

### **STATE OF ARIZONA** YAVAPAI COUNTY **POLITICAL COMMITTEE CAMPAIGN FINANCE REPORT**

RECEIVED

FFICE USE ONLY SEP 27 2016

1.	Re-Ele	ect Deb McCasland		FOR O	Yavapal County Supt. of Schools
	Full Na	me of Committee		_   5	of octions
	6042 e	Old Black Canyon Hwy			
	Addres	s		- 3. ID# SCH-	-026
	Presco	ott 86303 (928) 71	3-5198		
	City	Zip Code	Phone	-	
2.	Sponso	oring Organization (if applicable)		Primary	Election: August 30, 2016
	Deb M	cCasland, Yavapai Community College Governing Board, District	t 2	General I	Election: November 8, 2016
	Name (	of Candidate and Office Sought (if applicable)		-	
	debmo	casland@msn.com			
_		Address Fax#			
4.	REI	PORTING PERIOD (Please check appropriate box)		DUE	BETWEEN
a.		JANUARY 31 REPORT For Period of November 25, 2014 thru December 31, 2015		lanuary 1 and Ja	nuary 31, 2016
b.	TOTAL STATE OF	JUNE 30 REPORT		lune 1 and June	30, 2016
		For Period of January 1 thru May 31, 2016 PRE-PRIMARY ELECTION REPORT			
C.		For Period of June 1 thru August 18, 2016	/	August 19 and Au	gust 26, 2016 
d.	1	POST-PRIMARY ELECTION REPORT For Period of August 19 thru September 19, 2016		September 20 and	d September 29, 2016
e,		PRE-CENERAL ELECTION PEROPT			ovember 4, 2016
f.	-	POST-GENERAL ELECTION REPORT			December 8, 2016
5		Summary		olumn A Reporting Period	Column B Election Period Total to Date
5a	Tot	tal Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)	Total Time	Troporating Carlos	Elocatori Giodi Fotorio Date
5b	Ca	ash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period)	\$	350.00	
5c	Tota	al Receipts (from corresponding columns on Detailed Summary Page, Line 8)	\$	300.00	\$ 769.00
5d	S	ubtotal (add lines b and c for column A and add lines a and c for column B)	\$	650.00	\$ 1,069.00
6a	Be file	Total Debts and Obligations from Previous Campaign Committee at eginning of this Election Period (or at time Statement of Organization was d for the new committee) [Do not add or subtract this line from the other lines]			\$ 0.00
6b		al Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	\$	99.00	\$ 518.00
7	Ca	sh on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	\$	551.00	\$ 551.00

FOR OFFICE USE ONLY	Entered in Database	Posted to yavapai.us/electionsvr/

## DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

		rage Z
Committee Name Re-Elect Deb McCasland	2. ID:	SCH-026
3. Report covering period from August 19, 2016 thru September 19, 2016	_	
	Column A this period	Column B Campaign to Date
RECEIPTS		
4. Contributions other than loans and in-kind:		
(a) Individuals – more than \$50 (Total from Schedule A)	\$300.00	\$ 400.00
(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)]	\$300.00	\$ 400.00
(e) Refund of contributions (Total from Schedule F-2)	, , , , , , , , , , , , , , , , , , , ,	
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	\$300.00	\$ 400.00
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	<b>V</b>	\$ 669.00
(b) All other loans (Total from Schedule C-1)		<del>                                     </del>
(c) Total Loans [add 5(a) and 5(b)]		
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]	\$300.00	\$ 1,069.00
·		<u></u>
DISBURSEMENTS		
Expenditures for operating expenses (Total from Schedule D)	\$ 99.00	\$ 518.00
10. Independent Expenditures (Total from Schedule D-1)	<b>V</b> 22122	
11. Value of In-kind expenditures (Total from Schedule E)		
12. Loans made by reporting committee (Total from Schedule D-2)	<del></del>	
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)		<del>                                     </del>
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	\$ 99.00	\$ 518.00
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)	Ψ 55.55	\$ 0.10.00
18. Total disbursements [subtract line 17 from line 16]	\$ 99.00	\$ 518.00
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	\$ 0.00	\$ 0.00
	ψ 0.00	Ψ 0.00
20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report a true and complete.	nd to the best of my kno	owledge and belief it is
Type or Print Name of Treasurer		
(Jones Melies)	Sept. o	16,2016
//Signature of Treasurer or Candidate or Designating-Individual	Date	/

# CONTRIBUTIONS more than \$50 - from INDIVIDUALS\*

SCHEDULE A

12	ID#	
ı	1011	0011.000
		SCH-026
		3011-020

1. Committee Name Re-Elect Deb McCasland

3. Report covering period from August 19, 2016

September 19, 2016

		CONTRIBUTIO	NS	DATE	AMOUNT	CUMULATIVE TOTAL THIS
4.	NAME, ADDRESS,	OCCUPATION AND EMI	PLOYER OF CONTRIBUTOR	RECEIVED	RECEIVED THIS PERIOD	CAMPAIGN TO DATE
а	Name ROBERT OLIPHANT					
	Street Address 330 S DESPERADO			08/22/16	\$200.00	\$200.00
	City COTTONWOOD	State	Zip		,,,,,,,,,	7-2
	Occupation RETIRED	Employer				
b	Name GLORIA WILLIAMS					
	Street Address 336 PIONEER DR			09/05/16	\$100.00	\$100.00
	City PRESCOTT	State AZ	Zip 86302		<b>V.05.00</b>	
	Occupation	Employer				
С	Name					
	Street Address			_		
	City	State	Zip			
	Occupation	Employer				
ď	Name					
	Street Address					
	City	State	Zip			
	Occupation	Employer				
е	Name					
	Street Address					
	City	State	Zip			
	Occupation	Employer				
5			AST PAGE OF SCHEDULE A nmary Page, Line 4(a), Column A]		\$300.00	\$300.00

<sup>\*</sup>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-Elec	t 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	ı	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
ł			į
E TOTAL THIS DEDICE IT	· · · · ·	C. CLIMILIATING TOTAL TIPE	
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

<sup>\*1</sup>f 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

2. ID# 1. Committee Name Re-Elect Deb McCasland SCH-026 August 19, 2016 September 19, 2016 3. Report covering period from thru CUMULATIVE AMOUNT **CONTRIBUTIONS** RECEIVED **TOTAL THIS CAMPAIGN** THIS IDENTITY OF CONTRIBUTOR AND DATE RECEIVED **PERIOD** TO DATE a ID# NAME, ADDRESS, CITY, STATE AND ZIP DATE RECEIVED ь ID# NAME, ADDRESS, CITY, STATE AND ZIP DATE RECEIVED c ID# NAME, ADDRESS, CITY, STATE AND ZIP DATE RECEIVED NAME, ADDRESS, CITY, STATE AND ZIP d IID# DATE RECEIVED e IID# 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 NAME, ADDRESS, CITY, STATE AND ZIP i ID# DATE RECEIVED ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE B [if last page of Schedule B, transfer \$0.00 total to Detailed Summary Page, Line 4(c), Column A]

### **CANDIDATE LOANS**

August 19, 2016

**SCHEDULE C** 

2. ID#	
1	SCH-026

1. Committee Name Re-Elect Deb McCasland

3. Report covering period from

thru September 19, 2016

	LOAN	S MADE OR GUAF	RANTEED E	BY CANDIDATE	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN
4.		NAME, ADDRESS, FR	OM WHOM R	RECEIVED		MISPERIOD	TO DATE
4a	Last	First		Initial			
	Street Address				<del></del>		
	City		State	Zip			
	Description						
b	Last	First		Initial			
	Street Address						
	City		State	Zip			j
	Description						
С	Last	First		Initial			
	Street Address			,			•
	City		State	Zip			
	Description						
d	Last	First		Initial			
	Street Address						
	City		State	Zip			
	Description						
е	Last	First		Initial			
	Street Address						
	City		State	Zip	7		
	Description						
5.	ENTER TOTAL OF Schedule C, tra	F LOANS MADE OR GU nsfer total to Detailed Su	ARANTEED E	BY CANDIDATE ONLY IF I Line 5(a), Column A]	LAST PAGE OF SCHE	DULE C [If last page	\$0.00

## **OTHER LOANS**

**SCHEDULE C-1** 

2.	ID#	
۷.	IL/#	SCH-026

1. Committee Name Re-Elect Deb McCasland

3. Report covering period from

August 19, 2016

thru September 19, 2016

	ALL OTHER LOANS	DATE LOAN	AMOUNT	CUMULATIVE
	NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS	RECEIVED	OF LOAN	TOTAL THIS CAMPAIGN
4.	OF THE POLITICAL COMMITTEE) OF LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN			TO DATE
F	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
L				
ı	Street Address			
ı	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
ı	City, State, Zip			
ı	Description			
Ь	INAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#	-		-
	Street Address			
	City, State, Zip			
ı	NAME OF ENDORSER OR GUARANTOR OF LOAN			
ı				
ı	Street Address			
ı	City, State, Zip			
ı	Description			
<u>_</u>	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
ľ	NAME OF FERSON OR COMMINITIES MAKING LOAN AND 10#			
l	Street Address			
l	City, State, Zip			,
ı	NAME OF ENDORSER OR GUARANTOR OF LOAN			
l	TV WILL OF ENDONGER ON GOVERNMENT OF EACH			:
l	Street Address			
l	City, State, Zip			
	Description	IS		
<u>_</u>	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
ľ	DAME OF LEGON OF COMMITTEE MAKING FOUNDAMENT			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	THE S. LIBORIDER OF CONTROL OF LOTH			
	Street Address			
	City, State, Zip	:		
	Description			
Ļ				
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 [If last page of Schedule to Detailed Summary Page, Line 5(b), Column A]	e C-1, transfer total	\$0.00	\$0.00
<u></u>			Schedule C-1 F	Page 1 of 1

### **EXPENDITURES FOR OPERATING EXPENSES\***

**SCHEDULE D** 

2. ID#	
1. Committee Name Re-Elect Deb McCasland	SCH-026

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

	EXPENDITURES			DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4. a	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE Name				Dil Enbirone
	PRESCOTT COUNTRY CLUB NE\ Street Address				
Ш	11028 E LARIAT LANE			09/02/16	\$99.00
Ш	City DEWEY	State AZ	Zip	00/02.10	
	Description of Items or Services Purchased 1/2 PAGE AD IN MONTHLY NEWS	SLETTER			
þ	Name				
	Street Address				
Н	City	State	Zip		
	Description of Items or Services Purchased				,
С	Name				
	Street Address				
	City	State	Zip		4
	Description of Items or Services Purchased				
d	Name				
П	Street Address				
	City	State	Zip		
	Description of Items or Services Purchased				
е	Name		· · · · · · · · · · · · · · · · · · ·		
П	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 SO Summary Page Line 9, Column A]	HEDULE D (If last page	ge of Schedule D, transfe	r total to Detailed	\$99.00

			1	_	
Schedule	DΡ	ige _		of _	

### 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, 20	016	
	INDEPENDENT EXPENDITURES  IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITED OR OPPOSED	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4. a	Name		
	Street Address		7
			ĝ
	Purpose and Description of Purchase Benefited Opposed		
	Candidate Office Sought Year of Election		
b	Name		
	Street Address		
	City State Zip		
	Purpose and Description of Purchase Benefited Opposed	9	
	Candidate Office Sought Year of Election		
С	Name		
	Street Address		
	City State Zip		
	Purpose and Description of Purchase Benefited Opposed		
	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 Summary Page Line 10, Column A]	o Detailed	<b>*</b> 0.00
			\$0.00
*	SEE A.R.S. §16-901(14)		
I c	ertify, under penalty of perjury, that the above stated independent expenditure(s) was not made in coope e request or soggestion of any candidate or any campaign committee or agent of that candidate.  Signature of Treasurer	ration, consultation	or concert with or at
	NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THR CONTRIBUTORS WITHIN THE LAST SIX MONTHS	EE TOP	AMOUNT
	RUTH WICKS RETIRED \$100 ROBERT OLIPHANT RETIRED \$200 GLORIA WILLIAMS RETIRED \$100		\$400.00
		Schedule D-1 Page	1 of

### LOANS MADE BY REPORTING COMMITTEE

**SCHEDULE D-2** 

1. Committee Name Re-Elect Deb McCasland 2. 1D# SCH-026

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

4.	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE					AMOUNT OF LOAN
a	Committee Name			ID#	MADE	
	Address			<u> </u>		
	City	State	Žip	<del></del>		
b	Committee Name		<u>.</u>	ID#		
l,	Address					
	City	State	Zip			
С	Committee Name	·····	· · · · · ·	ID#		
	Address	<del>"</del>				
	City	State	Zip			
d	Committee Name	•	1	ID#		
	Address					
	City	State	Zip		ł	
е	Committee Name	• • • • • • • • • • • • • • • • • • • •		ID#		
	Address				:	
	City	State	Zip			
f	Committee Name			ID#		
	Address					
'	City	State	Zip			
1	Committee Name			ID#		
	Address					
	City	State	Zip			
	Committee Name			ID#	5	
ı	Address					ĺ
	City	State	Zip			
5	ENTER TOTAL ONLY IF LAST PAGE	E OF SCHEDULE D-2 (If last page of Sci	hedule D-2, transfer tota	al to Detailed Summary Page, L	lne 12, Column A)	\$0.00

			1	
Schedule	D-2	Page	0	「 <u></u>

#### **OFFSETS TO OPERATING EXPENSES**

SCHEDULE D-3

1. Committee Name Re-Elect Deb McCasland	SCH-026
3. Report covering period from August 19, 2016 thru September 19, 2	2016
REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES	BATE REFUND AMOUNT OF THE
NAME AND ADDRESS FROM WHOM REFLIND OR REPATE WAS RECEIVED	DATE REFUND   AMOUNT OF THE

4.	REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES	DATE REFUND	AMOUNT OF THE
	NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED	RECEIVED	REFUND
а	Name		
	Street Address	1	
	<u> </u>		
	City State Zip		
	Descrption of Refund	1	
b	Name		
	Street Address	1	
	City State Zip		
	Descrption of Refund	1	
С	Name		
	Street Address	1	
	otings in a second		
	City State Zip	1	i
	Descrption of Refund		
	Description of Refund		l l
d	Name	}	
	Street Address	}	
	Street Address		
	City State Zip	1	
	City State Zip  Descrption of Refund		
e			
e	Descrption of Refund Name		
е	Descrption of Refund		
е	Descrption of Refund  Name  Street Address		
е	Descrption of Refund  Name  Street Address  City State Zip		
е	Descrption of Refund  Name  Street Address		
	Descrption of Refund  Name  Street Address  City State Zip  Descrption of Refund		
	Descrption of Refund  Name  Street Address  City State Zip  Descrption of Refund  Name		
e	Descrption of Refund  Name  Street Address  City State Zip  Descrption of Refund		
	Descrption of Refund  Name  Street Address  City State Zip  Descrption of Refund  Name  Street Address		
	Descrption of Refund  Name  Street Address  City State Zip  Descrption of Refund  Name  Street Address  City State Zip		
	Descrption of Refund  Name  Street Address  City State Zip  Descrption of Refund  Name  Street Address		
	Descrption of Refund  Name  Street Address  City State Zip  Descrption of Refund  Name  Street Address  City State Zip		
	Descrption of Refund  Name  Street Address  City State Zip  Descrption of Refund  Name  Street Address  City State Zip	age, Line 17, Column A]	\$0.00

			- 1		
Schedule	D-3	Page		of	

#### REPAYMENT OF CANDIDATE LOANS

**SCHEDULE D-4** 

1. Committee Name Re-Ele	ect Deb McCasland			SCH-026
3. Report covering period from	August 19, 2016	thru	September 19, 2016	

AMOUNT OF DATE REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE REPAYMENT THE NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE MADE REPAYMENT Name Street Address City State Zip ь Name Street Address City State Zip С Name Street Address City State Zip Name Street Address City State Zip Street Address City State Zip Name Street Address City State Zip 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

			7		
Schedule	D-4	Page		of	

### REPAYMENT OF OTHER LOANS

**SCHEDULE D-5** 

1. Committee Name	Re-Elect Deb McCasland	2. ID# SCH-026
3. Report covering peri	fied from August 19, 2016 thru September 19, 201	16

4.	REPAYMENT OF ALL OTHER LOANS	DATE	44401 P.IT OF THE
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	REPAYMENT MADE	AMOUNT OF THE REPAYMENT
а	Name and ID Number		
	Street Address		
	City State Zip		
b	Name and ID Number		-
	Street Address		
	City State Zip		
С	Name and ID Number		10
	Street Address		
	City State Zip		
đ	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 scheduTransfer total to Detailed Summary Page	Line 13(h) Column Al	\$0.00
	ENTENTOTINE CITE IT ENGITENCE OF CONTENDED POPILIONS IN BOST PAGE OF SCHOOL HAIRS IN DECIMINE OF CONTENDED POPILIONS	, care ratur, culumn Aj	<b>Φ</b> υ.υυ

			- 1	
Schedule	D-5	Page	of _	

#### TRANSFERS TO OTHER POLITICAL COMMITTEES

3. Report covering period from August 19, 2016

**SCHEDULE D-6** 

I. Committee Name	Re-Elect Deb McCasland	2. ID#	SCH-026

thru September 19, 2016

TRANSFERS MADE BY THE REPORTING COMMITTEE AMOUNT OF THE DATE TRANSFER WAS MADE **TRANSFER** NAME, ADDRESS AND ID# TO WHOM TRANSFER (DISBURSEMENT) WAS MADE Name and ID Number Street Address City State Zip Name and ID Number Street Address State Name and ID Number Street Address City State Zip Name and ID Number Street Address City State Zip Name and ID Number Street Address City State 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

			1		
Schedule	D-6	Page		of.	

### **ANY OTHER DISBURSEMENT**

**SCHEDULE D-7** 

2. ID#

	1. Committee Name Re-Elect Deb McCasland		SCH-026
	3. Report covering period from August 19, 2016 thru September 19, 20	16	
4.	ANY OTHER DISBURSEMENT  NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION	DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
а	Name and ID Number		
	Street Address		
	City State Zip		
	Description		
b	Name and ID Number		
	Street Address		
	City State Zip		
	Description		
С	Name and ID Number		
	Street Address	· 	
	City State Zip		
	Description		
d	Name and ID Number		
	Street Address		
	City State Zip		
	Description		
е	Name and ID Number		
	Street Address		
	City State Zip		
	Description		
f	Name and ID Number		
	Street Address		
	City State Zip		
	Description		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [if last page of Schedule D-7, transfer total to Detailed Summary Po	age, Line 15, Column A)	\$0.00

#### IN-KIND CONTRIBUTIONS and EXPENDITURES

Re-Elect Deb McCasland

SCHEDULE E

SCH-026

2. ID#

1. Committee Name 3. Report covering period from \_August 19, 2016 thru September 19, 2016 **IN-KIND CONTRIBUTIONS and EXPENDITURES** FAIR MARKET DATE NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL **VALUE** COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN CONTRIBUTION a Name, Address, City, State, Zip, and ID# EXPENDITURE Description Occupation **Employer** b Name, Address, City, State, Zip, and ID# CONTRIBUTION EXPENDITURE Description Occupation **Employer** CONTRIBUTION Name, Address, City, State, Zip, and ID# EXPENDITURE Description Occupation Employer d Name, Address, City, State, Zip, and ID# CONTRIBUTION EXPENDITURE Description Occupation Employer 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 6, 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** 

		2. ID#
I. Committee Name	Re-Elect Deb McCasland	SCH-026

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

	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS	DATE	AMOUNT
4.	NAME AND ADDRESS OF INDIVIDUAL (OR NAME AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM THE RECEIPT WAS RECEIVED	RECEIVED	OF THE RECEIPT
а	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Receipt		
b	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Receipt		
С	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Receipt	- 122 5 2	
d	Name and ID Number		
	Street Address		
	City State Zip	:	
	Description of Receipt		
е	Name and ID Number	-	
	Street Address	;	
	City State Zip		
	Description of Receipt		
f	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Receipt		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 [if last page of Schedule F-1, transfer total to Detailed Summary F	Page, Line 7, Column A)	\$0.00

### **OFFSETS TO CONTRIBUTIONS RECEIVED\***

**SCHEDULE F-2** 

. Committee Name	Re-Elect Deb McCasland	2. ID# SCH-026

3. Report covering period from	August 19, 2016	thru	September 19, 2016
	<u> </u>	_	

4.	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED	DATE REFUND	AMOUNT OF THE
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME AND ID# OF THE POLITICAL COMMITTEE) TO WHOM THE REFUND WAS MADE; DESCRIPTION	WAS MADE	REFUND
а	Name and ID Number		
	Street Address	1	
	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	1	
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 tast page of Schedule F-2, transfer total to Detailed Summary Page	ge, Line 4(e). Column Al	\$0.00
		Bar anna stall agustint Lil	\$0.00

<sup>\*</sup>Includes return of contributions received by reporting committee

### **DEBTS AND OBLIGATIONS (Excluding Loans)**

SCHEDULE F-3

	DEBTS AND OBLIGATIONS (Excluding Loans)					JEDULE 1-3
	1. Committee Name Re-Elect Deb M	cCasland			2. ID#	SCH-026
	3. Report covering period from August 19,	2016	thru	September	19, 2016	
<b>.</b>	DEBTS AND OBLIGATION  NAME AND ADDRESS OF INDIVIDUAL (OR NAME, A  THE POLITICAL COMMITTEE) TO WHOM DE	ADDRESS AND ID# OF	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
1	Name, Address, City, State, Zip, and ID#  Description of Debt					
)	Name, Address, City, State, Zip, and ID#		<del></del>			

	Description of Debt				
b	Name, Address, City, State, Zip, and ID#				
	Description of Debt				
С	Name, Address, City, State, Zip, and ID#				
	Description of Debt	200 100 100			
d	Name, Address, City, State, Zip, and ID#				
	Description of Debt				
е	Name, Address, City, State, Zip, and ID#				
	Description of Debt				
5	ENTER TOTAL OUTSTANDING BALANCE AT CLOSE OF THIS Plast page of Schedule F-3, transfer total to Detailed Summary Page,	ERIOD ONLY IF LA Line 19, Column A	AST PAGE OF SO	CHEDULE F-3 (if	\$0.00

Schedule F-3 Page \_\_1\_ of \_\_\_\_