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 REVITALIZE ARIZONA	
(b) Address (number and street) 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)	3. FEC Identification Number
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 48-Hour Report filed on b) Is this Report an amendment? No S. COVERING PERIOD: FROM Image: Margin (Margin	
6. TOTAL CONTRIBUTIONS	69930.00 69930.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, of, any candidate or authorized committee or agent of either, or any political party committee or its agent.	or concert with, or at the request or suggestion
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE Laura Garcia Laura Garcia	DATE ctronically Filed]
	10/20/2014
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to	the penalties of 2 U.S.C. §43/g.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

Image# 14951854340

SCHEDULE 5-A ITEMIZED RECEIPTS

ny information conied from such Deports on	d Statements may not be sold or used by any per	con for the nurness of collecting contributions	
	the name and address of any political committee t		
NAME OF FILER (In Full) REVITALIZE ARIZONA			
Full Name (Last, First, Middle Initial)		Date of Receipt	
Residents for Accountability			
Mailing Address 2239 West Baseline Road		10 20 2014	
City	State Zip Code	Transaction ID : F56.000001	
Tempe	AZ 85283	_ Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	69930.00	
Name of Employer	Occupation		
Full Name (Last, First, Middle Initial)		Data of Dessint	
Mailing Address		Date of Receipt	
- 			
City	State Zip Code		
		_ Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		
Name of Employer	Occupation		
Full Name (Last, First, Middle Initial)			
Mailing Address		Date of Receipt	
Manning Mulless			
City	State Zip Code		
		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		
Name of Employer	Occupation	1	
Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address			
City	State Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing	C		
federal political committee.			
Name of Employer	Occupation		
SUBTOTAL of Receipts This Page (optional)		69930.00	
OTAL This Period (last page carry total to I	Line 6)	69930.00	

mage# 14951854341					
SCHEDULE 5-E				PAGE 3	OF 3
	URES			FOR LINE 7	OF FORM 5
NAME OF FILER (In Full) REVITALIZE ARIZONA					
Full Name (Last, First, Middle Initial) of Paye	ee		Date of Publi	ic Distribution/	Dissemination
GMMB			M M / D D / Y Y Y Y		
Mailing Address 3050 K Street, NW			Amount	20	2014
City	State	Zip Code			00000.00
Washington	DC	20007	Transaction	1 ID : F57.0000	69930.00
Purpose of Expenditure TV ad opposing Andy Tobin "Interference"		Category/ Type 004	I	K House Senate	State: AZ
Name of Federal Candidate Supported or O Andy Tobin	pposed by Expendit	ure:	Check One:	President Support	District: 01
			Disbursement For:		
Calendar Year-To-Date Per Election for Office Sought	,	.00	2014 Other (sp	,	General
Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination					
Mailing Address			M - M	/ D D /	Y Y Y Y
			Amount		
City	State	Zip Code			
Purpose of Expenditure		Category/ Type	Office Sought:	House Senate	State:
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One:	President Support	District:	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For:	Primary	General
			Other (sp	Decity) ►	
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:	House Senate	State:
Name of Federal Candidate Supported or C	opposed by Expendit	ture:	Check One:	President	District:
				Support	Oppose
Calendar Year-To-Date Per Election for Office Sought			Disbursement For:		General
(a) SUBTOTAL of Itemized Independent Exp	enditures				69930.00
(b) SUBTOTAL of Unitemized Independent E	Expenditures				
(c) TOTAL Independent Expenditures (carry total from last page forward t	to Line 7)		····· ▶,		69930.00