

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5
PASTOR FOR ARIZONA

ADDRESS (number and street) PO Box 1978
 Check if different than previously reported. (ACC) Phoenix AZ 85001

2. **FEC IDENTIFICATION NUMBER** ▼ C00251918 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT
AZ 07

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of

(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
04 / 01 / 2014 through 06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Joseph Losada

Signature of Treasurer Joseph Losada [Electronically Filed] Date M M / D D / Y Y Y Y
07 / 15 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
PASTOR FOR ARIZONA

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	281235.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	2333.33
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	278901.67
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	26289.48	253297.06
(b) Total Offsets to Operating Expenditures (from Line 14).....	400.00	1799.17
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	25889.48	251497.89
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1281873.49	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

PASTOR FOR ARIZONA

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	54400.00
(ii) Unitemized.....	0.00	3085.00
(iii) TOTAL of contributions from individuals ▶	0.00	57485.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	223750.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	281235.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	400.00	1799.17
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	594.00	9331.12
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	994.00	292365.29

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	26289.48	253297.06
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	2333.33
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2333.33
21. OTHER DISBURSEMENTS	2912.25	108145.37
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	29201.73	363775.76

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1310081.22
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	994.00
25. SUBTOTAL (add Line 23 and Line 24).....	1311075.22
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	29201.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1281873.49

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 18
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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 COMMITTEE (In Full)
PASTOR FOR ARIZONA

A. Full Name (Last, First, Middle Initial)
Government of the District of Columbia

Mailing Address 441 4th Street
Suite 890N

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2014

Transaction ID : SA14.13193

Amount of Each Receipt this Period
 400.00

Security Deposit Refund

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

400.00

400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 18
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PASTOR FOR ARIZONA

A. Full Name (Last, First, Middle Initial)
Mary Rose Wilcox for Congress

Mailing Address PO Box 24507

City State Zip Code
Phoenix AZ 85074

FEC ID number of contributing federal political committee. **C** C00559989

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
594.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA15.13208

Amount of Each Receipt this Period
594.00

DC Donor List

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

594.00

594.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 18			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
PASTOR FOR ARIZONA

Full Name (Last, First, Middle Initial) A. 3rd Ave. & Thomas Self-Storage			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014	
Mailing Address 307 W. Thomas Rd.			Amount of Each Disbursement this Period 3078.00	
City Phoenix	State AZ	Zip Code 85013	Transaction ID : SB17.13192	
Purpose of Disbursement Storage Unit Rental.		001 Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. American Express			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2014	
Mailing Address Box 0001			Amount of Each Disbursement this Period 1876.78	
City Los Angeles	State CA	Zip Code 90096-8000	Transaction ID : SB17.13210	
Purpose of Disbursement Credit Card Payment - See Memos.		001 Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. Xico Incorporated			Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014	
Mailing Address 44 South San Marcos Place			Amount of Each Disbursement this Period 1400.00	
City Chandler	State AZ	Zip Code 85225	Transaction ID : SB17.13210.0	
Purpose of Disbursement Donation		012 Category/ Type		
Candidate Name			[MEMO ITEM]	
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	4954.78
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 18			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
PASTOR FOR ARIZONA

Full Name (Last, First, Middle Initial) A. Durant's Restaurant			Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014	
Mailing Address 2611 N. Central Ave.			Amount of Each Disbursement this Period 44.00	
City Phoenix	State AZ	Zip Code 85004	Transaction ID : SB17.13210.2	
Purpose of Disbursement Meeting Meals		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. Durant's Restaurant			Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014	
Mailing Address 2611 N. Central Ave.			Amount of Each Disbursement this Period 295.00	
City Phoenix	State AZ	Zip Code 85004	Transaction ID : SB17.13210.3	
Purpose of Disbursement Meeting Meals.		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. American Express			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address Box 0001			Amount of Each Disbursement this Period 2213.60	
City Los Angeles	State CA	Zip Code 90096-8000	Transaction ID : SB17.13194	
Purpose of Disbursement Credit Card Payment - See Memos.		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	2213.60
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 18			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
PASTOR FOR ARIZONA

Full Name (Last, First, Middle Initial) A. Durant's Restaurant			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014		
Mailing Address 2611 N. Central Ave.			Amount of Each Disbursement this Period 371.20		
City Phoenix	State AZ	Zip Code 85004	Transaction ID : SB17.13194.0		
Purpose of Disbursement Meeting Meals.		Category/ Type 001	[MEMO ITEM]		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. American Airlines			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014		
Mailing Address PO Box 619612 MD 2400			Amount of Each Disbursement this Period 518.40		
City DFW Airport	State TX	Zip Code 75261	Transaction ID : SB17.13194.2		
Purpose of Disbursement Airfare.		Category/ Type 002	[MEMO ITEM]		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. American Airlines			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014		
Mailing Address PO Box 619612 MD 2400			Amount of Each Disbursement this Period 75.00		
City DFW Airport	State TX	Zip Code 75261	Transaction ID : SB17.13194.3		
Purpose of Disbursement Taxes and Fees.		Category/ Type 002	[MEMO ITEM]		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 18			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
PASTOR FOR ARIZONA

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address PO Box 619612 MD 2400		Amount of Each Disbursement this Period 988.00
City DFW Airport State TX Zip Code 75261	Purpose of Disbursement Airfare. Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.13194.4 [MEMO ITEM]
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address PO Box 619612 MD 2400		Amount of Each Disbursement this Period 150.00
City DFW Airport State TX Zip Code 75261	Purpose of Disbursement Taxes and Fees. Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.13194.5 [MEMO ITEM]
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. American Express		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address Box 0001		Amount of Each Disbursement this Period 75.00
City Los Angeles State CA Zip Code 90096-8000	Purpose of Disbursement Annual Membership Fee. Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.13194.6 [MEMO ITEM]
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 18			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
PASTOR FOR ARIZONA

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address Box 0001		Amount of Each Disbursement this Period 31.00
City Los Angeles	State CA	
Zip Code 90096-8000	Purpose of Disbursement Credit Card Payment - See Memos.	Transaction ID : SB17.13203
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. For the Record, PPA		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 5 Rosecroft Drive		Amount of Each Disbursement this Period 2000.00
City Fredericksburg	State VA	
Zip Code 22407	Purpose of Disbursement Fundraising & Public Affairs Consulting (contractual obligation).	Transaction ID : SB17.13187
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. For the Record, PPA		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 5 Rosecroft Drive		Amount of Each Disbursement this Period 2000.00
City Fredericksburg	State VA	
Zip Code 22407	Purpose of Disbursement Fundraising & Public Affairs Consulting (contractual obligation).	Transaction ID : SB17.13185
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4031.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 18			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
PASTOR FOR ARIZONA

A. For the Record, PPA

Full Name (Last, First, Middle Initial)
Mailing Address 5 Rosecroft Drive

City State Zip Code
Fredericksburg VA 22407

Purpose of Disbursement
Fundraising & Public Affairs Consulting (contractual obligation).

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
05 / 26 / 2014

Amount of Each Disbursement this Period
2000.00

Transaction ID : SB17.13181

Category/Type: 001

B. Joseph Losada

Full Name (Last, First, Middle Initial)
Mailing Address 516 W. Windsor Ave.

City State Zip Code
Phoenix AZ 85003

Purpose of Disbursement
Accounting, Reporting, and Compliance.

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
04 / 11 / 2014

Amount of Each Disbursement this Period
2000.00

Transaction ID : SB17.13190

Category/Type: 001

c. Joseph Losada

Full Name (Last, First, Middle Initial)
Mailing Address 516 W. Windsor Ave.

City State Zip Code
Phoenix AZ 85003

Purpose of Disbursement
Accounting, Reporting, and Compliance.

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
05 / 26 / 2014

Amount of Each Disbursement this Period
2000.00

Transaction ID : SB17.13182

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 6000.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 18	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PASTOR FOR ARIZONA

Full Name (Last, First, Middle Initial) A. Joseph Losada		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 516 W. Windsor Ave.		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.13174
City Phoenix	State AZ	
Zip Code 85003	Purpose of Disbursement Accounting, Reporting, and Compliance.	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. National Democratic Club		Date of Disbursement MM / DD / YYYY 05 / 06 / 2014
Mailing Address 30 Ivy Street S.E.		Amount of Each Disbursement this Period 1742.00 Transaction ID : SB17.13184
City Washington	State DC	
Zip Code 20003-4071	Purpose of Disbursement Meeting Meals (Monthly Statement)	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Jose Rivas		Date of Disbursement MM / DD / YYYY 04 / 07 / 2014
Mailing Address 5633 N. 7th Drive		Amount of Each Disbursement this Period 1100.00 Transaction ID : SB17.13191
City Phoenix	State AZ	
Zip Code 85013	Purpose of Disbursement Committee Management.	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4842.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 18			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
PASTOR FOR ARIZONA

Full Name (Last, First, Middle Initial) A. Jose Rivas			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014	
Mailing Address 5633 N. 7th Drive			Amount of Each Disbursement this Period 1252.63	
City Phoenix	State AZ	Zip Code 85013	Transaction ID : SB17.13188	
Purpose of Disbursement Committee Management.		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. Jose Rivas			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014	
Mailing Address 5633 N. 7th Drive			Amount of Each Disbursement this Period 787.65	
City Phoenix	State AZ	Zip Code 85013	Transaction ID : SB17.13186	
Purpose of Disbursement Committee Management.		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) c. Jose Rivas			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014	
Mailing Address 5633 N. 7th Drive			Amount of Each Disbursement this Period 647.53	
City Phoenix	State AZ	Zip Code 85013	Transaction ID : SB17.13183	
Purpose of Disbursement Committee Management.		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	2687.81
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 18			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
PASTOR FOR ARIZONA

Full Name (Last, First, Middle Initial) A. Jose Rivas		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 5633 N. 7th Drive		Amount of Each Disbursement this Period 273.75 Transaction ID : SB17.13180
City Phoenix State AZ Zip Code 85013	Purpose of Disbursement Reimbursed Expenses: Storage, Supplies.	
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jose Rivas		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 5633 N. 7th Drive		Amount of Each Disbursement this Period 674.55 Transaction ID : SB17.13176
City Phoenix State AZ Zip Code 85013	Purpose of Disbursement Committee Management.	
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Jose Rivas		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 5633 N. 7th Drive		Amount of Each Disbursement this Period 543.11 Transaction ID : SB17.13172
City Phoenix State AZ Zip Code 85013	Purpose of Disbursement Committee Management.	
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1491.41
TOTAL This Period (last page this line number only).....	26220.60

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 18
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
PASTOR FOR ARIZONA

Full Name (Last, First, Middle Initial) A. Los Diablos		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address PO Box 873702		Amount of Each Disbursement this Period 150.00 Transaction ID : SB21.13175
City Tempe	State AZ	
Zip Code 85287	Purpose of Disbursement Tee Box Sign for Scholarship Golf Tournament.	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. Maricopa Community College Foundation		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2014
Mailing Address 2411 West 14th Street		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB21.13189
City Tempe	State AZ	
Zip Code 85281	Purpose of Disbursement Donation: Table for 'Heroes of Education' event.	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) c. Mary Rose Wilcox for Congress		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address PO Box 24507		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.13207
City Phoenix	State AZ	
Zip Code 85074	Purpose of Disbursement Political Contribution	Category/ Type 011
Candidate Name Mary Rose Wilcox	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/> Other (specify)	
State: AZ	District: 07	

SUBTOTAL of Disbursements This Page (optional).....	2650.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 18			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
PASTOR FOR ARIZONA

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 3450 W. Polk		Amount of Each Disbursement this Period 80.00 Transaction ID : SB21.13220
City Phoenix State AZ Zip Code 85009	Purpose of Disbursement Bankcard Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 3450 W. Polk		Amount of Each Disbursement this Period 6.85 Transaction ID : SB21.13216
City Phoenix State AZ Zip Code 85009	Purpose of Disbursement Client Analysis Service Charge 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 3450 W. Polk		Amount of Each Disbursement this Period 8.55 Transaction ID : SB21.13217
City Phoenix State AZ Zip Code 85009	Purpose of Disbursement Client Analysis Service Charge 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	95.40
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 18			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
PASTOR FOR ARIZONA

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 3450 W. Polk		Amount of Each Disbursement this Period 80.00 Transaction ID : SB21.13221
City Phoenix State AZ Zip Code 85009	Purpose of Disbursement Bankcard Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 3450 W. Polk		Amount of Each Disbursement this Period 6.85 Transaction ID : SB21.13218
City Phoenix State AZ Zip Code 85009	Purpose of Disbursement Client Analysis Service Charge 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 3450 W. Polk		Amount of Each Disbursement this Period 80.00 Transaction ID : SB21.13222
City Phoenix State AZ Zip Code 85009	Purpose of Disbursement Bankcard Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	166.85
TOTAL This Period (last page this line number only).....	2912.25