OFFICIAL USE ONLY
□ Received

					I	
_{Name:} Arizona Association of RE	ALTORS Protecting t	he American	Dream Fι	und		
Address: 516 East Willetta St.		City Phoenix		State AZ	Zip 85004	
Telephone Number:		Fax Number:				
Name of Authorized Agent: Tom Farley		Telephone Number:		E-mail Address: tom@farleypublicaffairsgrou		
Authorized Agent Address (if different from above):		City		State	Zip	
Date of Expenditure (i.e. 5/30/2016)	Amount of Expenditure (i.e. \$5,000.00)		Candidate Supp	oorted /Oppose	ed	
10/24/16	\$41,847.12		Bob Burns/Support			
10/24/16	\$41,847.11		Andy Tobin/Support			
10/24/16	\$41,847.11		Boyd Dunn/Support			

All persons, including corporations, limited liability companies, and labor organizations, are required to file independent expenditure reports under A.R.S. §§ 16-941(D); -958 & Ariz. Admin. Code R2-20-109(F). Please fill out, scan and return to the Arizona Citizens Clean Elections Commission, ccec@azcleanelections.gov.

Forms received within 24 hours of the date of expenditure will be considered timely.

Failure to file the form and submit the information required subjects an entity that makes independent expenditures to penalties under the Clean Elections Act unless the entity receives an exemption from the Commission. Exemption forms are available at www.azcleanelections.gov.

Please contact ccec@azcleanelections.gov or 602-364-3477 with questions.

I, the undersigned, certify that the above statements are true and accurate to the best of my knowledge and belief:

Signature of Authorized Agent

OMMISSION .	, , , , , , , , , , , , , , , , , , ,		,				OFFICIAL USE ONLY
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lame:							
Address:		City		State)	Zip	
elephone Number:		Fax Number:					
lame of Authorized Agent:		Telephone Number:		E-mail Address:			
Authorized Agent Address (if different from above):		City		State		Zip	
Date of Expenditure (i.e. 5/30/2016)	Amount of Expenditure (i.e.	\$5,000.00)	Candidate Supported /Opposed				
All persons, including corporations eports under A.R.S. §§ 16-941(D);	-958 & Ariz. Admin. Code R2-2						

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I, the undersigned, certify that the above statements are true and accurate to the best of my knowledge and belief:

Signature of Authorized Agent

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					□ Received		
Name: Arizona Association of RE	ALTORS Protecting	the American	Dream Fu	ınd			
Address: 255 East Osborn Road #200		City Phoenix		State AZ	Zip 85012		
Telephone Number: 602-248-7787		Fax Number:			·		
Name of Authorized Agent: Tom Farley		Telephone Number:		E-mail Address: tom@farleypublicaffairsgrou			
Authorized Agent Address (if different from above):		City		State	Zip		
Date of Expenditure (i.e. 5/30/2016)	Amount of Expenditure (i.e. \$5,000.00)		Candidate Supported /Opposed				
10/12/2016 30,53		5.44		Meza/Support			
All persons, including corporations reports under A.R.S. §§ 16-941(D); -Elections Commission, cccc@azcle.	958 & Ariz. Admin. Code R2-	and labor organiza -20-109(F). Please	ations, are rec fill out, scan a	quired to fil and return t	le independent expenditure to the Arizona Citizens Clean		
Forms received within 24 hours of the	date of expenditure will be con	nsidered timely.					
Failure to file the form and submit the Elections Act unless the entity receive							

Please contact ccec@azcleanelections.gov or 602-364-3477 with questions.

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Signature of Authorized Agent

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Name:						
Arizona Association of RE	ALTORS EProtecting	the America	n Dream F	und		
Address: 255 East Osborn Rd #200	1	City Phoenix		tate Z	Zip 85012	
Telephone Number: 602-248-7787		Fax Number:				
Name of Authorized Agent: Tom Farley		Telephone Number:		E-mail Address: tom@farleypublicaffairsgrou		
Authorized Agent Address (if different from above): 516 East Willetta St.		City Phoenix	-	tate Z	Zip 85004	
Date of Expenditure (i.e. 5/30/2016)	Amount of Expenditure (i.e. \$5,000.00)		Candidate Supported /Opposed			
10-4-16	\$42,513.78		Bob Burns/Support			
10-4-16	\$42,513.78		Boyd Dunn/Support			
10-4-16	\$42 513 78		Andy Tobin/Support			

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I, the undersigned, certify that the above statements are true and accurate to the best of my knowledge and belief:

Tom Farley
Signature of Authorized Agent