



STATE OF ARIZONA
YAVAPAI COUNTY
POLITICAL COMMITTEE
CAMPAIGN FINANCE REPORT

AMENDED REPORT

FOR OFFICE USE ONLY

RECEIVED
DEC 06 2016

YAVAPAI COUNTY
SUPT. OF SCHOOLS

1. A PLATFORM FOR EXCELLENCE
Full Name of Committee

55 N. BIG HORN CT.
Address

SEDONA, AZ. 86351 414-530-0796
City Zip Code Phone

3. ID#
schlle-005

2. _____
Sponsoring Organization (if applicable)

RANDY HAWLEY, SCHOOL BOARD
Name of Candidate and Office Sought (if applicable)

PLATFORMFOREXCELLENCE @ GMAIL.COM
Email Address Fax #

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

4. REPORTING PERIOD (Please check appropriate box)		DUE BETWEEN	
a.	JANUARY 31 REPORT For Period of November 25, 2014 thru December 31, 2015	January 1 and January 31, 2016	
b.	JUNE 30 REPORT For Period of January 1 thru May 31, 2016	June 1 and June 30, 2016	
c.	PRE-PRIMARY ELECTION REPORT For Period of June 1 thru August 18, 2016	August 19 and August 26, 2016	
d.	POST-PRIMARY ELECTION REPORT For Period of August 19 thru September 19, 2016	September 20 and September 29, 2016	
e.	<input checked="" type="checkbox"/> PRE-GENERAL ELECTION REPORT For Period of September 20 thru October 27, 2016	October 28 and November 4, 2016	
f.	POST-GENERAL ELECTION REPORT For Period of October 28 thru November 28, 2016	November 29 and December 8, 2016	
5	Summary	Column A Total This Reporting Period	Column B Election Period Total to Date
5a	Total Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)		0
5b	Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period)	800.00	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	714.50	1514.50
5d	Subtotal (add lines b and c for column A and add lines a and c for column B)	1514.50	1514.50
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]		
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	1368.43	1368.43
7	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	146.07	146.07

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DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

1. Committee Name A PLATFORM FOR EXCELLENCE
 3. Report covering period from 9/20 thru 10/27

2. ID #

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

300	875
125	250
425	1225
425	1225
289.50	289.50
714.50	1514.50

DISBURSEMENTS

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

1078.93	1078.93
289.50	289.50
1368.43	1368.43
1368.43	1368.43

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.

DIANA WALKER

Type or Print Name of Treasurer

Diana L. Walker

Signature of Treasurer or Candidate or Designating Individual

12/3/14

Date

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name A PLATFORM FOR EXCELLENCE

2. ID#

3. Report covering period from 9/20/16 thru 10/27/16

4. CONTRIBUTIONS		DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR				
a	Name <u>TOM HATCH</u> Street Address <u>40 W. BIG HORN CT.</u> City State Zip <u>SEDONA, AZ. 86351</u> Occupation Employer <u>RETIRED</u>	<u>9/30/16</u>	<u>\$100.00</u>	<u>\$100.00</u>
b	Name <u>DON & JAN GROVES</u> Street Address <u>78 HERITAGE CIRCLE</u> City State Zip <u>SEDONA, AZ. 86351</u> Occupation Employer <u>RETIRED</u>	<u>10/10/16</u>	<u>\$100.00</u>	<u>\$100.00</u>
c	Name <u>ROBERT & SUSANNE MCGUINNESS</u> Street Address <u>325 CALLE LINDA</u> City State Zip <u>SEDONA, AZ. 86336</u> Occupation Employer	<u>10/17/16</u>	<u>\$100.00</u>	<u>\$100.00</u>
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]		<u>\$ 300.00</u>	<u>\$ 300.00</u>

*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

2. ID#

1. Committee Name A PLATFORM FOR EXCELLENCE

3. Report covering period from 9/20/16 thru 10/27/16

4. Aggregate Total of Contributions of \$50 or less

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
2 PERSONAL CHECKS OF \$50.00 OR LESS	\$100.00	\$100.00
AMTRUST BANK CHECKING ACCOUNT BONUS	\$25	\$25
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b) Column A]	\$125.00	6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]
		\$125.00

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

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

1. Committee Name A PLATFORM FOR EXCELLENCE

2. ID#

3. Report covering period from 9/20/16 thru 10/27/16

CONTRIBUTIONS		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
IDENTITY OF CONTRIBUTOR AND DATE RECEIVED			
4.			
a	ID# NAME, ADDRESS, CITY, STATE AND ZIP DATE RECEIVED		
b	ID# NAME, ADDRESS, CITY, STATE AND ZIP DATE RECEIVED		
c	ID# NAME, ADDRESS, CITY, STATE AND ZIP DATE RECEIVED		
d	ID# NAME, ADDRESS, CITY, STATE AND ZIP DATE RECEIVED		
e	ID# NAME, ADDRESS, CITY, STATE AND ZIP DATE RECEIVED		
f	ID# NAME, ADDRESS, CITY, STATE AND ZIP DATE RECEIVED		
g	ID# NAME, ADDRESS, CITY, STATE AND ZIP DATE RECEIVED		
h	ID# NAME, ADDRESS, CITY, STATE AND ZIP DATE RECEIVED		
i	ID# NAME, ADDRESS, CITY, STATE AND ZIP DATE RECEIVED		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE B [if last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]		0

None

CANDIDATE LOANS

SCHEDULE C

1. Committee Name A PLATFORM FOR EXCELLENCE

2. ID#

3. Report covering period from 9/20/16 thru 10/27/16

LOANS MADE OR GUARANTEED BY CANDIDATE				DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4. NAME, ADDRESS, FROM WHOM RECEIVED						
4a	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
b	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
c	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
d	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
e	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A]					0

OTHER LOANS

SCHEDULE C-1

1. Committee Name A PLATFORM FOR EXCELLENCE

2. ID#

3. Report covering period from 9/20/16 thru 10/27/16

ALL OTHER LOANS		DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4. NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OF LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN				
a	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	Description			
b	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	Description			
c	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	Description			
d	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	Description			
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 [If last page of Schedule C-1, transfer total to Detailed Summary Page, Line 5(b), Column A]				0

NONE

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID#

1. Committee Name A PLATFORM FOR EXCELLENCE

3. Report covering period from 9/20/16 thru 10/27/16

	EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4.	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE		
a.	Name <u>HEATHER HERMAN</u> Street Address <u>30 ROCK TOP RD.</u> City <u>SEDONA</u> State <u>AZ</u> Zip <u>86351</u> Description of Items or Services Purchased <u>PRINTING COSTS FOR RACK CARDS</u>	<u>10/11/16</u>	\$ <u>97.50</u>
b.	Name <u>LARSON NEWSPAPERS</u> Street Address <u>298 VAN DEREN</u> City <u>SEDONA</u> State <u>AZ</u> Zip <u>86336</u> Description of Items or Services Purchased <u>CAMPAIGN ADS</u>	<u>10/21/16</u>	\$ <u>385.00</u>
c.	Name <u>HEATHER HERMAN</u> Street Address <u>30 ROCK TOP RD.</u> City <u>SEDONA</u> State <u>AZ</u> Zip <u>86351</u> Description of Items or Services Purchased <u>PRINTING EXPENSES</u>	<u>9/28/16</u>	\$ <u>86.23</u>
d.	Name <u>FRANCES SMITH</u> Street Address <u>55 W. BIG HORN CT.</u> City <u>SEDONA</u> State <u>AZ</u> Zip <u>86351</u> Description of Items or Services Purchased <u>YARD SIGNS</u>	<u>9/30/16</u>	\$ <u>510.20</u>
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>1078.93</u>

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

1. Committee Name A PLATFORM FOR EXCELLENCE

2. ID#

3. Report covering period from 9/20/16 thru 10/27/16

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 [] Opposed []
	Candidate	Office Sought		Year of Election
b	Name			
	Street Address			
	City	State		Zip
	Purpose and Description of Purchase			Benefited [] Opposed []
	Candidate	Office Sought		Year of Election
c	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 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.

Trinidad P. Walker
Signature of Treasurer

NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WITHIN THE LAST SIX MONTHS	AMOUNT

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

1. Committee Name A PLATFORM FOR EXCELLENCE

2. ID#

3. Report covering period from 9/20/16 thru 10/27/16

4.	LOANS MADE BY THE REPORTING COMMITTEE	DATE LOAN MADE	AMOUNT OF LOAN									
NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE												
a	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Committee Name</td> <td>ID#</td> </tr> <tr> <td colspan="3">Address</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> </table>	Committee Name		ID#	Address			City	State	Zip		
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Address												
City	State	Zip										
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Address												
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Address												
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Address												
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Address												
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Address												
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Committee Name		ID#										
Address												
City	State	Zip										
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 (if last page of Schedule D-2, transfer total to Detailed Summary Page, Line 12, Column A)		0									

OFFSETS TO OPERATING EXPENSES

SCHEDULE D-3

1. Committee Name A PLATFORM FOR EXCELLENCE

2. ID#

3. Report covering period from 9/20/16 thru 10/27/16

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)		

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name A PLATFORM FOR EXCELLENCE

2. ID#

3. Report covering period from 9/20/16 thru 10/27/16

4. REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE		DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE			
a	Name		
	Street Address		
	City State Zip		
b	Name		
	Street Address		
	City State Zip		
c	Name		
	Street Address		
	City State Zip		
d	Name		
	Street Address		
	City State Zip		
e	Name		
	Street Address		
	City State Zip		
f	Name		
	Street Address		
	City State Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [if last page of Schedule D-4, transfer total to Detailed Summary Page, Line 13(a), Column A]		0

None

REPAYMENT OF OTHER LOANS

SCHEDULE D-5

1. Committee Name A PLATFORM FOR EXCELLENCE

2. ID#

3. Report covering period from 9/20/16 thru 10/27/16

4.	REPAYMENT OF ALL OTHER LOANS	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE			
a	Name and ID Number Street Address City State Zip		
b	Name and ID Number Street Address City State Zip		
c	Name and ID Number Street Address City State Zip		
d	Name and ID Number Street Address City State Zip		
e	Name and ID Number Street Address City State Zip		
f	Name and ID Number Street Address City State Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [if last page of scheduTransfer total to Detailed Summary Page, Line 13(b), Column A]	0	

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

2. ID#

1. Committee Name A PLATFORM FOR EXCELLENCE

3. Report covering period from 9/20/16 thru 10/27/16

4.	TRANSFERS MADE BY THE REPORTING COMMITTEE	DATE TRANSFER WAS MADE	AMOUNT OF THE TRANSFER
	NAME, ADDRESS AND ID# TO WHOM TRANSFER (DISBURSEMENT) WAS MADE		
a	Name and ID Number		
	Street Address		
	City State Zip		
b	Name and ID Number		
	Street Address		
	City State Zip		
c	Name and ID Number		
	Street Address		
	City State Zip		
d	Name and ID Number		
	Street Address		
	City State Zip		
e	Name and ID Number		
	Street Address		
	City State Zip		
f	Name and ID Number		
	Street Address		
	City State Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A]		0

ANY OTHER DISBURSEMENT

SCHEDULE D-7

1. Committee Name A PLATFORM FOR EXCELLENCE

2. ID#

3. Report covering period from 9/20/16 thru 10/27/16

4. ANY OTHER DISBURSEMENT		DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION			
a	Name and ID Number Street Address City State Zip Description		
b	Name and ID Number Street Address City State Zip Description		
c	Name and ID Number Street Address City State Zip Description		
d	Name and ID Number Street Address City State Zip Description		
e	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 Page, Line 15, Column A)		0

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

1. Committee Name A PLATFORM FOR EXCELLENCE

2. ID#

3. Report covering period from 9/20/16 thru 10/27/16

IN-KIND CONTRIBUTIONS and EXPENDITURES		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# FRANCES SMITH 55 W. BIG HORN CT. SEDONA, AZ 86351	CONTRIBUTION <input checked="" type="checkbox"/> EXPENDITURE <input type="checkbox"/>	10/3/16	\$289.50
Description NEWSPAPER AD			
Occupation RETIRED	Employer —		
b Name, Address, City, State, Zip, and ID# FRANCES SMITH 55 W. BIG HORN CT SEDONA, AZ 86351	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input checked="" type="checkbox"/>	10/3/16	\$289.50
Description NEWSPAPER AD			
Occupation RETIRED	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		
5	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [if last page of Schedule E, transfer total to Detailed Summary Page, Line 8, Column A]		\$289.50
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]		\$289.50

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

1. Committee Name A PLATFORM FOR EXCELLENCE

2. ID#

3. Report covering period from 9/20/16 thru 10/27/16

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

1. Committee Name A PLATFORM FOR EXCELLENCE

2. ID#

3. Report covering period from 9/20/16 thru 10/27/16

4. REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED		DATE REFUND WAS MADE	AMOUNT OF THE REFUND
NAME AND ADDRESS OF INDIVIDUAL (OR NAME AND ID# OF THE POLITICAL COMMITTEE) TO WHOM THE REFUND WAS MADE; DESCRIPTION			
a	Name and ID Number Street Address City State Zip Description of Refund		
b	Name and ID Number Street Address City State Zip Description of Refund		
c	Name and ID Number Street Address City State Zip Description of Refund		
d	Name and ID Number Street Address City State Zip Description of Refund		
e	Name and ID Number Street Address City State Zip Description of Refund		
f	Name and ID Number Street Address City State Zip Description of Refund		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-2 (if last page of Schedule F-2, transfer total to Detailed Summary Page, Line 4(e), Column A)		0

MONETARY

*Includes return of contributions received by reporting committee

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

1. Committee Name A PLATFORM FOR EXCELLENCE

2. ID#

3. Report covering period from 9/20/16 thru 10/27/16

4. DEBTS AND OBLIGATIONS		OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
a	Name, Address, City, State, Zip, and ID#				
	Description of Debt				
b	Name, Address, City, State, Zip, and ID#				
	Description of Debt				
c	Name, Address, City, State, Zip, and ID#				
	Description of Debt				
d	Name, Address, City, State, Zip, and ID#				
	Description of Debt				
e	Name, Address, City, State, Zip, and ID#				
	Description of Debt				
5	ENTER TOTAL OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD ONLY IF LAST PAGE OF SCHEDULE F-3 [if last page of Schedule F-3, transfer total to Detailed Summary Page, Line 19, Column A]				0

