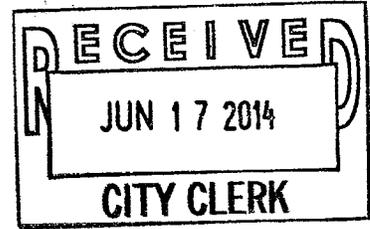


POLITICAL COMMITTEE
CITY/TOWN OF
CAMPAIGN FINANCE REPORT
 2014 August/November Regular Election
 Bill Uttery for Mayor

FOR OFFICE USE ONLY



1. Full Name of Committee _____
 Address _____
 City _____ ZIP Code _____ County MOHAVE Phone _____
 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)	0	0
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	0	0
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]		12,482.52
6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	12,482.52	12,482.52
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.

RECEIPTS AND DISBURSEMENTS
Bill Utility for Mayor

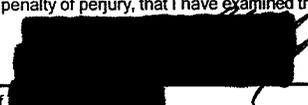
1. Committee Name: _____
 3. Report covering period from 1-1-14 Thru 5-31-14

2. ID#	
<input checked="" 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:		
(a) Individuals - more than \$50 (Total from Schedule A)		
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)		
(c) Political Committees (Total from Schedule B)		
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]		
(e) Refund of contributions (Total from Schedule F-2)		
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]		
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	0	0
(b) All other loans (Total from Schedule C-1)	12482.52	12482.52
(c) Total Loans [add 5(a) and 5(b)]		
6. In-kind contributions (Total from Schedule E)	12482.52	12482.52
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)		
8. Total Receipts [add 4(f), 5(c), 6, and 7]	12482.52	12452.52

DISBURSEMENTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
9. Expenditures for operating expenses (Total from Schedule D)	12482.52	12482.52
10. Independent Expenditures (Total from Schedule D-1)		
11. Value of In-kind expenditures (Total from Schedule E)		
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)]		
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]	12482.52	12482.52
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. Total disbursements [subtract line 17 from line 16]	12482.52	12482.52
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	12482.52	12482.52

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 

Signature of Treasurer or Candidate or Designating Individual _____ Date 6-16-14

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>1-1-14</u> thru <u>5-31-14</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 [REDACTED] Bill Ullery Lake Havasu City, AZ 86406		<u>APRIL 2014</u>	<u>1,284.52</u>	<u>12,482.92</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>12,482.92</u>	<u>12,482.92</u>

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

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

Bill Ullery for Mayor

1. Committee Name _____

3. Report covering period from 1-1-14 thru 4-31-14

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

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 1-1-14 thru 1-31-14

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]		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 more than \$50 - from INDIVIDUALS*

SCHEDULE A

Bill Ullery for Mayor

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

1. Committee Name _____

3. Report covering period from 1-1-14 thru 5-31-14

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 colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	LAST	FIRST	MI	STREET ADDRESS			CITY	STATE	ZIP	OCCUPATION	EMPLOYER				
LAST	FIRST	MI														
STREET ADDRESS																
CITY	STATE	ZIP														
OCCUPATION	EMPLOYER															
b.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	LAST	FIRST	MI	STREET ADDRESS			CITY	STATE	ZIP	OCCUPATION	EMPLOYER				
LAST	FIRST	MI														
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OCCUPATION	EMPLOYER															
c.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	LAST	FIRST	MI	STREET ADDRESS			CITY	STATE	ZIP	OCCUPATION	EMPLOYER				
LAST	FIRST	MI														
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d.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	LAST	FIRST	MI	STREET ADDRESS			CITY	STATE	ZIP	OCCUPATION	EMPLOYER				
LAST	FIRST	MI														
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CITY	STATE	ZIP														
OCCUPATION	EMPLOYER															
e.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</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]		0	0												

*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.

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

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

Bill Ullery for Mayor

1. Committee Name _____

3. Report covering period from 1-1-14 thru 9-30-14

4	EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE		
4a.	<p>NAME, ADDRESS, CITY, STATE AND ZIP WHITE SHEET ALOMA BLVD WNC 86403</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED ADS</p>	4-4-14	1954.00
4b.	<p>NAME, ADDRESS, CITY, STATE AND ZIP DON'S BUTTONS 3406 W. MADISON DR LEWISTON, ME 05508</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED Buttons, stickers</p>	4-1-14	732.78
4c.	<p>NAME, ADDRESS, CITY, STATE AND ZIP JET PRINTING 2237 ALOMA WNC AZ 86403</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED PRINTING</p>	4-28-14	10,130.34
4d.	<p>NAME, ADDRESS, CITY, STATE AND ZIP BUFFER CITY NEWSPAPERS LLC 2225 W. ALOMA WNC AZ 86403</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED ADS</p>	4-23-14	65.40
4e.	<p>NAME, ADDRESS, CITY, STATE AND ZIP</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</p>		
4f.	<p>NAME, ADDRESS, CITY, STATE AND ZIP</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</p>		
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)		12,482.52

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

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 1-1-14 thru 9-31-14

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]			

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 1-1-14 thru 5-31-14

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 Ullery for Mayor

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

1. Committee Name _____

3. Report covering period from 1-1-11 thru 9-31-17

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

D

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

Bill Ullery for Mayor

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

1. Committee Name _____

3. Report covering period from 1-1-07 thru 8-31-07

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]			

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

Bill Ullery for Mayor

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

1. Committee Name _____

3. Report covering period from 1-1-14 thru 5-31-14

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 1-1-14 thru 5-31-14

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 Ulery for Mayor

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

1. Committee Name _____

3. Report covering period from 1-1-14 thru 9-30-14

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 1-1-14 thru 9-30-14

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#	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]			<u>0</u>
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]			<u>0</u>

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

Bill Ullery for Mayor

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

1. Committee Name _____

3. Report covering period from 1-1-14 thru 6-30-14

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

1. Committee Name _____

3. Report covering period from 1-1-17 thru 6-30-17

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		0
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