6-1 thru 8-14

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

Bill Ulery for Mayor

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

1. Committee Name _____

3. Report covering period from 6-1 thru 8-14

4	EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4a.	NAME, ADDRESS, CITY, STATE AND ZIP <u>ADAPY</u> <u>P9 13243906</u> <u>LAC AZ 86405</u>	7-14	499
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>oil</u>		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>BRUCE HANMAN</u> <u>[REDACTED]</u> <u>LAC AZ 86406</u>	7-15	244.68
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>SIGN PARTS</u>		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP <u>QUALITY INC</u> <u>271 S. L. MC AL</u> <u>LAC AZ 86403</u>	7-30	672.51
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>EVENT</u>		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP <u>SIGNS BY DANLEY</u> <u>2633 N. MIDLER</u> <u>LAC AZ 86404</u>	7-18	2,039.06
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>SIGNS RV</u>		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP <u>RIVER CITY NEWSPAPERS</u> <u>360th BLDG</u> <u>LAC AZ 86403</u>	8-8	2800.92
	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)		6256.17

*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#	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name _____

3. Report covering period from 6-1 thru 8-14

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 Ulery for Mayor

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

1. Committee Name _____

3. Report covering period from 6-1 thru 8-14

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

0

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

Bill Ulery for Mayor

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

1. Committee Name _____

3. Report covering period from 6-1 thru 8-14

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 Ulery for Mayor

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

1. Committee Name _____

3. Report covering period from 6-1 thru 8-14

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

Bill Ullery for Mayor

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

1. Committee Name _____
 3. Report covering period from 6-1 thru 8-14

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#	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name _____

3. Report covering period from 6-1 thru 8-14

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#	
<input checked="" type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name _____

3. Report covering period from 6-1 thru 8-14

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 SCHUBANN [REDACTED] HIGHWAY, AL 35236	CONTRIBUTION EXPENDITURE VOLUNTEER	8-14	2000
DESCRIPTION				
OCCUPATION MARKETING		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]			
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 Ulery for Mayor

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

1. Committee Name _____

3. Report covering period from 6-1 thru 8-31

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

Bill Ullery for Mayor

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

1. Committee Name _____

3. Report covering period from 6-1 thru 8-14

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)

* Includes return of contributions received by reporting committee