

SECRETARY OF THE SENATE  
03 APR 18 PM 1:52

**Jon Kyl**  
**U.S. SENATE**

SECRETARY OF THE SENATE  
03 APR 18 PM 1:52

April 9, 2003

Secretary of the Senate  
United States Senate  
Office of Public Records  
232 Hart Senate Office Building  
Washington, DC 20510

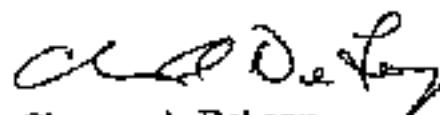
RE: Jon Kyl for U.S. Senate C00279521

Dear Sir:

Enclosed is the April 15 Quarterly Report filed on behalf of the Jon Kyl for U.S. Senate Committee.

If you have any questions, please call me at (602) 840-0306.

Yours truly,



Clarence A. DeLong  
Treasurer

Enclosure

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

SECRETARY OF THE SENATE

03 APR 18 PM 1:52  
Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: if typing, type over the lines  
Jon Kyl for U.S. Senate

ADDRESS (number and street) P.O. Box 10246  
Check if different than previously reported. (ACC) Phoenix AZ 85064

2. FEC IDENTIFICATION NUMBER C00278521  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
AZ 00

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 [ ] [ ] [ ] in the State of [ ]  
(c) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 01 01 2003 through 03 31 2003

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 Clarence A. DeLong  
Signature of Treasurer *Clarence A. DeLong* Filed by Clarence A. DeLong Date 04 09 2003

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

FEC Form 3 (Revised 02/2/03)

Page 2

Write or Type Committee Name

Jon Kyl for U.S. Senate

Report Covering the Period:

From:

MM DD YYYY  
01 01 2003

To:

MM DD YYYY  
03 31 2003

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))...	17075.00	203816.89
(b) Total Contribution Refunds (from Line 20(d))...	0.00	5000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	17075.00	198816.89
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17)...	22624.00	329728.06
(b) Total Offsets to Operating Expenditures (from Line 14)...	31283.29	70410.31
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	-8659.29	259317.75
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)...</b>	1095708.66	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)...</b>	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 02/2003)

Page 3

Write or Type Committee Name  
Jon Kyl for U.S. Senate

Report Covering the Period:

From:

MM	DD	YY
01	01	2003

To:

MM	DD	YY
03	31	2003

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	250.00	
(i) Itemized (use Schedule A)...	325.00	
(ii) Unitemized.....	575.00	141308.02
(iii) TOTAL of contributions from individuals... ▶	0.00	0.00
(b) Political Party Committees...	16500.00	62508.87
(c) Other Political Committees (such as PACS)...	0.00	0.00
(d) The Candidate.....	17075.00	203816.89
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES...</b>	0.00	0.00
<b>13. LOANS</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)...</b>	31283.29	70410.31
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	7031.22	83682.42
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...</b> ▶	55389.51	357909.62

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	22624.00	329728.06
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	4000.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0.00	5000.00
21. OTHER DISBURSEMENTS...	0.00	7250.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) >	22624.00	341978.06

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	1062943.15
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	55389.51
25. SUBTOTAL (add Line 23 and Line 24)...	1118332.66
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	22624.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	1095708.66

**SCHEDULE A (FEC Form F3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 5 / 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)

Jon Kyl for U.S. Senate

**A.** Full Name (Last, First, Middle Initial)  
Mr. Humberto Monteverde

Mailing Address P.O. Box 548

City	State	Zip Code
Noogales	AZ	85628

FEC ID number of contributing federal political committee: C

Name of Employer HM Distributors	Occupation Business Owner
-------------------------------------	------------------------------

Receipt For:

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

03 19 2003

Transaction ID: 032720038C41184

Amount of Each Receipt This Period

250.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a)(441a-1)

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

250.00

**SCHEDULE A (FEC Form F3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGED: 743

(check only one)

 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)

Jon Kyl for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) BellSouth FED-PAC		Date of Receipt 03 31 2003
Mailing Address 1133 21st Street, N.W., Ste. 900		Transaction ID: 0404200310C41197
City Washington	State DC	Zip Code 20038
Amount of Each Receipt this Period 1000.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a)-1)
FEC ID number of contributing federal political committee. C C00174060		
Name of Employer		Occupation
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) DaimlerChrysler Corp. Pol Spl Cmte		Date of Receipt 03 18 2003
Mailing Address 1000 Chrysler Drive		Transaction ID: 032720038C41182
City Auburn Hills	State MI	Zip Code 48326-2786
Amount of Each Receipt this Period 2000.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a)-1)
FEC ID number of contributing federal political committee. C C00049687		
Name of Employer		Occupation
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date 2000.00
<b>C.</b> Full Name (Last, First, Middle Initial) Federation of American Hospitals PAC		Date of Receipt 01 31 2003
Mailing Address 801 Pennsylvania Ave., N.W., Ste.		Transaction ID: 032720037C41170
City Washington	State DC	Zip Code 20004-2604
Amount of Each Receipt this Period 2500.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a)-1)
FEC ID number of contributing federal political committee. C C00002281		
Name of Employer		Occupation
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date 4854.42
<b>SUBTOTAL</b> of Receipts This Page (optional)		5500.00
<b>TOTAL</b> This Period (last page this line number only)		

**SCHEDULE A (FEC Form F3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 43

(check only one)

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

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NAME OF COMMITTEE (In Full)

Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial)

A. American Assoc. of Orthodontists PAC

Mailing Address 401 North Lindbergh Blvd.

City State Zip Code  
Saint Louis MO 63141-

FEC ID number of contributing federal political committee. **C** C00293910

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

02 03 2003

Transaction ID: 032720037C41176

Amount of Each Receipt this Period  
5000.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a)(441a-1)

Full Name (Last, First, Middle Initial)

B. American Assoc. of Orthodontists PAC

Mailing Address 401 North Lindbergh Blvd.

City State Zip Code  
Saint Louis MO 63141-

FEC ID number of contributing federal political committee. **C** C00293910

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt

02 03 2003

Transaction ID: 032720037C41175

Amount of Each Receipt this Period  
5000.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a)(441a-1)

Full Name (Last, First, Middle Initial)

C. Public Ownership of Dec Resources PAC

Mailing Address 2301 M. Street, NW, SL 300

City State Zip Code  
Washington DC 20037-1484

FEC ID number of contributing federal political committee. **C** C00161570

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

01 22 2003

Transaction ID: 032720037C41168

Amount of Each Receipt this Period  
1000.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a)(441a-1)

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

18500.00



**SCHEDULE A (FEC Form F3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 / 43

(check only one)

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

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NAME OF COMMITTEE (In Full)

Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial)

A. McAuliffe Message Media

Mailing Address P.O. Box 25891

City State Zip Code  
Alexandria VA 22313-

FEC ID number of contributing federal political committee.

C

Name of Employer  
N/A

Occupation  
Refund of Unused Media Prints

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

62283.29

Date of Receipt

01 31 2008

Transaction ID: 032720037C41171

Amount of Each Receipt this Period

31283.29

Offsets to Operating Expenditure

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1)-(1))

SUBTOTAL of Receipts This Page (optional)

31283.29

TOTAL This Period (last page this line number only)

31283.29

**SCHEDULE A (FEC Form F3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8/43

(check only one)

<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)

Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. Bank One</b>		Date of Receipt 01 15 2003
Mailing Address 4401 East Camelback Road		Transaction ID: 0328200348C41187
City Phoenix	State AZ	Zip Code 85018
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 368.07
Name of Employer Bank Interest	Occupation N/A	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 39051.77	

Full Name (Last, First, Middle Initial) <b>B. Bank One</b>		Date of Receipt 01 31 2003
Mailing Address 4401 East Camelback Road		Transaction ID: 0328200348C41185
City Phoenix	State AZ	Zip Code 85018
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 273.44
Name of Employer Bank Interest	Occupation N/A	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 39325.21	

Full Name (Last, First, Middle Initial) <b>C. Bank One</b>		Date of Receipt 02 28 2003
Mailing Address 4401 East Camelback Road		Transaction ID: 0328200348C41186
City Phoenix	State AZ	Zip Code 85018
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 242.31
Name of Employer Bank Interest	Occupation N/A	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 39567.52	

SUBTOTAL of Receipts This Page (optional)	883.82
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form F3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 / 43

(check only one)

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

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NAME OF COMMITTEE (In Full)

Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. Bank One</b>		Date of Receipt 03 31 2003
Mailing Address 4401 East Camelback Road		Transaction ID: 0408200319C41198
City Phoenix	State AZ	Zip Code 85018-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 257.86
Name of Employer Bank Interest	Occupation N/A	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1)-(4))
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 39825.38	

Full Name (Last, First, Middle Initial) <b>B. Camelback Community Bank</b>		Date of Receipt 03 28 2003
Mailing Address 2777 E. Camelback Road		Transaction ID: 0328200348C41192
City Phoenix	State AZ	Zip Code 85018-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 182.97
Name of Employer Bank Interest	Occupation N/A	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1)-(4))
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1163.04	

Full Name (Last, First, Middle Initial) <b>C. Heritage Bank</b>		Date of Receipt 03 04 2003
Mailing Address 4222 E. Camelback Rd., St. J100		Transaction ID: 0328200348C41191
City Phoenix	State AZ	Zip Code 85018-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1465.01
Name of Employer Bank Interest	Occupation	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1)-(4))
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7260.21	

SUBTOTAL of Receipts This Page (optional) .....	1805.24
TOTAL This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form F3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 11 / 43

(check only one)

 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)

Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) A. National Bank of Arizona		Date of Receipt 02 / 12 / 2003
Mailing Address 4040 East Camelback Road		Transaction ID: 032720037C41178
City Phoenix	State AZ	Zip Code 85018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 529.31
Name of Employer Bank Interest	Occupation N/A	Other Receipt
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 9819.72	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1)-(1))

Full Name (Last, First, Middle Initial) B. Senate Majority Fund		Date of Receipt 02 / 04 / 2003
Mailing Address P.O. Box 32025		Transaction ID: 032720037C41174
City Phoenix	State AZ	Zip Code 85064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.57
Name of Employer	Occupation	Other Receipt Telephone & Internet
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3692.47	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1)-(1))

Full Name (Last, First, Middle Initial) C. Senate Majority Fund		Date of Receipt 02 / 04 / 2003
Mailing Address P.O. Box 32025		Transaction ID: 032720037C41172
City Phoenix	State AZ	Zip Code 85064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 124.59
Name of Employer	Occupation	Other Receipt Rent
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3817.06	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1)-(1))

SUBTOTAL of Receipts This Page (optional) ▶

730.47

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

**SCHEDULE A (FEC Form F3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 12 / 43

(check only one)

 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)

Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Senate Majority Fund

Mailing Address P.O. Box 32025

 City State Zip Code  
 Phoenix AZ 85084

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

3882.08

Date of Receipt

02 04 2003

Transaction ID: 032720037C41173

Amount of Each Receipt this Period

45.00

Other Receipt Equipment Rental

 Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(f)(4)(1a-1))

Full Name (Last, First, Middle Initial)

B. Senate Majority Fund

Mailing Address P.O. Box 32025

 City State Zip Code  
 Phoenix AZ 85084

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

3986.65

Date of Receipt

02 28 2003

Transaction ID: 032720038C41179

Amount of Each Receipt this Period

124.59

Other Receipt Rent

 Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(f)(4)(1a-1))

Full Name (Last, First, Middle Initial)

C. Senate Majority Fund

Mailing Address P.O. Box 32025

 City State Zip Code  
 Phoenix AZ 85084

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

4031.65

Date of Receipt

02 28 2003

Transaction ID: 032720038C41180

Amount of Each Receipt this Period

45.00

Other Receipt Equipment Rental

 Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(f)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional)

214.59

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form F3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 / 43

(check only one)

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

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NAME OF COMMITTEE (In Full)

Jon Kyl for U.S. Senate

**A.** Full Name (Last, First, Middle Initial)  
Senate Majority Fund

Mailing Address P.O. Box 32025

City State Zip Code  
Phoenix AZ 85064

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4108.22

Date of Receipt

02 28 2003

Transaction ID: 03272003BC41181

Amount of Each Receipt this Period

76.57

Other Receipt Telephone & Internet

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1)-(1))

**B.** Full Name (Last, First, Middle Initial)  
Senate Majority Fund

Mailing Address P.O. Box 32025

City State Zip Code  
Phoenix AZ 85064

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4153.22

Date of Receipt

03 31 2003

Transaction ID: 0404200310C41194

Amount of Each Receipt this Period

45.00

Other Receipt Equipment Rental

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1)-(1))

**C.** Full Name (Last, First, Middle Initial)  
Senate Majority Fund

Mailing Address P.O. Box 32025

City State Zip Code  
Phoenix AZ 85064

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4277.81

Date of Receipt

03 31 2003

Transaction ID: 0404200310C41193

Amount of Each Receipt this Period

124.59

Other Receipt Rent

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1)-(1))

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

246.16

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

**SCHEDULE A (FEC Form F3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:		PAGE 14 / 43	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (in Full)

Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. Senate Majority Fund</b>		Date of Receipt 03 / 31 / 2003	
Mailing Address P.O. Box 32025		Transaction ID: 0404200310C41195	
City Phoenix	State AZ	Zip Code 85064	Amount of Each Receipt this Period 76.57
FEC ID number of contributing federal political committee. C		Other Receipt Telephone & Internet <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))	
Name of Employer Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Aggregate Year-to-Date 4354.88		

Full Name (Last, First, Middle Initial) <b>B. Valley First Community Bank</b>		Date of Receipt 02 / 08 / 2003	
Mailing Address 7501 East McCormick Parkway #106N		Transaction ID: 0328200348C41188	
City Scottsdale	State AZ	Zip Code 85258	Amount of Each Receipt this Period 2580.05
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))	
Name of Employer Bank Interest Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation N/A Aggregate Year-to-Date 7620.34		

Full Name (Last, First, Middle Initial) <b>C. Wells Fargo Bank</b>		Date of Receipt 03 / 31 / 2003	
Mailing Address 5151 North 44th Street		Transaction ID: 0328200348C41189	
City Phoenix	State AZ	Zip Code 85018	Amount of Each Receipt this Period 135.65
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))	
Name of Employer Bank Interest Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Aggregate Year-to-Date 517.07		

SUBTOTAL of Receipts This Page (optional)

2792.27

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form F3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 / 43

(check only one)

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

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NAME OF COMMITTEE (in Full)

Jon Kyl for U.S. Senate

**A.** Full Name (Last, First, Middle Initial)  
Wells Fargo Bank

Mailing Address 5151 North 44th Street

City Phoenix State AZ Zip Code 85018-

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

Name of Employer Bank Interest Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
639.74

Date of Receipt

02 28 2003

Transaction ID: 0328200348C41190

Amount of Each Receipt this Period

122.67

Other Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

**B.** Full Name (Last, First, Middle Initial)  
Wells Fargo Bank

Mailing Address 5151 North 44th Street

City Phoenix State AZ Zip Code 85018-

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

Name of Employer Bank Interest Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
775.74

Date of Receipt

03 31 2003

Transaction ID: 040820036C41199

Amount of Each Receipt this Period

138.00

Other Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional)

258.67

TOTAL This Period (last page this line number only)

7031.22



**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

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

 FOR LINE NUMBER:  
(check only one)

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20a
  18  
20b
  19a  
20c
  19b  
21

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NAME OF COMMITTEE (In Full)

Jon Kyl for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) American Express		Transaction ID: 0128200335E5371 Date of Disbursement 01 / 28 / 2003
Mailing Address Sulte 0002		Amount of Each Disbursement this Period 82.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 80679-0002	<input type="checkbox"/> Category/Type	
Purpose of Disbursement SEE BELOW		
Candidate Name		SEE BELOW
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>B.</b> Full Name (Last, First, Middle Initial) Costco Wholesale		Transaction ID: 0404200311E5428 Date of Disbursement 01 / 28 / 2003
Mailing Address 4502 East Oak Street		Amount of Each Disbursement this Period 82.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Phoenix State AZ Zip Code 85008-	<input type="checkbox"/> Category/Type	
Purpose of Disbursement FOOD FOR MEETING		
Candidate Name		[MEMO ITEM] MEMO: FOOD FOR MEETING
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>C.</b> Full Name (Last, First, Middle Initial) Arizona Department of Revenue		Transaction ID: 0122200343E5362 Date of Disbursement 01 / 15 / 2003
Mailing Address P.O. Box 29079		Amount of Each Disbursement this Period 800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Phoenix State AZ Zip Code 85038-9079	<input type="checkbox"/> Category/Type	
Purpose of Disbursement ESTIMATED INC. TAX		
Candidate Name		ESTIMATED INC. TAX
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)		882.64
TOTAL This Period (last page this line number only)		

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

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

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(check only one)

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 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) A. Arizona Department of Revenue		Transaction ID: 0128200334E5368 Date of Disbursement 01 / 28 / 2003
Mailing Address P.O. Box 29079		Amount of Each Disbursement this Period 531.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Phoenix	State AZ	
Zip Code 85038-9079	Purpose of Disbursement PAYROLL TAXES	PAYROLL TAXES
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:		

Full Name (Last, First, Middle Initial) B. Auto-Owners Insurance		Transaction ID: 032720038E5382 Date of Disbursement 02 / 13 / 2003
Mailing Address P.O. Box 30315		Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lansing	State MI	
Zip Code 48809-7815	Purpose of Disbursement INSURANCE	INSURANCE
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:		

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: 032720039E5394 Date of Disbursement 02 / 24 / 2003
Mailing Address P.O. Box 53135		Amount of Each Disbursement this Period 2022.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Phoenix	State AZ	
Zip Code 85072-	Purpose of Disbursement SEE BELOW	SEE BELOW
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) .....	2903.53
TOTAL This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

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

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(check only one)

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20c
  19b  
21

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NAME OF COMMITTEE (In Full)

Jan Kyi for U.S. Senate

Full Name (Last, First, Middle Initial)

A. America West Airlines

Transaction ID: 0404200312E5443

Date of Disbursement

02 / 24 / 2003

Mailing Address 51 W. 3rd Street

 City State Zip Code  
 Tempe AZ 85281-

Amount of Each Disbursement this Period

318.00

Purpose of Disbursement

TRAVEL

 Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

 Category/  
Type

 Office Sought:  House  
 Senate  
 President

 Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District

 [MEMO ITEM]  
MEMO: TRAVEL

Full Name (Last, First, Middle Initial)

B. America West Airlines

Transaction ID: 0404200311E5440

Date of Disbursement

02 / 24 / 2003

Mailing Address 51 W. 3rd Street

 City State Zip Code  
 Tempe AZ 85281-

Amount of Each Disbursement this Period

473.00

Purpose of Disbursement

TRAVEL

 Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

 Category/  
Type

 Office Sought:  House  
 Senate  
 President

 Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District

 [MEMO ITEM]  
MEMO: TRAVEL

Full Name (Last, First, Middle Initial)

C. America West Airlines

Transaction ID: 0404200312E5444

Date of Disbursement

10 / 24 / 2003

Mailing Address 51 W. 3rd Street

 City State Zip Code  
 Tempe AZ 85281-

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement

TRAVEL

 Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

 Category/  
Type

 Office Sought:  House  
 Senate  
 President

 Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District

 [MEMO ITEM]  
MEMO: TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

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

 FOR LINE NUMBER:  
(check only one)

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 17  
20a
  18  
20b
  19a  
20c
  19b  
21

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NAME OF COMMITTEE (in Full)

Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial)

A. America West Airlines

Mailing Address 51 W. 3rd Street

 City State Zip Code  
Tempe AZ 85281-

 Purpose of Disbursement  
TRAVEL

Candidate Name

 Category/  
Type

 Office Sought:
  House  
 Senate  
 President

 Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

 Transaction ID: 0404200311E5441  
Date of Disbursement

02 / 24 / 2003

Amount of Each Disbursement this Period

713.00

 Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

 [MEMO ITEM]  
MEMO: TRAVEL

Full Name (Last, First, Middle Initial)

B. America West Airlines

Mailing Address 51 W. 3rd Street

 City State Zip Code  
Tempe AZ 85281-

 Purpose of Disbursement  
TRAVEL

Candidate Name

 Category/  
Type

 Office Sought:
  House  
 Senate  
 President

 Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

 Transaction ID: 0404200312E5442  
Date of Disbursement

02 / 24 / 2003

Amount of Each Disbursement this Period

318.00

 Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

 [MEMO ITEM]  
MEMO: TRAVEL

Full Name (Last, First, Middle Initial)

C. Carroll Travel

Mailing Address 201 Massachusetts Avenue

 City State Zip Code  
Washington DC 20002-

 Purpose of Disbursement  
TRAVEL AGENT FEES

Candidate Name

 Category/  
Type

 Office Sought:
  House  
 Senate  
 President

 Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

 Transaction ID: 0404200312E5447  
Date of Disbursement

02 / 24 / 2003

Amount of Each Disbursement this Period

25.00

 Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

 [MEMO ITEM]  
MEMO: TRAVEL AGENT FEES

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 20/43
	<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)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. Carroll Travel</b>		Transaction ID: 0404200312E5448 Date of Disbursement 02 / 24 / 2003
Mailing Address 201 Massachusetts Avenue		Amount of Each Disbursement this Period 25.00
City Washington State DC Zip Code 20002-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Category/Type	
Purpose of Disbursement TRAVEL AGENT FEES		[MEMO ITEM] MEMO: TRAVEL AGENT FEES
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:		

Full Name (Last, First, Middle Initial) <b>B. Carroll Travel</b>		Transaction ID: 0404200312E5448 Date of Disbursement 02 / 24 / 2003
Mailing Address 201 Massachusetts Avenue		Amount of Each Disbursement this Period 25.00
City Washington State DC Zip Code 20002-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Category/Type	
Purpose of Disbursement TRAVEL AGENT FEES		[MEMO ITEM] MEMO: TRAVEL AGENT FEES
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:		

Full Name (Last, First, Middle Initial) <b>C. Carroll Travel</b>		Transaction ID: 0404200312E5445 Date of Disbursement 02 / 24 / 2003
Mailing Address 201 Massachusetts Avenue		Amount of Each Disbursement this Period 25.00
City Washington State DC Zip Code 20002-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Category/Type	
Purpose of Disbursement TRAVEL AGENT FEES		[MEMO ITEM] MEMO: TRAVEL AGENT FEES
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) .....	0.00
TOTAL This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(a) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 21 / 43
	<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)  
Jon Kyl for U.S. Senate

A. Bonds Alarm Co. Full Name (Last, First, Middle Initial)		Transaction ID: 0404200311E5423
Mailing Address 3900 E Camelback Road		Date of Disbursement 03 / 31 / 2003
City Phoenix	State AZ	Zip Code 85016-
Purpose of Disbursement ALARM MONITORING		Amount of Each Disbursement this Period 72.24
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	ALARM MONITORING
State: District:	Category/Type	

B. Camel Headquarters Full Name (Last, First, Middle Initial)		Transaction ID: 0128200335E5370
Mailing Address 501 E. Thomas Road, Ste. 200		Date of Disbursement 01 / 28 / 2003
City Phoenix	State AZ	Zip Code 85012-
Purpose of Disbursement RENT		Amount of Each Disbursement this Period 1091.64
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	RENT
State: District:	Category/Type	

C. Camel Headquarters Full Name (Last, First, Middle Initial)		Transaction ID: 032720039E5399
Mailing Address 501 E. Thomas Road, Ste. 200		Date of Disbursement 03 / 04 / 2003
City Phoenix	State AZ	Zip Code 85012-
Purpose of Disbursement RENT		Amount of Each Disbursement this Period 1091.64
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	RENT
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional) .....	2255.52
TOTAL This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 22 / 43
	<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)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) A. Camel Headquarters		Transaction ID: 0404200311E5422 Date of Disbursement 03 / 31 / 2003	
Mailing Address 501 E. Thomas Road, Ste. 200		Amount of Each Disbursement this Period 1372.28	
City Phoenix	State AZ	Zip Code 85012-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  RENT
Purpose of Disbursement RENT		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:			

Full Name (Last, First, Middle Initial) B. Camelback Community Bank		Transaction ID: 0128200334E5365 Date of Disbursement 01 / 28 / 2003	
Mailing Address 2777 E. Camelback Road		Amount of Each Disbursement this Period 114.55	
City Phoenix	State AZ	Zip Code 85016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PAYROLL TAXES
Purpose of Disbursement PAYROLL TAXES		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:			

Full Name (Last, First, Middle Initial) C. Camelback Community Bank		Transaction ID: 032720039E5406 Date of Disbursement 03 / 13 / 2003	
Mailing Address 2777 E. Camelback Road		Amount of Each Disbursement this Period 2903.76	
City Phoenix	State AZ	Zip Code 85016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  INCOME TAX
Purpose of Disbursement INCOME TAX		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)	4390.59
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

**A. Citi Cards**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 6418

City The Lakes      State NY      Zip Code 88901-6418

Purpose of Disbursement  
SEE BELOW

Candidate Name

Office Sought:  House     Senate     President  
State: District

Disbursement For:  Primary     General  
 Other (specify) ▼

Transaction ID: 032720038E5381  
Date of Disbursement  
02 / 13 / 2003

Amount of Each Disbursement this Period  
730.15

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SEE BELOW

**B. America West Airlines**

Full Name (Last, First, Middle Initial)  
Mailing Address 51 W. 3rd Street

City Tempe      State AZ      Zip Code 85281-

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House     Senate     President  
State: District

Disbursement For:  Primary     General  
 Other (specify) ▼

Transaction ID: 0404200311E5438  
Date of Disbursement  
02 / 13 / 2003

Amount of Each Disbursement this Period  
354.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: TRAVEL

**C. Carroll Travel**

Full Name (Last, First, Middle Initial)  
Mailing Address 201 Massachusetts Avenue

City Washington      State DC      Zip Code 20002-

Purpose of Disbursement  
TRAVEL AGENT FEES

Candidate Name

Office Sought:  House     Senate     President  
State: District

Disbursement For:  Primary     General  
 Other (specify) ▼

Transaction ID: 0404200311E5438  
Date of Disbursement  
02 / 13 / 2003

Amount of Each Disbursement this Period  
25.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: TRAVEL AGENT FEES

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 730.15

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



**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 24 / 43
	<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)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. Citi Cards</b>		Transaction ID: 0404200311E5429 Date of Disbursement 02 / 13 / 2003
Mailing Address P.O. Box 8418		Amount of Each Disbursement this Period \$ 28.33
City The Lakes	State NV	Zip Code 88901-6418
Purpose of Disbursement CARD FEES	Category/Type	
Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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:	[MEMO ITEM] MEMO: CARD FEES	

Full Name (Last, First, Middle Initial) <b>B. Safeway, Inc.</b>		Transaction ID: 0404200311E5437 Date of Disbursement 02 / 13 / 2003
Mailing Address 3132 East Camelback Road		Amount of Each Disbursement this Period \$ 88.50
City Phoenix	State AZ	Zip Code 85064-
Purpose of Disbursement FOOD FOR VOLUNTEERS	Category/Type	
Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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:	[MEMO ITEM] MEMO: FOOD FOR VOLUNTEERS	

Full Name (Last, First, Middle Initial) <b>C. U.S. Senate Restaurant</b>		Transaction ID: 0404200311E5430 Date of Disbursement 02 / 13 / 2003
Mailing Address First and C Streets, N.E.		Amount of Each Disbursement this Period \$ 32.45
City Washington	State DC	Zip Code 20510-
Purpose of Disbursement LUNCHEON MEETING	Category/Type	
Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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:	[MEMO ITEM] MEMO: LUNCHEON MEETING	

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

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

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

FDR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Jon Kyl for U.S. Senate

**A.** Full Name (Last, First, Middle Initial)  
U.S. Senate Restaurant

Mailing Address First and C Streets, N.E.

City Washington State DC Zip Code 20510-

Purpose of Disbursement LUNCHEON MEETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 0404200311E5433  
Date of Disbursement  
02 / 13 / 2003

Amount of Each Disbursement this Period  
29.85

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: LUNCHEON MEETING

**B.** Full Name (Last, First, Middle Initial)  
U.S. Senate Restaurant

Mailing Address First and C Streets, N.E.

City Washington State DC Zip Code 20510-

Purpose of Disbursement LUNCHEON MEETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 0404200311E5431  
Date of Disbursement  
02 / 13 / 2003

Amount of Each Disbursement this Period  
49.45

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: LUNCHEON MEETING

**C.** Full Name (Last, First, Middle Initial)  
U.S. Senate Restaurant

Mailing Address First and C Streets, N.E.

City Washington State DC Zip Code 20510-

Purpose of Disbursement LUNCHEON MEETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 0404200311E5432  
Date of Disbursement  
02 / 13 / 2003

Amount of Each Disbursement this Period  
21.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: LUNCHEON MEETING

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

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Citi Cards

Mailing Address P.O. Box 6418

City The Lakes State NV Zip Code 89801-6418

Purpose of Disbursement  
SEE BELOW

Candidate Name

Category Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District

Transaction ID: 032720039E5401

Date of Disbursement

03 / 04 / 2003

Amount of Each Disbursement this Period

638.18

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SEE BELOW

Full Name (Last, First, Middle Initial)

B. America West Airlines

Mailing Address 51 W. 3rd Street

City Tempe State AZ Zip Code 85281-

Purpose of Disbursement  
AIR TRAVEL REFUND

Candidate Name

Category Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District

Transaction ID: 0404200312E5449

Date of Disbursement

03 / 04 / 2003

Amount of Each Disbursement this Period

-364.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: AIR TRAVEL REFUND

Full Name (Last, First, Middle Initial)

C. Carroll Travel

Mailing Address 201 Massachusetts Avenue

City Washington State DC Zip Code 20002-

Purpose of Disbursement  
AGENT FEE REFUND

Candidate Name

Category Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District

Transaction ID: 0404200312E5450

Date of Disbursement

03 / 04 / 2003

Amount of Each Disbursement this Period

-25.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: AGENT FEE REFUND

SUBTOTAL of Disbursements This Page (optional) ▶

638.18

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

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 27/43
	<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)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. Citi Cards</b>		Transaction ID: 0404200312E5458 Date of Disbursement 03 / 04 / 2003	
Mailing Address P.O. Box 6418		Amount of Each Disbursement this Period 5.43	
City The Lakes	State NV	Zip Code 88901-6418	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CARD FEES
Purpose of Disbursement CARD FEES		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:			

Full Name (Last, First, Middle Initial) <b>B. The Greenbrier</b>		Transaction ID: 0404200312E5456 Date of Disbursement 03 / 04 / 2003	
Mailing Address 300 W. Main Street		Amount of Each Disbursement this Period 80.50	
City White Sulphur Spgs	State WV	Zip Code 24986-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: LODGING
Purpose of Disbursement LODGING		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:			

Full Name (Last, First, Middle Initial) <b>C. U.S. Senate Restaurant</b>		Transaction ID: 0404200312E5452 Date of Disbursement 03 / 04 / 2003	
Mailing Address First and C Streets, N.E.		Amount of Each Disbursement this Period 14.05	
City Washington	State DC	Zip Code 20510-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: LUNCHEON MEETING
Purpose of Disbursement LUNCHEON MEETING		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) .....	0.00
TOTAL This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 28 / 43	
	<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)  
Jon Kyl for U.S. Senate

A. U.S. Senate Restaurant		Transaction ID: 0404200312E5453	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address First and C Streets, N.E.		03 / 04 / 2003	
City Washington	State DC	Zip Code 20510-	Amount of Each Disbursement this Period 24.00
Purpose of Disbursement LUNCHEON MEETING		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	[MEMO ITEM] MEMO: LUNCHEON MEETING	
State: District:			

B. U.S. Senate Restaurant		Transaction ID: 0404200312E5454	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address First and C Streets, N.E.		03 / 04 / 2003	
City Washington	State DC	Zip Code 20510-	Amount of Each Disbursement this Period 10.65
Purpose of Disbursement LUNCHEON MEETING		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	[MEMO ITEM] MEMO: LUNCHEON MEETING	
State: District:			

C. U.S. Senate Restaurant		Transaction ID: 0404200312E5455	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address First and C Streets, N.E.		03 / 04 / 2003	
City Washington	State DC	Zip Code 20510-	Amount of Each Disbursement this Period 18.00
Purpose of Disbursement LUNCHEON MEETING		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	[MEMO ITEM] MEMO: LUNCHEON MEETING	
State: District:			

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

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 29/43
	<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)  
Jon Kyl for U.S. Senate

A. U.S. Senate Restaurant		Transaction ID: 0404200312E5451
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address First and C Streets, N.E.		03 / 04 / 2003
City Washington	State DC	Zip Code 20510-
Purpose of Disbursement LUNCHEON MEETINGS	Category/Type	Amount of Each Disbursement this Period 850.00
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	<b>[MEMO ITEM]</b> MEMO: LUNCHEON MEETINGS
State: District:		

B. Citi Cards		Transaction ID: 0404200311E5425
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address P.O. Box 6418		03 / 31 / 2003
City The Lakes	State NV	Zip Code 89901-6418
Purpose of Disbursement SEE BELOW	Category/Type	Amount of Each Disbursement this Period 132.25
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	SEE BELOW
State: District:		

C. U.S. Senate Restaurant		Transaction ID: 0404200312E5450
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address First and C Streets, N.E.		03 / 31 / 2003
City Washington	State DC	Zip Code 20510-
Purpose of Disbursement LUNCHEON MEETING	Category/Type	Amount of Each Disbursement this Period 12.25
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	<b>[MEMO ITEM]</b> MEMO: LUNCHEON MEETING
State: District:		

<b>SUBTOTAL of Disbursements This Page (optional)</b> .....	132.25
<b>TOTAL This Period (last page this line number only)</b> .....	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

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

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(check only one)

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  18  
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  19a  
20c
  19b  
21

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NAME OF COMMITTEE (In Full)

Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial)

A. City of Phoenix

Mailing Address P.O. Box 78815

City  
PhoenixState  
AZZip Code  
85082-8815Purpose of Disbursement  
ALARM PERMIT

Candidate Name

Category/  
TypeOffice Sought:  House  
 Senate  
 PresidentDisbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 032720038E5385

Date of Disbursement

MM / DD / YYYY  
02 / 14 / 2003

Amount of Each Disbursement this Period

15.00

 Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

ALARM PERMIT

Full Name (Last, First, Middle Initial)

B. The Congressional Institute

Mailing Address 401 Wythe Street, Suite 103

City  
AlexandriaState  
VAZip Code  
22314-Purpose of Disbursement  
CONFERENCE FEES

Candidate Name

Category/  
TypeOffice Sought:  House  
 Senate  
 PresidentDisbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 0129200356E5377

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2003

Amount of Each Disbursement this Period

2256.00

 Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CONFERENCE FEES

Full Name (Last, First, Middle Initial)

C. DANCRIS Telecom

Mailing Address 8800 E. Camelback Rd., Ste. 1003

City  
ScottsdaleState  
AZZip Code  
85251-Purpose of Disbursement  
TELEPHONE

Candidate Name

Category/  
TypeOffice Sought:  House  
 Senate  
 PresidentDisbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 0122200343E5384

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2003

Amount of Each Disbursement this Period

5.23

 Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

TELEPHONE

SUBTOTAL of Disbursements This Page (optional) ▶

2276.23

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

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 31 / 43
	<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)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) A. DANCRIS Telecom		Transaction ID: 032720038E5383	
Mailing Address 6900 E. Camelback Rd., Ste. 1003		Date of Disbursement 02 / 14 / 2003	
City Scottsdale	State AZ	Zip Code 85251-	Amount of Each Disbursement this Period 7.47
Purpose of Disbursement TELEPHONE		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	TELEPHONE	
State: District:			

Full Name (Last, First, Middle Initial) B. DANCRIS Telecom		Transaction ID: 032720039E5409	
Mailing Address 6900 E. Camelback Rd., Ste. 1003		Date of Disbursement 03 / 19 / 2003	
City Scottsdale	State AZ	Zip Code 85251-	Amount of Each Disbursement this Period 5.75
Purpose of Disbursement TELEPHONE		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	TELEPHONE	
State: District:			

Full Name (Last, First, Middle Initial) C. Clarence A. DeLong		Transaction ID: 032720038E5380	
Mailing Address 3811 East Solano Drive		Date of Disbursement 01 / 31 / 2003	
City Paradise Valley	State AZ	Zip Code 85253-	Amount of Each Disbursement this Period 1209.22
Purpose of Disbursement WAGES		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	WAGES	
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1222.44
TOTAL This Period (last page this line number only)	



**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)

Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Clarence A. DeLong

Mailing Address 3811 East Solano Drive

City Paradise Valley State AZ Zip Code 85253-

Purpose of Disbursement

WAGES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 032720039E5397

Date of Disbursement

02 / 28 / 2003

Amount of Each Disbursement this Period

384.85

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

WAGES

Full Name (Last, First, Middle Initial)

B. Clarence A. DeLong

Mailing Address 3811 East Solano Drive

City Paradise Valley State AZ Zip Code 85253-

Purpose of Disbursement

PETTY CASH

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 0327200310E5414

Date of Disbursement

03 / 27 / 2003

Amount of Each Disbursement this Period

274.57

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PETTY CASH

Full Name (Last, First, Middle Initial)

C. Clarence A. DeLong

Mailing Address 3811 East Solano Drive

City Paradise Valley State AZ Zip Code 85253-

Purpose of Disbursement

WAGES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 0404200310E5418

Date of Disbursement

03 / 31 / 2003

Amount of Each Disbursement this Period

774.63

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

WAGES

SUBTOTAL of Disbursements This Page (optional) ▶

1434.05

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

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 33 / 43
	<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)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) A. Fed Ex		Transaction ID: 032720039E5403 Date of Disbursement 03 / 04 / 2003	
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 35.02	
City Memphis	State TN	Zip Code 38101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement SHIPPING	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) ▼		SHIPPING
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) B. Frontier		Transaction ID: 0128200335E5375 Date of Disbursement 01 / 28 / 2003	
Mailing Address P.O. Box 79183		Amount of Each Disbursement this Period 22.88	
City Phoenix	State AZ	Zip Code 85082-9163	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TELEPHONE	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) ▼		TELEPHONE
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) C. Frontier		Transaction ID: 032720039E5395 Date of Disbursement 02 / 24 / 2003	
Mailing Address P.O. Box 79183		Amount of Each Disbursement this Period 22.88	
City Phoenix	State AZ	Zip Code 85082-9163	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TELEPHONE	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) ▼		TELEPHONE
State: District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional)	80.78
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

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

 FOR LINE NUMBER:  
(check only one)

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 17  
20a
  18  
20b
  19a  
20c
  19b  
21

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NAME OF COMMITTEE (In Full)

Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Frontier

Mailing Address P.O. Box 79183

City Phoenix State AZ Zip Code 85082-9163

Purpose of Disbursement

TELEPHONE

Candidate Name

  
Category/  
Type

 Office Sought:  House  
 Senate  
 President

 Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 0327200310E5410

Date of Disbursement

 03 /  19 /  2003

Amount of Each Disbursement this Period

22.88

 Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

TELEPHONE

Full Name (Last, First, Middle Initial)

B. Mitzi Haggard

Mailing Address 1248 East Victor Hugo Avenue

City Phoenix State AZ Zip Code 85022-4950

Purpose of Disbursement

WAGES

Candidate Name

  
Category/  
Type

 Office Sought:  House  
 Senate  
 President

 Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 032720038E5378

Date of Disbursement

 01 /  31 /  2003

Amount of Each Disbursement this Period

78.50

 Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

WAGES

Full Name (Last, First, Middle Initial)

C. Mitzi Haggard

Mailing Address 1248 East Victor Hugo Avenue

City Phoenix State AZ Zip Code 85022-4950

Purpose of Disbursement

WAGES

Candidate Name

  
Category/  
Type

 Office Sought:  House  
 Senate  
 President

 Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 032720039E5396

Date of Disbursement

 02 /  28 /  2003

Amount of Each Disbursement this Period

87.73

 Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

WAGES

SUBTOTAL of Disbursements This Page (optional) ▶

189.11

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

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 43

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 18a	<input type="checkbox"/> 18b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Mitzi Haggard

Mailing Address 1246 East Victor Hugo Avenue

City Phoenix State AZ Zip Code 85022-4950

Purpose of Disbursement  
WAGES

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 0404200310E5416

Date of Disbursement

03 / 31 / 2003

Amount of Each Disbursement this Period

83.11

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

WAGES

Full Name (Last, First, Middle Initial)

B. Caryl Kyt

Mailing Address P.O. Box 10246

City Phoenix State AZ Zip Code 85064-

Purpose of Disbursement  
REIMB. FOR CREDIT CARD FEE

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 0128200335E5373

Date of Disbursement

01 / 28 / 2003

Amount of Each Disbursement this Period

75.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

REIMB. FOR CREDIT CARD FEE

Full Name (Last, First, Middle Initial)

C. Sarah Morgan

Mailing Address 2252 N. 44th St., #3109

City Phoenix State AZ Zip Code 85008-

Purpose of Disbursement  
WAGES

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 032720038E5379

Date of Disbursement

01 / 31 / 2003

Amount of Each Disbursement this Period

269.14

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

WAGES

SUBTOTAL of Disbursements This Page (optional) ▶

427.25

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

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 38 / 48	
	<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)  
Jon Kyl for U.S. Senate

A. Full Name (Last, First, Middle Initial) Sarah Morgan		Transaction ID: 032720039E5398	
Mailing Address 2252 N. 44th St., #3109		Date of Disbursement 02 / 28 / 2003	
City Phoenix	State AZ	Zip Code 85008-	Amount of Each Disbursement this Period 147.30
Purpose of Disbursement WAGES		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	WAGES	
State:	District:		

B. Full Name (Last, First, Middle Initial) Sarah Morgan		Transaction ID: 0404200310E5417	
Mailing Address 2252 N. 44th St., #3109		Date of Disbursement 03 / 31 / 2003	
City Phoenix	State AZ	Zip Code 85008-	Amount of Each Disbursement this Period 212.92
Purpose of Disbursement WAGES		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	WAGES	
State:	District:		

C. Full Name (Last, First, Middle Initial) Qwest		Transaction ID: 0128200335E5376	
Mailing Address P.O. Box 29060		Date of Disbursement 01 / 28 / 2003	
City Phoenix	State AZ	Zip Code 85038-9060	Amount of Each Disbursement this Period 188.38
Purpose of Disbursement TELEPHONE		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	TELEPHONE	
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	548.60
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 37 / 43
	<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)  
Jan Kyl for U.S. Senate

A. Qwest Full Name (Last, First, Middle Initial)		Transaction ID: 03272003BE5389	
Mailing Address P.O. Box 29060		Date of Disbursement 02 / 24 / 2003	
City Phoenix	State AZ	Zip Code 85038-9060	Amount of Each Disbursement this Period 191.25
Purpose of Disbursement TELEPHONE		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	TELEPHONE	
State: District:			

B. Qwest Full Name (Last, First, Middle Initial)		Transaction ID: 032720039E5392	
Mailing Address P.O. Box 29060		Date of Disbursement 02 / 24 / 2003	
City Phoenix	State AZ	Zip Code 85038-9060	Amount of Each Disbursement this Period 5.90
Purpose of Disbursement TELEPHONE		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	TELEPHONE	
State: District:			

C. Qwest Full Name (Last, First, Middle Initial)		Transaction ID: 0404200311E5424	
Mailing Address P.O. Box 29060		Date of Disbursement 03 / 31 / 2003	
City Phoenix	State AZ	Zip Code 85038-9060	Amount of Each Disbursement this Period 188.40
Purpose of Disbursement TELEPHONE		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	TELEPHONE	
State: District:			

SUBTOTAL of Disbursements This Page (optional) .....	385.55
TOTAL This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 38 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 18a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) A. Rader Aviation, Inc.		Transaction ID: 032720038E5388	
Mailing Address 602 Lincoln Street		Date of Disbursement 02 / 24 / 2003	
City Summersville	State WV	Zip Code 26851-	Amount of Each Disbursement this Period 1132.52
Purpose of Disbursement TRAVEL	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		TRAVEL
State: District:			

Full Name (Last, First, Middle Initial) B. SCF of Arizona		Transaction ID: 032720039E5405	
Mailing Address P.O. Box 33049		Date of Disbursement 03 / 05 / 2003	
City Phoenix	State AZ	Zip Code 85067-3049	Amount of Each Disbursement this Period 34.00
Purpose of Disbursement INSURANCE	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		INSURANCE
State: District:			

Full Name (Last, First, Middle Initial) C. Sparkletts		Transaction ID: 0122200343E5363	
Mailing Address P.O. Box 515326		Date of Disbursement 01 / 15 / 2003	
City Los Angeles	State CA	Zip Code 90051-6626	Amount of Each Disbursement this Period 1.75
Purpose of Disbursement WATER	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		WATER
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1168.27
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 43

17     18     19a     19b  
20a    20b    20c    21

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NAME OF COMMITTEE (In Full)

Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. Sparkletts</b>		Transaction ID: 032720038E5384 Date of Disbursement MM / DD / YYYY 02 / 14 / 2003	
Mailing Address P.O. Box 515328			
City Los Angeles	State CA	Zip Code 90051-8628	Amount of Each Disbursement this Period 1.75
Purpose of Disbursement WATER		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		WATER
State: District			

Full Name (Last, First, Middle Initial) <b>B. Sparkletts</b>		Transaction ID: 0327200310E5413 Date of Disbursement MM / DD / YYYY 03 / 18 / 2003	
Mailing Address P.O. Box 515328			
City Los Angeles	State CA	Zip Code 90051-8628	Amount of Each Disbursement this Period 1.75
Purpose of Disbursement WATER		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		WATER
State: District			

Full Name (Last, First, Middle Initial) <b>C. TaylorMade Computers</b>		Transaction ID: 032720039E5408 Date of Disbursement MM / DD / YYYY 03 / 19 / 2003	
Mailing Address 8734 West Kings Ave.			
City Peoria	State AZ	Zip Code 85382-	Amount of Each Disbursement this Period 412.50
Purpose of Disbursement COMPUTER MAINTENANCE		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		COMPUTER MAINTENANCE
State: District			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	416.00
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 40/43
	<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)  
Jon Kyl for U.S. Senate

A. The Monocle		Transaction ID: 032720039E5400
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address 107 D Street, N.E.		03 / 04 / 2003
City Washington	State DC	Zip Code 20002-
Purpose of Disbursement LUNCHEON	Candidate Name	Amount of Each Disbursement this Period 512.65
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) ▼	LUNCHEON
State: District:		

B. U. S. Postal Service		Transaction ID: 0404200311E5426
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address 4949 East Van Buren		03 / 31 / 2003
City Phoenix	State AZ	Zip Code 85026-9636
Purpose of Disbursement BULK MAILING FEE	Candidate Name	Amount of Each Disbursement this Period 150.00
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) ▼	BULK MAILING FEE
State: District:		

C. U.S. Postal Service		Transaction ID: 032720039E5407
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address 5021 N. 20th Street		03 / 13 / 2003
City Phoenix	State AZ	Zip Code 85016-
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 37.00
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) ▼	POSTAGE
State: District:		

SUBTOTAL of Disbursements This Page (optional)	599.65
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 43

17  18  19a  19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial)

**A.** United States Treasury

Transaction ID: 0128200334E5368

Date of Disbursement

01 / 28 / 2003

Mailing Address P.O. Box 7942

City San Francisco State CA Zip Code 94120-7922

Amount of Each Disbursement this Period

1266.96

Purpose of Disbursement

PAYROLL TAXES

Category/ Type

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

PAYROLL TAXES

State: District

Full Name (Last, First, Middle Initial)

**B.** Verizon Wireless

Transaction ID: 032720039E5390

Date of Disbursement

02 / 24 / 2003

Mailing Address P.O. Box 2210

City Inglewood State CA Zip Code 90313-2210

Amount of Each Disbursement this Period

44.86

Purpose of Disbursement

TELEPHONE

Category/ Type

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

TELEPHONE

State: District

Full Name (Last, First, Middle Initial)

**C.** Verizon Wireless

Transaction ID: 032720039E5391

Date of Disbursement

02 / 24 / 2003

Mailing Address P.O. Box 2210

City Inglewood State CA Zip Code 90313-2210

Amount of Each Disbursement this Period

44.86

Purpose of Disbursement

TELEPHONE

Category/ Type

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

TELEPHONE

State: District

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

1356.68

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

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 42 / 43
	<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)  
Jon Kyl for U.S. Senate

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: 0128200335E5372 Date of Disbursement 01 / 28 / 2003	
Mailing Address P.O. Box 17577		Amount of Each Disbursement this Period 40.00	
City Baltimore	State MD	Zip Code 21297-0513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TELEPHONE		Category/Type	
Candidate Name		TELEPHONE	
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:			

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: 032720039E54D4 Date of Disbursement 03 / 04 / 2003	
Mailing Address P.O. Box 17577		Amount of Each Disbursement this Period 20.00	
City Baltimore	State MD	Zip Code 21297-0513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TELEPHONE		Category/Type	
Candidate Name		TELEPHONE	
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:			

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: 0404200311E5427 Date of Disbursement 03 / 31 / 2003	
Mailing Address P.O. Box 17577		Amount of Each Disbursement this Period 20.00	
City Baltimore	State MD	Zip Code 21297-0513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TELEPHONE		Category/Type	
Candidate Name		TELEPHONE	
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)	60.00
TOTAL This Period (last page this line number only)	22217.47

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U.S. Senate  
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