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## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL     Kyrsten Sinema for Congre					]	
ADDRESS (number and street) PO Box 25879						
CITY, STATE, and ZIP CODE						
Tempe			AZ 852	85		
NAME OF CANDIDATE     Kyrsten Sinema		3. OFFICE SOUGHT (State and District)		4. FEC IDENTIFICATIO	N NUMBER	
		House	AZ 09	C00508804		
5. ISTHIS AN AMENDMENT? NO, THIS IS A	NEW FIL	ING	YES, IT AMENDS THE	NOTICE FILED ON	/	/
A. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer		Date (month,	Amount
Alan Ray Schwertfeger			Self		day, year)	
,					08/16/2012	1000.00
1914 W Wilshire Dr			Towns of the ID 44	-: 000007440		
			Transaction ID : 11 Occupation	181-000007149	-	
Phoenix	ΑZ	85009-2807	Asset Manager			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer		Date (month,	Amount
Catherene J. Morton			Self		day, year)	
					08/16/2012	1000.00
PO Box 751			Transaction ID : 11ai-000007140			
			Occupation Occupation	ai-000007 140	-	
Tucson	ΑZ	85702	Investor			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer		Date (month,	Amount
Carmella A. Perry			N/A		day, year)	
0044 N 400 D					08/16/2012	1000.00
3211 N 162 Dr			Transaction ID : 11	lai-00007100		
			Occupation Occupation	141-000007 100	-	
Goodyear	ΑZ	85395-7303	Retired			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer		Date (month,	Amount
James Gordon			GPW and Associate	es	day, year)	
000 5					08/17/2012	1500.00
920 Encanto Dr SW			Transaction ID : 11	ai 000007269		
			Occupation Occupation	ai-000007200	-	
Phoenix	ΑZ	85007-1524	Actuary			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer		Date (month,	Amount
Adam Berman			UC Berkeley		day, year)	
470.4 W. W. O.					08/16/2012	1000.00
1734 Waller St			Transaction ID: 11	12i_000007000		
			Occupation D: 11	ai-00000/000	-	
San Francisco	CA	94117-2728	Executive Director	, Emerging Initiativ		
SIGNATURE (optional) Stephen W. Anderson		DATE 09/49/2012				information contact:
			[Electronically Filed] 08/18/2012		Federal Election Commission 999 E Street, NW, Washington, DC 20463	
			,,		Toll Free 800-424-9530, Local 202-694-1100	



Any information copied from reports and statements filed under the Federal Election Campaign Act 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.



Image# 12952667487 PAGE 2 / 2

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(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL     Kyrsten Sinema for Cong	ress			
ADDRESS (number and street) PO Box 258			$\dashv$	
7 T O DOX 200				
CITY, STATE, and ZIP CODE				
Tempe		AZ 85285	continuation page	
2. NAME OF CANDIDATE		3. OFFICE SOUGHT (State and District)	GHT (State and District)  4. FEC IDENTIFICATION NUMBER	
Kyrsten Sinema		House AZ 09	C00508804	
5. IS THIS AN AMENDMENT? NO, THIS	IS A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON	/	
A. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
Elizabeth McConnell		Self	day, year)	
			08/16/2012	1000.00
615 E Portland St				
		Transaction ID : 11ai-000007170		
Phoenix	AZ 85004-1974	Occupation Physician		
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	:	Name of Employer	Date (month,	Amount
National Association of Re		Name of Employer	day, year)	
National Association of Re	ailuis		08/17/2012	5000.00
430 N Michigan Ave			00/17/2012	3000.00
-		Transaction ID : 11c-000007215		
Okina		Occupation		
Chicago	IL 60611			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	!	Name of Employer	Date (month, day, year)	Amount
			day, year)	
		Occupation		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
			day, year)	
		Occupation		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
E. I OLE IVANIE, MAILING ADDRESS AND ZIP CODE		Name of Employer	day, year)	
		Occupation		