

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>REVITALIZE ARIZONA</b>			3. FEC Identification Number <b>C</b> C90014952
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2239 W. BASELINE ROAD			
(c) City, State and ZIP Code TEMPE AZ 85283			
2. Occupation and Name of Employer (for Individual Filers Only)			

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report  24-Hour Report
- October 15 Quarterly Report  48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on  /  /

5. COVERING PERIOD: FROM  /  /  THROUGH  /  /

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Laura Garcia	Laura Garcia	11/04/2014

[Electronically Filed]

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)  
REVITALIZE ARIZONA

<b>A. Full Name (Last, First, Middle Initial)</b> Residents for Accountability			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 2239 West Baseline Road			<b>Transaction ID : F56.000001</b>		
City Tempe	State AZ	Zip Code 85283	Amount of Each Receipt this Period _____ 69930.00		
FEC ID number of contributing federal political committee. C _____					
Name of Employer _____			Occupation _____		

<b>B. Full Name (Last, First, Middle Initial)</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount of Each Receipt this Period _____		
City	State	Zip Code			
FEC ID number of contributing federal political committee. C _____					
Name of Employer _____			Occupation _____		

<b>C. Full Name (Last, First, Middle Initial)</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount of Each Receipt this Period _____		
City	State	Zip Code			
FEC ID number of contributing federal political committee. C _____					
Name of Employer _____			Occupation _____		

<b>D. Full Name (Last, First, Middle Initial)</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount of Each Receipt this Period _____		
City	State	Zip Code			
FEC ID number of contributing federal political committee. C _____					
Name of Employer _____			Occupation _____		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	_____ 69930.00
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	_____ 69930.00

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
REVITALIZE ARIZONA

Full Name (Last, First, Middle Initial) of Payee GMMB		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 3050 K Street, NW		Amount 69930.00	
City Washington	State AZ	Zip Code 20007	Transaction ID : F57.000001
Purpose of Expenditure TV ad opposing Andy Tobin "Interference"	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: 01
Name of Federal Candidate Supported or Opposed by Expenditure: Andy Tobin		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 69930.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	69930.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	0.00
(c) <b>TOTAL</b> Independent Expenditures.....▶ (carry total from last page forward to Line 7)	69930.00