

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation Revitalize Arizona			3. FEC Identification Number C C90014952
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2239 W. Baseline Road			
(c) City, State and ZIP Code Tempe AZ 85283			
2. Occupation and Name of Employer (for Individual Filers Only)			

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on / /

5. COVERING PERIOD:

FROM / /

THROUGH / /

6. TOTAL CONTRIBUTIONS..... 70000.00

7. TOTAL INDEPENDENT EXPENDITURES 70000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Laura Garcia	Laura Garcia	07/29/2014

[Electronically Filed]

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

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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 FILER (In Full)
Revitalize Arizona

A. Full Name (Last, First, Middle Initial) Residents for Accountability			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014		
Mailing Address 2239 W Baseline Road			Transaction ID : F56.000001		
City Tempe	State AZ	Zip Code 85283	Amount of Each Receipt this Period 70000.00		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

B. Full Name (Last, First, Middle Initial)			Date of Receipt M M M / D D D / Y Y Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

C. Full Name (Last, First, Middle Initial)			Date of Receipt M M M / D D D / Y Y Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

D. Full Name (Last, First, Middle Initial)			Date of Receipt M M M / D D D / Y Y Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

SUBTOTAL of Receipts This Page (optional)	70000.00
TOTAL This Period (last page carry total to Line 6)	70000.00

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Revitalize Arizona

Full Name (Last, First, Middle Initial) of Payee The Media Guys Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 718 West Monte Circle		Amount 70000.00	
City Mesa	State AZ	Zip Code 85210	Transaction ID : F57.000001
Purpose of Expenditure Promote Ruben Gallego for US House through TV ad titled Health Care	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: 07
Name of Federal Candidate Supported or Opposed by Expenditure: Ruben Gallego		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought:	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought:	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	70000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	70000.00