

POLITICAL COMMITTEE
CITY OF City of Casa Grande
CAMPAIGN FINANCE REPORT
2016 August/November Regular Election

1. **Craig McFarland for Mayor**

Full Name of Committee
152 W. Auburn Sky Ct.

Address
Casa Grande, Arizona, 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

E-Mail Address Fax #

FOR OFFICE USE ONLY

CITY CLERK'S
NOV 04 2016
OFFICE

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, 2016 and January 31, 2018

5.	SUMMARY	Column A	Column B
		Total This Reporting Period	Election Period Total To Date
5a	Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)		\$0.00
5b	Cash on Hand at the Beginning of this Reporting Period	\$5,841.14	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	\$250.00	\$21,893.25
5d	Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	\$6,091.14	\$21,893.25
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)	\$6,091.14	\$21,893.25
7.	Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	\$0.00	\$0.00

*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**

Page 2

1. Committee Name: Craig McFarland for Mayor

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

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)	\$250.00	\$13,473.25
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)	\$0.00	\$70.00
(c) Political Committees (Total from Schedule B)	\$0.00	\$1,00.00
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	\$250.00	\$14,543.25
(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)]	\$250.00	\$14,543.25
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	\$0.00	\$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)]	\$0.00	\$7,300.00
6. In-kind contributions (Total from Schedule E)	\$0.00	\$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]	\$250.00	\$21,893.25
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	\$136.59	\$15,888.70
10. Independent Expenditures (Total from Schedule D-1)	\$0.00	\$0.00
11. Value of in-kind expenditures (Total from Schedule E)	\$0.00	\$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)	\$5,954.55	\$5,954.55
(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)]	\$5,954.55	\$5,954.55
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]	\$6,091.14	\$15,802.11
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]	\$6,091.14	\$21,893.25
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		
	11/3/16	
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 Mayor3. 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 OR CONTRIBUTOR					
4a.	LAST Clements, Christopher	FIRST 	MI 	10/5/16	\$250.00	\$250.00
	STREET ADDRESS 6115 E. San Bernardino					
	CITY Tucson, AZ	STATE 85715	ZIP 			
	OCCUPATION Retired	EMPLOYER N/A				
b.	LAST 	FIRST 	MI 			
	STREET ADDRESS 					
	CITY 	STATE 	ZIP 			
	OCCUPATION 	EMPLOYER 				
c.	LAST 	FIRST 	MI 			
	STREET ADDRESS 					
	CITY 	STATE 	ZIP 			
	OCCUPATION 	EMPLOYER 				
d.	LAST 	FIRST 	MI 			
	STREET ADDRESS 					
	CITY 	STATE 	ZIP 			
	OCCUPATION 	EMPLOYER 				
e.	LAST 	FIRST 	MI 			
	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]				\$250.00	\$13,473.25

*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

Craig McFarland for Mayor

1. Committee Name _____

9/20/16

10/27/16

3. Report covering period from _____ thru _____

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
Cash contributions: N/A			
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]	\$0.00	6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]	\$70.00

*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

2. ID#
MC-15-1

Craig McFarland for Mayor

1. Committee Name _____

9/20/16

10/27/16

3. Report covering period from _____ thru _____

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	\$1000

CANDIDATE LOANS

SCHEDULE C

1.	Committee Name Craig McFarland for Mayor	2. ID # MC-15-1	
3.	Report covering period from <u>9/20/16</u> thru <u>10/27/16</u>		
4.	LOANS MADE OR GUARANTEED BY CANDIDATE NAME AND ADDRESS FROM WHOM RECEIVED	DATE RECEIVED	AMOUNT RECEIVED
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION		
b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION		
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]	\$0.00	\$7,300.00

OTHER LOANS

SCHEDULE C1

2. ID#

MC-15-1

1. Committee Name Craig McFarland for Mayor3. Report covering period from 9/20/16 thru 10/27/16

4	ALL OTHER LOANS	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a	NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.			
	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 Mayor3. Report covering period from 9/20/16 thru 10/27/16

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 CFace Book Ad Words Boost On-Line Transaction pd on Great Western Bank Account	9/29/16	\$48.31
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Face Book and Web Boost service fees - September		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP UFace Book Ad Words Boost On-Line Transaction pd on Great Western Bank Account	10/26/16	\$50.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Face Book and Web Boost service fees - October		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP PayPay CC Fees On-Line Transaction pd on Great Western Bank Account	10/27/16	\$38.28
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Transaction fees for on-line donations		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED T		
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]		\$136.59

*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

Craig McFarland for Mayor

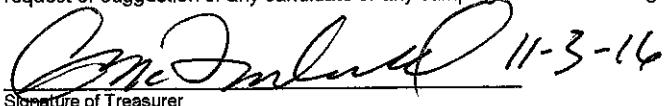
1. Committee Name _____

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

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"/> Benefited <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"/> Benefited <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"/> Benefited <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. § 16-801(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.



11-3-16

Signature of Treasurer

NAME, 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 Mayor3. Report covering period from 9/20/16 thru 10/27/16

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 9/20/16 thru 10/27/16

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 McFarland3. Report covering period from 9/20/16 thru 10/27/16

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 Craig & Nancy McFarland 152 W. Auburn Sky Ct. Casa Grande, AZ 85122	10/27/16	\$5,954.55
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]		\$5,954.55

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

2. ID#

MC-15-1

1. Committee Name Craig McFarland for Mayor3. Report covering period from 9/20/16thru 10/27/16

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 Mayor3. Report covering period from 9/20/16 thru 10/27/16

4	TRANSFERS MADE BY THE REPORTING COMMITTEE NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	DATE TRANSFER MADE	AMOUNT OF THE TRANSFER
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

Craig McFarland for Mayor

1. Committee Name _____

9/20/16

10/27/16

3. Report covering period from _____ thru _____

4.	ANY OTHER DISBURSEMENTS	DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION		
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

2. 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				
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# N/A	CONTRIBUTION EXPENDITURE		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
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]			\$0.00
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]			\$0.00

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

2. ID#

MC-15-1

1. Committee Name Craig McFarland for Mayor3. Report covering period from 9/20/16 thru 10/27/16

4	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED	DATE AMOUNT RECEIVED	AMOUNT OF THE RECEIPT
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 Mayor3. Report covering period from 9/20/16 thru 10/27/16

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

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]

* 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 9/20/16 thru 10/27/16

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

CITY / TOWN OF CASA GRANDE

POLITICAL COMMITTEE
TERMINATION STATEMENT

A.R.S. §§ 16-914 and 16-915.01

ID#

MC-15-1

NAME OF POLITICAL COMMITTEE
Craig McFarland for Mayor

ADDRESS (NUMBER & STREET) 152 W. Auburn Sky Ct.	CITY Casa Grande	STATE AZ	ZIP 85122
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MAILING ADDRESS (IF DIFFERENT FROM ABOVE) P.O. Box 12927	CITY Casa Grande	STATE AZ	ZIP 85130
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COMMITTEE TELEPHONE # 520-251-0687	COMMITTEE FAX #	COMMITTEE E-MAIL ADDRESS craigmcfarland4mayor@gmail.com	
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NAME OF SPONSORING ORGANIZATION OR CANDIDATE AND OFFICE

Craig McFarland for Mayor of Casa Grande

ADDRESS OF SPONSORING ORGANIZATION Same as above	EMAIL ADDRESS AND FAX # Same
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Select the boxes that apply:

A. This is to certify that all contributions received and all expenditures made on behalf of the political committee indicated above have been reported as required by A.R.S. § 16-913. We further certify that the political committee will no longer receive any contributions or make any disbursements, that the committee has no outstanding debts or obligations, and that any surplus monies have been disposed of pursuant to A.R.S. § 16-915.01.

Please mark the appropriate statement below to indicate which campaign finance report states the disposition of any surplus monies.

The disposition of surplus monies was submitted on the campaign finance report filed on _____

The disposition of surplus monies is reported on the attached campaign finance report.

B. This committee has terminated its activities in the above-named jurisdiction. The undersigned chairman and treasurer hereby attest that it is the intent of this committee to remain active in other jurisdictions and that all remaining monies of this committee shall be used in other jurisdictions.

C. This committee has transferred the committee's debts and obligations to a subsequent committee.

Please enter the full name and ID# of the committee into which debts and obligations have been transferred.

Name of Committee _____ ID # _____

We, Robert Miller

Kelly Herrington, certify under

Printed name of Chairman and

Printed name of Treasurer

penalty of perjury that this statement of termination pursuant to A.R.S. § 16-914 is true and complete.



Signature of Chairman

Signature of Treasurer

CITY / TOWN OF CASA GRANDE
POLITICAL COMMITTEE
TERMINATION STATEMENT
A.R.S. §§ 16-914 and 16-915.01

ID#

MC-15-1

NAME OF POLITICAL COMMITTEE Craig McFarland for Mayor				
ADDRESS (NUMBER & STREET) 152 W. Auburn Sky Ct.		CITY Casa Grande	STATE AZ	ZIP 85122
MAILING ADDRESS (IF DIFFERENT FROM ABOVE) P.O. Box 12927		CITY Casa Grande	STATE AZ	ZIP 85130
COMMITTEE TELEPHONE # 520-251-0687	COMMITTEE FAX #		COMMITTEE E-MAIL ADDRESS craigmcfarland4mayor@gmail.com	
NAME OF SPONSORING ORGANIZATION OR CANDIDATE AND OFFICE Craig McFarland for Mayor of Casa Grande				
ADDRESS OF SPONSORING ORGANIZATION Same as above		EMAIL ADDRESS AND FAX # Same		
Select the boxes that apply:				
A. <input checked="" type="checkbox"/> This is to certify that all contributions received and all expenditures made on behalf of the political committee indicated above have been reported as required by A.R.S. § 16-913. We further certify that the political committee will no longer receive any contributions or make any disbursements, that the committee has no outstanding debts or obligations, and that any surplus monies have been disposed of pursuant to A.R.S. § 16-915.01.				
Please mark the appropriate statement below to indicate which campaign finance report states the disposition of any surplus monies.				
<input type="checkbox"/> The disposition of surplus monies was submitted on the campaign finance report filed on _____				
<input checked="" type="checkbox"/> The disposition of surplus monies is reported on the attached campaign finance report.				
B. <input type="checkbox"/> This committee has terminated its activities in the above-named jurisdiction. The undersigned chairman and treasurer hereby attest that it is the intent of this committee to remain active in other jurisdictions and that all remaining monies of this committee shall be used in other jurisdictions.				
C. <input type="checkbox"/> This committee has transferred the committee's debts and obligations to a subsequent committee.				
Please enter the full name and ID# of the committee into which debts and obligations have been transferred.				
Name of Committee _____				ID # _____

We, Robert MillerKelly Herrington

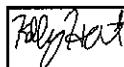
, certify under

Printed name of Chairman and

Printed name of Treasurer

penalty of perjury that this statement of termination pursuant to A.R.S. § 16-914 is true and complete.

Signature of Chairman

dotloop verified
11/09/16 7:38PM MST
LSYA-BBLK-WVTD-MVVS

Signature of Treasurer