

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
AZ Maupin For Congress

ADDRESS (number and street) PO BOX 2165
 Check if different than previously reported. (ACC) PHOENIX AZ 85001

2. **FEC IDENTIFICATION NUMBER** C C00564559 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) AZ 07

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 M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 04 / 01 / 2014 through M M / D D / Y Y Y Y 06 / 30 / 2014

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 Ella Renee Huff

Signature of Treasurer Ella Renee Huff *[Electronically Filed]* Date M M / D D / Y Y Y Y 07 / 15 / 2014

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

Write or Type Committee Name
AZ Maupin For Congress

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	8955.00	8955.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	8955.00	8955.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3506.01	3506.01
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3506.01	3506.01
8. Cash on Hand at Close of Reporting Period (from Line 27).....	8037.53	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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 12/2003)

Write or Type Committee Name

AZ Maupin For Congress

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8555.00	8555.00
(ii) Unitemized.....	400.00	400.00
(iii) TOTAL of contributions from individuals ▶	8955.00	8955.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8955.00	8955.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	8955.00	8955.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3506.01	3506.01
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	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3506.01	3506.01

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2588.54
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8955.00
25. SUBTOTAL (add Line 23 and Line 24).....	11543.54
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3506.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8037.53

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 12
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
AZ Maupin For Congress

A. Full Name (Last, First, Middle Initial)
Mark Becker

Mailing Address 5950 E Caballo Dr

City Paradise Valley State AZ Zip Code 85253

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

Name of Employer Becker Boards Occupation Small Business Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.4101

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
David W Dow

Mailing Address 3104 E Camelback RD #281

City Phoenix State AZ Zip Code 85016

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.4123

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Calvin C Goode

Mailing Address 1506 E Jefferson st

City Phoenix State AZ Zip Code 85034

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

Name of Employer Retired Occupation Phoenix City Councilman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.4121

Amount of Each Receipt this Period
1000.00

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

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

2300.00

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

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

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NAME OF COMMITTEE (In Full)
AZ Maupin For Congress

A. Full Name (Last, First, Middle Initial)
Michele I Larson

Mailing Address 8222 E Juan Tabo Rd

City State Zip Code
Scottsdale AZ 85255

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

Name of Employer Occupation
Self Radio Broadcasting

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2014

Transaction ID : SA11AI.4117

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Rita Maupin

Mailing Address 9616 s 1st St

City State Zip Code
Phoenix AZ 85041

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

Name of Employer Occupation
Retired Teacher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11AI.4119

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Jason Rose

Mailing Address 5630 E Naoni Valley Dr

City State Zip Code
Paradise Valley AZ 85253

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

Name of Employer Occupation
Self Public Relations

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11AI.4125

Amount of Each Receipt this Period
1000.00

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

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

3750.00

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

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

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NAME OF COMMITTEE (In Full)
AZ Maupin For Congress

A. Full Name (Last, First, Middle Initial)
Thomasita Taylor

Mailing Address 2516 West Washington Street

City State Zip Code
Phoenix AZ 85009

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

Name of Employer Occupation
None None

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11AI.4111

Amount of Each Receipt this Period
5.00

B. Full Name (Last, First, Middle Initial)
Edward B young

Mailing Address 2711 No 21st st

City State Zip Code
Phoenix AZ 85008

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

Name of Employer Occupation
Self Radio Broadcasting

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA11AI.4115

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

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

2505.00

8555.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 12	
	<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)
AZ Maupin For Congress

Full Name (Last, First, Middle Initial) A. Jeff Burnes		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 312 E. Southern Ave		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4171
City Phoenix	State AZ	
Zip Code 85040	Purpose of Disbursement Signatures	Category/ Type 005
Candidate Name AZ Maupin For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ	District: 07	

Full Name (Last, First, Middle Initial) B. Fedex		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 3801 N Central Ave		Amount of Each Disbursement this Period 325.96 Transaction ID : SB17.4155
City Phoenix	State AZ	
Zip Code 85012	Purpose of Disbursement Campaign Materials	Category/ Type 006
Candidate Name AZ Maupin For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ	District: 07	

Full Name (Last, First, Middle Initial) c. Fedex		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 3801 N Central Ave		Amount of Each Disbursement this Period 6.63 Transaction ID : SB17.4157
City Phoenix	State AZ	
Zip Code 85012	Purpose of Disbursement Stamps	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).....	532.59
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 12
	<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)
AZ Maupin For Congress

Full Name (Last, First, Middle Initial) A. Fedex Camelback		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 2131 E Camelback Rd 107		Amount of Each Disbursement this Period 338.06 Transaction ID : SB17.4146
City Phoenix	State AZ	
Zip Code 85016	Purpose of Disbursement Flyers	Category/ Type 006
Candidate Name AZ Maupin For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: AZ District: 07	

Full Name (Last, First, Middle Initial) B. Ella Renee Huff		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 4136 W Cheery Lynne Rd		Amount of Each Disbursement this Period 449.00 Transaction ID : SB17.4168
City Phoenix	State AZ	
Zip Code 85019	Purpose of Disbursement Signatures/ Reimbursement	Category/ Type 005
Candidate Name AZ Maupin For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: AZ District: 07	

Full Name (Last, First, Middle Initial) c. Kathryn McKiney		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 12374 West hopi st		Amount of Each Disbursement this Period 526.96 Transaction ID : SB17.4167
City Avondale	State AZ	
Zip Code 85323	Purpose of Disbursement Payment for signatures	Category/ Type 005
Candidate Name AZ Maupin For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: AZ District: 07	

SUBTOTAL of Disbursements This Page (optional).....	1314.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 12			
	<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)
AZ Maupin For Congress

Full Name (Last, First, Middle Initial) A. Kathryn McKinney		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 12374 West hopi st		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.4173
City Avondale State AZ Zip Code 85323	Purpose of Disbursement Reimbursement for tshirts 006 Category/Type	
Candidate Name AZ Maupin For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 07	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Kathryn McKinney		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 12374 West hopi st		Amount of Each Disbursement this Period 50.97 Transaction ID : SB17.4158
City Avondale State AZ Zip Code 85323	Purpose of Disbursement Gas 001 Category/Type	
Candidate Name AZ Maupin For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 07	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) c. Jadid Organ		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 4415 S 28th st		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4170
City Phoenix State AZ Zip Code 85040	Purpose of Disbursement Signatures 005 Category/Type	
Candidate Name AZ Maupin For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 07	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	450.97
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 12	
	<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)
AZ Maupin For Congress

Full Name (Last, First, Middle Initial) A. Jadid Organ		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 4415 S 28th st		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4165
City Phoenix	State AZ	
Zip Code 85040	Purpose of Disbursement Signatures	Category/ Type 005
Candidate Name AZ Maupin For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ	District: 07	

Full Name (Last, First, Middle Initial) B. Jadid Organ		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 4415 S 28th st		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4162
City Phoenix	State AZ	
Zip Code 85040	Purpose of Disbursement Signatures	Category/ Type 005
Candidate Name AZ Maupin For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ	District: 07	

Full Name (Last, First, Middle Initial) c. Segals One Stop Kosher		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 4818 N. 7th St.		Amount of Each Disbursement this Period 37.76 Transaction ID : SB17.4154
City Phoenix	State AZ	
Zip Code 85014	Purpose of Disbursement Campaign 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).....	737.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 12			
	<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)
AZ Maupin For Congress

Full Name (Last, First, Middle Initial) A. Segals One Stop Kosher		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 4818 N. 7th St.		Amount of Each Disbursement this Period 68.70 Transaction ID : SB17.4140
City Phoenix	State AZ	
Zip Code 85014	Purpose of Disbursement Campaign 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:	

Full Name (Last, First, Middle Initial) B. STARBUCKS		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 455 N. 3rd St 100		Amount of Each Disbursement this Period 9.12 Transaction ID : SB17.4139
City Phoenix	State AZ	
Zip Code	Purpose of Disbursement	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. STARBUCKS		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 455 N. 3rd St 100		Amount of Each Disbursement this Period 9.58 Transaction ID : SB17.4130
City Phoenix	State AZ	
Zip Code	Purpose of Disbursement Campaign Meeting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	68.70
TOTAL This Period (last page this line number only).....	3104.04