



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

**RECEIVED**

NOV 30 2015

Yavapai County  
Supt. of Schools

FOR OFFICE USE ONLY

1. **Partners In Education**

Full Name of Committee

Brandi Sauer 3790 E Beaver Vista Rd

Address

Rimrock

86335

928-963-0524

City

Zip Code

Phone

3. ID#

09-06-0V-001

2.

Sponsoring Organization (if applicable)

Name of Candidate and Office Sought (if applicable)

Email Address

Fax #

4. REPORTING PERIOD (Please check appropriate box)		DUE BETWEEN	
a.	JANUARY 31 REPORT For Period of January 1, 2014 thru December 31, 2014	January 1 and February 2, 2015	
b.	MARCH PRE-ELECTION REPORT For Period of January 1 thru February 26, 2015	February 27 and March 6, 2015	
c.	MARCH POST-ELECTION REPORT For Period of February 27 thru March 30, 2015	March 31 and April 9, 2015	
d.	MAY PRE-ELECTION REPORT For Period of March 31 thru May 7, 2015	May 8 and May 15, 2015	
e.	MAY POST-ELECTION REPORT For Period of May 8 thru June 8, 2015	June 9 and June 18, 2015	
f.	AUGUST PRE-ELECTION REPORT For Period of June 9 thru August 13, 2015	August 14 and August 21, 2015	
g.	AUGUST POST-ELECTION REPORT For Period of August 14 thru September 14, 2015	September 15 and September 24, 2015	
h.	NOVEMBER PRE-ELECTION REPORT For Period of September 15 thru October 22, 2015	October 23 and October 30, 2015	
i.	<input checked="" type="checkbox"/> NOVEMBER POST-ELECTION REPORT For Period of October 23 thru November 23, 2015	November 24 and December 3, 2015	
5	<b>Summary</b>	<b>Column A</b> Total This Reporting Period	<b>Column B</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)	\$3,404.73	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	\$0	\$7,705.00
5d	Subtotal (add lines b and c for column A and add lines a and c for column B)	\$3,404.73	\$8,971.74
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)	\$1,760.73	\$7,327.74
7	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	\$1,644.00	\$1,644.00

# DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

1. Committee Name Partners In Education  
 3. Report covering period of November Post-Election Report

2. ID # 09-08-0V-001

## RECEIPTS

4. Contributions other than loans and in-kind:
  - (a) Individuals – more than \$25 (Total from Schedule A)
  - (b) Individuals – aggregate \$25 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
\$	0	\$ 7,705-
\$	0	\$ 7,705-
\$	0	\$ 0
\$	0	\$ 0
\$	0	\$ 7,705-
\$	0	\$ 0
\$	0	\$ 7,705-
\$	0	\$ 0
\$	0	\$ 0
\$	0	\$ 0
\$	0	\$ 0
\$	0	\$ 7,705-

## 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 [all 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)

\$	1760.73	\$ 7327.74
\$	0	0
\$	/	/
\$	/	/
\$	/	/
\$	/	/
\$	/	/
\$	/	/
\$	0	0
\$	1760.73	\$ 7327.74
\$	0	0
\$	1760.73	\$ 7327.74
\$	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

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 October 23, 2015 thru November 23, 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			
	Street Address			
	City State Zip			
	Occupation Employer			
b.	Name			
	Street Address			
	City State Zip			
	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]			\$0

\* 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

1. Committee Name Partners In Education

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

3. Report covering period from October 23, 2015 thru November 23, 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

# Partners In Education

1. Committee Name \_\_\_\_\_

2. ID # 09-06-0V-001
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3. Report covering period from October 23, 2015 thru November 23, 2015

4.	<b>CONTRIBUTIONS</b>	DATE RECEIVED	AMOUNT RECEIVED
NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR			
a.	LAST <span style="float: right;">FIRST <span style="float: right;">MI</span></span>		
	STREET ADDRESS		
	CITY <span style="float: right;">STATE <span style="float: right;">ZIP</span></span>		
	COUNTY OF RESIDENCE <span style="float: right;">SOLICITOR</span>		
b.	LAST <span style="float: right;">FIRST <span style="float: right;">MI</span></span>		
	STREET ADDRESS		
	CITY <span style="float: right;">STATE <span style="float: right;">ZIP</span></span>		
	COUNTY OF RESIDENCE <span style="float: right;">SOLICITOR</span>		
c.	LAST <span style="float: right;">FIRST <span style="float: right;">MI</span></span>		
	STREET ADDRESS		
	CITY <span style="float: right;">STATE <span style="float: right;">ZIP</span></span>		
	COUNTY OF RESIDENCE <span style="float: right;">SOLICITOR</span>		
d.	LAST <span style="float: right;">FIRST <span style="float: right;">MI</span></span>		
	STREET ADDRESS		
	CITY <span style="float: right;">STATE <span style="float: right;">ZIP</span></span>		
	COUNTY OF RESIDENCE <span style="float: right;">SOLICITOR</span>		
e.	LAST <span style="float: right;">FIRST <span style="float: right;">MI</span></span>		
	STREET ADDRESS		
	CITY <span style="float: right;">STATE <span style="float: right;">ZIP</span></span>		
	COUNTY OF RESIDENCE <span style="float: right;">SOLICITOR</span>		
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)		<b>\$0</b>

\* 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 October 23, 2015 thru November 23, 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

CANDIDATE LOANS

SCHEDULE C

1. Committee Name Partners In Education

3. Report covering period from October 23, 2015 thru November 23, 2015

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

4.		<u>LOANS MADE OR GUARANTEED BY CANDIDATE</u>	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
		NAME, ADDRESS, FROM WHOM RECEIVED			
4a.	Last	First	Middle Initial		
	Street Address				
	City	State	Zip		
	Description				
b.	Last	First	Middle Initial		
	Street Address				
	City	State	Zip		
	Description				
c.	Last	First	Middle Initial		
	Street Address				
	City	State	Zip		
	Description				
e.	Last	First	Middle Initial		
	Street Address				
	City	State	Zip		
	Description				
f.	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**

1. Committee Name Partners In Education

**SCHEDULE C-1**

2. ID# 09-06-0V-001  
Office Revision 01/2015

3. Report covering period from October 23, 2015 thru November 23, 2015

4.	<b>ALL OTHER LOANS</b> 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]			<b>\$0</b>



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

**SCHEDULE D**

1. Committee Name Partners in Education

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

3. Report Covering period from October 23, 2015 thru November 23, 2015

4.	EXPENDITURES NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
a.	Name Alegra Street Address 11 North Main Street City Cottonwood      State Arizona      Zip 86326 Description of Items or Services Purchased Stickers	10/23/15	\$33.73
b.	Name Verde Independent Street Address 116 South Main Street City Cottonwood      State Arizona      Zip 86326 Description of Items or Services Purchased Advertising	10/023/15	\$1,327.00
c.	Name Yavapai Broadcasting Street Address P.O. Box 4259 City Sedona      State Arizona      Zip 86340 Description of Items or Services Purchased	10/23/15	\$400.00
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]		\$1,760.73

**INDEPENDENT EXPENDITURES\***

SCHEDULE D-1

1. Committee Name Partners In Education

2. ID # 09-06-01-001

3. Report covering period from October 23, 2015 thru November 23, 2015

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
	\$0

**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 October 23, 2015 thru November 23, 2015

<b>LOANS MADE BY THE REPORTING COMMITTEE</b>				<b>DATE LOAN MADE</b>	<b>AMOUNT OF LOAN</b>
<b>4.</b>	<b>NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE</b>				
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]				<b>\$0</b>

**OFFSETS TO OPERATING EXPENSES\***

SCHEDULE D-3

1. Committee Name Partners In Education

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

3. Report covering period from October 23, 2015 thru November 23, 2015

4. <u>REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES</u>		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

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

3. Report covering period from October 23, 2015 thru November 23, 2015

4. <b>REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE</b>		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]		<b>\$0</b>

**REPAYMENT OF OTHER LOANS**

SCHEDULE D-5

1. Committee Name Partners In Education

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

3. Report covering period from October 23, 2015 thru November 23, 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**

# Partners In Education

1. Committee Name \_\_\_\_\_

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

3. Report covering period from October 23, 2015 thru November 23, 2015

4. TRANSFERS MADE BY THE REPORTING COMMITTEE		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)		<b>\$0</b>

**ANY OTHER DISBURSEMENT**

SCHEDULE D-7

1. Committee Name Partners In Education

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

3. Report covering period from October 23, 2015 thru November 23, 2015

4. <u>ANY OTHER DISBURSEMENT</u>		DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
4.	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



# Partners In Education

1. Committee Name \_\_\_\_\_

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

3. Report covering period from October 23, 2015 thru November 23, 2015

	<b>IN-KIND CONTRIBUTIONS and EXPENDITURES</b>		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.	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 October 23, 2015 thru November 23, 2015

4. <b>DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS</b> <b>NAME AND ADDRESS OF INDIVIDUAL (OR NAME AND ID# OF THE POLITICAL COMMITTEE)</b> <b>FROM WHOM THE RECEIPT WAS RECEIVED</b>		DATE RECEIVED	AMOUNT OF THE RECEIPT
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

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**OFFSETS TO CONTRIBUTIONS RECEIVED\***

SCHEDULE F-2

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

1. Committee Name Partners In Education

3. Report covering period from October 23, 2015 thru November 23, 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		
	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

\*Includes return of contributions received by reporting committee

Schedule F-2 Page 1 of 1

**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 October 23, 2015 thru November 23, 2015

4.	<b>DEBTS AND OBLIGATIONS</b> 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 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