



CITY OF TUCSON
OFFICE OF THE CITY CLERK
CAMPAIGN FINANCE ADMINISTRATION REPORT
RECEIPT



Primary Election – August 29, 2017
 General Election – November 7, 2017

NAME OF COMMITTEE FILING REPORT

For Strong Start Tucson
 (Name of Political Committee)

for n/a who is a candidate for the office
 (Name of Candidate, when applicable)

of _____ Political Party _____ ID # 16-256-CT

- Political Committee Statement of Organization # _____ Original or
 Request for Public Matching Funds Contract# _____ Amended
 (PMF Candidates Only)

CAMPAIGN FINANCE REPORT:

- a. Statement Establishing Eligibility – **PMF Candidates Only**
- b. Quarterly City/State Campaign Finance Report (Filed on or before January 15, 2017) **SUNDAY**
- c. Quarterly City/State Campaign Finance Report (Filed on or before April 15, 2017) **SATURDAY**
- d. Quarterly City/State Campaign Finance Report (Filed on or before July 15, 2017) **SATURDAY**
- e. City/State Pre – Primary Report (Filed on or before August 19, 2017) **SATURDAY**
- f. City Post – Primary Report (Filed on or before September 8, 2017) – **PMF Candidates Only**
- g. State Post – Primary Election Report (Filed on or before October 15, 2017) **SUNDAY**
- h. City/State Pre – General Election Report (Filed on or before October 28, 2017) **SATURDAY**
- i. City Post – General Election Report (Filed on or before November 17, 2017) – **PMF Candidates Only**
- j. State Post – General Election Report (Filed on or before January 15, 2018)
- k. Termination Statement (Filed on or before March 13, 2018) – **PMF Candidates Only**
must include Final report if not previously filed
- Political Committee No Activity Statement (Report date of: _____)
- Other _____

[Signature]
 Signature Deputy City Clerk

Date: 12/13/16



STATE OF ARIZONA
POLITICAL COMMITTEE
TERMINATION STATEMENT

A.R.S. §16-914; A.R.S. § 16-915.01

For Office Use Only
CITY OF TUCSON

**CITY OF TUCSON
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16 DEC 13 12:25

**OFFICE OF THE
CITY CLERK**

1. **Strong Start Tucson**

Full Name of Committee

2303 East Adams Street

Address

Tucson

85719

5206036911

City

Zip Code

Phone #

2.

Sponsoring Organization or Candidate and Office

E-Mail Address

Fax#

3. ID#

16-256-CT

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 _____.

The disposition of surplus monies is reported on the attached campaign finance report.

B. This committee hereby terminates all activity within the jurisdiction of the City of Tucson and asserts that the committee intends 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.

Strong Start Tucson

Name of Committee

16-259-CT

ID#

We, Penelope Jacks (Chairman) and James Ratner (Treasurer), certify under penalty
(Name of Chairman and Treasurer - Printed)

of perjury that this statement of termination pursuant to A. R. S. § 16-914 is true and complete.

Penelope Jacks
Signature of Chairman

James R. Ratner
Signature of Treasurer

**PETITION DRIVE POLITICAL COMMITTEE
STATE OF ARIZONA
CAMPAIGN FINANCE REPORT**



For Office Use Only
CITY OF TUCSON

OFFICE OF THE
CITY CLERK

16 DEC 13 PM 2:25

CITY OF TUCSON
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1. Strong Start Tucson
Full Name of Committee

2303 E. Adams St.
Address

Tucson 85719 520-603-6911
City Zip Code Phone Number

2. _____
Sponsoring Organization and Office

Name of Candidate and Office Sought (if applicable)

E-Mail Address Fax #


3A. ID#
16-256-CT

4. REPORTING PERIOD (Please check appropriate box) FILING DEADLINE

- a. 60 Days after the Date of Issuance of Petition Number by City Clerk:
For Period of _____ through _____
- b. At the time of filing a petition filed more than sixty (60) days after the date of issuance.
- c. Thirty (30) days after the filing of the petition
For Period of _____ through _____
- d. In the case of any petition not filed with the city clerk within the deadline for filing established by the Tucson Charter or Tucson Code, all petition drive political committees shall file campaign finance reports twenty (20) days after the expiration of said deadline.
- e. Quarterly January 15 Report
For Period ending December 31, 2016January 15, 2017
- f. Quarterly April 15 Report
For Period of January 1, 2017 through March 31, 2017April 15, 2017
- g. Pre-special Election Report
For Period of April 1, 2017 through April 29, 2017.....May 6, 2017
- h. Quarterly/Post-election Report
For Period of April 30, 2017 through June 30, 2017July 15, 2017
- i. Pre-primary Election Report
For Period of July 1, 2017 through August 12, 2017August 19, 2017
- j. Quarterly/Post-election Report
For Period of August 13, 2017 through September 30, 2017October 15, 2017
- k. Pre-general Election Report
For Period of October 1, 2017 through October 21, 2017..... October 28, 2017
- l. Quarterly/Post-election Report
For Period of October 22, 2017 through December 31, 2017January 15, 2018
- m. Other Termination Report - Oct 6, 2016 - Dec. 12, 2016

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

1. Committee Name Strong Start Tucson 3. ID# 16-256-CT
 2. Report Covering Period From Oct. 6, 2016 Thru December 17, 2016

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)	28330	28330
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)	468.20	468.20
(c) Political Committees (Total from Schedule B)	0	0
(d) Subtotal Contributions [add 4(a), 4(b) and 4(c)]	28798.20	28798.20
(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)]	28798.20	28798.20
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	0	0
(b) All other loans (Total from Schedule C-1)	0	0
(c) Total loans [add 5(a) and 5(b)]	0	0
6. In-kind contributions (Total from Schedule E)	344.68	344.68
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]	29142.88	29142.88
DISBURSEMENTS		
9. Expenditures for Operating Expenses (Total from Schedule D)	5356.34	5356.34
10. Independent Expenditures (Total from Schedule D-1)	0	0
11. Value of In-kind expenditures (Total from Schedule E)	0	0
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)	23441.86	23441.86
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]	28798.20	28798.20
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]	28798.20	28798.20
19. Total Outstanding Debts owed by Reporting Candidate or Political Comm. (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.		
Type or Print Name of Treasurer	<u>James Ratner</u>	
Signature of Treasurer or Candidate or Designating Individual:		Date <u>12/13/2016</u>

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CITY CLERK

CONTRIBUTIONS FROM INDIVIDUALS*
(More than \$50)*

SCHEDULE A

1. Committee Name Strong Start Tucson

3. ID# 16-256-CT

2. Report Covering Period from 10/6/2016 thru 12/12/2016

CONTRIBUTIONS				DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR						
a.	LAST Early Childhood development Group	FIRST MI		10/11/2016	20,000.00	20,000.00
STREET ADDRESS 3472 E. Ft. Lowell Rd						
CITY Tucson		STATE AZ	ZIP 85716			
OCCUPATION		EMPLOYER				
b.	LAST Arizona Child Care Assn.	FIRST MI		10/18/2016	5,000.00	5,000.00
STREET ADDRESS 77 E. Weldon Ave suite 230						
CITY Phoenix		STATE AZ	ZIP 85012			
OCCUPATION		EMPLOYER				
c.	LAST Manning	FIRST Monica	MI	11/2/2016	200.00	200.00
STREET ADDRESS 3895 E Via Del Verdemar						
CITY Tucson		STATE AZ	ZIP 85718			
OCCUPATION Retired		EMPLOYER N/A				
d.	LAST Swallow	FIRST Mary	MI	11/03/2016	500.00	500.00
STREET ADDRESS 5409 E 9th St.						
CITY Tucson		STATE AZ	ZIP 85711			
OCCUPATION SW Engineer		EMPLOYER RhythmOne				
e.	LAST Adam	FIRST Karen	MI	11/11/2016	100.00	100.00
STREET ADDRESS 2537 E. Drachman						
CITY Tucson		STATE AZ	ZIP 85716			
OCCUPATION Retired		EMPLOYER N/A				
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page line 4(a), Column A]					

*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

- 1. Committee Name _____
- 2. Report Covering Period from _____ thru _____
- 3. ID #
- 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. CUMULATIVE 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 contributors name and address on Schedule A, do not include them on this schedule.

CONTRIBUTIONS FROM INDIVIDUALS*
(More than \$50)*

SCHEDULE A

1. Committee Name Strong Start Tucson 3. ID# 16-256-CT
 2. Report Covering Period from 10/6/2016 thru 12/12/2016

4.	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE												
a.	<table border="1"> <tr> <td>LAST Miller</td> <td>FIRST Russell</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 1 Miranova Place #2020</td> </tr> <tr> <td>CITY Columbus</td> <td>STATE OH</td> <td>ZIP 43215</td> </tr> <tr> <td>OCCUPATION Administrator</td> <td colspan="2">EMPLOYER Ohio Children Foundation</td> </tr> </table>	LAST Miller	FIRST Russell	MI	STREET ADDRESS 1 Miranova Place #2020			CITY Columbus	STATE OH	ZIP 43215	OCCUPATION Administrator	EMPLOYER Ohio Children Foundation		11/16/2016	\$100	\$100
LAST Miller	FIRST Russell	MI														
STREET ADDRESS 1 Miranova Place #2020																
CITY Columbus	STATE OH	ZIP 43215														
OCCUPATION Administrator	EMPLOYER Ohio Children Foundation															
b.	<table border="1"> <tr> <td>LAST Rotkis</td> <td>FIRST Susan</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 501 S Via Esperanza</td> </tr> <tr> <td>CITY Tucson</td> <td>STATE AZ</td> <td>ZIP 85716</td> </tr> <tr> <td>OCCUPATION Attorney</td> <td colspan="2">EMPLOYER Consumer Litigation Assoc.</td> </tr> </table>	LAST Rotkis	FIRST Susan	MI	STREET ADDRESS 501 S Via Esperanza			CITY Tucson	STATE AZ	ZIP 85716	OCCUPATION Attorney	EMPLOYER Consumer Litigation Assoc.		11/17/2016	\$250	\$250
LAST Rotkis	FIRST Susan	MI														
STREET ADDRESS 501 S Via Esperanza																
CITY Tucson	STATE AZ	ZIP 85716														
OCCUPATION Attorney	EMPLOYER Consumer Litigation Assoc.															
c.	<table border="1"> <tr> <td>LAST Higuera</td> <td>FIRST David</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 5026 E. Montecito St.</td> </tr> <tr> <td>CITY Tucson</td> <td>STATE AZ</td> <td>ZIP 85711</td> </tr> <tr> <td>OCCUPATION Educator</td> <td colspan="2">EMPLOYER The IDEA School</td> </tr> </table>	LAST Higuera	FIRST David	MI	STREET ADDRESS 5026 E. Montecito St.			CITY Tucson	STATE AZ	ZIP 85711	OCCUPATION Educator	EMPLOYER The IDEA School		11/17/2016	\$100	\$100
LAST Higuera	FIRST David	MI														
STREET ADDRESS 5026 E. Montecito St.																
CITY Tucson	STATE AZ	ZIP 85711														
OCCUPATION Educator	EMPLOYER The IDEA School															
d.	<table border="1"> <tr> <td>LAST Richards</td> <td>FIRST Maira</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 9460 E. Brookwood Drive</td> </tr> <tr> <td>CITY Tucson, AZ</td> <td>STATE AZ</td> <td>ZIP 85750</td> </tr> <tr> <td>OCCUPATION Physician</td> <td colspan="2">EMPLOYER Mednax Health Solutions</td> </tr> </table>	LAST Richards	FIRST Maira	MI	STREET ADDRESS 9460 E. Brookwood Drive			CITY Tucson, AZ	STATE AZ	ZIP 85750	OCCUPATION Physician	EMPLOYER Mednax Health Solutions		11/17/2016	\$100	\$100
LAST Richards	FIRST Maira	MI														
STREET ADDRESS 9460 E. Brookwood Drive																
CITY Tucson, AZ	STATE AZ	ZIP 85750														
OCCUPATION Physician	EMPLOYER Mednax Health Solutions															
e.	<table border="1"> <tr> <td>LAST Heaton</td> <td>FIRST Jane</td> <td>MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS 2901 N. Santa Rosa Pl</td> </tr> <tr> <td>CITY Tucson</td> <td>STATE AZ</td> <td>ZIP 85712</td> </tr> <tr> <td>OCCUPATION retired</td> <td colspan="2">EMPLOYER N/A</td> </tr> </table>	LAST Heaton	FIRST Jane	MI	STREET ADDRESS 2901 N. Santa Rosa Pl			CITY Tucson	STATE AZ	ZIP 85712	OCCUPATION retired	EMPLOYER N/A		11/17/2016	\$100	\$100
LAST Heaton	FIRST Jane	MI														
STREET ADDRESS 2901 N. Santa Rosa Pl																
CITY Tucson	STATE AZ	ZIP 85712														
OCCUPATION retired	EMPLOYER N/A															
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page line 4(a), Column A]															

*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 FROM INDIVIDUALS*
(More than \$50)*

SCHEDULE A

1. Committee Name Strong start Tucson 3. ID# 16-256-CT
 2. Report Covering Period from Oct. 6, 2016 thru Dec. 12, 2016

CONTRIBUTIONS		DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR				
a.	LAST <u>Webber</u> FIRST <u>William</u> MI STREET ADDRESS <u>4307 N. Sabino Mt. Rd.</u> CITY <u>Tucson</u> STATE <u>AZ</u> ZIP <u>85750</u> OCCUPATION <u>Retired</u> EMPLOYER <u>N/A</u>	<u>11/29/2016</u>	<u>\$1000</u>	<u>\$1000</u>
b.	LAST <u>Cohen</u> FIRST <u>Melvin</u> MI STREET ADDRESS <u>522 N. Norris Ave.</u> CITY <u>Tucson</u> STATE <u>AZ</u> ZIP <u>85719</u> OCCUPATION <u>Attorney</u> EMPLOYER <u>Mesch Clark & Rothschild</u>	<u>12/07/2016</u>	<u>\$150</u>	<u>\$150</u>
c.	LAST <u>Southern AZ Assn for Education of Young Children</u> FIRST MI STREET ADDRESS <u>PO Box 308</u> CITY <u>Arivaca</u> STATE <u>AZ</u> ZIP <u>85601</u> OCCUPATION EMPLOYER	<u>11/01/2016</u>	<u>\$200</u>	<u>\$200</u>
d.	LAST <u>Clift</u> FIRST <u>Richard & Renee</u> MI STREET ADDRESS <u>5424 E. Heatherwood Way</u> CITY <u>Tucson</u> STATE <u>AZ</u> ZIP <u>85718</u> OCCUPATION <u>Ret/Univ. Prof</u> EMPLOYER <u>N/A - U of Arizona</u>	<u>11/17/2016</u>	<u>\$300</u>	<u>\$300</u>
e.	LAST <u>Riche</u> FIRST <u>Paul & Claudia</u> MI STREET ADDRESS <u>6290 N. Zorrera Segundo</u> CITY <u>Tucson</u> STATE <u>AZ</u> ZIP <u>85718</u> OCCUPATION <u>retired</u> EMPLOYER <u>N/A</u>	<u>11/15/2016</u>	<u>\$200</u>	<u>\$200</u>
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A ([If last page of Schedule A, transfer total to Detailed Summary Page line 4(a), Column A])		<u>28330</u>	

*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

1. Committee Name Strong Start TULSON 3. ID# 16-256-CT
2. Report Covering Period from Oct 6, 2016 thru Dec. 12, 2016
4. Aggregate Total of Contributions of \$50 or Less

Description	Amount Received This Period		Cumulative Total This Campaign To Date
web site donations ≤ 50	390		390
cash donations ≤ 50	78.20		78.20
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]	468.20	6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]	468.20

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

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

1. Committee Name Strong Start Tucson

3. ID# 16-256-CT

2. Report Covering Period from: Oct 6, 2016 thru 12/1/2016

CONTRIBUTIONS		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
ID#, NAME, AND ADDRESS OF CONTRIBUTOR AND DATE RECEIVED			
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)		0	

CANDIDATE LOANS

SCHEDULE C

1. Committee Name Strong Start Tucson

3. ID # 16-256-CT

2. Report Covering Period from Oct. 6, 2016 thru 12/1/2016

4.	LOANS MADE OR GUARANTEED BY CANDIDATE	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME AND ADDRESS FROM WHOM RECEIVED			
a.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION			
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]		0	

OTHER LOANS

SCHEDULE C1

1. Committee Name Strong Start Tucson
2. Report Covering Period from Oct. 16, 2016 thru 12/12/2016

3. ID # 16-256-C1

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) OF LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.				
a.	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			
b.	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			
c.	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			
d.	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(b), Column A]		0	

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name Strong Start TULSON 2. ID# 16-256-CT

3. Report Covering Period from: Oct. 6, 2016 thru 12/12/2016

EXPENDITURES		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE			
a.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Jewers Design</u> <u>3039 N. Tecumseh Ct</u> <u>TULSON, AZ 85716</u>	<u>10/21/2016</u>	<u>\$300</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>SST Logo design</u>	CHECK # <u>POS payment</u>	
b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Nationbuilder -</u> <u>520 South Grand Ave. Los Angeles, CA 90071</u>	<u>10/31/2016</u>	<u>\$29</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>web site management monthly fee</u>	CHECK # <u>POS payment</u>	
c.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Kelly Griffith, Political campaign consultant</u> <u>P.O. Box 160, Oracle, AZ 85623</u>	<u>11/14/2016</u>	<u>\$1200</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Campaign management services</u>	CHECK # <u>POS payment</u>	
d.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Lerua's catering</u> <u>2005 E Broadway</u> <u>TULSON, AZ 85719</u>	<u>11/14/2016</u>	<u>\$926.</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Food catering for event</u>	CHECK # <u>0091</u>	
e.	NAME, ADDRESS, CITY, STATE AND ZIP <u>G100 Factory Ink-PP Peace supplies</u> <u>PO BOX 1212 TULSON, AZ 85702</u>	<u>11/15/2016</u>	<u>\$301.32</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>digital sticker/banner</u>	CHECK # <u>POS payment</u>	
f.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Kelly Griffith, Political campaign consultant</u> <u>P.O. Box 160, Oracle, AZ 85623</u>	<u>11/16/2016</u>	<u>\$1200</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Campaign management services</u>	CHECK # <u>POS payment</u>	
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]		

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

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name Strong Start Tucson 2. ID# 16-256-LT

3. Report Covering Period from: Oct. 6, 2016 thru 12/1/2016

EXPENDITURES		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE			
a.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Pizamo's Rustic Pizza</u> <u>2921 E. Ft Lowell Rd Tucson, AZ 85716</u>	<u>11/18/2016</u>	<u>43.88</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Pizza for volunteer meeting</u>	CHECK # <u>POS payment</u>	
b.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Facebook</u> <u>1 Hacker Way, Menlo Park, CA 94205</u>	<u>11/30/2016</u>	<u>\$9.00</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Facebook Ads</u>	CHECK # <u>POS payment</u>	
c.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Nationbuilder</u> <u>520 South Grand Ave, Los Angeles, CA 90071</u>	<u>12/01/2016</u>	<u>\$29</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Website management monthly fee</u>	CHECK # <u>POS payment</u>	
d.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Kelly Griffith, Political Campaign Consultant</u> <u>P.O. Box 160, Oracle, AZ 85623</u>	<u>12/06/2016</u>	<u>\$1200</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>Campaign management services</u>	CHECK # <u>POS payment</u>	
e.	NAME, ADDRESS, CITY, STATE AND ZIP <u>Democracy Engine LLC</u> <u>850 Quincy ST NW #402</u> <u>Washington DC 20011</u>	<u>12/12/2016</u>	<u>\$118.14</u>
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED <u>website payment fees</u>	CHECK #	
f.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK #	
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]		<u>5356.34</u> 1026.34

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

INDEPENDENT EXPENDITURES *

SCHEDULE D-1

1. Committee Name Strong Start Tucson 3. ID# 16-256-CT
 2. Report Covering Period from Oct 6, 2016 thru 12/12/2016

INDEPENDENT EXPENDITURES		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED			
a.	NAME, ADDRESS, CITY, STATE AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefited <input type="checkbox"/> Opposed <input type="checkbox"/>		
	CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
b.	NAME, ADDRESS, CITY, STATE AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefited <input type="checkbox"/> Opposed <input type="checkbox"/>		
	CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
c.	NAME, ADDRESS, CITY, STATE AND 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]		0

* SEE A.R.S. STATUTE 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.

Jean R. Pater

Signature of Treasurer

NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WITHIN THE LAST SIX MONTHS	AMOUNT
	0

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

1. Committee Name Strong Start Tucson

Strong Start Tucson

3. ID# 16-256-CT

2. Report Covering Period from Oct. 6

Oct. 6

thru

12/12/2016

LOANS MADE BY REPORTING COMMITTEE		DATE LOAN MADE	AMOUNT OF THE LOAN
NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE			
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
g.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
h.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
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]		0

OFFSETS TO OPERATING EXPENSES*

SCHEDULE D-3

1. Committee Name Strong Start Tucson 2. ID# 16-256-CT
 3. Report Covering Period from: Oct. 6, 2016 thru 12/12/2016

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, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF REFUND		
b.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF REFUND		
c.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF REFUND		
d.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF REFUND		
e.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF REFUND		
f.	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

1. Committee Name Strong Start Tucson 2. ID# 16-256-CT
 3. Report Covering Period from: Oct. 6, 2016 thru 12/1/2016

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, ADDRESS, CITY, STATE AND ZIP		
b.	NAME, ADDRESS, CITY, STATE AND ZIP		
c.	NAME, ADDRESS, CITY, STATE AND ZIP		
d.	NAME, ADDRESS, CITY, STATE AND ZIP		
e.	NAME, ADDRESS, CITY, STATE AND ZIP		
f.	NAME, ADDRESS, CITY, STATE AND ZIP		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [Transfer total to Detailed Summary Page, Line 13(a), Column A]		0

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

1. Committee Name Strong Start Tucson 2. ID# 16-256-CT
 3. Report Covering Period from: Oct. 6, 2016 thru 12/1/2016

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, ADDRESS, CITY, STATE, ZIP AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	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

1. Committee Name Strong Start Tucson 2. ID# 16-256-CT
 3. Report Covering Period from Oct. 6, 2016 thru 12/12/2016

TRANSFERS MADE BY THE REPORTING COMMITTEE		DATE TRANSFER MADE	AMOUNT OF THE TRANSFER
NAME, ADDRESS AND ID# TO WHOM TRANSFER (DISBURSEMENT) WAS MADE			
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# Strong Start Tucson Political Action Committee 2303 East Adams St. TUCSON, AZ 85719 Id # 16-259-CT	12/13/2016	23441.86
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [If last page of Schedule D-6, transfer total to Detailed Summary Page, Line 14, Column A]		23441.86

ANY OTHER DISBURSEMENTS

SCHEDULE D-7

1. Committee Name Strong Start Tucson 2. ID# 16-256-CT
 3. Report Covering Period from Oct. 6, 2016 thru 12/12/2016

4. ANY OTHER DISBURSEMENTS		DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION			
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
f.	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

1. Committee Name Strong Start Tucson 2. ID # 16-256-CT
 3. Report Covering Period from: Oct. 6, 2016 thru 12/12/2016

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			
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# GLOO Factory/UFCW Local 99 977 S. Alvernon way #100 TULSON, AZ 85711 DESCRIPTION Printing services - Flyers OCCUPATION _____ EMPLOYER _____	CONTRIBUTION <input checked="" type="checkbox"/> EXPENDITURE <input type="checkbox"/> 11/3/2016	64.73
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# Lerva's 2005 East Broadway TULSON, AZ 85719 DESCRIPTION plates, napkins, utensils for food at event OCCUPATION _____ EMPLOYER _____	CONTRIBUTION <input checked="" type="checkbox"/> EXPENDITURE <input type="checkbox"/> 11/17/2016	\$230
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# Penelope Jacks 2303 East Adams St. TULSON, AZ 85719 DESCRIPTION COPY services OCCUPATION Retired EMPLOYER N/A	CONTRIBUTION <input checked="" type="checkbox"/> EXPENDITURE <input type="checkbox"/> 11/21/2016	\$29.95
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# United Way of Tucson and Southern AZ. 330 N Commerce Park Loop #200 TULSON, AZ 85745 DESCRIPTION 2 reams of legal size paper OCCUPATION _____ EMPLOYER _____	CONTRIBUTION <input checked="" type="checkbox"/> EXPENDITURE <input type="checkbox"/> 11/18/2016	\$20
5.	ENTER TOTAL OF 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]		344.68
6.	ENTER TOTAL OF 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 Strong Start Tucson 2. ID# 16-256-CT
 3. Report Covering Period from: Oct. 6, 2016 thru 12/12/2016

DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS		DATE RECEIVED	AMOUNT OF THE RECEIPT
4.	NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED		
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		
f.	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

1. Committee Name Strong Start Tucson 2. ID # 16-256-CT
 3. Report Covering Period from: Oct. 6, 2016 thru 12/12/2016

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			
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
f.	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 .

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

1. Committee Name Strong Start Tucson

2. ID# 16-256-CT

3. Report Covering Period from: Oct. 6, 2016 thru 12/12/2016

4. DEBTS AND OBLIGATIONS		OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
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				
f.	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 F-3, transfer total to Detailed Summary Page, Line 19, Column A]				0