

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) Ron Barber for Congress

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

ADDRESS (number and street) PO Box 57715 Tucson AZ 85732

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00512129 3. IS THIS REPORT NEW (N) OR AMENDED (A) AZ 02

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 MM/DD/YYYY in the State of

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY

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 Laura T Almquist

Signature of Treasurer Laura T Almquist

[Electronically Filed]

Date

MM/DD/YYYY 07/15/2015

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

Table with 7 columns for Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Ron Barber 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))....	0.00	9433.68
(b) Total Contribution Refunds (from Line 20(d))	0.00	3974.76
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	5458.92
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9744.93	52503.39
(b) Total Offsets to Operating Expenditures (from Line 14).....	1935.00	3316.90
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	7809.93	49186.49
8. Cash on Hand at Close of Reporting Period (from Line 27).....	53884.16	
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

Ron Barber 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).....	0.00	495.00
(ii) Unitemized.....	0.00	8938.68
(iii) TOTAL of contributions from individuals ▶	0.00	9433.68
(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))..	0.00	9433.68
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	132.62	132.62
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.)	1935.00	3316.90
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	421858.55
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	2067.62	434741.75

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9744.93	52503.39
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	3974.76
(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	3974.76
21. OTHER DISBURSEMENTS	142057.00	533603.65
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	151801.93	590081.80

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	203618.47
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2067.62
25. SUBTOTAL (add Line 23 and Line 24).....	205686.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	151801.93
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	53884.16

**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 13
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <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)
Ron Barber for Congress

Full Name (Last, First, Middle Initial) A. COPPER STATE MAJORITY FUND		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 02 / 2015
Mailing Address 2910 E Gary Way		Transaction ID : VNVT4DQKE31
City State Zip Code Phoenix AZ 85042-7107	Amount of Each Receipt this Period 132.62	
FEC ID number of contributing federal political committee. C C00542449	Name of Employer Occupation	Residual Joint Fundraising Funds
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 132.62	

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City State Zip Code	FEC ID number of contributing federal political committee. C	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date
Election Cycle-to-Date	Name of Employer Occupation	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City State Zip Code	FEC ID number of contributing federal political committee. C	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date
Election Cycle-to-Date	Name of Employer Occupation	

SUBTOTAL of Receipts This Page (optional).....	132.62
TOTAL This Period (last page this line number only).....	132.62

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

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NAME OF COMMITTEE (In Full)
Ron Barber for Congress

A. Full Name (Last, First, Middle Initial)
5930 E. Pima, Inc.

Mailing Address **33 W Congress St**
Ste 205

City **Tucson** State **AZ** Zip Code **85701-1361**

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

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 14 / 2015

Transaction ID : VNVT4DP97B6

Amount of Each Receipt this Period

1935.00

Refund _____

B. 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 Y Y

Amount of Each Receipt this Period

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 Y Y

Amount of Each Receipt this Period

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

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

_____ **1935.00**

_____ **1935.00**

**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 7 OF 13			
	<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)
Ron Barber for Congress

Full Name (Last, First, Middle Initial) A. Blue State Digital		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2015
Mailing Address 406 7th St NW		Amount of Each Disbursement this Period 1950.00
City Washington	State DC	
Zip Code 20004-2261	Purpose of Disbursement Licensing fees	Transaction ID : VNTTW9RQ2A4
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Cox Communications		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2015
Mailing Address PO Box 53249		Amount of Each Disbursement this Period 2218.57
City Phoenix	State AZ	
Zip Code 85072-3249	Purpose of Disbursement Internet/Cable	Transaction ID : VNTTW9RMHZ7
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2015
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 1650.00
City Washington	State DC	
Zip Code 20005-5006	Purpose of Disbursement Database software & support	Transaction ID : VNTTW9RR04
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5818.57
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 8 OF 13			
	<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)
Ron Barber for Congress

Full Name (Last, First, Middle Initial) A. Oldmixon Hill		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2015
Mailing Address 1201 1st Ave S Ste 325		Amount of Each Disbursement this Period 692.50
City Seattle	State WA	
Zip Code 98134-1234	Purpose of Disbursement Website, media expenses	Transaction ID : VN TTW9RMJ05
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Perkins Coie LLP		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2015
Mailing Address 1201 3rd Ave Ste 4800		Amount of Each Disbursement this Period 1578.15
City Seattle	State WA	
Zip Code 98101-3266	Purpose of Disbursement Legal services	Transaction ID : VN TTW9RJ917
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2015
Mailing Address PO Box 9622		Amount of Each Disbursement this Period 506.39
City Mission Hills	State CA	
Zip Code 91346-9622	Purpose of Disbursement Telephone expense	Transaction ID : VN TTW9RM557
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2777.04
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 13			
	<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)
Ron Barber for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2015
Mailing Address PO Box 9622		Amount of Each Disbursement this Period 385.01
City Mission Hills	State CA	
Zip Code 91346-9622	Purpose of Disbursement Telephone expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2015
Mailing Address PO Box 9622		Amount of Each Disbursement this Period 382.70
City Mission Hills	State CA	
Zip Code 91346-9622	Purpose of Disbursement Telephone expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) c. Wells Fargo		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2015
Mailing Address 4669 E Broadway Blvd		Amount of Each Disbursement this Period 38.16
City Tucson	State AZ	
Zip Code 85711-3511	Purpose of Disbursement Service fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	805.87
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 13			
	<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)
Ron Barber for Congress

Full Name (Last, First, Middle Initial) A. Wells Fargo			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2015	
Mailing Address 4669 E Broadway Blvd			Amount of Each Disbursement this Period 39.28	
City Tucson	State AZ	Zip Code 85711-3511	Transaction ID : VNTTW9RRT11	
Purpose of Disbursement Service fee		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016		
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Wells Fargo			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2015	
Mailing Address 4669 E Broadway Blvd			Amount of Each Disbursement this Period 39.64	
City Tucson	State AZ	Zip Code 85711-3511	Transaction ID : VNTTW9RRT29	
Purpose of Disbursement Service fee		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016		
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) c. Winpisinger & Associates, Inc.			Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2015	
Mailing Address 315 Inspiration Ln			Amount of Each Disbursement this Period 189.95	
City Gaithersburg	State MD	Zip Code 20878-5808	Transaction ID : VNTTW9RFPC0	
Purpose of Disbursement Administrative services/Compliance		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016		
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	268.87
TOTAL This Period (last page this line number only).....	9670.35

**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 13
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Ron Barber for Congress

Full Name (Last, First, Middle Initial) A. AMERICANS FOR RESPONSIBLE SOLUTIONS-PAC		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2015
Mailing Address PO Box 15642		Amount of Each Disbursement this Period 35000.00
City Washington	State DC	
Zip Code 20003-0642	Purpose of Disbursement Contribution	Transaction ID : VN TT W9RKTR2
Candidate Name AMERICANS FOR RESPONSIBLE SOLUTIONS-PAC	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. ARIZONA STATE DEMOCRATIC CENTRAL EXECUTIVE COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2015
Mailing Address 2910 N Central Ave		Amount of Each Disbursement this Period 20000.00
City Phoenix	State AZ	
Zip Code 85012-2704	Purpose of Disbursement Unlimited transfer	Transaction ID : VN TT W9RJW41
Candidate Name ARIZONA STATE DEMOCRATIC CENTRAL EXECUTIVE COMMITTEE	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. El Rio Community Health Foundation		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2015
Mailing Address 3480 E. Britannia Drive Building B, Suite 120		Amount of Each Disbursement this Period 5000.00
City Tucson	State AZ	
Zip Code 85706-5007	Purpose of Disbursement Donation	Transaction ID : VN TT W9RR7D6
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).....	60000.00
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 13
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Ron Barber for Congress

Full Name (Last, First, Middle Initial) A. January 8 Memorial Foundation		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2015
Mailing Address PO Box 40355		Amount of Each Disbursement this Period 50000.00
City Tucson	State AZ	
Zip Code 85717-0355	Purpose of Disbursement Donation	Transaction ID : VNNTW9RJW67
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. KIRKPATRICK FOR SENATE		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2015
Mailing Address PO Box 34421		Amount of Each Disbursement this Period 2000.00
City Phoenix	State AZ	
Zip Code 85067-4421	Purpose of Disbursement Contribution	Transaction ID : VNNTW9RR7E4
Candidate Name ANN LEILA KIRKPATRICK	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ District: 00		

Full Name (Last, First, Middle Initial) c. Perkins Coie LLP		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2015
Mailing Address 1201 3rd Ave Ste 4800		Amount of Each Disbursement this Period 57.00
City Seattle	State WA	
Zip Code 98101-3266	Purpose of Disbursement Legal services	Transaction ID : VNNTW9RMAK7
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	52057.00
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 13 OF 13
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Ron Barber for Congress

Full Name (Last, First, Middle Initial) A. Pima County Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2015
Mailing Address 4639 E 1st St		Amount of Each Disbursement this Period 25000.00
City Tucson	State AZ	
Zip Code 85711-1101	Purpose of Disbursement Unlimited transfer	Transaction ID : VNTTW9RJW59
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. RIGHTS AND RESPONSIBILITIES PAC		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address PO Box 15642		Amount of Each Disbursement this Period 5000.00
City Washington	State DC	
Zip Code 20003-0642	Purpose of Disbursement Contribution	Transaction ID : VNTTW9RQG39
Candidate Name RIGHTS AND RESPONSIBILITIES PAC	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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
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).....	30000.00
TOTAL This Period (last page this line number only).....	142057.00