

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

FOR OFFICE USE ONLY

CITY CLERK'S

NOV 01 2016

OFFICE

1. Donna McBride For City Council

Full Name of Committee

1440 E. Douglas St.

Address

Casa Grande

85122

Pinal

520-431-3447

City

ZIP Code

County

Phone

2. Donna McBride, candidate for Casa Grande City Council

Sponsoring Organization or Candidate and office

Same as above

Name of Candidate and Office Sought (if applicable)

donnamcbrideforcouncil@gmail. com

E-Mail Address

Fax #

3A. ID#

MC-16-3

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 28, 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	Column B
Total This Reporting Period	Election Period Total To Date
\$1102.82	
\$1370.00	\$7965.01
\$2472.82	\$7965.01
	\$0.00
\$2360.71\$	\$7854.90
\$110.11	\$110.11

5a Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)

5b Cash on Hand at the Beginning of this Reporting Period

5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)

5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]

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)

7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]

*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: Donna McBride for City Council
 3. Report covering period from 9-20-2016 Thru 10-27-2016

2. ID#

MC-16-3

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)	\$500.00	\$2915.00
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)	\$470.00	\$1143.07
(c) Political Committees (Total from Schedule B)		0
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	\$970.00	\$4058.07
(e) Refund of contributions (Total from Schedule F-2)		0
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	\$970.00	\$4058.07
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	0	\$3001.94
(b) All other loans (Total from Schedule C-1)		0
(c) Total Loans [add 5(a) and 5(b)]		\$3001.94
6. In-kind contributions (Total from Schedule E)	\$400.00	\$905.00
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)		0
8. Total Receipts [add 4(f), 5(c), 6, and 7]	\$1370.00	\$7965.01
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	\$1960.71	\$6949.90
10. Independent Expenditures (Total from Schedule D-1)		0
11. Value of In-kind expenditures (Total from Schedule E)	\$400.00	\$905.00
12. Loans made by reporting committee (Total from Schedule D-2)		0
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)		0
(b) Repayment of all other loans (Total from Schedule D-5)		0
(c) Total Loan Repayments [add 13(a) and 13(b)]		0
14. Transfers to other political committees (Total from Schedule D-6)		0
15. Any other disbursement (Total from Schedule D-7)		0
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	\$2360.71	\$7854.90
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		0
18. Total disbursements [subtract line 17 from line 16]	\$2360.71	\$7854.90
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)		
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.		
<u>ANESTA RACQUEL ESTRADA</u>		
Type or Print Name of Treasurer		
<u>Anestra Racquel Estrada</u>	<u>10/11/16</u>	Date
Signature of Treasurer or Candidate or Designating Individual		

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID#

MC-16-3

1. Committee Name Donna McBride for City Council3. Report covering period from 9-20-2016thru 10-27-2016

4	CONTRIBUTIONS			DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE			
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR									
4a.	LAST Dinkle,	FIRST James	MI	10/18/16	200.00	200.00			
	STREET ADDRESS 8120 E. Valley Vista Dr.								
	CITY Mesa	STATE AZ	ZIP 85207						
	OCCUPATION Consultant	EMPLOYER Self Employed							
b.	LAST Abbott,	FIRST Larry	MI	9/27/16	100.00	100.00			
	STREET ADDRESS PO Box11728								
	CITY Casa Grande	STATE AZ	ZIP 85130						
	OCCUPATION Realtor	EMPLOYER CG Realty							
c.	LAST McCarville,	FIRST Kirk	MI	10/18/16	200.00	200.00			
	STREET ADDRESS 211 N. Florence St								
	CITY Casa Grande	STATE AZ	ZIP 85122						
	OCCUPATION Land Developer	EMPLOYER Self Employed							
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]				500.00				

CONTRIBUTIONS of \$50 or less - AGGREGATE TOTAL*

SCHEDULE A-1

2. ID#

MC-16-3

Donna McBride for City Council

1. Committee Name

9-20-2016

10-27-2016

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
2 Donors \$50	\$100.	\$100.
6 Donors \$40	\$240.	\$240.
6 Donors \$20	\$120.	\$120.
1 Donor \$10	\$10.	\$10.
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]	\$470.00	6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]

*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-16-3

Donna McBride for City Council

1. Committee Name

9-20-2016

10-27-2016

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]			

CANDIDATE LOANS

SCHEDULE C

1.	Committee Name Donna McBride for City Council	2. ID # MC-16-3	
3.	Report covering period from <u>9-20-2016</u> thru <u>10-27-2016</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]		

OTHER LOANS

SCHEDULE C1

2. ID#

MC-16-3

1. Committee Name Donna McBride for City Council3. Report covering period from 9-20-2016 thru 10-27-2016

4	ALL OTHER LOANS NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR 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, 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]			

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID#

MC-16-3

1. Committee Name Donna McBride for City Council2. Report covering period from 9-20-2016 thru 10-27-2016

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 Shopper / Roxx Direct Marketing PO Box 11190 Casa Grande, Az85130	9/22/16	\$253.48
DESCRIPTION OF ITEMS OR SERVICES PURCHASED Advertising			
4b.	NAME, ADDRESS, CITY, STATE AND ZIP CG Valley News Papers 102 N. 2nd. St Casa Grande, Az 85122	9/22/16	\$152.33
DESCRIPTION OF ITEMS OR SERVICES PURCHASED Advertising			
4c.	NAME, ADDRESS, CITY, STATE AND ZIP CG Valley News Papers 102 N. 2nd. St Casa Grande, Az 85122	9/30/16	\$101.56
DESCRIPTION OF ITEMS OR SERVICES PURCHASED Advertising			
4d.	NAME, ADDRESS, CITY, STATE AND ZIP CG Valley News Papers 102 N. 2nd. St Casa Grande, Az 85122	10/13/16	\$101.56
DESCRIPTION OF ITEMS OR SERVICES PURCHASED Advertising			
4e.	NAME, ADDRESS, CITY, STATE AND ZIP CG Valley News Papers 102 N. 2nd. St Casa Grande, Az 85122	10/19/16	\$609.33
DESCRIPTION OF ITEMS OR SERVICES PURCHASED Advertising			
4f.	NAME, ADDRESS, CITY, STATE AND ZIP CG Valley News Papers 102 N. 2nd. St Casa Grande, Az 85122	10/21/16	\$203.11
DESCRIPTION OF ITEMS OR SERVICES PURCHASED Advertising			
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

Page 1 of 3

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID#

MC-16-3

1. Committee Name Donna McBride for City Council3. Report covering period from 9-20-2016 thru 10-27-2016

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 Abiding Impressions 13640 S Sunland Rd. Az City, Az 85123 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Shirts	9/23/16	\$320.10
4b.	NAME, ADDRESS, CITY, STATE AND ZIP USPS 1670 N. Pinal Casa Grande, Az85122 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Stamps	9/26/16	\$47.00
4c.	NAME, ADDRESS, CITY, STATE AND ZIP Safeway 1637 N. Trekell Rd. Casa Grande, Az 85122 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Supplies for Ice Cream Social	10/11/16	\$60.98
4d.	NAME, ADDRESS, CITY, STATE AND ZIP Fry's 2853 N. Pinal Casa Grande, Az 85122 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Supplies for Ice Cream Social	10/11/16	\$20.00
4e.	NAME, ADDRESS, CITY, STATE AND ZIP Party & Cake Depot 1004 N. Promenade Pkwy #138 Casa Grande, Az 85194 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Supplies for Ice Cream Social	10/11/16	\$29.26
4f.	NAME, ADDRESS, CITY, STATE AND ZIP Bank of America 1691 E. Florence Blvd. Casa Grande, AZ 85122 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Bank Fee	10/17/16	\$12.00
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-16-3

1. Committee Name Donna McBride for City Council3. Report covering period from 9-20-2016 thru 10-27-2016

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 Black box Foundation 410 Florence St. Casa Grande, Az 85122	10/25/16	\$50.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Space rental for Ice Cream Social		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
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		
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]		\$1960.71

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

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INDEPENDENT EXPENDITURES*

SCHEDULE D-1

2. ID#

MC-16-3

Donna McBride for City Council

1. Committee Name _____

3. Report covering period from 9-20-2016 thru 10-27-2016

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 PURCHASES			<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 PURCHASES			<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 PURCHASES			<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]			

*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-16-3

1. Committee Name Donna McBride for City Council3. Report covering period from 9-20-2016 thru 10-27-2016

4	LOANS MADE BY THE REPORTING COMMITTEE NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE	DATE LOAN MADE	AMOUNT OF THE LOAN
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]		

OFFSETS TO OPERATING EXPENSES *

SCHEDULE D-3

2. ID#

MC-16-3

 1. Committee Name Donna McBride for City Council 3. Report covering period from 9-20-2016 thru 10-27-2016

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]		
*	Includes return of contributions made by reporting committee		

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

2. ID#

MC-16-3

1. Committee Name Donna McBride for City Council3. Report covering period from 9-20-2016thru 10-27-2016

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]			

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

2. ID#

MC-16-3

1. Committee Name Donna McBride for City Council3. Report covering period from 9-20-201610-27-2016 thru

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		
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]		

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

2. ID#

MC-16-3

1. Committee Name Donna McBride for City Council3. Report covering period from 9-20-2016thru 10-27-2016

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]

ANY OTHER DISBURSEMENT

SCHEDULE D-7

2. ID#
MC-16-3

Donna McBride for City Council

1. Committee Name _____

9-20-2016

10-27-2016

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]

Page ____ of ____

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

2. ID#
MC-16-3

1. Committee Name Donna McBride for City Council

2. Report covering period from 9-20-2016

thru 10-27-2016

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# Justin McBride Minnezona Phoenix, Az 85014	CONTRIBUTION EXPENDITURE	10/20/16	\$275.00		
DESCRIPTION Web Design and maintenance					
OCCUPATION	EMPLOYER				
4b. NAME, ADDRESS, CITY, STATE, ZIP AND ID# Supply 29 1377 E. Florence Blvd. Casa Grande, Az 85122	CONTRIBUTION EXPENDITURE	9/22/16	\$125.00		
DESCRIPTION Donated Printing /Flyers					
OCCUPATION Self Employed	EMPLOYER Supply 29				
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]			\$400.00		
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]					

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

2. ID#

MC-16-3

1. Committee Name Donna McBride for City Council3. Report covering period from 9-20-2016thru 10-27-2016

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]

OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F-2

2. ID#

MC-16-3

 1. Committee Name Donna McBride for City Council 3. Report covering period from 9-20-2016 thru 10-27-2016

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]

* Includes return of contributions received by reporting committee

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

2. ID#

MC-16-3

1. Committee Name Donna McBride for City Council3. Report covering period from 9-20-2016thru 10-27-2016

4	DEBTS AND OBLIGATIONS	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]				