



STATE OF ARIZONA  
 PINAL COUNTY  
 POLITICAL COMMITTEE  
 CAMPAIGN FINANCE REPORT

PINAL COUNTY  
*wide open opportunity*

FOR OFFICE USE ONLY

PINAL COUNTY  
 ELECTIONS DEPARTMENT

2012 SEP 27 AM 10:51

1. John R Acton  
 Full Name of Committee  
28549 N. Dolomite Ln.  
 Address  
San Tan Valley 85143 480 888 8353  
 City Zip Code Phone

3. ID#

2. Rep to elect John R Acton  
 Sponsoring Organization (if applicable)

Name of Candidate and Office Sought (if applicable)  
John R. Acton Supervisor II  
 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 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 16, 2012	Aug. 17, 2012 and Aug. 24, 2012
d	<input checked="" type="checkbox"/> POST-PRIMARY ELECTION REPORT - For Period of August 17, 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 25, 2012	Oct. 26, 2012 and Nov. 2, 2012
f	<input type="checkbox"/> POST-GENERAL ELECTION REPORT - For Period of October 26, 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)		3808.52
5b	Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period)	5 219.00	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	<del>319.00</del> 0	
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]		4610.88
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)		6 4610.88
7.	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	0	



**CONTRIBUTIONS more than \$25 - from INDIVIDUALS\***

**SCHEDULE A**

2. ID#

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

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

	<b>CONTRIBUTIONS</b>	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4.	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR			
a	Name 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]			

\*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\***

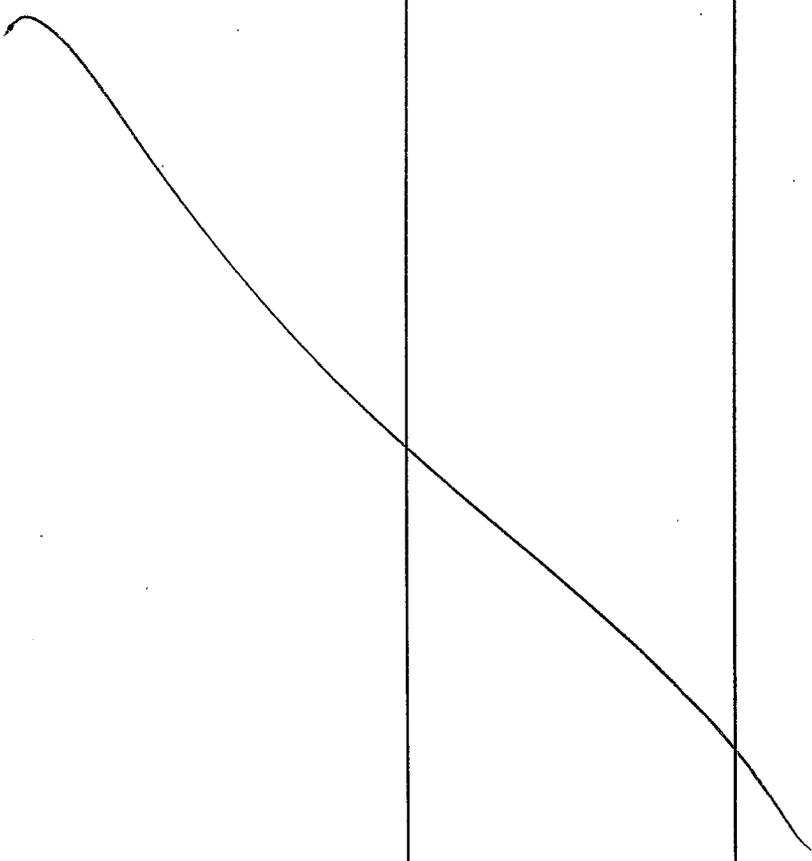
**SCHEDULE A-1**

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
		
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# _____ 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]		

2. ID# \_\_\_\_\_

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

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						
4.						
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 \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

	<b>ALL OTHER LOANS</b>	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 \_\_\_\_\_

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 \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
<b>INDEPENDENT EXPENDITURES</b>		
4. IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITED OR OPPOSED		
a		
Name <i>Steven Boyd</i>	<i>5000</i> <i>Sept 27</i>	<i>5000</i>
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 <i>Bill Boussard</i>	<i>50-</i> <i>Sept 27</i>	<i>50-</i>
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.

*Jeffrey A. Acker*  
 \_\_\_\_\_  
 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 \_\_\_\_\_

2. ID# \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4. <b>LOANS MADE BY THE REPORTING COMMITTEE</b>			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**

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

2. ID# \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4.	<b>REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES</b>	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**

2. ID#
--------

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

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4.	<b>REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE</b>			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**

2. ID#

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

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4.	<b>REPAYMENT OF ALL OTHER LOANS</b>	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 <span style="float: right;">State Zip</span>		
b	Name and ID Number		
	Street Address		
	City <span style="float: right;">State Zip</span>		
c	Name and ID Number		
	Street Address		
	City <span style="float: right;">State Zip</span>		
d	Name and ID Number		
	Street Address		
	City <span style="float: right;">State Zip</span>		
e	Name and ID Number		
	Street Address		
	City <span style="float: right;">State Zip</span>		
f	Name and ID Number		
	Street Address		
	City <span style="float: right;">State Zip</span>		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [if last page of schedule Transfer total to Detailed Summary Page, Line 13(b), Column A]		

**TRANSFERS TO OTHER POLITICAL COMMITTEES**

**SCHEDULE D-6**

2. ID#

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

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4.	<b>TRANSFERS MADE BY THE REPORTING COMMITTEE</b>	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 <span style="float: right;">State <span style="float: right;">Zip</span></span>		
b	Name and ID Number		
	Street Address		
	City <span style="float: right;">State <span style="float: right;">Zip</span></span>		
c	Name and ID Number		
	Street Address		
	City <span style="float: right;">State <span style="float: right;">Zip</span></span>		
d	Name and ID Number		
	Street Address		
	City <span style="float: right;">State <span style="float: right;">Zip</span></span>		
e	Name and ID Number		
	Street Address		
	City <span style="float: right;">State <span style="float: right;">Zip</span></span>		
f	Name and ID Number		
	Street Address		
	City <span style="float: right;">State <span style="float: right;">Zip</span></span>		
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 \_\_\_\_\_

2. ID#

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4. 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		
f	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**

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

2. ID# \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

<b>IN-KIND CONTRIBUTIONS and EXPENDITURES</b>		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	<table border="1"> <tr> <td>Name, Address, City, State, Zip, and ID#</td> <td>CONTRIBUTION <input type="checkbox"/></td> </tr> <tr> <td></td> <td>EXPENDITURE <input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="2">Description</td> </tr> <tr> <td>Occupation</td> <td>Employer</td> </tr> </table>	Name, Address, City, State, Zip, and ID#	CONTRIBUTION <input type="checkbox"/>		EXPENDITURE <input checked="" type="checkbox"/>	Description		Occupation	Employer		
Name, Address, City, State, Zip, and ID#	CONTRIBUTION <input type="checkbox"/>										
	EXPENDITURE <input checked="" type="checkbox"/>										
Description											
Occupation	Employer										
b	<table border="1"> <tr> <td>Name, Address, City, State, Zip, and ID#</td> <td>CONTRIBUTION <input type="checkbox"/></td> </tr> <tr> <td></td> <td>EXPENDITURE <input type="checkbox"/></td> </tr> <tr> <td colspan="2">Description</td> </tr> <tr> <td>Occupation</td> <td>Employer</td> </tr> </table>	Name, Address, City, State, Zip, and ID#	CONTRIBUTION <input type="checkbox"/>		EXPENDITURE <input type="checkbox"/>	Description		Occupation	Employer		
Name, Address, City, State, Zip, and ID#	CONTRIBUTION <input type="checkbox"/>										
	EXPENDITURE <input type="checkbox"/>										
Description											
Occupation	Employer										
c	<table border="1"> <tr> <td>Name, Address, City, State, Zip, and ID#</td> <td>CONTRIBUTION <input type="checkbox"/></td> </tr> <tr> <td></td> <td>EXPENDITURE <input type="checkbox"/></td> </tr> <tr> <td colspan="2">Description</td> </tr> <tr> <td>Occupation</td> <td>Employer</td> </tr> </table>	Name, Address, City, State, Zip, and ID#	CONTRIBUTION <input type="checkbox"/>		EXPENDITURE <input type="checkbox"/>	Description		Occupation	Employer		
Name, Address, City, State, Zip, and ID#	CONTRIBUTION <input type="checkbox"/>										
	EXPENDITURE <input type="checkbox"/>										
Description											
Occupation	Employer										
d	<table border="1"> <tr> <td>Name, Address, City, State, Zip, and ID#</td> <td>CONTRIBUTION <input type="checkbox"/></td> </tr> <tr> <td></td> <td>EXPENDITURE <input type="checkbox"/></td> </tr> <tr> <td colspan="2">Description</td> </tr> <tr> <td>Occupation</td> <td>Employer</td> </tr> </table>	Name, Address, City, State, Zip, and ID#	CONTRIBUTION <input type="checkbox"/>		EXPENDITURE <input type="checkbox"/>	Description		Occupation	Employer		
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 \_\_\_\_\_

2. ID#

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

	<b>DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS</b>	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 \_\_\_\_\_

2. ID#

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4.	<b>REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED</b>	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 <span style="float: right;">State</span> <span style="float: right;">Zip</span>		
	Description of Refund		
b	Name and ID Number		
	Street Address		
	City <span style="float: right;">State</span> <span style="float: right;">Zip</span>		
	Description of Refund		
c	Name and ID Number		
	Street Address		
	City <span style="float: right;">State</span> <span style="float: right;">Zip</span>		
	Description of Refund		
d	Name and ID Number		
	Street Address		
	City <span style="float: right;">State</span> <span style="float: right;">Zip</span>		
	Description of Refund		
e	Name and ID Number		
	Street Address		
	City <span style="float: right;">State</span> <span style="float: right;">Zip</span>		
	Description of Refund		
f	Name and ID Number		
	Street Address		
	City <span style="float: right;">State</span> <span style="float: right;">Zip</span>		
	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 \_\_\_\_\_

2. ID# \_\_\_\_\_

3. Report covering period from \_\_\_\_\_ thru \_\_\_\_\_

4. DEBTS AND OBLIGATIONS		OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
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]				



STATE OF ARIZONA  
POLITICAL COMMITTEE  
TERMINATION STATEMENT

FOR OFFICE USE ONLY

PINAL COUNTY  
ELECTIONS DEPARTMENT

PINAL COUNTY  
*wide open opportunity*

A.R.S. 16-914; A.R.S. §16-915.01

2012 SEP 27 AM 10: 51

1. John R. Acton  
Full Name of Committee

28549 N. Dolomite Ln.  
Address

San Tan Valley 85143 Pinal 480888-8353  
City ZIP Code County Phone #

2. None  
Sponsoring Organization or Candidate and Office e-mail address Fax #

3. ID #

SELECT THE BOXES THAT APPLY:

A.  This is to certify that all contributions received and all expenditures made on behalf of the political committee indicated above have been reported as required by A.R.S. §16-913. We further certify that the political committee will no longer receive any contributions or make any disbursements, that the committee has no outstanding debts or obligations, and that any surplus monies have been disposed of pursuant to A.R.S. §16-915.01.

Please mark the appropriate statement below to indicate which campaign finance report states the disposition of any surplus monies.

- The disposition of surplus monies was submitted on the campaign finance report filed on Sept 27-12
- The disposition of surplus monies is reported on the attached campaign finance report.

B.  This committee hereby terminates all activity within the jurisdiction of

John R. Acton and asserts that the committee intends  
(Insert applicable district, town, city, county, or, if out-of-state committee, State of Arizona)  
to remain active in other jurisdictions and that the committee's remaining monies shall be used for activity in other jurisdictions.

C.  This committee has transferred the committee's debts and obligations to a subsequent committee.

Please enter the full name and ID# of the committee into which debts and obligations have been transferred.

Rep to elect John R Acton  
Name of Committee ID#

We, \_\_\_\_\_, certify under  
(Name of Chairman and Treasurer - Printed)  
penalty of perjury that this statement of termination pursuant to A.R.S. §16-914 is true and complete.

Jeffrey A. Acton  
Signature of Chairman

Jeffrey A. Acton  
Signature of Treasurer