



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

*Next Certified Mail
on August 20, 2015
JAC*

FOR OFFICE USE ONLY

RECEIVED

AUG 24 2015

Yavapai County
Supt. of Schools

Partners In Education

1. Full Name of Committee
Brandi Sauer 3790 E. Beaver Vista Rd.

Address
Rimrock 86326 928-963-0524

City Zip Code Phone

2. Sponsoring Organization (if applicable)

Name of Candidate and Office Sought (if applicable)

Email Address Fax #

3. ID#
09-06-0V-001

4. REPORTING PERIOD (Please check appropriate box)		DUE BETWEEN	
a.	<input type="checkbox"/> JANUARY 31 REPORT For Period of January 1, 2014 thru December 31, 2014	January 1 and February 2, 2015	
b.	<input type="checkbox"/> MARCH PRE-ELECTION REPORT For Period of January 1 thru February 26, 2015	February 27 and March 6, 2015	
c.	<input type="checkbox"/> MARCH POST-ELECTION REPORT For Period of February 27 thru March 30, 2015	March 31 and April 9, 2015	
d.	<input type="checkbox"/> MAY PRE-ELECTION REPORT For Period of March 31 thru May 7, 2015	May 8 and May 15, 2015	
e.	<input type="checkbox"/> MAY POST-ELECTION REPORT For Period of May 8 thru June 8, 2015	June 9 and June 18, 2015	
f.	<input checked="" type="checkbox"/> AUGUST PRE-ELECTION REPORT For Period of June 9 thru August 13, 2015	August 14 and August 21, 2015	
g.	<input type="checkbox"/> AUGUST POST-ELECTION REPORT For Period of August 14 thru September 14, 2015	September 15 and September 24, 2015	
h.	<input type="checkbox"/> NOVEMBER PRE-ELECTION REPORT For Period of September 15 thru October 22, 2015	October 23 and October 30, 2015	
i.	<input type="checkbox"/> NOVEMBER POST-ELECTION REPORT For Period of October 23 thru November 23, 2015	November 24 and December 3, 2015	
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)		\$1,266.74
5b	Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period)	\$1,266.74	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	\$2,500.00	\$2,500.00
5d	Subtotal (add lines b and c for column A and add lines a and c for column B)	\$3,766.74	\$3,766.74
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
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	0	0
7	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	\$3,766.74	\$3,766.74

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

1. Committee Name Partners In Education
 3. Report covering period of June 9, 2015 thru August 13, 2015

2. ID # 09-06-0V-001

RECEIPTS

	Column A this period	Column B Campaign to Date
4. Contributions other than loans and in-kind:	0	0
(a) Individuals – more than \$25 (Total from Schedule A)	\$2,500.00	\$2,500.00
(b) Individuals – aggregate \$25 or less (Total from Schedule A-1)	0	0
(c) Political Committees (Total from Schedule B)	0	0
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	\$2,500.00	\$2,500.00
(e) Refund of contributions (Total from Schedule F-2)	0	0
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	0	0
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	0	0
(b) All other loans (Total from Schedule C-1)	0	0
(c) Total Loans [add 5(a) and 5(b)]	0	0
6. In-kind contributions (Total from Schedule E)	0	0
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	0	0
8. Total Receipts [add 4(f), 5(c), 6, and 7]	\$2,500.00	\$2,500.00

DISBURSEMENTS

9. Expenditures for operating expenses (Total from Schedule D)	0	0
10. Independent Expenditures (Total from Schedule D-1)	0	0
11. Value of In-kind expenditures (Total from Schedule E)	0	0
12. Loans made by reporting committee (Total from Schedule D-2)	0	0
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)	0	0
(b) Repayment of all other loans (Total from Schedule D-5)	0	0
(c) Total Loan Repayments [all 13(a) and 13(b)]	0	0
14. Transfers to other political committees (Total from Schedule D-6)	0	0
15. Any other disbursement (Total from Schedule D-7)	0	0
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	0	0
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)	0	0
18. Total disbursements [subtract line 17 from line 16]	0	0
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	0	0

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.

BRANDI SAUER

TYPE OR PRINT NAME OF TREASURER

Brandi Sauer *8/19/15*

SIGNATURE OF TREASURER or CANDIDATE or DESIGNATING INDIVIDUAL Date

CONTRIBUTIONS more than \$25 – from INDIVIDUALS *

SCHEDULE A

1. Committee Name: Partners In Education
3. Report covering period from July 9, 2015 thru August 13, 2015

2. ID # 09-06-0V-001

4.	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR			
a.	Name <u>Core Construction, Inc.</u>	July 6, 2015	\$2,000.00	\$2,000.00
	Street Address <u>3036 E. Greenway Road</u>			
	City <u>Phoenix</u> State <u>AZ</u> Zip <u>85032</u>			
	Occupation <u>Construction Company</u> Employer			
b.	Name <u>Mr. & Mrs. Spencer Lower</u>	July 27, 2015	\$500.00	\$500.00
	Street Address <u>P.O. Box 386</u>			
	City <u>Clarkdale</u> State <u>Az</u> Zip <u>86324</u>			
	Occupation Employer			
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]		\$2,500.00	\$2,500.00

* If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS of \$25 or less – AGGREGATE TOTAL*

SCHEDULE A-1

2. ID #09-06-0V-001

1. Committee Name Partners In Education

3. Report covering period from June 9, 2015 thru August 13, 2015

4. Aggregate Total of Contributions of \$25 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

If contributions of \$25 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

QUALIFYING CONTRIBUTIONS OF \$5 – FROM INDIVIDUALS

SCHEDULE A-2

1. Committee Name _____

3. Report covering period from June 9, 2015 thru August 13, 2015

4.	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED
a.	LAST FIRST MI		
	STREET ADDRESS		
	CITY STATE ZIP		
	COUNTY OF RESIDENCE SOLICITOR		
b.	LAST FIRST MI		
	STREET ADDRESS		
	CITY STATE ZIP		
	COUNTY OF RESIDENCE SOLICITOR		
c.	LAST FIRST MI		
	STREET ADDRESS		
	CITY STATE ZIP		
	COUNTY OF RESIDENCE SOLICITOR		
d.	LAST FIRST MI		
	STREET ADDRESS		
	CITY STATE ZIP		
	COUNTY OF RESIDENCE SOLICITOR		
e.	LAST FIRST MI		
	STREET ADDRESS		
	CITY STATE ZIP		
	COUNTY OF RESIDENCE SOLICITOR		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A-2 [If last page of Schedule A-2, transfer total to Detailed Summary Page] Reminder: The total sum must be attached as a check or money order (made payable to the Citizen's Clean Election Fund) to the participating Candidate's Application to Receive Funds and Qualifying Contributions Report (filed with the Secretary of State). See A.R.S. §16-950(B)		0

* For Participating Candidates, as defined in A.R.S. § 16-961 (C)

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

1. Committee Name Partners In Education

2. ID # 09-06-0V-001

3. Report covering period from June 9, 2015 thru August 13, 2015

4.		<u>CONTRIBUTIONS</u>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
		IDENTITY OF CONTRIBUTOR AND DATE RECEIVED		
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	0

CANDIDATE LOANS

SCHEDULE C

1. Committee Name Partners In Education

2. ID# 09-06-0V-001

3. Report covering period from June 9, 2015 thru August 13, 2015

4.	LOANS MADE OR GUARANTEED BY CANDIDATE NAME, ADDRESS, FROM WHOM RECEIVED	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE												
4a.	<table border="1"> <tr> <td data-bbox="108 394 396 428">Last</td> <td data-bbox="396 394 683 428">First</td> <td data-bbox="683 394 867 428">Middle Initial</td> </tr> <tr> <td colspan="3" data-bbox="108 428 867 462">Street Address</td> </tr> <tr> <td data-bbox="108 462 521 495">City</td> <td data-bbox="521 462 683 495">State</td> <td data-bbox="683 462 867 495">Zip</td> </tr> <tr> <td colspan="3" data-bbox="108 495 867 625">Description</td> </tr> </table>	Last	First	Middle Initial	Street Address			City	State	Zip	Description					
Last	First	Middle Initial														
Street Address																
City	State	Zip														
Description																
b.	<table border="1"> <tr> <td data-bbox="108 625 396 659">Last</td> <td data-bbox="396 625 683 659">First</td> <td data-bbox="683 625 867 659">Middle Initial</td> </tr> <tr> <td colspan="3" data-bbox="108 659 867 693">Street Address</td> </tr> <tr> <td data-bbox="108 693 521 726">City</td> <td data-bbox="521 693 683 726">State</td> <td data-bbox="683 693 867 726">Zip</td> </tr> <tr> <td colspan="3" data-bbox="108 726 867 856">Description</td> </tr> </table>	Last	First	Middle Initial	Street Address			City	State	Zip	Description					
Last	First	Middle Initial														
Street Address																
City	State	Zip														
Description																
c.	<table border="1"> <tr> <td data-bbox="108 856 396 890">Last</td> <td data-bbox="396 856 683 890">First</td> <td data-bbox="683 856 867 890">Middle Initial</td> </tr> <tr> <td colspan="3" data-bbox="108 890 867 924">Street Address</td> </tr> <tr> <td data-bbox="108 924 521 957">City</td> <td data-bbox="521 924 683 957">State</td> <td data-bbox="683 924 867 957">Zip</td> </tr> <tr> <td colspan="3" data-bbox="108 957 867 1087">Description</td> </tr> </table>	Last	First	Middle Initial	Street Address			City	State	Zip	Description					
Last	First	Middle Initial														
Street Address																
City	State	Zip														
Description																
e.	<table border="1"> <tr> <td data-bbox="108 1087 396 1121">Last</td> <td data-bbox="396 1087 683 1121">First</td> <td data-bbox="683 1087 867 1121">Middle Initial</td> </tr> <tr> <td colspan="3" data-bbox="108 1121 867 1155">Street Address</td> </tr> <tr> <td data-bbox="108 1155 521 1188">City</td> <td data-bbox="521 1155 683 1188">State</td> <td data-bbox="683 1155 867 1188">Zip</td> </tr> <tr> <td colspan="3" data-bbox="108 1188 867 1318">Description</td> </tr> </table>	Last	First	Middle Initial	Street Address			City	State	Zip	Description					
Last	First	Middle Initial														
Street Address																
City	State	Zip														
Description																
f.	<table border="1"> <tr> <td data-bbox="108 1318 396 1352">Last</td> <td data-bbox="396 1318 683 1352">First</td> <td data-bbox="683 1318 867 1352">Middle Initial</td> </tr> <tr> <td colspan="3" data-bbox="108 1352 867 1386">Street Address</td> </tr> <tr> <td data-bbox="108 1386 521 1419">City</td> <td data-bbox="521 1386 683 1419">State</td> <td data-bbox="683 1386 867 1419">Zip</td> </tr> <tr> <td colspan="3" data-bbox="108 1419 867 1549">Description</td> </tr> </table>	Last	First	Middle Initial	Street Address			City	State	Zip	Description			0	0	0
Last	First	Middle 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												

OTHER LOANS

SCHEDULE C-1

1. Committee Name _____

2. ID # _____

3. Report covering period from _____ thru _____

4.	ALL OTHER LOANS NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OF LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID# Street Address City State Zip			
	NAME OF ENDORSEMENT OR COMMITTEE MAKING LOAN AND ID# Street Address City State Zip Description			
b.	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID# Street Address City State Zip NAME OF ENDORSEMENT OR COMMITTEE MAKING LOAN AND ID# Street Address City State Zip Description			
c.	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID# Street Address City State Zip NAME OF ENDORSEMENT OR COMMITTEE MAKING LOAN AND ID# Street Address City State Zip Description			
d.	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID# Street Address City State Zip NAME OF ENDORSEMENT OR COMMITTEE MAKING LOAN AND ID# 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

EXPENDITURES FOR OPERATING EXPENSES**

SCHEDULE D

1. Committee Name Partners In Education
 3. Report Covering period from June 9, 2015 thru August 13, 2015

2. ID # 09-06-0V-001

4.	EXPENDITURES NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
a.	Name Street Address City State Zip Description of Items or Services Purchased		
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	0	0
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]	0	

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

1. Committee Name Partners In Education
 3. Report covering period from June 9, 2015 thru August 13, 2015

2. ID # 09-06-0V-001

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 SCHEDULED D-1 [If last page of Schedule D-1, transfer total to Detailed Summary Page Line 10, Column A]				0	

*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
Core Construction, Inc. (Construction Company)	\$2,000
Mr. & Mrs Spencer Lower	\$500

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

1. Committee Name Partners In Education

2. ID # 09-06-0V-001

3. Report covering period from June 9, 2015 thru August 13, 2015

LOANS MADE BY THE REPORTING COMMITTEE				DATE LOAN MADE	AMOUNT OF LOAN
4.	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		
i.	Committee Name		ID#		
	Address				
	City	State	Zip		
5.	ENTER TOTAL ONLY LAST PAGE OF SCHEDULE D-2 (if last page of Schedule D-2, transfer totals to Detailed Summary Page, Line 12, Column A)				0

OFFSETS TO OPERATING EXPENSES*

SCHEDULE D-3

2. ID # 09-06-0V-001

1. Committee Name _____

3. Report covering period from _____ thru _____

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

* Includes return of contributions made by reporting committee

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name Partners In Education
 3. Report covering period from June 9, 2015 thru August 13, 2015

2. ID # 09-06-0V-001

4. REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE		DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
NAMES 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		
g.	Name		
	Street Address		
	City State Zip		
h.	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

REPAYMENT OF OTHER LOANS

SCHEDULE D-5

1. Committee Name Partners In Education

2. ID # 09-06-0V-001

3. Report covering period from June 9, 2015 thru August 13, 2015

4. <u>REPAYMENT OF ALL OTHER LOANS</u>		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 #		
	Street Address		
	City State Zip		
b.	Name and ID #		
	Street Address		
	City State Zip		
c.	Name and ID #		
	Street Address		
	City State Zip		
d.	Name and ID #		
	Street Address		
	City State Zip		
e.	Name and ID #		
	Street Address		
	City State Zip		
f.	Name and ID #		
	Street Address		
	City State Zip		
g.	Name and ID #		
	Street Address		
	City State Zip		
h.	Name and ID #		
	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

TRANSFERS TO OTHER POLITICAL COMMITTEES

1. Committee Name Partners In Education

2. ID # 09-06-0V-001

3. Report covering period from June 9, 2015 thru August 13, 2015

4. <u>TRANSFERS MADE BY THE REPORTING COMMITTEE</u>		DATE TRANSFER WAS MADE	AMOUNT OF THE TRANSFER
NAMES, ADDRESS AND ID# TO WHOM TRANSFER (DISBURSEMENT) WAS MADE			
a.	Name and ID #		
	Street Address		
	City State Zip		
b.	Name and ID #		
	Street Address		
	City State Zip		
c.	Name and ID #		
	Street Address		
	City State Zip		
d.	Name and ID #		
	Street Address		
	City State Zip		
e.	Name and ID #		
	Street Address		
	City State Zip		
f.	Name and ID #		
	Street Address		
	City State Zip		
g.	Name and ID #		
	Street Address		
	City State Zip		
h.	Name and ID #		
	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

ANY OTHER DISBURSEMENT

SCHEDULE D-7

1. Committee Name Partners In Education
 3. Report covering period from June 9, 2015 thru August 13, 2015

2. ID # 09-06-0V-001

4. <u>ANY OTHER DISBURSEMENT</u>		DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE DESCRIPTION			
a.	Name and ID #		
	Street Address		
	City State Zip		
	Description		
b.	Name and ID #		
	Street Address		
	City State Zip		
	Description		
c.	Name and ID #		
	Street Address		
	City State Zip		
	Description		
d.	Name and ID#		
	Street Address		
	City State Zip		
	Description		
e.	Name and ID #		
	Street Address		
	City State Zip		
	Description		
f.	Name and ID #		
	Street Address		
	City State Zip		
	Description		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7, [if last page Schedule D-7, transfer total to Detailed Summary Page, Line 15, Column A]		0

1. Committee Name Partners In Education

2. ID # 09-06-0V-001

3. Report covering period from June 9, 2015 thru August 13, 2015

4. <u>IN-KIND CONTRIBUTIONS and EXPENDITURES</u>		DATE	FAIR MARKET VALUE
NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN			
a.	Name, Address, City, State, Zip, and ID #	CONTRIBUTION <input type="checkbox"/>	
		EXPENDITURE <input type="checkbox"/>	
	Description		
	Occupation	Employer	
b.	Name, Address, City, State, Zip, and ID #	CONTRIBUTION <input type="checkbox"/>	
		EXPENDITURE <input type="checkbox"/>	
	Description		
	Occupation	Employer	
c.	Name, Address, City, State, Zip, and ID #	CONTRIBUTION <input type="checkbox"/>	
		EXPENDITURE <input type="checkbox"/>	
	Description		
	Occupation	Employer	
d.	Name, Address, City, State, Zip, and ID #	CONTRIBUTION <input type="checkbox"/>	
		EXPENDITURE <input type="checkbox"/>	
	Description		
	Occupation	Employer	
e.	Name, Address, City, State, Zip, and ID #	CONTRIBUTION <input type="checkbox"/>	
		EXPENDITURE <input type="checkbox"/>	
	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
6.	ENTER TOTAL IN-KIND EXPENDITURES ONLY IF LAST PAGE OF SECHEDULE E [if last page of Schedule E, transfer total to Detailed Summary Page, Line 11, Column A]		0

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

1. Committee Name Partners In Education

2. ID # 09-06-0V-001

3. Report covering period from June 9, 2015 thru August 13, 2015

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.	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		
c.	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Receipt		
d.	Name and ID Number		
	Street Address		
	City State Zip		
	Description of Receipt		
e.	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 Page, Line 7, Column A)		0

OFFSETS TO CONTRIBUTIONS RECEIVED*

SCHEDULE F-2

2. ID # 09-06-0V-001

Partners In Education

1. Committee Name _____

3. Report covering period from June 9, 2015 thru August 13, 2015

4.	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED NAME AND ADDRESS OF INDIVIDUAL (OR NAME AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM THE REFUND WAS MADE; DESCRIPTION	DATE REFUND WAS MADE	AMOUNT OF THE REFUND
a.	Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> Description of Refund		
b.	Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> Description of Refund		
c.	Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> Description of Refund		
d.	Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> Description of Refund		
e.	Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> Description of Refund		
f.	Name and ID Number <hr/> Street Address <hr/> City State Zip <hr/> 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	

*Includes return of contributions received by reporting committee

DEBTS AND OBLIGATIONS (Excluding Loans)

1. Committee Name Partners In Education

SCHEDULE F-3

2. ID # 09-06-0V-001

3. Report covering period from June 9, 2015 thru August 13, 2015

4.	DEBTS AND OBLIGATIONS NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID # OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED	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 Dept				
e.	Name, Address, City, State, Zip, and ID# Description of Dept				
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

