



COCHISE COUNTY
ELECTIONS DEPARTMENT
STATE OF ARIZONA & COCHISE COUNTY
POLITICAL COMMITTEE CAMPAIGN FINANCE REPORT (2016)

Date Received:

Sept 29, 2016
MJK

Candidate ID#:

2016-08

1. **Dave For Supervisor**

Full Name of Committee

P.O. Box 1134

Address

Cochise, AZ 85606 520-256-9723

City Zip Code Phone

2. **N/A**

Sponsoring Organization (if applicable)

David Pinar - Board of Supervisors District 3

Name of Candidate and Office Sought (if applicable)

david@daveforsupervisor.com N/A

Email Address Fax #

Election Dates
Tue, March 22, 2016 – PPE
Tue, August 30, 2016 – Primary
Tue, November 8, 2016 – General

3. Reporting Period (Please Check Appropriate Box)		Due Between
a.	<input type="checkbox"/> January 31 Report - For Period of November 25, 2014 to December 31, 2015	January 1, 2016 to February 1, 2016
b.	<input type="checkbox"/> June 30 Report - For Period of January 1, 2016 to May 31, 2016	June 1, 2016 to June 30, 2016
c.	<input type="checkbox"/> Pre-Primary Report - For Period of June 1, 2016 to August 18, 2016	August 19, 2016 to August 26, 2016
d.	<input checked="" type="checkbox"/> Post-Primary Report - For Period of August 19, 2016 to September 19, 2016	September 20, 2016 to September 29, 2016
e.	<input type="checkbox"/> Pre-General Report - For Period of September 20, 2016 to October 27, 2016	October 28, 2016 to November 4, 2016
f.	<input type="checkbox"/> Post-General Report - For Period of October 28, 2016 to November 28, 2016	November 29, 2016 to 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)		\$0.00
5b	Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period)	\$0.00	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	\$0.00	\$35.00
5d	Subtotal (add lines b and c for column A and add lines a and c for column B)	\$0.00	\$35.00
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)	\$590.23	\$858.17
7.	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	-\$590.23	-\$823.17

Mailing Address: Cochise County Elections/Special Districts, 1415 Melody Lane Bldg. A, Bisbee, AZ 85603

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

1. Committee Name: Dave For Supervisor
 3. Report covering period from 08/19/2016 thru 09/19/2016

2. ID# 2016-21

RECEIPTS

- 4. Contributions other than loans and in-kind
 - (a) Individuals - more than \$25 (Total from Schedule A)
 - (b) Individuals - aggregate \$25 or less (Total from Schedule A-1)
 - (c) Political Committees (Total from Schedule B)
 - (d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]
 - (e) Refund of contributions (Total from Schedule F-2)
 - (f) Total Contributions Other than Loans and In-Kind [subtract 4(e) from 4(d)]
- 5. (a) Loans made or guaranteed by candidate (Total from Schedule C)
 - (b) All other loans (Total from Schedule C-1)
 - (c) Total Loans [add 5(a) and 5(b)]
- 6. In-kind contributions (Total from Schedule E)
- 7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)
- 8. Total Receipts [add 4(f), 5(c), 6 and 7]

COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
0	0
0	0
0	35
0	0
0	35
0	0
0	35
590.23	858.17
0	0
590.23	858.17
0	0
0	0
0	35

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)

590.23	858.17
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
590.23	858.17
0	0
590.23	858.17
0	0

20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to the best of my knowledge and belief it is true and complete.

David Pinar

Type or Print Name of Treasurer

Signature of Treasurer or Candidate or Designating Individual

09/20/2016

Date

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name: Dave For Supervisor

2. ID#

2016-21

3. Report covering period from 08/19/2016 thru 09/19/2016

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR				
4a.	LAST FIRST MI			
	STREET ADDRESS			
	CITY STATE ZIP			
	OCCUPATION EMPLOYER			
4b.	LAST FIRST MI			
	STREET ADDRESS			
	CITY STATE ZIP			
	OCCUPATION EMPLOYER			
4c.	LAST FIRST MI			
	STREET ADDRESS			
	CITY STATE ZIP			
	OCCUPATION EMPLOYER			
4d.	LAST FIRST MI			
	STREET ADDRESS			
	CITY STATE ZIP			
	OCCUPATION EMPLOYER			
4e.	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(a), Column A]	0	0	

*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#
2016-21

1. Committee Name: Dave For Supervisor

3. Report covering period from 08/19/2016 thru 09/19/2016

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

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
None for this reporting period		35.00	
5. TOTAL THIS PERIOD [transfer total to Detailed Summary Page, Line 4(b), Column 2]		6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [transfer total to Detailed summary Page, Line 4(b), Column 2]	\$35.00

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

CANDIDATE LOANS

SCHEDULE C

1.	Committee Name Dave For Supervisor	2. ID# 2016-21		
3.	Report covering period from 08/19/2016 thru 09/19/2016			
4.	LOANS MADE OR GUARANTEED BY CANDIDATE	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME AND ADDRESS FROM WHOM RECEIVED			
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP David Pinar	09/15/16	\$590.23	\$858.37
	168 E Taylor Ln, Cochise AZ 85606			
	DESCRIPTION Charges to personal credit card			
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
4d.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
4e.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
4f.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C <i>[If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A]</i>		\$590.23	\$858.37

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

2. ID#
2016-21

1. Committee Name: Dave For Supervisor

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 <i>[If last page of Schedule B, transfer total to Detailed Summary Page, Line 43, Column A]</i>		0	0

OTHER LOANS

SCHEDULE C-1

1. Committee Name: Dave For Supervisor

2. ID# 2016-21

3. Report covering period from 08/19/2016 thru 09/19/2016

4. ALL OTHER LOANS				
	NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OF LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY STATE, ZIP AND ID#	0	0	0
	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(b), Column A)	0		

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name: Dave For Supervisor

2. ID# 2016-21

3. Report covering period from 08/19/2016 thru 08/19/2016

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 Sierra Vista Herald Sierra Vista AZ DESCRIPTION OF ITEMS OR SERVICES PURCHASED Digital newspaper access	08/31/16	10.00
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP Vista Print 275 Wyman Street Waltham, MA 02451 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Campaign Literature	08/04/2016	57.22
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP The Gloo Factory 238 E 26th St, Tucson, AZ 85712 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Campaign Signs	09/12/16	350.00
4d.	NAME, ADDRESS, CITY, STATE, AND ZIP USPS Postmaster, Cochise AZ 85606 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Post Office Box rental	09/08/2016	31.00
4e.	NAME, ADDRESS, CITY, STATE, AND ZIP Arizona Range News 122 S. Haskell, Willcox AZ 85643 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Newspaper advertising	09/08/16	85.00
4f.	NAME, ADDRESS, CITY, STATE, AND ZIP Willcox Chamber of Commerce 1500 N Circle Rd, Willcox, AZ 85643 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Tickets - Hall of Fame Dinner	09/15/16	57.01
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]		\$590.23

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

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

1. Committee Name: Dave For Supervisor

2. ID# 2016-21

3. Report covering period from 08/19/2016 thru 09/19/2016

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

SCHEDULE D-2

1. Committee Name: Dave For Supervisor

2. ID# 2016

3. Report covering period from _____ thru _____

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

1. Committee Name: Dave For Supervisor

2. ID# <u>2016-21</u>

3. Report covering period from 08/19/2016 thru 09/19/2016

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		
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

1. Committee Name: Dave For Supervisor

2. ID# 2016-21

3. Report covering period from 08/19/2016 thru 09/19/2016

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			
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-4 [Transfer total to Detailed Summary Page, Line 13(a), Column A]		\$0.00

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

1. Committee Name: Dave For Supervisor

2. ID# 2016-21

3. Report covering period from 08/19/2016 thru 09/19/2016

4.	REPAYMENT OF ALL OTHER LOANS	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
NAME AND ADDRESS 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#		
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-5 [Transfer total to Detailed Summary Page, Line 13(b) Column A]	\$0.00	

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

1. Committee Name: Dave For Supervisor

2. ID# 2016-21

3. Report covering period from 08/19/2016 thru 09/19/2016

4.	TRANSFERS MADE BY THE REPORTING COMMITTEE	DATE TRANSFER MADE	AMOUNT OF THE TRANSFER
NAME, ADDRESS AND ID# TO WHOM TRANSFER (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

1. Committee Name: Dave For Supervisor

2. ID# 2016-21

3. Report covering period from 08/19/2016 thru 09/19/2016

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		
4c.	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

1. Committee Name: Dave For Supervisor

2. ID# 2016-21

3. Report covering period from 08/19/2016 thru 09/19/2016

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#	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/>		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/>		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
4c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/>		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/>		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
5.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [if last page of Schedule E, transfer total to Detailed Summary Page Line 6, Column A]			\$0.00
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]			\$0.00

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

1. Committee Name: Dave For Supervisor

2. ID# 2016-21

3. Report covering period from _____ thru _____

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

1. Committee Name: Dave For Supervisor

2. ID# 2016-21

3. Report covering period from 08/19/2016 thru 09/19/2016

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) FROM 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

1. Committee Name: Dave For Supervisor

2. ID# 2016-21

3. Report covering period from 08/19/2016 thru 09/19/2016

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 Detailed Summary Page, Line 19, Column A)				\$0.00