

POLITICAL COMMITTEE
CITY OF CASA GRANDE
CAMPAIGN FINANCE REPORT
2016 August/November Regular Election

FOR OFFICE USE ONLY

CITY CLERK'S

FEB 01 2016

OFFICE *AMV*

1. Craig McFarland for Mayor
 Full Name of Committee
152 W. Auburn Sky Ct.
 Address
Casa Grande, AZ 85122 Pinal 520-251-0687
 City ZIP Code County Phone
 2. Craig McFarland, candidate for Mayor of Casa Grande
 Sponsoring Organization or Candidate and office
Same as above
 Name of Candidate and Office Sought (if applicable)
craigmcf54@gmail.com or craigmcfarland4mayor@gmail.com
 E-Mail Address Fax #

3A. ID# **MC-15-1**

4. **REPORTING PERIOD** (Please check appropriate box)

DUE BETWEEN

- January 31 Report** - For Period of 3/1/2013 * thru December 31, 2015 January 1, 2016 and February 1, 2016
- June 30 Report** - For Period of January 1, 2016 thru May 31, 2016 June 1, 2016 and June 30, 2016
- Pre-Primary Election Report** - For Period of June 1, 2016 thru August 18, 2016 August 19, 2016 and August 26, 2016
- Post-Primary Election Report** - For Period of August 19, 2016 thru September 19, 2016 September 20, 2016 and September 29, 2016
- Pre-General Election Report** - For Period of September 20, 2016 thru October 27, 2016 October 28, 2016 and November 4, 2016
- Post-General Election Report** - For Period of October 28, 2016 thru November 28, 2016 November 29, 2016 and December 8, 2016
- ** January 31, Report** - For Period of November 29, 2016 thru December 31, 2017 January 1, 2018 and January 31, 2018

5. SUMMARY	Column A Total This Reporting Period	Column B Election Period Total To Date
5a Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)	\$0.00	\$0.00
5b Cash on Hand at the Beginning of this Reporting Period	\$0.00	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	\$17,370.00	\$17,370.00
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	\$17,370.00	\$17,370.00
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]		\$0.00
6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	\$8,980.71	\$8,980.71
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	\$8,389.29	\$8,389.29

*Insert date which is 21 days after date of last election (A.R.S. §16-913).

**Other reports will be due before this reporting period if a special or recall election is held prior to the next general election.

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

1. Committee Name: Craig McFarland for Mayor
 3. Report covering period from 8/12/15 Thru 12/31/15

2. ID# MC-15-1

RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4. Contributions other than loans and in-kind:		
(a) Individuals - more than \$50 (Total from Schedule A)	\$9,950.00	\$9,950.00
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)	\$70.00	\$70.00
(c) Political Committees (Total from Schedule B)	\$0.00	\$0.00
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	\$10,020.00	\$10,020.00
(e) Refund of contributions (Total from Schedule F-2)	\$0.00	\$0.00
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	\$10,020.00	\$10,020.00
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	\$7,300.00	\$7,300.00
(b) All other loans (Total from Schedule C-1)	\$0.00	\$0.00
(c) Total Loans [add 5(a) and 5(b)]	\$7,300.00	\$7,300.00
6. In-kind contributions (Total from Schedule E)	\$50.00	\$50.00
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	\$0.00	\$0.00
8. Total Receipts [add 4(f), 5(c), 6, and 7]	\$17,370.00	\$17,370.00
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	\$8930.71	\$8,930.71
10. Independent Expenditures (Total from Schedule D-1)	\$0.00	\$0.00
11. Value of in-kind expenditures (Total from Schedule E)	\$50.00	\$50.00
12. Loans made by reporting committee (Total from Schedule D-2)	\$0.00	\$0.00
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)	\$0.00	\$0.00
(b) Repayment of all other loans (Total from Schedule D-5)	\$0.00	\$0.00
(c) Total Loan Repayments [add 13(a) and 13(b)]	\$0.00	\$0.00
14. Transfers to other political committees (Total from Schedule D-6)	\$0.00	\$0.00
15. Any other disbursement (Total from Schedule D-7)	\$0.00	\$0.00
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	\$8,980.71	\$8,980.71
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)	\$0.00	\$0.00
18. Total disbursements [subtract line 17 from line 16]	\$8,980.71	\$8,980.71
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	\$0.00	\$0.00

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.

Craig McFarland

Type or Print Name of Treasurer	1/30/16
Signature of Treasurer or Candidate or Designating Individual	Date

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID# MC-15-1

1. Committee: Name: Craig McFarland for Mayor

3. Report covering period from 8/12/15 thru 12/31/15

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR			
4a.	LAST: Dugan FIRST: Dennis & Kelly MI: 2035 N. Overfield Rd. CITY: Casa Grande STATE: AZ ZIP: 85194 OCCUPATION: Dairy Farmer EMPLOYER: Triple D Dairy	8/31/2015	\$ 1,000	\$ 1,000
b.	LAST: Clemets FIRST: Kimberly MI: STREET ADDRESS: 45 E. Calle Belleza CITY: Tucson STATE: AZ ZIP: 85716 OCCUPATION: President EMPLOYER: Golden Eagle Distributors	8/25/2015	\$ 200	\$ 200
c.	LAST: Hall FIRST: Wayne MI: STREET ADDRESS: 238 E. Cornerstone Circle CITY: Casa Grande STATE: AZ ZIP: 85122 OCCUPATION: Retired EMPLOYER: N/A	8/28/2015	\$ 250	\$ 250
d.	LAST: Cimino FIRST: Len & Rama MI: STREET ADDRESS: 137 W. Auburn Sky Ct. CITY: Casa Grande STATE: AZ ZIP: 85122 OCCUPATION: Retired EMPLOYER: N/A	9/16/2015	\$ 100	\$ 100
e.	LAST: Robinson FIRST: Tim & Sandy MI: STREET ADDRESS: 8901 W. Highway 287 CITY: Casa Grande STATE: AZ ZIP: 85194 OCCUPATION: Tractor Sales & Service EMPLOYER: Empire CAT Agriculture	9/16/2015	\$ 500	\$ 500
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (if last page of Schedule A, transfer total to detailed Summary Page Line 4(z), Column A)			

* 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 more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID# MC-15-1

1. Committee: Name: Craig McFarland for Mayor

3. Report covering period from 8/12/15 thru 12/31/15

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR			
4a.	LAST: McFarland FIRST: Loren MI: H	9/24/2015	\$ 1,000	\$ 1,000
	STREET ADDRESS: 1200 N. 90th St. #2095			
	CITY: Scottsdale STATE: AZ ZIP: 85260			
	OCCUPATION: Retired EMPLOYER: N/A			
b.	LAST: Auza FIRST: Carmen & Joe MI:	11/4/2015	\$ 200	\$ 200
	STREET ADDRESS: P. O. Box 10008			
	CITY: Casa Grande STATE: AZ ZIP: 85130			
	OCCUPATION: Rancher EMPLOYER: Auza Farms			
c.	LAST: Lehman FIRST: Eric MI: H	11/4/2015	\$ 100	\$ 100
	STREET ADDRESS: 567 E Tropical Dr.			
	CITY: Casa Grande STATE: AZ ZIP: 85122			
	OCCUPATION: Plant Manager EMPLOYER: Daisy Brands			
d.	LAST: Dugan FIRST: Tom & Kathy MI:	12/18/2015	\$ 1,000	\$ 1,000
	STREET ADDRESS: 909 E. Juanita Ave			
	CITY: Gilbert STATE: AZ ZIP: 85234			
	OCCUPATION: Dairyman EMPLOYER: TK Daries			
e.	LAST: Hendren FIRST: John & Becky MI:	12/12/2015	\$ 200	\$ 200
	STREET ADDRESS: 104 W. Auburn Sky Ct.			
	CITY: Casa Grande STATE: AZ ZIP: 85122			
	OCCUPATION: Retired EMPLOYER: N/A			
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (if last page of Schedule A, transfer total to detailed Summary Page Line 4(z), Column A)			

* 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 more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID# **MC-15-1**

1. Committee: Name: Craig McFarland for Mayor

3. Report covering period from 8/12/15 thru 12/31/15

4	CONTRIBUTIONS		DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR				
4a.	LAST: Scott FIRST: Craig MI: D STREET ADDRESS: 1170 E. Manor Dr CITY: Casa Grande STATE: AZ ZIP: 85122 OCCUPATION: Feed & Grain Manager EMPLOYER: CG Commodities	11/2/2015	\$ 150	\$ 150	
b.	LAST: Scott FIRST: Bill & Shamarie MI: STREET ADDRESS: 2833 N. Mystic Ct. CITY: Casa Grande STATE: AZ ZIP: 85122 OCCUPATION: ATV Sales & Service EMPLOYER: Iron City Polaris	11/4/2015	\$ 200	\$ 200	
c.	LAST: Earle FIRST: Rock MI: L STREET ADDRESS: P. O. Box 11190 CITY: Casa Grande STATE: AZ ZIP: 85122 OCCUPATION: Realestate/Travel EMPLOYER: Rox Mgmt Company	11/4/2015	\$ 1,000	\$ 1,000	
d.	LAST: Raney FIRST: Cody & Regina MI: STREET ADDRESS: P. O. Box 11226 CITY: Casa Grande STATE: AZ ZIP: 85130 OCCUPATION: Feed Broker EMPLOYER: CG Commodities	11/3/2015	\$ 500	\$ 500	
e.	LAST: Dugan FIRST: Sean & Jasmin MI: STREET ADDRESS: 2734 E. Kortsen Rd. CITY: Casa Grande STATE: AZ ZIP: 85194 OCCUPATION: Farmer EMPLOYER: Sidewinder Dairy	11/4/2015	\$ 500	\$ 500	
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to detailed Summary Page Line 4(z), Column A]				

* 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 more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID# **MC-15-1**

1. Committee Name: **Craig McFarland for Mayor**

3. Report covering period from **8/12/15** thru **12/31/15**

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR			
4a.	LAST: Raney FIRST: Bill & Pamela MI: STREET ADDRESS: 22602 W. Ashleigh Marie Dr. CITY: Buckeye STATE: AZ ZIP: 85326 OCCUPATION: Feed & Grain EMPLOYER: CG Commodities	11/4/2015	\$ 500	\$ 500
b.	LAST: Meier FIRST: Douglas MI: STREET ADDRESS: P. O. Box 13162 CITY: Casa Grande STATE: AZ ZIP: 58130 OCCUPATION: Transportation EMPLOYER: Statewide Express	11/4/2015	\$ 1,000	\$ 1,000
c.	LAST: Dugan FIRST: Pat & Nadine MI: STREET ADDRESS: 2135 N. Overfield Rd. CITY: Casa Grande STATE: AZ ZIP: 85194 OCCUPATION: Dairy EMPLOYER: Dugan Feed	11/4/2015	\$ 500	\$ 500
d.	LAST: Robinson FIRST: Jacob MI: W STREET ADDRESS: 905 N. Cameron St. CITY: Casa Grande STATE: AZ ZIP: 85122 OCCUPATION: Farm Equipment Sales EMPLOYER: Empire-Cat	11/19/2015	\$ 100	\$ 100
e.	LAST: Wiles FIRST: Frank MI: R STREET ADDRESS: 1365 E. Prickly Pear Dr. CITY: Casa Grande STATE: AZ ZIP: 85122 OCCUPATION: Retired EMPLOYER: N/A	11/19/2015	\$ 100	\$ 100
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [if last page of Schedule A, transfer total to detailed Summary Page Line 4(z), Column A]			

* 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 more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID# **MC-15-1**

1. Committee Name: **Craig McFarland for Mayor**

3. Report covering period from **8/12/15** thru **12/31/15**

4	CONTRIBUTIONS		DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR					
4a.	LAST: Jenkins	FIRST: Christina & Dennis	11/19/2015	\$ 200	\$ 200	
	STREET ADDRESS: 2054 N. Discovery Lane					
	CITY: Casa Grande	STATE: AZ				ZIP: 85122
	OCCUPATION: Retired President CAC	EMPLOYER: CAC				
b.	LAST: Bechtel	FIRST: Robert & Colleen	11/19/2015	\$ 500	\$ 500	
	STREET ADDRESS: 566 W. Casa Grande Lakes Blvd. N.					
	CITY: Casa Grande	STATE: AZ				ZIP: 85122
	OCCUPATION: Realstate	EMPLOYER: Keller-Williams				
c.	LAST: Tevlin	FIRST: Gill & CJ	12/12/2015	\$ 50	\$ 50	
	STREET ADDRESS: 1752 E. Cardinal Dr					
	CITY: Casa Grande	STATE: AZ				ZIP: 85122
	OCCUPATION: Teacher	EMPLOYER: St. Peter Mission				
d.	LAST: Lewandowski	FIRST: Linda	8/31/2015	\$ 100	\$ 100	
	STREET ADDRESS: 2475 N. Granite Ct.					
	CITY: Casa Grande	STATE: AZ				ZIP: 85122
	OCCUPATION: Director Development	EMPLOYER: BGCCGV				
e.	LAST:	FIRST:				
	STREET ADDRESS:					
	CITY:	STATE:				ZIP:
	OCCUPATION:	EMPLOYER:				
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [if last page of Schedule A, transfer total to detailed Summary Page Line 4(z), Column A]			\$ 9,950	\$ 9,950	

* 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# MC-15-1

1. Committee Name Craig McFarland for Mayor

3. Report covering period from 8/12/15 thru 12/31/15

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
Cash contributions: No name 9/16/15 No name 11/19/15	\$20 \$50	\$70	
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]	\$70	6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]	\$70

*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

2. ID#
MC-15-1

1. Committee Name Craig McFarland for Mayor

3. Report covering period from 8/12/15 thru 12/31/15

4		CONTRIBUTIONS	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
		IDENTITY OF CONTRIBUTOR AND DATE RECEIVED		
4a	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]			\$0.00	\$0.00

CANDIDATE LOANS

SCHEDULE C

1.	Committee Name Craig McFarland for Mayor	2. ID # MC-15-1		
3.	Report covering period from 8/12/15 thru 12/31/15			
4.	LOANS MADE OR GUARANTEED BY CANDIDATE NAME AND ADDRESS FROM WHOM RECEIVED	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP Craig and Nancy McFarland	8/12/15	\$100	
	152 W. Auburn Sky Ct. Casa Grande, AZ 85122			
	DESCRIPTION Open checking account			
b.	NAME, ADDRESS, CITY, STATE, AND ZIP Craig and Nancy McFarland			
	152 W. Auburn Sky Ct. Casa Grande, AZ 85122			
	DESCRIPTION Personal loan to the Craig McFarland for Mayor campaign	8/24/15	\$7,200	\$7,300
c.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
d.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
e.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
f.	NAME, ADDRESS, CITY, STATE, AND 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)		\$7,300	\$7,300

OTHER LOANS

SCHEDULE C1

2. ID# MC-15-1

1. Committee Name Craig McFarland for Mayor
 3. Report covering period from 8/12/15 thru 12/31/15

4	ALL OTHER LOANS	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.			
4a	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4b	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4c	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4d	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	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(a), Column A]		\$0.00	\$0.00

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID#
MC-15-1

1. Committee Name Craig McFarland for Mayor

3. Report covering period from 8/12/15 thru 12/31/15

4	EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE		
4a.	<p>NAME, ADDRESS, CITY, STATE AND ZIP Great Western Bank 1300 E. Florence Blvd. Casa Grande, AZ 85122</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED New Checks</p>	8/12/15	\$19.25
4b.	<p>NAME, ADDRESS, CITY, STATE AND ZIP Wild Fire Contact LLC 818 Connecticut Ave Suite 200 Washington DC, 20006</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED Printing, assembling, mailing announcement and survey letter</p>	8/24/15	\$7,107.30
4c.	<p>NAME, ADDRESS, CITY, STATE AND ZIP Raxx Direct Marketing P. O.Box 11190 Casa Grande, AZ 85130</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED Website design and set up</p>	8/30/15	877.50
4d.	<p>NAME, ADDRESS, CITY, STATE AND ZIP Print & Sign Express 623 E. Florence Blvd. Casa Grande, AZ 85122</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED Printing of "YES you can count on me as part of your team" envelopes</p>	9/18/15	\$283.21
4e.	<p>NAME, ADDRESS, CITY, STATE AND ZIP Casa Grande Chamber of Commerce 575 N. Marshall St. Casa Grande, AZ 85122</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED Chamber Membership for Craig McFarland for Mayor</p>	9/18/15	\$277.00
4f.	<p>NAME, ADDRESS, CITY, STATE AND ZIP Great Western Bank 1300 E. Florence Blvd. Casa Grande, AZ 85122</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED Bank service fee</p>	9/30/15	\$3.95
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [If last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A]		

*Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID#
MC-15-1

1. Committee Name Craig McFarland for Mayor

3. Report covering period from 8/12/15 thru 12/31/15

4	EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE AND ZIP Winners Circle 515 E. Florence Blvd. Casa Grande, AZ 85122 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Name badges "Craig McFarland for Mayor"	11/2/15	\$16.30
4b.	NAME, ADDRESS, CITY, STATE AND ZIP The Sign Shop 715 N. Center Ave. casa Grande, AZ 85122 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Campaign Banners	11/4/15	\$244.58
4c.	NAME, ADDRESS, CITY, STATE AND ZIP U. S. Postal Service Casa Grande, AZ 85122 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Stamps	11/10/15	\$49.00
4d.	NAME, ADDRESS, CITY, STATE AND ZIP Fry's Food Stores 2858 N. Pinal Ave. Casa Grande, AZ 85122 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Appetizers for the Lakes Meet and Greet event	11/19/15	\$33.64
4e.	NAME, ADDRESS, CITY, STATE AND ZIP Fry's Food Stores 2858 N. Pinal Ave. Casa Grande, AZ 85122 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Ice for the Lakes Meet and Greet event	11/19/15	\$18.98
4f.	NAME, ADDRESS, CITY, STATE AND 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 Detail Summary Page Line 9, Column A]		\$8,930.71

*Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

2. ID#

MC-15-1

1. Committee Name Craig McFarland for Mayor

3. Report covering period from 8/12/15 thru 12/31/15

4	INDEPENDENT EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED			
4a.	NAME, ADDRESS, CITY, STATE AND ZIP PURPOSE AND DESCRIPTION OF PURCHASE <input type="checkbox"/> Benefitted <input type="checkbox"/> Opposed CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP PURPOSE AND DESCRIPTION OF PURCHASE <input type="checkbox"/> Benefitted <input type="checkbox"/> Opposed CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP PURPOSE AND DESCRIPTION OF PURCHASE <input type="checkbox"/> Benefitted <input type="checkbox"/> 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]	\$0.00	

*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

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

2. ID#

MC-15-1

1. Committee Name Craig McFarland for Mayor

3. Report covering period from 8/12/15 thru 12/31/15

4	LOANS MADE BY THE REPORTING COMMITTEE	DATE LOAN MADE	AMOUNT OF THE LOAN
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4h.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4i.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [Transfer total to Detail Summary Page Line 12, Column A]		\$0.00

OFFSETS TO OPERATING EXPENSES *

SCHEDULE D-3

2. ID#

MC-15-1

1. Committee Name Craig McFarland for Mayor

3. Report covering period from 8/12/15 thru 12/31/15

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			
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4e.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
4f.	NAME, ADDRESS, CITY, STATE, AND 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]			\$0.00
* Includes return of contributions made by reporting committee			

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

2. ID#

MC-15-1

1. Committee Name Craig McFarland

3. Report covering period from 8/12/15 thru 12/31/15

REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE		DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE			
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4e.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4f.	NAME, ADDRESS, CITY, STATE, AND ZIP		
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [Transfer total to Detail Summary Page, Line 13(a), Column A]			\$0.00

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

2. ID#

MC-15-1

1. Committee Name Craig McFarland for Mayor

3. Report covering period from 8/12/15 thru 12/31/15

4	REPAYMENT OF ALL OTHER LOANS NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [Transfer total to Detailed Summary Page, Line 13(b), Column A]		\$0.00

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

2. ID#
MC-15-1

1. Committee Name Craig McFarland for Mayor

3. Report covering period from 8/12/15 thru 12/31/15

4	TRANSFERS MADE BY THE REPORTING COMMITTEE	DATE TRANSFER MADE	AMOUNT OF THE TRANSFER
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A]			\$0.00

ANY OTHER DISBURSEMENT

SCHEDULE D-7

2. ID#
MC-15-1

1. Committee Name Craig McFarland for Mayor

3. Report covering period from 8/12/15 thru 12/31/15

4.	ANY OTHER DISBURSEMENTS NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION	DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [Transfer total to Detailed Summary Page Line 15 Column A]			\$0.00

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

2. ID#
MC-15-1

1. Committee Name Craig McFarland

3. Report covering period from 8/12/15 thru 12/31/15

4	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			
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# Sandy Robinson 536 Casa Grande Lakes Blvd. Casa Grande, AZ 85122	CONTRIBUTION Rental fee for Lakes Club House (\$50) EXPENDITURE	11/19/15	\$50.00
	DESCRIPTION Rental fee, Lakes Club House, Craig McFarland for Mayor, Lakes Community meeting			
	OCCUPATION Board of Directors	EMPLOYER Iron City Polaris		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
5.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [If last page of Schedule E, transfer total to Detailed Summary Page Line 6, Column A]			\$50.00
6.	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 11, Column A]			\$50.00

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

2. ID#
MC-15-1

1. Committee Name Craig McFarland for Mayor

3. Report covering period from 8/12/15 thru 12/31/15

4	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS	DATE AMOUNT RECEIVED	AMOUNT OF THE RECEIPT
	NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		
4f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# 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]			\$0.00

OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F-2

2. ID# MC-15-1

1. Committee Name Craig McFarland for Mayor

3. Report covering period from 8/12/15 thru 12/31/15

4	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED	DATE REFUND MADE	AMOUNT OF THE REFUND
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
4f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# 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)]			\$0.00

* Includes return of contributions received by reporting committee

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

2. ID#
MC-15-1

1. Committee Name Craig McFarland for Mayor

3. Report covering period from 8/12/15 thru 12/31/15

4	DEBTS AND OBLIGATIONS	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED				
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
4e.	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 (Transfer total to Detail Summary Page Line 19, Column A)				\$0.00