



STATE OF ARIZONA
YAVAPAI COUNTY
POLITICAL COMMITTEE
CAMPAIGN FINANCE REPORT

FOR OFFICE USE ONLY

RECEIVED

SEP 27 2016

Yavapai County
Supt. of Schools

1. Re-Elect Deb McCasland

Full Name of Committee

6042 e Old Black Canyon Hwy

Address

Prescott

86303

(928) 713-5198

City

Zip Code

Phone

3. ID#

SCH-026

2. Sponsoring Organization (if applicable)
Deb McCasland, Yavapai Community College Governing Board, District 2

*Primary Election: August 30, 2016
General Election: November 8, 2016*

Name of Candidate and Office Sought (if applicable)

debmcasland@msn.com

Email Address

Fax #

4. REPORTING PERIOD (Please check appropriate box)

DUE BETWEEN

a.	<input type="checkbox"/>	JANUARY 31 REPORT For Period of November 25, 2014 thru December 31, 2015	January 1 and January 31, 2016
b.	<input type="checkbox"/>	JUNE 30 REPORT For Period of January 1 thru May 31, 2016	June 1 and June 30, 2016
c.	<input type="checkbox"/>	PRE-PRIMARY ELECTION REPORT For Period of June 1 thru August 18, 2016	August 19 and August 26, 2016
d.	<input checked="" type="checkbox"/>	POST-PRIMARY ELECTION REPORT For Period of August 19 thru September 19, 2016	September 20 and September 29, 2016
e.	<input type="checkbox"/>	PRE-GENERAL ELECTION REPORT For Period of September 20 thru October 27, 2016	October 28 and November 4, 2016
f.	<input type="checkbox"/>	POST-GENERAL ELECTION REPORT For Period of October 28 thru November 28, 2016	November 29 and December 8, 2016
5	Summary		
		Column A Total This Reporting Period	Column B Election Period Total to Date
5a	Total Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)		
5b	Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period)		\$ 350.00
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)		\$ 300.00
5d	Subtotal (add lines b and c for column A and add lines a and c for column B)		\$ 650.00
6a	Total Debts and Obligations from Previous Campaign Committee at Beginning of this Election Period (or at time Statement of Organization was filed for the new committee) [Do not add or subtract this line from the other lines]		\$ 0.00
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)		\$ 99.00
7	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)		\$ 551.00

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Entered in Database

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Posted to yavapai.us/electionsvr/

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

1. Committee Name Re-Elect Deb McCasland

3. Report covering period from August 19, 2016 thru September 19, 2016

2. ID # SCH-026

RECEIPTS

4. Contributions other than loans and in-kind:
- (a) Individuals – more than \$50 (Total from Schedule A)
- (b) Individuals – aggregate \$50 or less (Total from Schedule A-1)
- (c) Political Committees (Total from Schedule B)
- (d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]
- (e) Refund of contributions (Total from Schedule F-2)
- (f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)
- (b) All other loans (Total from Schedule C-1)
- (c) Total Loans [add 5(a) and 5(b)]
6. In-kind contributions (Total from Schedule E)
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)
8. Total Receipts [add 4(f), 5(c), 6, and 7]

Column A this period	Column B Campaign to Date
\$300.00	\$ 400.00
\$300.00	\$ 400.00
\$300.00	\$ 400.00
	\$ 669.00
\$300.00	\$ 1,069.00

DISBURSEMENTS

9. Expenditures for operating expenses (Total from Schedule D)
10. Independent Expenditures (Total from Schedule D-1)
11. Value of In-kind expenditures (Total from Schedule E)
12. Loans made by reporting committee (Total from Schedule D-2)
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)
- (b) Repayment of all other loans (Total from Schedule D-5)
- (c) Total Loan Repayments [add 13(a) and 13(b)]
14. Transfers to other political committees (Total from Schedule D-6)
15. Any other disbursement (Total from Schedule D-7)
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)
18. Total disbursements [subtract line 17 from line 16]
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)

\$ 99.00	\$ 518.00
\$ 99.00	\$ 518.00
\$ 99.00	\$ 518.00
\$ 0.00	\$ 0.00

20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to the best of my knowledge and belief it is true and complete.

James K. McCasland

Type or Print Name of Treasurer

Signature of Treasurer or Candidate or Designating Individual

Date

Sept. 26, 2016

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name Re-Elect Deb McCasland

2. ID#

SCH-026

3. Report covering period from August 19, 2016 thru September 19, 2016

4. CONTRIBUTIONS		DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR				
a	Name ROBERT OLIPHANT Street Address 330 S DESPERADO DR City State Zip COTTONWOOD AZ Occupation Employer RETIRED	08/22/16	\$200.00	\$200.00
b	Name GLORIA WILLIAMS Street Address 336 PIONEER DR City State Zip PRESCOTT AZ 86302 Occupation Employer	09/05/16	\$100.00	\$100.00
c	Name Street Address City State Zip Occupation Employer			
d	Name Street Address City State Zip Occupation Employer			
e	Name Street Address City State Zip Occupation Employer			
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [Transfer total to Detailed Summary Page, Line 4(a), Column A]		\$300.00	\$300.00

*If contributions of \$50 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1.

CONTRIBUTIONS of \$50 or less - AGGREGATE TOTAL***SCHEDULE A-1**1. Committee Name Re-Elect Deb McCasland

2. ID#

SCH-026

3. Report covering period from August 19, 2016 thru September 19, 2016**4. Aggregate Total of Contributions of \$50 or less**

DESCRIPTION		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b) Column A]		6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]	\$0.00

*If contributions of \$50 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule.

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

1. Committee Name Re-Elect Deb McCasland

2. ID# SCH-026

3. Report covering period from August 19, 2016 thru September 19, 2016

CONTRIBUTIONS		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
IDENTITY OF CONTRIBUTOR AND DATE RECEIVED			
4. a	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
b	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
c	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
d	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
e	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
f	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
g	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
h	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
i	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
5.		ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE B (if last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A)	\$0.00

CANDIDATE LOANS

SCHEDULE C

1. Committee Name Re-Elect Deb McCasland

2. ID#

SCH-026

3. Report covering period from August 19, 2016 thru September 19, 2016

LOANS MADE OR GUARANTEED BY CANDIDATE				DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, FROM WHOM RECEIVED						
4.						
4a	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
b	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
c	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
d	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
e	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A]					\$0.00

OTHER LOANS

SCHEDULE C-1

1. Committee Name Re-Elect Deb McCasland

2. ID#

SCH-026

3. Report covering period from August 19, 2016 thru September 19, 2016

ALL OTHER LOANS		DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OF LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN				
a	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	Description			
b	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	Description			
c	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	Description			
d	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	Description			
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 [If last page of Schedule C-1, transfer total to Detailed Summary Page, Line 5(b), Column A]			\$0.00	\$0.00

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name Re-Elect Deb McCasland

2. ID#

SCH-026

3. Report covering period from August 19, 2016 thru September 19, 2016

EXPENDITURES				DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE					
a	Name PRESCOTT COUNTRY CLUB NEWSLETTER Street Address 11028 E LARIAT LANE City DEWEY State AZ Zip Description of Items or Services Purchased 1/2 PAGE AD IN MONTHLY NEWSLETTER			09/02/16	\$99.00
b	Name Street Address City State Zip Description of Items or Services Purchased 				
c	Name Street Address City State Zip Description of Items or Services Purchased 				
d	Name Street Address City State Zip Description of Items or Services Purchased 				
e	Name Street Address City State Zip Description of Items or Services Purchased 				
f	Name Street Address City State Zip Description of Items or Services Purchased 				
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [If last page of Schedule D, transfer total to Detailed Summary Page Line 9, Column A]					\$99.00

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

1. Committee Name Re-Elect Deb McCasland

2. ID#

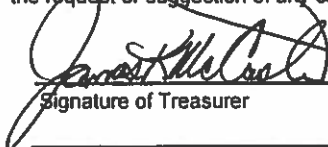
SCH-026

3. Report covering period from August 19, 2016 thru September 19, 2016

INDEPENDENT EXPENDITURES				DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4. IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITED OR OPPOSED					
a Name					
Street Address					
City	State	Zip			
Purpose and Description of Purchase		Benefited <input type="checkbox"/> Opposed <input type="checkbox"/>			
Candidate	Office Sought	Year of Election			
b Name					
Street Address					
City	State	Zip			
Purpose and Description of Purchase		Benefited <input type="checkbox"/> Opposed <input type="checkbox"/>			
Candidate	Office Sought	Year of Election			
c Name					
Street Address					
City	State	Zip			
Purpose and Description of Purchase		Benefited <input type="checkbox"/> Opposed <input type="checkbox"/>			
Candidate	Office Sought	Year of Election			
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 (If last page of Schedule D-1, transfer total to Detailed Summary Page Line 10, Column A)					\$0.00

* SEE A.R.S. §16-901(14)

I certify, under penalty of perjury, that the above stated independent expenditure(s) was not made in cooperation, consultation or concert with or at the request or suggestion of any candidate or any campaign committee or agent of that candidate.


Signature of Treasurer

NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WITHIN THE LAST SIX MONTHS	AMOUNT
RUTH WICKS RETIRED \$100 ROBERT OLIPHANT RETIRED \$200 GLORIA WILLIAMS RETIRED \$100	\$400.00

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

1. Committee Name Re-Elect Deb McCasland

2. ID#

SCH-026

3. Report covering period from August 19, 2016 thru September 19, 2016

4. LOANS MADE BY THE REPORTING COMMITTEE				DATE LOAN MADE	AMOUNT OF LOAN
NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE					
a	Committee Name		ID#		
	Address				
	City	State	Zip		
b	Committee Name		ID#		
	Address				
	City	State	Zip		
c	Committee Name		ID#		
	Address				
	City	State	Zip		
d	Committee Name		ID#		
	Address				
	City	State	Zip		
e	Committee Name		ID#		
	Address				
	City	State	Zip		
f	Committee Name		ID#		
	Address				
	City	State	Zip		
g	Committee Name		ID#		
	Address				
	City	State	Zip		
h	Committee Name		ID#		
	Address				
	City	State	Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 (If last page of Schedule D-2, transfer total to Detailed Summary Page, Line 12, Column A)				\$0.00

OFFSETS TO OPERATING EXPENSES

SCHEDULE D-3

1. Committee Name Re-Elect Deb McCasland

2. ID#

SCH-026

3. Report covering period from August 19, 2016 thru September 19, 2016

4. REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES		DATE REFUND RECEIVED	AMOUNT OF THE REFUND
NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED			
a	Name		
	Street Address		
	City State Zip		
	Description of Refund		
b	Name		
	Street Address		
	City State Zip		
	Description of Refund		
c	Name		
	Street Address		
	City State Zip		
	Description of Refund		
d	Name		
	Street Address		
	City State Zip		
	Description of Refund		
e	Name		
	Street Address		
	City State Zip		
	Description of Refund		
f	Name		
	Street Address		
	City State Zip		
	Description of Refund		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 (if last page of Schedule D-3, transfer total to Detailed Summary Page, Line 17, Column A)		\$0.00

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name Re-Elect Deb McCasland

2. ID# SCH-026

3. Report covering period from August 19, 2016 thru September 19, 2016

4.	REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
	NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
a	Name Street Address City State Zip		
b	Name Street Address City State Zip		
c	Name Street Address City State Zip		
d	Name Street Address City State Zip		
e	Name Street Address City State Zip		
f	Name Street Address City State Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [If last page of Schedule D-4, transfer total to Detailed Summary Page, Line 13(a), Column A]		\$0.00

REPAYMENT OF OTHER LOANS

SCHEDULE D-5

1. Committee Name Re-Elect Deb McCasland

2. ID# SCH-026

3. Report covering period from August 19, 2016 thru September 19, 2016

4. REPAYMENT OF ALL OTHER LOANS		DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE			
a	Name and ID Number		
	Street Address		
	City State Zip		
b	Name and ID Number		
	Street Address		
	City State Zip		
c	Name and ID Number		
	Street Address		
	City State Zip		
d	Name and ID Number		
	Street Address		
	City State Zip		
e	Name and ID Number		
	Street Address		
	City State Zip		
f	Name and ID Number		
	Street Address		
	City State Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 (if last page of schedule Transfer total to Detailed Summary Page, Line 13(b), Column A)		\$0.00

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

1. Committee Name Re-Elect Deb McCasland

2. ID#

SCH-026

3. Report covering period from August 19, 2016 thru September 19, 2016

4. TRANSFERS MADE BY THE REPORTING COMMITTEE			
	NAME, ADDRESS AND ID# TO WHOM TRANSFER (DISBURSEMENT) WAS MADE	DATE TRANSFER WAS MADE	AMOUNT OF THE TRANSFER
a	Name and ID Number		
	Street Address		
	City State Zip		
b	Name and ID Number		
	Street Address		
	City State Zip		
c	Name and ID Number		
	Street Address		
	City State Zip		
d	Name and ID Number		
	Street Address		
	City State Zip		
e	Name and ID Number		
	Street Address		
	City State Zip		
f	Name and ID Number		
	Street Address		
	City State Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A]		\$0.00

ANY OTHER DISBURSEMENT

SCHEDULE D-7

1. Committee Name Re-Elect Deb McCasland

2. ID#

SCH-026

3. Report covering period from August 19, 2016 thru September 19, 2016

4.	ANY OTHER DISBURSEMENT	DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION		
a	<div>Name and ID Number</div> <div>Street Address</div> <div>City State Zip</div> <div>Description</div>		
b	<div>Name and ID Number</div> <div>Street Address</div> <div>City State Zip</div> <div>Description</div>		
c	<div>Name and ID Number</div> <div>Street Address</div> <div>City State Zip</div> <div>Description</div>		
d	<div>Name and ID Number</div> <div>Street Address</div> <div>City State Zip</div> <div>Description</div>		
e	<div>Name and ID Number</div> <div>Street Address</div> <div>City State Zip</div> <div>Description</div>		
f	<div>Name and ID Number</div> <div>Street Address</div> <div>City State Zip</div> <div>Description</div>		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [If last page of Schedule D-7, transfer total to Detailed Summary Page, Line 15, Column A]		\$0.00

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

1. Committee Name Re-Elect Deb McCasland

2. ID#

SCH-026

3. Report covering period from August 19, 2016 thru September 19, 2016

IN-KIND CONTRIBUTIONS and EXPENDITURES		DATE	FAIR MARKET VALUE
4.	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN		
a	<div> <div>Name, Address, City, State, Zip, and ID#</div> <div> <div>CONTRIBUTION <input type="checkbox"/></div> <div>EXPENDITURE <input type="checkbox"/></div> </div> </div> <div>Description</div> <div> <div>Occupation</div> <div>Employer</div> </div>		
b	<div> <div>Name, Address, City, State, Zip, and ID#</div> <div> <div>CONTRIBUTION <input type="checkbox"/></div> <div>EXPENDITURE <input type="checkbox"/></div> </div> </div> <div>Description</div> <div> <div>Occupation</div> <div>Employer</div> </div>		
c	<div> <div>Name, Address, City, State, Zip, and ID#</div> <div> <div>CONTRIBUTION <input type="checkbox"/></div> <div>EXPENDITURE <input type="checkbox"/></div> </div> </div> <div>Description</div> <div> <div>Occupation</div> <div>Employer</div> </div>		
d	<div> <div>Name, Address, City, State, Zip, and ID#</div> <div> <div>CONTRIBUTION <input type="checkbox"/></div> <div>EXPENDITURE <input type="checkbox"/></div> </div> </div> <div>Description</div> <div> <div>Occupation</div> <div>Employer</div> </div>		
5	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E (if last page of Schedule E, transfer total to Detailed Summary Page, Line 8, Column A)		\$0.00
6	ENTER TOTAL IN-KIND EXPENDITURES ONLY IF LAST PAGE OF SCHEDULE E (if last page of Schedule E, transfer total to Detailed Summary Page, Line 11, Column A)		\$0.00

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

1. Committee Name Re-Elect Deb McCasland

2. ID#

SCH-026

3. Report covering period from August 19, 2016 thru September 19, 2016

4. DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS		DATE RECEIVED	AMOUNT OF THE RECEIPT
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM THE RECEIPT WAS RECEIVED		
a	<div>Name and ID Number</div> <div>Street Address</div> <div>City State Zip</div> <div>Description of Receipt</div>		
b	<div>Name and ID Number</div> <div>Street Address</div> <div>City State Zip</div> <div>Description of Receipt</div>		
c	<div>Name and ID Number</div> <div>Street Address</div> <div>City State Zip</div> <div>Description of Receipt</div>		
d	<div>Name and ID Number</div> <div>Street Address</div> <div>City State Zip</div> <div>Description of Receipt</div>		
e	<div>Name and ID Number</div> <div>Street Address</div> <div>City State Zip</div> <div>Description of Receipt</div>		
f	<div>Name and ID Number</div> <div>Street Address</div> <div>City State Zip</div> <div>Description of Receipt</div>		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 [If last page of Schedule F-1, transfer total to Detailed Summary Page, Line 7, Column A]		\$0.00

OFFSETS TO CONTRIBUTIONS RECEIVED*

SCHEDULE F-2

1. Committee Name Re-Elect Deb McCasland

2. ID#

SCH-026

3. Report covering period from August 19, 2016 thru September 19, 2016

4.	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED	DATE REFUND WAS MADE	AMOUNT OF THE REFUND
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME AND ID# OF THE POLITICAL COMMITTEE) TO WHOM THE REFUND WAS MADE; DESCRIPTION		
a	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Refund		
b	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Refund		
c	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Refund		
d	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Refund		
e	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Refund		
f	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Refund		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-2 [if last page of Schedule F-2, transfer total to Detailed Summary Page, Line 4(e), Column A]		\$0.00

*Includes return of contributions received by reporting committee

DEBTS AND OBLIGATIONS (Excluding Loans)**SCHEDULE F-3**1. Committee Name Re-Elect Deb McCasland

2. ID#

SCH-0263. Report covering period from August 19, 2016 thru September 19, 2016

4.	DEBTS AND OBLIGATIONS	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
a	Name, Address, City, State, Zip, and ID# Description of Debt				
b	Name, Address, City, State, Zip, and ID# Description of Debt				
c	Name, Address, City, State, Zip, and ID# Description of Debt				
d	Name, Address, City, State, Zip, and ID# Description of Debt				
e	Name, Address, City, State, Zip, and ID# Description of Debt				
5	ENTER TOTAL OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD ONLY IF LAST PAGE OF SCHEDULE F-3 [if last page of Schedule F-3, transfer total to Detailed Summary Page, Line 19, Column A]				\$0.00

