11/02/2016 23:05

Image# 201611029037084963 PAGE 1/2

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 FU Kyrsten Sinema		ess								
ADDRESS (number and street)										
CITY STATE Tempe AZ				ZIP CODE				-		
Tempe 2. NAME OF CANDIDATE			AZ	85285 3. OFFICE SOUGHT (State and District)			iot\	4 EEC IDENTIFICATION	NIIMBED	
Sinema, Kyrsten, , ,				House	,	AZ	09	4. FEC IDENTIFICATION NUMBER C00508804		
5. IS THIS AN AMENDMENT?	NO, THIS IS A	NEW FILING		YES, IT AMENI	DS THE	NOTICE FIL	ED ON			
A. FULL NAME Babar, Sardar, , ,	MD			Name of Emplo American Exp				Date (month, day, year) Amount		
MAILING ADDRESS 19815 N 68 Ave				Transaction ID : 11ai-000062544			95 <i>44</i>	11/01/2016	1000.00	
CITY	CITY STATE ZIP CODE		DE	Occupation			-544	-		
Glendale	AZ	8530	8-5589	Director Technical Delivery				5		
в. FULL NAME Iqbal, Zaffar, , ,				Name of Employer Self				Date (month, day, year)	Amount	
MAILING ADDRESS 3879 N Painted Trl				-				11/01/2016	1000.00	
CITY	CTATE	710.00	NDE .	Transaction ID : 11ai-000062550				_		
CITY	STATE	ZIP CO		Occupation						
Kingman	AZ	8640)9-1244	Physician						
c. FULL NAME Mitchell, Patrick,	J., ,			Name of Emplo Strategic Imp				Date (month, day, year) 11/01/2016 Amount 2700.00		
MAILING ADDRESS 2760 Bon Haven Ln				Transaction I	D · 11	ai_00006°	0545			
CITY	STATE ZIP CODE		DE	Transaction ID : 11ai-000062545 Occupation			2343	_		
Annapolis	MD	2140								
D. FULL NAME	IVID	2140	<u>'</u>	Attorney				Date (month,	Amount	
Villasenor, Joseph, A., ,				Name of Employer Villasenor & Associates				day, year)	Amount	
MAILING ADDRESS 3120 W Carefree Hwy #1								10/31/2016	2000.00	
3120 W Carefree Hwy #1	-229			Transaction II	D · 11	si_000062	108			
CITY	CITY STATE ZIP		DDE	Transaction ID : 11ai-000062498 Occupation			.430	_		
Phoenix	AZ	8508		President						
The Hartford Advocates Fund				Name of Employer				Date (month, day, year)	Amount	
MAILING ADDRESS One Hartford Plaza								10/31/2016	3000.00	
			Transaction ID : 11c-000062198							
CITY	STATE	ZIP CO	DDE	Occupation						
Hartford	СТ	0615	55							
SIGNATURE (optional) Allen, Judith, , ,				[Electronically I	Filed]	DATE 11/02/20	016	Federal Ele 999 E Street, NW,	formation contact: ction Commission Washington, DC 20463 530, 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.



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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

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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 	200			
ADDRESS (number and street) PO Box 2587			_	
FO BOX 2307	9			
CITY, STATE, and ZIP CODE				
Tempe		AZ 85285	continuation	page
2. NAME OF CANDIDATE		3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION N	IUMBER
Sinema, Kyrsten, , ,		House AZ 09	C00508804	
5. ISTHIS AN AMENDMENT? X NO, THIS IS	S A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON	///////	
A. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
New Voice PAC			day, year)	
			11/01/2016	1000.00
35 E Gay St #248				
		Transaction ID: 11c-000062548 Occupation		
Columbus	OH 43215	Cocupation		
B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
Cohen, Jonathan, , ,		GMR	day, year)	
			10/31/2016	1000.00
5316 E Calle Redonda				
		Transaction ID : 11ai-000062483		
Phoenix	AZ 85018	Occupation President		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			Date (month,	Amount
		Name of Employer	day, year)	Amount
Wellcare PAC			44/04/0040	2500.00
8735 Henderson Rd REN 2			11/01/2016	2500.00
		Transaction ID : 11c-000062549		
_		Occupation		
Татра	FL 33634			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month, day, year)	Amount
			day, your)	
		Occupation		
		Cocapation		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
			day, year)	
		Occupation		