



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

**RECEIVED**

NOV 2 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

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Address  
Rimrock 86335 928-963-0524

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City Zip Code Phone

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

2. Sponsoring Organization (if applicable)

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Name of Candidate and Office Sought (if applicable)

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Email Address Fax #

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 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 checked="" 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	<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)	\$2,887.30	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	\$5,205.00	\$7,705.00
5d	Subtotal (add lines b and c for column A and add lines a and c for column B)	\$8092.30	\$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)	\$4,687.57	\$5,567.01
7	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	\$3,404.73	\$3,404.73

**DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS**

1. Committee Name Partners In Education  
 3. Report covering period of September 15 - October 22

2. ID # 09-06-0V-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
\$5,205-	\$7,705.00
\$5,205-	\$7,705-
0	0
0	0
\$5,205-	\$7,705-
0	0
\$5,205-	\$7,705-
0	0
0	0
0	0
0	0
\$5,205-	\$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)

\$4,687.57	\$5,567.01
0	0
0	0
0	0
0	0
0	0
0	0
0	0
\$4,687.57	\$5,587.01
0	0
\$4,687.57	\$5,587.01
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

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TYPE OR PRINT NAME OF TREASURER

*Brandi Sauer* 10.30.15

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SIGNATURE OF TREASURER or CANDIDATE or DESIGNATING INDIVIDUAL Date

**CONTRIBUTIONS more than \$25 – from INDIVIDUALS \***

**SCHEDULE A**

1. Committee Name: Partners In Education

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

3. Report covering period from 9/15 thru 10/22

4.	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR			
a.	Name <u>Jess Tyler</u> Street Address <u>P.O. Box 4030</u> City <u>Ctwd</u> State <u>Az</u> Zip <u>86324</u> Occupation <u>Retired</u> Employer	<u>10/16</u>	<u>100-</u>	<u>100-</u>
b.	Name <u>Robert Oliphant</u> Street Address <u>330 S. Desperado</u> City <u>Ctwood</u> State <u>Az</u> Zip <u>86324</u> Occupation <u>Retired</u> Employer	<u>9/14</u>	<u>100-</u>	<u>100-</u>
c.	Name <u>Paul Tighé</u> Street Address <u>75 S. Campfire Cir</u> City <u>Cottonwood</u> State <u>Az</u> Zip <u>86324</u> Occupation <u>Superintendent</u> Employer <u>MUHS</u>	<u>9/11</u>	<u>50-</u>	<u>50-</u>
d.	Name <u>James Ball</u> Street Address <u>4549 E. Broken Vaddle Dr</u> City <u>Ctwd</u> State <u>Az</u> Zip <u>86324</u> Occupation <u>Teacher</u> Employer <u>MUHS</u>	<u>8/24</u>	<u>30-</u>	<u>30-</u>
e.	Name <u>Anita Glazar</u> Street Address <u>275 Shadow Ridge</u> City <u>Ctwd</u> State <u>Az</u> Zip <u>86324</u> Occupation <u>Retired</u> Employer	<u>8/11</u>	<u>50-</u>	<u>50-</u>
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [Transfer total to Detailed Summary Page, Line 4(a), Column A]		<u>\$ 330-</u>	<u>\$330-</u>

\* 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 9/15 thru 10/22

4. Aggregate Total of Contributions of \$25 or less

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
Donations	\$115	\$115
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] \$115

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.

Schedule A-1 Page 1 of 1

**QUALIFYING CONTRIBUTIONS OF \$5 – FROM INDIVIDUALS**

SCHEDULE A-2

Office Revision 01/2015

Partners In Education

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

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

3. Report covering period from 9/15 thru 10/22

4. CONTRIBUTIONS				DATE RECEIVED	AMOUNT RECEIVED
NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR					
a.	LAST <i>Progressive Services</i>	FIRST	MI	<i>8/25</i>	<i>1500-</i>
STREET ADDRESS <i>23 N. 35th Ave</i>					
CITY <i>Phoenix</i>		STATE <i>AZ</i>	ZIP <i>85009</i>		
COUNTY OF RESIDENCE <i>Maricopa</i>		SOLICITOR			
b.	LAST <i>The Orcutt / Winslow Partnership</i>	FIRST	MI	<i>8/24</i>	<i>500-</i>
STREET ADDRESS <i>3003 N. Central Ave</i>					
CITY <i>Phoenix</i>		STATE <i>AZ</i>	ZIP <i>85012</i>		
COUNTY OF RESIDENCE <i>Maricopa</i>		SOLICITOR			
c.	LAST <i>Wholesale Floors</i>	FIRST	MI	<i>8/27</i>	<i>1000</i>
STREET ADDRESS <i>8855 N Black Canyon Hwy</i>					
CITY <i>Phoenix</i>		STATE <i>AZ</i>	ZIP <i>86021</i>		
COUNTY OF RESIDENCE		SOLICITOR			
d.	LAST <i>Mid State Mechanical</i>	FIRST	MI	<i>10/16</i>	<i>\$1500</i>
STREET ADDRESS <i>1850 E River view</i>					
CITY <i>Phoenix</i>		STATE <i>AZ</i>	ZIP <i>85034</i>		
COUNTY OF RESIDENCE <i>Maricopa</i>		SOLICITOR			
e.	LAST <i>Ledbetter Law</i>	FIRST	MI	<i>10/2</i>	<i>5260</i>
STREET ADDRESS <i>1003 N Main St</i>					
CITY <i>Ctwd</i>		STATE <i>AZ</i>	ZIP <i>86324</i>		
COUNTY OF RESIDENCE <i>Yavapai</i>		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)					<i>\$ 4760-</i>

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

**CONTRIBUTIONS FROM POLITICAL COMMITTEES**

**SCHEDULE B**

1. Committee Name Partners In Education  
 3. Report covering period from 9/15 thru 10/22

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

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	0	0
b.	ID # Name, Address, City, State and Zip DATE RECEIVED	0	0
c.	ID # Name, Address, City, State and Zip DATE RECEIVED	0	0
d.	ID # Name, Address, City, State and Zip DATE RECEIVED	0	0
e.	ID # Name, Address, City, State and Zip DATE RECEIVED	0	0
f.	ID # Name, Address, City, State and Zip DATE RECEIVED	0	0
g.	ID # Name, Address, City, State and Zip DATE RECEIVED	0	0
h.	ID # Name, Address, City, State and Zip DATE RECEIVED	0	0
i.	ID # Name, Address, City, State and Zip DATE RECEIVED	0	0
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

Schedule B Page 1 of 1


**CANDIDATE LOANS**

**SCHEDULE C**

1. Committee Name Partners In Education

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

3. Report covering period from 9/15 thru 10/22

4.	<b>LOANS MADE OR GUARANTEED BY CANDIDATE</b> NAME, ADDRESS, FROM WHOM RECEIVED	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
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.			


**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 9/15 thru 10/22

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]			



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

SCHEDULE D

1. Committee Name Partners In Education  
 3. Report Covering period from 9/15 thru 10/22

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 <u>Signs 928</u> Street Address <u>425 S 6th St</u> City <u>Cottonwood</u> State <u>AZ</u> Zip <u>86324</u> Description of Items or Services Purchased <u>Signs</u>	<u>9/15</u>	<u>43.73</u>
b.	Name <u>Alegria Design</u> Street Address <u>11 N. Main St</u> City <u>Pittswood</u> State <u>AZ</u> Zip <u>86324</u> Description of Items or Services Purchased <u>Posters</u>	<u>10/2</u>	<u>38.28</u>
c.	Name <u>Jamie Woodward</u> Street Address <u>9760 E Garden Ln</u> City <u>Cornville</u> State <u>AS</u> Zip <u>86325</u> Description of Items or Services Purchased <u>Door Hangers</u>	<u>10/5</u>	<u>220.92</u>
d.	Name <u>KAZM Radio</u> Street Address City <u>Cottonwood</u> State <u>AZ</u> Zip <u>86324</u> Description of Items or Services Purchased <u>Advertising</u>	<u>10/9</u>	<u>300-</u>
e.	Name <u>USPS</u> Street Address City <u>Cottonwood</u> State <u>AZ</u> Zip <u>86324</u> Description of Items or Services Purchased <u>Mailers #</u>	<u>10/5</u>	<u>\$2058.84</u>
f.	Name <u>Yavapai Broadcasting</u> Street Address City <u>Cottonwood</u> State <u>AZ</u> Zip <u>86324</u> Description of Items or Services Purchased <u>Radio Ad</u>	<u>9/20</u>	<u>\$78.00</u>
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]		

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

SCHEDULE D

1. Committee Name Partners In Education

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

3. Report Covering period from 9/15 thru 10/22

4.	EXPENDITURES NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
a.	Name <u>Hansen Light Works</u> Street Address _____ City <u>Pedona</u> State <u>AZ</u> Zip <u>86326</u> Description of Items or Services Purchased _____	<u>10/15</u>	<u>1947.80</u>
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]	<u>4687.51</u>	

**INDEPENDENT EXPENDITURES\***

SCHEDULE D-1

1. Committee Name Partners In Education

2. ID # 09-06-01-001

3. Report covering period from 9/15 thru 10/22

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]					<u>0</u>

\*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
	<u>0</u>

**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 9/15 thru 10/22

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]				<u>0</u>

**OFFSETS TO OPERATING EXPENSES\***

SCHEDULE D-3

1. Committee Name Partners In Education

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

3. Report covering period from 9/15 thru 10/22

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]		<u>0</u>

\* 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 9/15 thru 10/22

4. <u>REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE</u>		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]		<u>0</u>

**REPAYMENT OF OTHER LOANS**

SCHEDULE D-5

1. Committee Name Partners In Education

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

3. Report covering period from 9/15 thru 10/22

REPAYMENT OF ALL OTHER LOANS		DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
4.	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]		<u>0</u>

**TRANSFERS TO OTHER POLITICAL COMMITTEES**

# Partners In Education

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

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

3. Report covering period from 9/15 thru 10/27

TRANSFERS MADE BY THE REPORTING COMMITTEE		DATE TRANSFER WAS MADE	AMOUNT OF THE TRANSFER
4.	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]		<u>0</u>



**ANY OTHER DISBURSEMENT**

SCHEDULE D-7

1. Committee Name Partners In Education  
 3. Report covering period from 9/15 thru 10/22

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]		<u>0</u>

# Partners In Education

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

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

3. Report covering period from \_\_\_\_\_

9/15

thru

10/22

4. <b>IN-KIND CONTRIBUTIONS and EXPENDITURES</b>		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 9/15 thru 10/22

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)		<u>0</u>

**OFFSETS TO CONTRIBUTIONS RECEIVED\***

SCHEDULE F-2

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

1. Committee Name Partners In Education

3. Report covering period from 9/15 thru 10/22

REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED		DATE REFUND WAS MADE	AMOUNT OF THE REFUND
4.	NAME AND ADDRESS OF INDIVIDUAL (OR NAME AND ID# OF THE POLITICAL COMMITTEE) FROM 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

\*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 9/15 thru 10/22

<b>DEBTS AND OBLIGATIONS</b>		<b>OUTSTANDING BALANCE BEGINNING THIS PERIOD</b>	<b>AMOUNT INCURRED THIS PERIOD</b>	<b>PAYMENT THIS PERIOD</b>	<b>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</b>
<b>4.</b>	<b>NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID # OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED</b>				
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