



PINAL COUNTY
ELECTIONS DEPARTMENT

2012 JUN 28 AM 9:24

1. John R. Acton (Selffunded)
 Full Name of Committee
28549 N. Dolomite Ln
 Address
San Tan Ariz. 85143 480888 8353
 City Zip Code Phone

3. ID#

2. _____
 Sponsoring Organization (if applicable)
John R. Acton
 Name of Candidate and Office Sought (if applicable)
JACTON4@COX.NET
 Email Address Fax #

Primary Election: August 28, 2012
General Election: November 6, 2012

4. Reporting Period	(Please Check Appropriate Box)	Due Between
a	<input type="checkbox"/> JANUARY 31ST REPORT - For Period of November 23, 2010 through December 31, 2011	Jan. 1, 2012 and Jan. 31, 2012
b	<input checked="" type="checkbox"/> JUNE 30TH REPORT - For Period of January 1, 2012 through May 31, 2012	June 1, 2012 and July 2, 2012
c	<input type="checkbox"/> PRE-PRIMARY ELECTION REPORT - For Period of June 1, 2012 through August 8, 2012	Aug. 9, 2012 and Aug.16, 2012
d	<input type="checkbox"/> POST-PRIMARY ELECTION REPORT - For Period of August 9, 2012 through September 17, 2012	Sept. 18, 2012 and Sept. 27, 2012
e	<input type="checkbox"/> PRE-GENERAL ELECTION REPORT - For Period of September 18, 2012 through October 17, 2012	Oct. 18, 2012 and Oct. 25, 2012
f	<input type="checkbox"/> POST-GENERAL ELECTION REPORT - For Period of October 18, 2012 through November 26, 2012	Nov. 27, 2012 and Dec. 6, 2012

5.	Summary	Column A Total This Reporting Period	Column B Election Period Total to Date
5a	Total Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)		None
5b	Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period)	60.00	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	\$ 2500.00	
5d	Subtotal (add lines b and c for column A and add lines a and c for column B)	0.00	0.00
6a	Total Debts and Obligations from Previous Campaign Committee at Beginning of this Election Period (or at time Statement of Organization was filed for the new committee) [Do not add or subtract this line from the other lines]		
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	\$ 2276.16	
7.	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	\$ 165.00	

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

2. ID# _____

1. Committee Name _____

3. Report covering period from _____ thru _____

4.	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR			
a	Name <i>Self funded</i>		\$2500.00	
	Street Address			
	City State Zip			
	Occupation Employer			
b	Name			
	Street Address			
	City State Zip			
	Occupation Employer			
c	Name			
	Street Address			
	City State Zip			
	Occupation Employer			
d	Name			
	Street Address			
	City State Zip			
	Occupation Employer			
e	Name			
	Street Address			
	City State Zip			
	Occupation Employer			
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [Transfer total to Detailed Summary Page, Line 4(a), Column A]			2500.00

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2. *

CONTRIBUTIONS of \$25 or less - AGGREGATE TOTAL*

SCHEDULE A-1

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

4. Aggregate Total of Contributions of \$25 or less

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
None		
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b) Column A]		6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]

If contributions of \$25 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule.
List \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

CONTRIBUTIONS		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
IDENTITY OF CONTRIBUTOR AND DATE RECEIVED			
4.			
a	ID#	None	
	DATE RECEIVED		
	NAME, ADDRESS, CITY, STATE AND ZIP		
b	ID#		
	DATE RECEIVED		
	NAME, ADDRESS, CITY, STATE AND ZIP		
c	ID#		
	DATE RECEIVED		
	NAME, ADDRESS, CITY, STATE AND ZIP		
d	ID#		
	DATE RECEIVED		
	NAME, ADDRESS, CITY, STATE AND ZIP		
e	ID#		
	DATE RECEIVED		
	NAME, ADDRESS, CITY, STATE AND ZIP		
f	ID#		
	DATE RECEIVED		
	NAME, ADDRESS, CITY, STATE AND ZIP		
g	ID#		
	DATE RECEIVED		
	NAME, ADDRESS, CITY, STATE AND ZIP		
h	ID#		
	DATE RECEIVED		
	NAME, ADDRESS, CITY, STATE AND ZIP		
i	ID#		
	DATE RECEIVED		
	NAME, ADDRESS, CITY, STATE AND ZIP		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE B [if last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]		

CANDIDATE LOANS

2. ID# _____

1. Committee Name None

3. Report covering period from _____ thru _____

LOANS MADE OR GUARANTEED BY CANDIDATE				DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, FROM WHOM RECEIVED						
4a	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
b	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
c	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
d	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
e	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A]					

OTHER LOANS

2. ID#

1. Committee Name None

3. Report covering period from _____ thru _____

ALL OTHER LOANS		DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4. NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OF LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN				
a	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	Description			
b	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	Description			
c	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	Description			
d	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	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(b), Column A]				

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID#

1. Committee Name None

3. Report covering period from _____ thru _____

EXPENDITURES				DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4. NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE					
a	Name				
	Street Address				
	City	State	Zip		
	Description of Items or Services Purchased				
b	Name				
	Street Address				
	City	State	Zip		
	Description of Items or Services Purchased				
c	Name				
	Street Address				
	City	State	Zip		
	Description of Items or Services Purchased				
d	Name				
	Street Address				
	City	State	Zip		
	Description of Items or Services Purchased				
e	Name				
	Street Address				
	City	State	Zip		
	Description of Items or Services Purchased				
f	Name				
	Street Address				
	City	State	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 Detailed Summary Page Line 9, Column A]					

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

2. ID# _____

1. Committee Name None

3. Report covering period from _____ thru _____

INDEPENDENT EXPENDITURES		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE	
4. IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITED OR OPPOSED				
a	Name			
	Street Address			
	City	State		Zip
	Purpose and Description of Purchase			Benefited <input type="checkbox"/> Opposed <input type="checkbox"/>
	Candidate	Office Sought		Year of Election
b	Name			
	Street Address			
	City	State		Zip
	Purpose and Description of Purchase			Benefited <input type="checkbox"/> Opposed <input type="checkbox"/>
	Candidate	Office Sought		Year of Election
c	Name			
	Street Address			
	City	State		Zip
	Purpose and Description of Purchase			Benefited <input type="checkbox"/> Opposed <input type="checkbox"/>
	Candidate	Office Sought		Year of Election
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 [If last page of Schedule D-1, transfer total to Detailed Summary Page Line 10, Column A]				

* SEE A.R.S. §16-901(14)

I certify, under penalty of perjury, that the above stated independent expenditure(s) was not made in cooperation, consultation or concert with or at the request or suggestion of any candidate or any campaign committee or agent of that candidate.

Signature of Treasurer _____

NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WITHIN THE LAST SIX MONTHS	AMOUNT

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

1. Committee Name None

2. ID#

3. Report covering period from _____ thru _____

4. LOANS MADE BY THE REPORTING COMMITTEE			DATE LOAN MADE	AMOUNT OF LOAN
NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE				
a	Committee Name	ID#		
	Address			
	City	State Zip		
b	Committee Name	ID#		
	Address			
	City	State Zip		
c	Committee Name	ID#		
	Address			
	City	State Zip		
d	Committee Name	ID#		
	Address			
	City	State Zip		
e	Committee Name	ID#		
	Address			
	City	State Zip		
f	Committee Name	ID#		
	Address			
	City	State Zip		
g	Committee Name	ID#		
	Address			
	City	State Zip		
h	Committee Name	ID#		
	Address			
	City	State Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [if last page of Schedule D-2, transfer total to Detailed Summary Page, Line 12, Column A]			

OFFSETS TO OPERATING EXPENSES*

SCHEDULE D-3

2. ID#

1. Committee Name None

3. Report covering period from _____ thru _____

4.	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			
a	Name		
	Street Address		
	City State Zip		
	Description of Refund		
b	Name		
	Street Address		
	City State Zip		
	Description of Refund		
c	Name		
	Street Address		
	City State Zip		
	Description of Refund		
d	Name		
	Street Address		
	City State Zip		
	Description of Refund		
e	Name		
	Street Address		
	City State Zip		
	Description of Refund		
f	Name		
	Street Address		
	City State Zip		
	Description of Refund		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 [if last page of Schedule D-3, transfer total to Detailed Summary Page, Line 17, Column A]		

* Includes return of contributions made by reporting committee

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name None

2. ID#

3. Report covering period from _____ thru _____

4.	REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
	NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
a	Name		
	Street Address		
	City State Zip		
b	Name		
	Street Address		
	City State Zip		
c	Name		
	Street Address		
	City State Zip		
d	Name		
	Street Address		
	City State Zip		
e	Name		
	Street Address		
	City State Zip		
f	Name		
	Street Address		
	City State Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [if last page of Schedule D-4, transfer total to Detailed Summary Page, Line 13(a), Column A]		

REPAYMENT OF OTHER LOANS

SCHEDULE D-5

1. Committee Name None

2. ID#

3. Report covering period from _____ thru _____

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		
a	Name and ID Number		
	Street Address		
	City State Zip		
b	Name and ID Number		
	Street Address		
	City State Zip		
c	Name and ID Number		
	Street Address		
	City State Zip		
d	Name and ID Number		
	Street Address		
	City State Zip		
e	Name and ID Number		
	Street Address		
	City State Zip		
f	Name and ID Number		
	Street Address		
	City State Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [if last page of scheduTransfer total to Detailed Summary Page, Line 13(b), Column A]		

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

1. Committee Name None

2. ID#

3. Report covering period from _____ thru _____

4.	TRANSFERS MADE BY THE REPORTING COMMITTEE	DATE TRANSFER WAS MADE	AMOUNT OF THE TRANSFER
	NAME, ADDRESS AND ID# TO WHOM TRANSFER (DISBURSEMENT) WAS MADE		
a	Name and ID Number Street Address City State Zip		
b	Name and ID Number Street Address City State Zip		
c	Name and ID Number Street Address City State Zip		
d	Name and ID Number Street Address City State Zip		
e	Name and ID Number Street Address City State Zip		
f	Name and ID Number Street Address City State Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A]		

ANY OTHER DISBURSEMENT

SCHEDULE D-7

1. Committee Name None

2. ID#

3. Report covering period from _____ thru _____

	ANY OTHER DISBURSEMENT	DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
4.	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION		
a	Name and ID Number Street Address City State Zip Description		
b	Name and ID Number Street Address City State Zip Description		
c	Name and ID Number Street Address City State Zip Description		
d	Name and ID Number Street Address City State Zip Description		
e	Name and ID Number Street Address City State Zip Description		
	Name and ID Number Street Address City State Zip Description		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [if last page of Schedule D-7, transfer total to Detailed Summary Page, Line 15, Column A]		

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

2. ID#

1. Committee Name

None

3. Report covering period from _____ thru _____

IN-KIND CONTRIBUTIONS and EXPENDITURES		DATE	FAIR MARKET VALUE
4. NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN			
a	Name, Address, City, State, Zip, and ID#	CONTRIBUTION <input type="checkbox"/>	
		EXPENDITURE <input checked="" type="checkbox"/>	
	Description		
	Occupation	Employer	
b	Name, Address, City, State, Zip, and ID#	CONTRIBUTION <input type="checkbox"/>	
		EXPENDITURE <input type="checkbox"/>	
	Description		
	Occupation	Employer	
c	Name, Address, City, State, Zip, and ID#	CONTRIBUTION <input type="checkbox"/>	
		EXPENDITURE <input type="checkbox"/>	
	Description		
	Occupation	Employer	
d	Name, Address, City, State, Zip, and ID#	CONTRIBUTION <input type="checkbox"/>	
		EXPENDITURE <input type="checkbox"/>	
	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 EXPENDITURES ONLY IF LAST PAGE OF SCHEDULE E (if last page of Schedule E, transfer total to Detailed Summary Page, Line 11, Column A)		

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

1. Committee Name None

2. ID#

3. Report covering period from _____ thru _____

	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS	DATE RECEIVED	AMOUNT OF THE RECEIPT
4.	NAME AND ADDRESS OF INDIVIDUAL (OR NAME AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM THE RECEIPT WAS RECEIVED		
a	Name and ID Number Street Address City State Zip Description of Receipt		
b	Name and ID Number Street Address City State Zip Description of Receipt		
c	Name and ID Number Street Address City State Zip Description of Receipt		
d	Name and ID Number Street Address City State Zip Description of Receipt		
e	Name and ID Number Street Address City State Zip Description of Receipt		
f	Name and ID Number Street Address City State Zip 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

1. Committee Name None

2. ID#

3. Report covering period from _____ thru _____

4.	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED	DATE REFUND WAS MADE	AMOUNT OF THE REFUND
NAME AND ADDRESS OF INDIVIDUAL (OR NAME AND ID# OF THE POLITICAL COMMITTEE) TO WHOM THE REFUND WAS MADE; DESCRIPTION			
a	Name and ID Number Street Address City State Zip Description of Refund		
b	Name and ID Number Street Address City State Zip Description of Refund		
c	Name and ID Number Street Address City State Zip Description of Refund		
d	Name and ID Number Street Address City State Zip Description of Refund		
e	Name and ID Number Street Address City State Zip Description of Refund		
f	Name and ID Number Street Address City State Zip 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

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

1. Committee Name None

2. ID#

3. Report covering period from _____ thru _____

DEBTS AND OBLIGATIONS		OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
4.	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED				
a	Name, Address, City, State, Zip, and ID# Description of Debt				
b	Name, Address, City, State, Zip, and ID# Description of Debt				
c	Name, Address, City, State, Zip, and ID# Description of Debt				
d	Name, Address, City, State, Zip, and ID# Description of Debt				
e	Name, Address, City, State, Zip, and ID# Description of Debt				
5	ENTER TOTAL OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD ONLY IF LAST PAGE OF SCHEDULE F-3 [if last page of Schedule F-3, transfer total to Detailed Summary Page, Line 19, Column A]				