

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
SALT RIVER VALLEY WATER USERS' ASSOCIATION POLITICAL INVOLVEMENT COMMITTEE (SRP-PIC)

ADDRESS (number and street) PO BOX 52025 ISB336
 Check if different than previously reported. (ACC)
PHOENIX AZ 85072

2. **FEC IDENTIFICATION NUMBER** C00048579
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 06 01 2011 through 06 30 2011

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 Heidi Rowe Schaefer

Signature of Treasurer Electronically Filed by Heidi Rowe Schaefer Date 08 15 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

SALT RIVER VALLEY WATER USERS' ASSOCIATION POLITICAL INVOLVEMENT COMMITTEE (SRP-PIC)

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2011"/>		6521.03
(b) Cash on Hand at Beginning of Reporting Period	727.29	
(c) Total Receipts (from Line 19)	6692.00	46148.26
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7419.29	52669.29
7. Total Disbursements (from Line 31)	5400.00	50650.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2019.29	2019.29
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	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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**

Write or Type Committee Name

SALT RIVER VALLEY WATER USERS' ASSOCIATION POLITICAL INVOLVEMENT COMMITTEE (SRP-PIC)

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	240.00	240.00
(ii) Unitemized	6452.00	44904.38
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6692.00	45144.38
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	6692.00	45144.38
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	3.88
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6692.00	46148.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6692.00	46148.26

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	6000.00	35500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	-600.00	15150.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5400.00	50650.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5400.00	50650.00

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	6692.00	45144.38
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6692.00	45144.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)
SALT RIVER VALLEY WATER USERS' ASSOCIATION POLITICAL INVOLVEMENT COMMITTEE (SRP-PIC)

A.	Full Name (Last, First, Middle Initial) RENEE E CASTILLO		Date of Receipt
	Mailing Address 2031 N HALL		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 03 / 2011
	City	State	Zip Code
	MESA	AZ	85203
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.119524
Name of Employer Salt River Project		Occupation MANAGER RESIDENTIAL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 220.00	<input type="text"/> 20.00

B.	Full Name (Last, First, Middle Initial) RENEE E CASTILLO		Date of Receipt
	Mailing Address 2031 N HALL		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 17 / 2011
	City	State	Zip Code
	MESA	AZ	85203
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.119938
Name of Employer Salt River Project		Occupation MANAGER RESIDENTIAL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 240.00	<input type="text"/> 20.00

C.	Full Name (Last, First, Middle Initial) BARBARA M HOFFNAGLE		Date of Receipt
	Mailing Address 1330 E LUDLOW DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 03 / 2011
	City	State	Zip Code
	PHOENIX	AZ	85022
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.119617
Name of Employer Salt River Project		Occupation ASSOCIATE GENERAL MA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 220.00	<input type="text"/> 20.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 60.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SALT RIVER VALLEY WATER USERS' ASSOCIATION POLITICAL INVOLVEMENT COMMITTEE (SRP-PIC)

A.	Full Name (Last, First, Middle Initial) BARBARA M HOFFNAGLE		Date of Receipt
	Mailing Address 1330 E LUDLOW DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 17 / 2011
	City	State	Zip Code
	PHOENIX	AZ	85022
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.120031
Name of Employer Salt River Project		Occupation ASSOCIATE GENERAL MA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<input type="text"/> 20.00

B.	Full Name (Last, First, Middle Initial) D A PELLOUCHOUD		Date of Receipt
	Mailing Address 890 EDIE PL		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 03 / 2011
	City	State	Zip Code
	BOULDER CITY	NV	89005
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.119732
Name of Employer Salt River Project		Occupation DIRECTOR PLANNING &	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 20.00

C.	Full Name (Last, First, Middle Initial) D A PELLOUCHOUD		Date of Receipt
	Mailing Address 890 EDIE PL		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 17 / 2011
	City	State	Zip Code
	BOULDER CITY	NV	89005
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.120146
Name of Employer Salt River Project		Occupation DIRECTOR PLANNING &	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<input type="text"/> 20.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 60.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SALT RIVER VALLEY WATER USERS' ASSOCIATION POLITICAL INVOLVEMENT COMMITTEE (SRP-PIC)

A.	Full Name (Last, First, Middle Initial) MICHAEL C SHERMAN		Date of Receipt
	Mailing Address 13096 N 97 ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 03 / 2011
	City	State	Zip Code
	SCOTTSDALE	AZ	85260
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.119781
Name of Employer Salt River Project		Occupation MANAGER SRP TELECOM	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 220.00	<input type="text"/> 20.00

B.	Full Name (Last, First, Middle Initial) MICHAEL C SHERMAN		Date of Receipt
	Mailing Address 13096 N 97 ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 17 / 2011
	City	State	Zip Code
	SCOTTSDALE	AZ	85260
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.120196
Name of Employer Salt River Project		Occupation MANAGER SRP TELECOM	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 240.00	<input type="text"/> 20.00

C.	Full Name (Last, First, Middle Initial) RUSSELL D SMOLDON		Date of Receipt
	Mailing Address 28827 N 49 PL		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 03 / 2011
	City	State	Zip Code
	CAVE CREEK	AZ	85331
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.119791
Name of Employer Salt River Project		Occupation MANAGER STATE GOVERN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 220.00	<input type="text"/> 20.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 60.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 15
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SALT RIVER VALLEY WATER USERS' ASSOCIATION POLITICAL INVOLVEMENT COMMITTEE (SRP-PIC)

A. Full Name (Last, First, Middle Initial)
RUSSELL D SMOLDON

Mailing Address 28827 N 49 PL

City State Zip Code
CAVE CREEK AZ 85331

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

Name of Employer Salt River Project Occupation MANAGER STATE GOVERN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 17 / 2011

Transaction ID: SA11AI.120206

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
JOHN F SULLIVAN

Mailing Address 2533 W BARROW

City State Zip Code
CHANDLER AZ 85224

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

Name of Employer Salt River Project Occupation ASSOCIATE GENERAL MA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2011

Transaction ID: SA11AI.119804

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
JOHN F SULLIVAN

Mailing Address 2533 W BARROW

City State Zip Code
CHANDLER AZ 85224

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

Name of Employer Salt River Project Occupation ASSOCIATE GENERAL MA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 17 / 2011

Transaction ID: SA11AI.120219

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	240.00

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SALT RIVER VALLEY WATER USERS' ASSOCIATION POLITICAL INVOLVEMENT COMMITTEE (SRP-PIC)

A. Full Name (Last, First, Middle Initial) MIKE CRAPO FOR US SENATE <hr/> Mailing Address P.O. BOX 1948 <hr/> City BOISE State ID Zip Code 83701 <hr/> Purpose of Disbursement US SENATE ID Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 00 Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.119873 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 1 1
	Amount of Each Disbursement this Period 2000.00
B. Full Name (Last, First, Middle Initial) TRENT FRANKS TO CONGRESS, COMMITTEE TO RE-ELECT <hr/> Mailing Address 12416 N. 57th Drive <hr/> City Glendale State AZ Zip Code 85304 <hr/> Purpose of Disbursement US HOUSE AZ Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.119872 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 1 1
	Amount of Each Disbursement this Period 2000.00
C. Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US <hr/> Mailing Address PO BOX 490 <hr/> City ST JOSEPH State MI Zip Code 49085 <hr/> Purpose of Disbursement US HOUSE MI Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.119876 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 1 1
	Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

6000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SALT RIVER VALLEY WATER USERS' ASSOCIATION POLITICAL INVOLVEMENT COMMITTEE (SRP-PIC)

A. Full Name (Last, First, Middle Initial) ANDY BIGGS, COMM TO ELECT <hr/> Mailing Address 15926 E ELLIOT RD <hr/> City GILBERT State AZ Zip Code 85234 <hr/> Purpose of Disbursement STATE/LOCAL CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.119869 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 1 1
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) ANDY TOBIN, COMM TO ELECT <hr/> Mailing Address 3767 KARICIO LN, STE A <hr/> City PRESCOTT State AZ Zip Code 86303 <hr/> Purpose of Disbursement Cancelled check dated 11/10/10 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.119857 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 1 1
	Amount of Each Disbursement this Period -500.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) ARIZONA REPUBLICAN PARTY <hr/> Mailing Address 3501 N 24TH ST <hr/> City PHOENIX State AZ Zip Code 85016 <hr/> Purpose of Disbursement Cancelled check dated 5/20/11 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.119860 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 1 1
	Amount of Each Disbursement this Period -3000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

-3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SALT RIVER VALLEY WATER USERS' ASSOCIATION POLITICAL INVOLVEMENT COMMITTEE (SRP-PIC)

A.	Full Name (Last, First, Middle Initial) DON SHOOTER FOR STATE SENATE	Transaction ID: SB29.119867 Date of Disbursement
	Mailing Address 1341 W 17TH PLACE	<input type="text" value="06"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City YUMA State AZ Zip Code 85364	Amount of Each Disbursement this Period
	Purpose of Disbursement STATE/LOCAL CONTRIBUTION	<input type="text" value="300.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GAIL GRIFFIN FOR SENATE	Transaction ID: SB29.119861 Date of Disbursement
	Mailing Address PO BOX 628	<input type="text" value="06"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City HEREFORD State AZ Zip Code 85615	Amount of Each Disbursement this Period
	Purpose of Disbursement STATE/LOCAL CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JUSTIN OLSON, COMM TO ELECT	Transaction ID: SB29.119871 Date of Disbursement
	Mailing Address 524 N 38TH ST	<input type="text" value="06"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City MESA State AZ Zip Code 85205	Amount of Each Disbursement this Period
	Purpose of Disbursement STATE/LOCAL CONTRIBUTION	<input type="text" value="300.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1100.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SALT RIVER VALLEY WATER USERS' ASSOCIATION POLITICAL INVOLVEMENT COMMITTEE (SRP-PIC)

A.	Full Name (Last, First, Middle Initial) KAREN FANN, COMM TO ELECT	Transaction ID: SB29.119859 Date of Disbursement
	Mailing Address 5691 HOLE IN ONE DR	<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
	City PRESCOTT State AZ Zip Code 86301	Amount of Each Disbursement this Period
	Purpose of Disbursement Cancelled check dated 11/10/10	<input type="text" value="-300.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KAREN FANN, COMM TO ELECT	Transaction ID: SB29.119870 Date of Disbursement
	Mailing Address 5691 HOLE IN ONE DR	<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
	City PRESCOTT State AZ Zip Code 86301	Amount of Each Disbursement this Period
	Purpose of Disbursement STATE/LOCAL CONTRIBUTION	<input type="text" value="300.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MICHELLE REAGAN-COMMITTEE TO ELECT	Transaction ID: SB29.119863 Date of Disbursement
	Mailing Address 5235 N WOODMERE FAIRWAY	<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
	City SCOTTSDALE State AZ Zip Code 85250	Amount of Each Disbursement this Period
	Purpose of Disbursement STATE/LOCAL CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SALT RIVER VALLEY WATER USERS' ASSOCIATION POLITICAL INVOLVEMENT COMMITTEE (SRP-PIC)

A.	Full Name (Last, First, Middle Initial) RUBEN GALLEGO, FRIENDS OF	Transaction ID: SB29.119864 Date of Disbursement																			
	Mailing Address 101 N 7TH ST UNIT 103	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	3		2	0	1	1												
	City PHOENIX State AZ Zip Code 85034	Amount of Each Disbursement this Period																			
	Purpose of Disbursement STATE/LOCAL CONTRIBUTION	<table border="1"><tr><td>300.00</td></tr></table>	300.00																		
300.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) STEVE PIERCE FOR SENATE	Transaction ID: SB29.119862 Date of Disbursement																			
	Mailing Address 14000 N 7V RANCH ROAD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	3		2	0	1	1												
	City PRESCOTT State AZ Zip Code 86305	Amount of Each Disbursement this Period																			
	Purpose of Disbursement STATE/LOCAL CONTRIBUTION	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) STEVE SMITH, ELECT	Transaction ID: SB29.119865 Date of Disbursement																			
	Mailing Address 17818 N SMITH DR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	3		2	0	1	1												
	City MARICOPA State AZ Zip Code 85139	Amount of Each Disbursement this Period																			
	Purpose of Disbursement STATE/LOCAL CONTRIBUTION	<table border="1"><tr><td>300.00</td></tr></table>	300.00																		
300.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>1100.00</td></tr></table>	1100.00
1100.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SALT RIVER VALLEY WATER USERS' ASSOCIATION POLITICAL INVOLVEMENT COMMITTEE (SRP-PIC)

A.	Full Name (Last, First, Middle Initial) SYLVIA ALLEN, COMM TO ELECT			Transaction ID: SB29.119858	
	Mailing Address P O BOX 952			Date of Disbursement 06 / 13 / 2011	
City SNOWFLAKE		State AZ	Zip Code 85937	Amount of Each Disbursement this Period -300.00	
Purpose of Disbursement Cancelled check dated 11/10/10			Category/ Type		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

SUBTOTAL of Disbursements This Page (optional)	-300.00
TOTAL This Period (last page this line number only)	-600.00