

COMMITTEE INFORMATION (required):

Committee Information: Committee Name:

CANDIDATE INFORMATION (only if filing as a candidate committee):

Office Sought:	
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County Office:
 City/Town Office:

Special District Office:_____
 School Board District: ______

Cumulative Report:

Check here if this is the candidate committee's first, cumulative report for the election cycle. Also select appropriate Reporting Period below.

Cumulative reporting period start date (which supersedes the start date for the Reporting Period selected below):

REPORTING PERIOD (check one):

	REPORTING PERIOD	REPORT DUE
	2023 March Pre-Election Report (Local Only): January 1, 2023 to February 25, 2023	February 26, 2023 to March 4, 2023
	2023 March Post-Election (Q1) Report (Local Only): February 26 to March 31, 2023	April 1, 2023 to April 15, 2023
	2023 Quarter 1 Report: January 1, 2023 to March 31, 2023	April 1, 2023 to April 17, 2023
	2023 May Pre-Election Report (Local Only): April 1, 2023 to April 29, 2023	April 30, 2023 to May 6, 2023
	2023 May Post-Election (Q2) Report (Local Only): April 30, 2023 to June 30, 2023	July 1, 2023 to July 15, 2023
	2023 Quarter 2 Report: April 1, 2023 to June 30, 2023	July 1, 2023 to July 17, 2023
	2023 August Pre-Election Report (Local Only): July 1, 2023 to July 15, 2023	July 16, 2023 to July 22, 2023
	2023 August Post-Election (Q3) Report (Local Only): July 16, 2023 to September 30, 2023	October 1, 2023 to October 15, 2023
	2023 Quarter 3 Report: July 1, 2023 to September 30, 2023	October 1, 2023 to October 16, 2023
	2023 November Pre-Election Report (Local Only): October 1, 2023 to October 21, 2023	October 22, 2023 to October 28, 2023
	2023 November Post-Election (Q4) Report (Local Only): October 22, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
	2023 Cumulative Report January, 1 2023 - December 31, 2023	January 1, 2024 to January 16, 2024*
	2024 March Pre-Election Report (Local Only): January 1, 2024 to February 24, 2024	February 25, 2023 to March 2, 2024
	2024 March Post-Election (Q1) Report (Local Only): February 25, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
	2024 Quarter 1 Report: January 1, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
	2024 May Pre-Election Report (Local Only): April 1, 2024 to May 4, 2024	May 5, 2024 to May 11, 2024
	2024 May Post-Election (Q2) Report (Local Only): May 5, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
	2024 Quarter 2 Report: April 1, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
	2024 Pre-Primary Election Report: July 1, 2024 to July 20, 2024	July 21, 2024 to July 27, 2024
	2024 Post-Primary Election (Q3) Report: July 21, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
	2024 Pre-General Election Report: October 1, 2024 to October 19, 2024	October 20, 2024 to October 26, 2024
	2024 Post-General Election (Q4) Report: October 20, 2024 to December 31, 2024	January 1, 2025 to January 15, 2025
	Final Campaign Finance Report Prior to Committee Termination: End of Previous Period through Today's Date	Same Date of Termination
$\overline{\ }$	*Reporting deadline extended to next business day if deadline date is a holiday or Sunday. A.R.S. §	\$\$\$ 1-243(A)1-301 and 1-303.

FINANCIAL SUMMARY (required):

Activity	Cash Activity This Reporting Period	Election Cycle to Date
(a) Committee value at the beginning of this reporting period (<i>i.e.</i> ending balance from the previous reporting period)		
(b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)		
(c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)		
(d) = Balance at close of reporting period		
Check here if filing <u>no</u> financial activity during the reporting period. Lines (a)-(d) still must following page need to be filed.	be completed, but only th	is cover page and the

Committees with financial activity must file the cover page, summary of receipts, summary of disbursements, and any schedules that contain financial activity.

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Under A.R.S. § 16-926(B)(5), a campaign finance report must be certified by the committee treasurer under penalty of perjury that the contents of the report are true and correct.

By filing this report, you certify that, under penalty of perjury, you have examined the contents of this report, and the contents are true and correct.

Printed Name of Committee Treasurer

Signature of Committee Treasurer

Date



SUMMARY OF RECEIPTS (Schedule A):

/	-	Oral	
	Receipts	Cash	Equity
1.	Monetary Contributions Received		
	(a) In-State Individuals - More than \$100		
	(b) In-State Individuals - \$100 or Less (Aggregate)		
	(c) Out-of-State Individuals		
	(d) Candidate Committees		
	(e) Political Action Committees		
	(f) Political Parties		
	(g) Partnerships		
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(i) Labor Organizations (PACs & Political Parties Only)		
	(j) Candidate's Personal Monies (Candidate Committees Only)		
	(k) Monetary Contributions Subtotal (add 1(a) through 1(j))		
	(I) Refunds Given Back to Contributors		
	(m) Net Monetary Contributions (subtract 1(l) from 1(k))		
2.	Loans		
	(a) Loans Received		
	(b) Forgiveness on Loans Received		
	(c) Repayment on Loans Made		
	(d) Interest Accrued on Loans Made		
-	(e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))		
3.	Rebates and Refunds Received		
4.	Interest Accrued on Committee Monies		
5.	In-Kind Contributions Received		
	(a) In-State Individuals - More than \$100		
	(b) In-State Individuals - \$100 or Less (Aggregate) (c) Out-of-State Individuals		
	(d) Candidate Committees		
	(e) Political Action Committees		
	(f) Political Parties		
	(g) Partnerships		
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(i) Labor Organizations (PACs & Political Parties Only)		
	(j) Candidate's Personal Assets or Property (Candidate Committees Only)		
	(k) In-Kind Contributions Subtotal (equity: add 5(a) through 5(j))		
6.	In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
7.	Extensions of Credit		
	(a) Extensions of Credit Received		
	(b) Payments on Extensions of Credit Received		
	(c) Net Extensions of Credit (subtract 7(b) from 7(a))		
8.	Joint Fundraising / Shared Expense Payments Received		
9.	Payments Received for Goods / Services		
3. 10.	•		
	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
11.			
ιΖ.	Total Receipts (cash: add 1(m), 2(e), 3-4, 8-9, 11-12; equity: add 2(b), 5(k), 6-7(c), 10-12)		



SUMMARY OF DISBURSEMENTS (Schedule B):

_	Disbursements	Cash	Equity
	Disbursements for Operating Expenses		
2.	Contributions Made		
	(a) Candidate Committees		
	(b) Political Action Committees		
	(c) Political Parties		
	(d) Partnerships		
	(e) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(f) Labor Organizations (PACs & Political Parties Only)		
	(g) Monetary Contributions Subtotal (add 2(a) through 2(f))		
	(h) Contribution Refunds Provided to the Reporting Committee		
	(i) Monetary Contributions Total (subtract 2(h) from 2(g))		
i.	Loans		
	(a) Loans Made		
	(b) Loan Guarantees Made		
	(c) Forgiveness on Loans Made		
	(d) Repayment of Loans Received		
	(e) Accrued Interest on Loans Received		
	(f) Total Loans (cash: add 3(a), 3(d) & 3(e); equity: add 2(b) & 2(c))		
	Rebates and Refunds Made (Non-Contributions)		
j.	Value of In-Kind Contributions Provided		
	(a) Candidate Committees		
	(b) Political Action Committees		
	(c) Political Parties		
	(d) Partnerships		
	(e) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(f) Labor Organizations (PACs & Political Parties Only)		
	(g) Contributions Subtotal (add 5(a) through 5(f))		
i.	Independent Expenditures Made		
	Ballot Measure Expenditures Made		
i.	Recall Expenditures Made		
).	Support Provided to Party Nominees (Political Parties Only)		
0.	Joint Fundraising / Shared Expense Payments Made		
1.	Reimbursements Made		
2.	Outstanding Accounts Payable / Debts Owed by Committee		
3.	Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)		
4.	Miscellaneous Disbursements (use cash and/or equity as applicable)		
15.	Aggregate of Disbursements - \$250 or Less (use cash and/or equity as applicable)		
6	Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15)		



/	Ir	ndividual Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
_						
2	City	State	ZIP			
	Occupation	Employer	L			
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP	_		
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP	_		
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
5	City	State	ZIP	_		
	Occupation	Employer		_		
		e of schedule				

Schedule A(1)(a), page_____ of _____



MONETARY CONTRIBUTIONS RECEIVED FROM IN-STATE INDIVIDUALS - \$100 OR LESS (AGGREGATE):*

SCHEDULE A(1)(b)

/		Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Cumulative Contributions from In-State Individuals - \$100 or Less			
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(b))			

*If in-state individual contributions of more than \$100 are listed on Schedule A(1)(a), do not include them on Schedule A(1)(b).

Schedule A(1)(b), page____ of ____





MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

7		ontributor Inform		Amount Received	Amount this Reporting Period	Amount thi Election Cyc
	Name		Date Contribution Received			
	Street Address			_		
	City	State	ZIP	_		
ľ	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Name		Date contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
	City	State	ZIP	_		
				_		
	Occupation	Employer				
	Enter total only if last page of schedu (transfer the total received this period to "S	le ummary of Receip	ots," line 1(c))			

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MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

/		date Committee Contributor Info	ormation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Recei	ved			
	Committee Name					
	Street Address					
2		I				
_	City	State	ZIP			
	Committee ID Number	Date Contribution Recei	ved			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Recei	ved			
_	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Recei	ved			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Recei	ved			

Schedule A(1)(d), page____ of ____





MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

	P	olitical Action Committ	ee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name						
	Street Address						
1	City		State	ZIP			
	Committee ID Number		Date Contribution Receive	d			
	Committee Name						
	Street Address						
2	,			1			
	City		State	ZIP			
	Committee ID Number		Date Contribution Receive	ed			
	Committee Name	Committee Name					
	Street Address						
3	City		State	ZIP			
	Committee ID Number		Date Contribution Receive	ed			
	Committee Name						
	Street Address						
4	. City		State	ZIP			
	Committee ID Number		Date Contribution Receive	ed			
	Committee Name		L				
	Street Address	Street Address					
5	City		State	ZIP			
	Committee ID Number		Date Contribution Receive	ed			
╞	Enter total only if I	ast page of schedule eived this period to "Sumi	mary of Receipts " I	ine 1(e))	1		
	I, III (Clarified	point to built	,, occupie, , ,	\- <i>\\</i>		I	

Schedule A(1)(e), page____ of ____



COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

	Politic	al Party Contributor Info	ormation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution	Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution	Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution	Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution	Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution	Received			
	Enter total only if last page of (transfer the total received this pe	f schedule eriod to "Summary of Rece	ipts," line 1(f))			



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

	Partnersh	nip Contributor Infor	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl	
	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
-	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number Date Contribution Received					
	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
	Partnership Name					
	Street Address					
	City	State	ZIP			
ļ	Corporation Commission File Number	Date Contribution	Received			
	Enter total only if last page of sch (transfer the total received this period	edule	into "line $1(\alpha)$)	I		



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

		LLC Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name Street Address					
1	City	State	ZIP			
	Corporation Commission File Number					
	Corporation/LLC Name Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Rece	sived			
3	Corporation/LLC Name Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Rece	sived			
	Corporation/LLC Name					
4	Street Address City	State	ZIP			
	Corporation Commission File Number	Date Contribution Rece	vived			
	Corporation/LLC Name					
5	Street Address					
	City Corporation Commission File Number	tion Commission File Number Date Contribution Received				
	Enter total only if last page of sche (transfer the total received this period to	dule				



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

	Labor Organiz	ation Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Labor Organization Name					
ĺ	Street Address			_		
	City	State	ZIP	_		
	Corporation Commission File Number	Date Contribution Receiv	ed	-		
	Labor Organization Name					
	Street Address	-				
2	City State ZIP		ZIP	-		
	Corporation Commission File Number Date Contribution Received		ved	-		
	Labor Organization Name					
	Street Address		-			
3	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receiv	ved	-		
	Labor Organization Name	Labor Organization Name				
	Street Address		-			
1	City	State	ZIP	-		
	Corporation Commission File Number Date Contribution Received			-		
-	Labor Organization Name					
	Street Address			-		
5	City	State	ZIP	-		
	Corporation Commission File Number Date Contribution Received			1		
-	Enter total only if last page of sche (transfer the total received this period to	dule o "Summary of Receipts."	line 1(i))			



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

/	Candidate	Information		Amount Received	Cumulative Amount this	Cumulative Amount this
	Name		Date Contribution Received		Reporting Period	Election Cycle
	Street Address		1	-		
1	City	State	ZIP			
	Occupation	Employer	1			
	Name		Date Contribution Received	-		
2	Street Address City	State	ZIP	-		
	Occupation	Employer		-		
	Name		Date Contribution Received			
	Street Address			-		
3	City	State	ZIP	-		
	Occupation	Employer		-		
	Name		Date Contribution Received			
	Street Address	-				
4	City	State	ZIP			
	Occupation	Employer				
	Name Street Address		Date Contribution Received	-		
5	City	State	ZIP	-		
	Occupation	Employer				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts "	line 1(i))			



COMMITTEE ID NUMBER

REFUNDS GIVEN BACK TO CONTRIBUTORS:

/	Contribu	tor Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Refunded			
	Street Address			-		
1	City	State	ZIP	-		
	ID Number (if applicable)		Date of Original Contribution	-		
	Name		Date Contribution Refunded			
	Street Address			_		
2	City	State	ZIP	_		
	ID Number (if applicable)		Date of Original Contribution	_		
	Name	Name				
	Street Address			_		
;	City	State	ZIP	_		
	ID Number (if applicable)		Date of Original Contribution	_		
	Name		Date Contribution Refunded			
	Street Address			_		
	City	State	ZIP	_		
	ID Number (if applicable)		Date of Original Contribution	_		
	Name		Date Contribution Refunded			
	Street Address		-			
	City	State	ZIP	-		
	ID Number (if applicable)		Date of Original Contribution	-		
	Enter total only if last page of schedule					
-	(transfer the total received this period to "Su	mmary of Receipts,"	ine 1(I))			

Schedule A(1)(I), page _____ of ____

SCHEDULE A(1)(I)



LOANS RECEIVED:

SCHEDULE A(2)(a)

/		Lender Information		Amount Receive	Cumulative d Amount this	Cumulative Amount this
		Lender mormation		Amount Received	Reporting Period	Election Cycle
	Lender Name	Date Loan Receive	ed			
	Street Address					
1						
1	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purp	ose? (PACs and Political Parties C	nly)		
	Lender Name	Date Loan Receiv	ed			
	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name		Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Receiv	ed			
3	Street Address	Street Address				
	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purp	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Receiv	Date Loan Received			
	Street Address					
4		0.1	710			
	City	State	ZIP			
	Guarantor/Endorser Name		Non-Electoral Purpose? (PACs and Political Parties Only)			
	l ander News					
	Lender Name	Date Loan Receiv	ea			
	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purp	ose? (PACs and Political Parties C	nly)		

Schedule A(2)(a), page____ of ____



FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

/	Lende	r Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Forgiveness Received			
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address			_		
2	City	State	ZIP	-		
	Original Amount of Loan Amount Still Outstandi			_		
	Lender Name		Date Forgiveness Received			
	Street Address					
3	City	State	ZIP	_		
ľ	Original Amount of Loan	Amount Still Outstanding				
	Lender Name	Date Forgiveness Received				
	Street Address		_			
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding		_		
	Lender Name		Date Forgiveness Received			
	Street Address		<u> </u>	-		
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding		-		
_	Enter total only if last page of schedule					

Schedule A(2)(b), page____ of ____



COMMITTEE ID NUMBER

REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

	Borrower Information			Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Borrower Name		Date Repayment Received			
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outst	tanding			
	Borrower Name		Date Repayment Received			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outst	anding			
	Borrower Name		Date Repayment Received			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outst	anding			
	Borrower Name		Date Repayment Received			
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outst	anding			
	Borrower Name		Date Repayment Received			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outst	anding			
	Enter total only if last page of s (transfer the total received this per	schedule				



COMMITTEE ID NUMBER

INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

/	Borrov	ver Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Interest Accrued			
	Street Address			-		
1	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding	9	_		
	Borrower Name		Date Interest Accrued			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding]	-		
	Borrower Name		Date Interest Accrued			
-	Street Address			_		
3	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding	9	_		
	Borrower Name		Date Interest Accrued			
	Street Address		_			
4	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding	1	_		
			Date Interest Accrued			
	Borrower Name			_		
	Street Address	Street Address				
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	3			
-	Enter total only if last page of schedu	le summary of Receipts,		1		

Schedule A(2)(d), page____ of ____



SCHEDULE A(3)

REBATES AND REFUNDS RECEIVED:

/	Payor Ir	nformation		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Payor Name	Date Rebate/Refund Received				
1	Street Address	1				
1	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	3			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
2	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	3			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	9			
	Payor Name		Date Rebate/Refund Received			
	Street Address	I				
4	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	3			
	Payor Name		Date Rebate/Refund Received			
	Street Address		1			
5	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	9			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts " I	ine 3)	<u> </u>		
$\overline{\ }$	· · · · · · · · · · · · · · · · · · ·		dule A(3), page of		11	/



COMMITTEE ID NUMBER

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Account with Interest Earned (Bank Name / Type of Account)		
Account with Interest Eamed (Bank Name / Type of Account)		
Account with Interest Earned (Bank Name / Type of Account)		
Account with Interest Earned (Bank Name / Type of Account)		
Account with Interest Earned (Bank Name / Type of Account)		
Total (transfer the total received this period to "Summary of Receipts," line 4)		

Schedule A(4), page____ of ____



IN-KIND CONTRIBUTIONS RECEIVED FROM IN-STATE INDIVIDUALS - MORE THAN \$100 DURING ELECTION CYCLE:*

SCHEDULE A(5)(a)

/		Individual Contributor Informat	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Name Date				
	Street Address					
1	City	State	ZIP	-		
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address			-		
2	City	State	ZIP	-		
	Occupation	Employer		-		
	Name		Date In-Kind Contribution Received			
	Street Address			_		
3	City	State	ZIP	-		
	Occupation	Employer		_		
	Name	Name Date In-Kind Contribution Received				
	Street Address			-		
4	City	State	ZIP	-		
	Occupation	Employer		-		
	Name		Date In-Kind Contribution Received			
	Street Address	Street Address		-		
5	City	State	ZIP	-		
	Occupation	Employer		-		
	transfer the total receive	bage of schedule d this period to "Summary of Receipts	," line 5(a))			

*If in-kind contributions of \$100 or less are listed on Schedule A(5)(b), do not include them on Schedule A(5)(a).

Schedule A(5)(a), page ____ of ____



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS RECEIVED FROM IN-STATE INDIVIDUALS - \$100 OR LESS (AGGREGATE):*

SCHEDULE A(5)(b)

/		Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Cumulative In-Kind Contributions from Individuals - \$100 or Less			
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5(b))			

*If contributions of more than \$100 are listed on Schedule A(5)(a), do not include them on Schedule A(5)(b).

Schedule A(5)(b), page____ of ____





STATE OF ARIZONA **COMMITTEE CAMPAIGN**

IN-KIND CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(5)(c)

ved Cumulative Amount this Reporting Perio	his Amount this





IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

Candidate Comr Committee Name Street Address Dity	mittee Contributor Infor	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Street Address					
City		-			
	State	ZIP	-		
Committee ID Number	Date In-Kind Contribution	Received			
Committee Name					
Street Address			-		
Sity	State	ZIP	-		
Committee ID Number	Date In-Kind Contribution	Received	-		
Committee Name					
Street Address			-		
Sity	State	ZIP	-		
Committee ID Number	Date In-Kind Contribution	Received	-		
Committee Name					
Street Address		-			
Sity	State	ZIP	-		
Committee ID Number	Date In-Kind Contribution	Received	-		
Committee Name					
Street Address		-			
Sity	State	ZIP	-		
Committee ID Number	Date In-Kind Contribution	Received	-		
	ity committee ID Number committee Name treet Address ity committee Name treet Address ity committee ID Number	ity State committee ID Number Date In-Kind Contribution committee Name itreet Address ity State committee ID Number Date In-Kind Contribution committee Name itreet Address ity State itreet Address ity Date In-Kind Contribution committee ID Number Date In-Kind Contribution committee ID Number Date In-Kind Contribution committee Name itreet Address itreet Address	iiy State ZIP committee ID Number Date In-Kind Contribution Received committee Name treet Address iity State ZIP committee ID Number Date In-Kind Contribution Received committee Name treet Address iity State ZIP committee ID Number Date In-Kind Contribution Received committee Name treet Address iity Date In-Kind Contribution Received itreet Address iity State ZIP committee ID Number Date In-Kind Contribution Received itreet Address iity State ZIP committee Name treet Address iity State ZIP	ity is it is	ity Sate ZIP Constitution Received Constitut

Schedule A(5)(d), page____ of ____





IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

/	Political Actio	n Committee Contributor	Information	Amount Rece	cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
-	Street Address					
1	City	State	ZIP			
-	Committee ID Number	Date In-Kind Contribut	ion Received			
	Committee Name					
-	Street Address					
2	City	State	ZIP			
-	Committee ID Number	Date In-Kind Contribu	tion Received		_	
_	Committee Name					
-	Street Address					
3						
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	tion Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
-	Committee ID Number	Date In-Kind Contribu	tion Received			
_	Committee Name					
-	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	tion Received			

Schedule A(5)(e), page____ of ____



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

	Politica	al Party Contributor Info	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl	
	Committee Name					
	Street Address					l
1	City	State	ZIP			l
	Committee ID Number Date In-Kind Contribution Received					l
	Committee Name					
	Street Address				l	
2	City	State	ZIP			l
	Committee ID Number			l		
	Committee Name					
	Street Address					l
3	City	State	ZIP			l
	Committee ID Number	Date In-Kind Cor	ntribution Received			l
	Committee Name					
	Street Address					l
1	City	State	ZIP			l
	Committee ID Number	Date In-Kind Cor	ntribution Received			l
_	Committee Name					
	Street Address					l
5	City	State ZIP				l
	Committee ID Number	Date In-Kind Cor	ntribution Received			l
_	Enter total only if last page of (transfer the total received this per	schedule riod to "Summarv of Rece	ipts," line 5(f))			



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

	Partnersl	nip Contributor Infor	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc	
	Partnership Name					
ľ	Street Address					
	City					
I	Corporation Commission File Number					
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Received			
	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Received			
	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Received			
ł	Partnership Name	I				
	Street Address					
	City	State	State ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Received			
I	Enter total only if last page of sch (transfer the total received this period	edule	(z, z)			



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

		Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name Street Address		_			
1	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name Street Address			_		
2	City	State	ZIP	_		
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
	Corporation/LLC Name Street Address		_			
3	City	State	ZIP	_		
	Corporation Commission File Number	Date In-Kind Contribution	Received	_		
	Corporation/LLC Name					
4	Street Address City	State	ZIP	_		
	Corporation Commission File Number	Date In-Kind Contribution		_		
	Corporation/LLC Name					
5	Street Address					
Э	City Corporation Commission File Number	State Date In-Kind Contribution	ZIP Received	_		
	Enter total only if last page of schedule (transfer the total received this period to "Su					



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

	Labor Organi	zation Contributor Inf	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution				
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	oution Received			
	Labor Organization Name	I				
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	oution Received			
	Labor Organization Name	I				
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	oution Received			
	Labor Organization Name	I				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	oution Received			
	Enter total only if last page of sch (transfer the total received this period	edule to "Summary of Receipt	ts," line 5(i))	I		



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM CANDIDATE'S PERSONAL ASSETS OR PROPERTY:

SCHEDULE A(5)(j)

	Candidate	Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Date In-Kind Contribution Received				
	Street Address		•			
1	City	State	ZIP	-		
	Asset or Property Contributed	-				
	Name		Date In-Kind Contribution Received			
	Street Address			-		
2	City	State	ZIP	-		
	Asset or Property Contributed		-			
	Name		Date In-Kind Contribution Received			
	Street Address			-		
3	City	State	ZIP	-		
	Asset or Property Contributed			-		
	Name		Date In-Kind Contribution Received			
	Street Address			-		
4		01.1	710	-		
	City	State	ZIP	-		
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received	4		
-	Street Address					
5	City	State	ZIP			
	Asset or Property Contributed					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts '	" line 5(i))			



STATE OF ARIZONA **COMMITTEE CAMPAIGN**

COMMITTEE ID NUMBER

IN-KIND DONATIONS RECEIVED (NON-CONTRIBUTIONS) (POLITICAL PARTIES ONLY):

SCHEDULE A(6)

/	Source I	nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Date In-Kind Donation Received				
	Street Address					
1	City	State	ZIP	-		
	Type of Item Donated		I	-		
	Name		Date In-Kind Donation Received			
_	Street Address					
2	City	State	ZIP			
	Type of Item Donated					
	Name	Date In-Kind Donation Received				
2	Street Address					
3	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
4	Street Address					
4	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
5	Street Address					
5	City	State	ZIP			
	Type of Item Donated					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	line 6)			
		Sche	edule A(6), page of	F		



COMMITTEE ID NUMBER

EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

	Credi	tor Information	Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Name					
	Street Address					
1	City	State	ZIP	-		
	Services or Goods Provided on Credit	I	Date of Extension of Credit	-		
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Provided on Credit	Date of Extension of Credit				
	Name					
	Street Address					
3	City	State	ZIP	_		
	Services or Goods Provided on Credit		Date of Extension of Credit	_		
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address					
5	City	State	ZIP	-		
	Services or Goods Provided on Credit		Date of Extension of Credit	-		
	Enter total only if last page of schedu (transfer the total received this period to "s	le Summary of Receip	ts," line 7(a))			



COMMITTEE ID NUMBER

PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

	Credito	⁻ Information		Payment Amount on Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Street Address		-			
1	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
2	Street Address		-			
2	City	State	ZIP	-		
	Services or Goods Originally Provided on Credit	Date of Original Extension of Credit				
	Name					
2	Street Address			-		
3	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
_	Street Address					
5	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Enter total only if last page of schedule (transfer the total received this period to "Sur	nmary of Receipts,"	line 7(b))			



COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor C	ommittee Informa	ation	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address					
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable) Type of Shared Expen		Expense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP			
ŀ	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)			
_	Enter total only if last page of sche (transfer the total received this period to					

Schedule A(8), page____ of ____



COMMITTEE ID NUMBER

PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

	Payor I		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Purchased	Payment Date				
	Name					
	Street Address			-		
2	City	State	ZIP	-		
	Services or Goods Purchased		Payment Date	-		
	Name					
	Street Address			-		
3	City	State	ZIP	-		
	Services or Goods Purchased		Payment Date	-		
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Purchased		Payment Date	-		
	Enter total only if last page of schedule (transfer the total received this period to "Sun					



COMMITTEE ID NUMBER

OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

/	1	Information				Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP	-		
	Type of Account Receivable or Debt Owed	1	Date that Debt Accrued			
	Name					
	Street Address			-		
2	City	State	ZIP			
	Type of Account Receivable or Debt Owed	1	Date that Debt Accrued			
	Name					
	Street Address			-		
3	City	State	ZIP	-		
	Type of Account Receivable or Debt Owed	I	Date that Debt Accrued	-		
	Name		1			
	Street Address					
4	City	State	ZIP	-		
	Type of Account Receivable or Debt Owed	I	Date that Debt Accrued	-		
	Name		1			
	Street Address			-		
5	City	State	ZIP	-		
	Type of Account Receivable or Debt Owed	<u> </u>	Date that Debt Accrued	-		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," l	l line 10)			



TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Source of Surplus Monies / Recipient of Transferred Debt		
Source of Surplus Monies / Recipient of Transferred Debt		
Source of Surplus Monies / Recipient of Transferred Debt		
Source of Surplus Monies / Recipient of Transferred Debt		
Source of Surplus Monies / Recipient of Transferred Debt		
Total (transfer the total received this period to "Summary of Receipts," line 11)		

Schedule A(11), page____ of ____



COMMITTEE ID NUMBER

MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

		Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
1	Receipt Type		Receipt Date			
	Name					
-	Street Address					
2	City	State	ZIP			
1	Receipt Type		Receipt Date			
	Name					
-	Street Address					
3	City	State	ZIP			
I	Receipt Type		Receipt Date			
	Name					
-	Street Address					
4	City	State	ZIP			
I	Receipt Type		Receipt Date			
	Name					
-	Street Address					
5	City	State	ZIP			
-	Receipt Type		Receipt Date			

Schedule A(12), page____ of ____



COMMITTEE ID NUMBER

DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

be of Operating Expense Paid me eet Address y be of Operating Expense Paid	Disbursement Date	ZIP PACs and Political Parties Only) ZIP PACs and Political Parties Only)	Cash Credit		
y pe of Operating Expense Paid me eet Address y pe of Operating Expense Paid me	Non-Electoral Purpose? (Disbursement Date State Non-Electoral Purpose? (PACs and Political Parties Only)	□ Credit		
be of Operating Expense Paid me eet Address y be of Operating Expense Paid me me	Non-Electoral Purpose? (Disbursement Date State Non-Electoral Purpose? (PACs and Political Parties Only)	□ Credit		
me eet Address y ee of Operating Expense Paid me	Disbursement Date Disbursement Date State Non-Electoral Purpose? (ZIP	□ Credit		
eet Address y pe of Operating Expense Paid me	State Non-Electoral Purpose? (
y be of Operating Expense Paid me	Non-Electoral Purpose? (
be of Operating Expense Paid	Non-Electoral Purpose? (
me		PACs and Political Parties Only)			
me					•
eet Address					
,	State	ZIP			
be of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only)		□ Cash □ Credit		
me	Disbursement Date				
eet Address			_		
y	State	ZIP			
51 51		PACs and Political Parties Only)	□ Cash □ Credit		
me	Disbursement Date				
eet Address			-		
,	State	ZIP	 □ Cash		
51 51	Non-Electoral Purpose? (PACs and Political Parties Only)		Credit		
	et Address et Address e of Operating Expense Paid te Address e of Operating Expense Paid ter total only if last page of schedule	Image: series of the series	Image: metric series of Operating Expense Paid Disbursement Date Image: series of Operating Expense Paid State ZIP Image: series of Operating Expense Paid Non-Electoral Purpose? (PACs and Political Parties Only) Image: series of Operating Expense Paid Disbursement Date Image: series of Operating Expense Paid State ZIP Image: series of Operating Expense Paid Non-Electoral Purpose? (PACs and Political Parties Only) Image: series of Operating Expense Paid Non-Electoral Purpose? (PACs and Political Parties Only)	Image: method in the image: method in th	e of Operating Expense Paid Non-Electoral Purpose? (PACs and Political Parties Only) I I I I I I I I I I I I I

Schedule B(1), page____ of ____



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	1	e Committee Recipient Info	rmation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	1 1			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Made	e	□ Cash □ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Made	e	□ Cash □ Credit		
	Committee Name					
	Street Address					
4						
	City	State	ZIP	□ Cash		
	Committee ID Number Date Contribution Made			Credit		
	Committee Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Committee ID Number Date Contribution Made					
	Enter total only if last page o (transfer the total disbursed this p	f schedule	pmonto "line Q(a))	I		

Schedule B(2)(a), page____ of ____





SCHEDULE B(2)(b)

-1		Committee Recipien	t Information	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Committee Name					
	Street Address					
-	City	State	ZIP	□ Cash		
ľ	Committee ID Number	Date Contribution M	Made			
	Committee Name					
	Street Address					
2	City	State ZIP				
-	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
ŀ	Street Address					
3	City	State	ZIP			
-	Committee ID Number	Date Contribution	Made	□ Cash □ Credit		
_	Committee Name					
	Street Address					
μ-	Sireet Address					
	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		□ Credit		
	Committee Name					
ŀ	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution	Made	□ Cash □ Credit		
4	Enter total only if last page of sch	adula				

Schedule B(2)(b), page____ of ____



COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

		I Party Recipient Inforr	nation	Amount Contributed	Amount this Reporting Period	Cumulative Amount this Election Cycl
	Committee Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution M	ade			
,	Committee Name					
:	Street Address					
2	City	State	ZIP			
,	ommittee ID Number Date Contribution Made		□ Cash □ Credit			
,	Committee Name					
:	Street Address					
3	City	State	ZIP	□ Cash		
,	Committee ID Number	Date Contribution Made				
'	Committee Name					
	Street Address					
4	City	State	ZIP			
,	Committee ID Number	Date Contribution N	fade	□ Cash □ Credit		
'	Committee Name					
:	Street Address					
5	City	State	ZIP			
,	Committee ID Number	Date Contribution N	fade	□ Cash □ Credit		
E	Enter total only if last page of s (transfer the total disbursed this per	chedule riod to "Summary of Disbu	rsements," line 2(c))			



COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partnership Recipient Information		Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Partnership Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Ma	ade			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	prporation Commission File Number Date Contribution Made		□ Cash □ Credit			
	Partnership Name					
	Street Address					
3	City	State	ZIP	 □ Cash		
	Corporation Commission File Number	Date Contribution M	ade			
	Partnership Name					
	Street Address					
4	City	State	ZIP	 □ Cash		
	Corporation Commission File Number	Date Contribution M	ade			
	Partnership Name	1				
	Street Address					
5	City	State ZIP		□ Cash		
	Corporation Commission File Number	Date Contribution M	ade			
_	Enter total only if last page of sch (transfer the total disbursed this period	edule		1		



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	n / LLC Recipient In	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Corporation/LLC Name					
-	Street Address					
-	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution	Made			
	Corporation/LLC Name					
-	Street Address					
-	City	State	ZIP			
-	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
-	City	State	ZIP			
-	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Corporation/LLC Name					
-	Street Address					
-	City	State	ZIP			
-	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
-	City	State	ZIP			
ŀ	Corporation Commission File Number	Date Contribution	n Made	□ Cash □ Credit		
+	Enter total only if last page of sch (transfer the total disbursed this perio	nedule				

Schedule B(2)(e), page____ of ____



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Organization	n Recipient Inform	ation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Labor Organization Name					
	Street Address			_		
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Labor Organization Name					
ľ	Street Address			_		
2	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Labor Organization Name					
	Street Address			-		
3	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Labor Organization Name					
	Street Address			-		
Ļ	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Labor Organization Name					
	Street Address			-		
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	Immary of Disbursen	nents," line 2(f))	<u> </u>		



SCHEDULE B(2)(h)

CONTRIBUTION	REFUNDS	RECEIVED
--------------	---------	----------

/	ζ Γο	ntributor Informatio	1	Amount Refunded	Cumulative Amount this	Cumulative Amount this
			1	Amount Refunded	Reporting Period	Election Cycle
	Committee Name		Date Refund Received			
	Street Address					
1	City	State	ZIP			
	Committee ID Number	I	Date of Original Contribution			
	Committee Name		Date Refund Received			
-	Street Address			-		
2	City	State	ZIP	_		
-	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
-	Street Address			_		
3	City	State	ZIP			
ľ	Committee ID Number		Date of Original Contribution	-		
	Committee Name		Date Refund Received			
ľ	Street Address			_		
4	City	State	ZIP	_		
	Committee ID Number		Date of Original Contribution	-		
	Committee Name		Date Refund Received			
ŀ	Street Address			-		
5	City	State	ZIP	-		
-	Committee ID Number		Date of Original Contribution	-		
		nedule				

Schedule B(2)(h), page____ of ____



LOANS MADE:

SCHEDULE	B(3)	(a)

	Borrowe	er Information		Amount Loaned	Cumulative Amount this	Cumulative Amount this
	Borrower Name				Reporting Period	Election Cycl
				-		
	Street Address					
1	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made		-		
	Borrower Name					
	Street Address			-		
2	City	State	ZIP	-		
	Guarantor/Endorser Name	Date Loan Made		-		
	Borrower Name					
	borrower Name					
	Street Address					
3	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made		-		
	Borrower Name					
	Street Address			_		
4	City	State	ZIP	-		
	Guarantor/Endorser Name	Date Loan Made		-		
	Borrower Name					
			-			
5	Street Address	reet Address				
	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				

Schedule B(3)(a), page____of



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

/		Guarantor Informatior	ı	Amount	Cumulative Amount this	Cumulativ Amount th
		Guaranteed	Reporting Period	Election Cy		
	Guarantor Name					
	Street Address					
-	City	State	ZIP			
-	Borrower Name	Date Loan Guara	nteed			
	Guarantor Name					
	Street Address					
2	City	State	ZIP			
	Borrower Name	Date Loan Guara	Inteed			
	Guarantor Name					
-	Street Address					
-	City	State	ZIP			
-	Borrower Name	Date Loan Guara	Inteed			
	Guarantor Name					
-	Street Address					
	City	State	ZIP			
-	Borrower Name	Date Loan Guara	nteed			
┦	Guarantor Name					
	Street Address					
-	City	State	ZIP			
	Borrower Name	Date Loan Guara	nteed			

Schedule B(3)(b), page____ of ____



FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

	Borrower Information			Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cyc
	Borrower Name		Date Forgiveness Made			
ľ	Street Address					
-	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstandi	ing			
1	Borrower Name		Date Forgiveness Made			
	Street Address					
-	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstandi	ng			
ł	Borrower Name		Date Forgiveness Made			
-	Street Address					
-	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstandi	ng			
1	Borrower Name		Date Forgiveness Made			
	Street Address					
	City	State	ZIP			
	Driginal Amount of Loan Amount Still Outstanding		ng			
ł	Borrower Name		Date Forgiveness Made			
	Street Address					
	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstandi	ng			
	Enter total only if last page of schedule					

Schedule B(3)(c), page____ of ____



SCHEDULE B(3)(d)

	Lender	Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Repayment Made			
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address			_		
2	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		_		
	Lender Name		Date Repayment Made			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	1			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	 mmary of Disburser	nents " line 3(d))	1		



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

	Lender	Information		Amount of Interest Accrued	Amount this	Cumulative Amount this
	Lender Name		Date Interest Accrued		Reporting Period	Election Cyc
	Street Address					
1	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding	g			
	Lender Name		Date Interest Accrued			
	Street Address			-		
2	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding	g	_	-	
	Lender Name		Date Interest Accrued			
ľ	Street Address			-		
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	g			
	Lender Name		Date Interest Accrued			
	Street Address					
ŀ	City	State	ZIP			
	Original Amount Borrowed	riginal Amount Borrowed Amount Still Outstanding				
	Lender Name		Date Interest Accrued			
	Street Address					
5	City	State	ZIP			
ľ	Original Amount Borrowed	Amount Still Outstanding	g			
_	Enter total only if last page of schedule					

Schedule B(3)(e), page____ of ____



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

		ipient Information		Amount Rebated / Refunded	Cumulative Amount this	Cumulative Amount this
	Name of Original Device				Reporting Period	Election Cycle
ŀ	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
1	City	State	ZIP			
-	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor		Date Rebate/Refund Made			
-	Street Address					
2	City	State	ZIP			
-	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor		Date Rebate/Refund Made			
-	Street Address					
3	City	State	ZIP			
-	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor		Date Rebate/Refund Made			
-	Street Address					
4	City	State	ZIP			
-	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor		Date Rebate/Refund Made			
-	Street Address			_		
5	City	State	ZIP	_		
╞	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor	-		

Schedule B(4), page of



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/	ſ	e Committee Recipient In	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	tion Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Made			
	Committee Name	I				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Made			
_	Enter total only if last page of	schedule				

Schedule B(5)(a), page____ of ____





IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

/		tion Committee Recipient	Information	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
ĺ	Committee ID Number	Date In-Kind Contrib	ution Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number Date In-Kind Contribution Made					
	Enter total only if last page o					

Schedule B(5)(b), page____ of ____



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

	Politi	cal Party Recipient Infor	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contri	bution Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Made			
	Enter total only if last page o (transfer the total disbursed this	f schedule period to "Summary of Disbu	ursements," line 5(c))	I		



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

	Partnership	o Recipient Informati	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc	
	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributio	n Made			
	Partnership Name					
	Street Address					
2	City State ZIP		ZIP			
	Corporation Commission File Number Date In-Kind Contribution Made					
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Made			
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributio	Date In-Kind Contribution Made			
	Partnership Name					
ł	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	n Commission File Number Date In-Kind Contribution Made				
;						



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

	Corporation /	LLC Recipient Inforr	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Made			
	Corporation/LLC Name					
	Street Address					
2	City State ZIP					
	Corporation Commission File Number	Date In-Kind Contribut	ion Made	<u> </u>		
_	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribut	ion Made			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribut	ion Made			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribut	ion Made			
	Enter total only if last page of sche (transfer the total disbursed this period	dule				



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

	Labor Organ	ization Recipient In	formation	Amount Contributed	Amount this Reporting Period	Cumulative Amount this Election Cyc
	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number Date In-Kind Contribution Made					
	Labor Organization Name					
	Street Address					
	City State		ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Made			
5	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Made			
	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Made			
	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	I tribution Made			
-	Enter total only if last page of sch (transfer the total disbursed this period	edule to "Summary of Disb	ursements," line 5(f))			

Arizona Secretary of State Revision 12/20/22 (fillable format)



COMMITTEE ID NUMBER

INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

/	Expenditure	Recipient Informa	tion	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		-			
1	City	State	ZIP	_		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	ncluding % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	- □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
Street Address				-		
2	City	State	ZIP	-		
	Candidate(s) Supported (including % supported)	🗆 Cash				
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
3	City	State	ZIP	-		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (ir	ncluding % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	Credit		
	Recipient Name	<u> </u>	Mode of Advertising (TV, mail, etc)			
	Street Address			-		
	City	State	ZIP	-		
4		pported (including % supported) Candidate(s) Opposed (inc		4		
4	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	iona anig 70 opposed/	□ Cash		

Schedule B(6), page____ of ____



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

ecipient Name reet Address ty allot Measure(s) Supported (including % supported) ate of First Publication, Display, Delivery, or Broadcast acipient Name reet Address	State Ballot Measure(s) Opposed (Election Month/Year	Mode of Advertising (TV, mail, etc)	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
ty allot Measure(s) Supported (including % supported) ate of First Publication, Display, Delivery, or Broadcast acipient Name reet Address	Ballot Measure(s) Opposed (ZIP (including % opposed)			
ty allot Measure(s) Supported (including % supported) ate of First Publication, Display, Delivery, or Broadcast acipient Name reet Address	Ballot Measure(s) Opposed ((including % opposed)			
allot Measure(s) Supported (including % supported) ate of First Publication, Display, Delivery, or Broadcast acipient Name reet Address	Ballot Measure(s) Opposed ((including % opposed)			
ate of First Publication, Display, Delivery, or Broadcast acipient Name reet Address					
ecipient Name reet Address	Election Month/Year	Mode of Advertising (TV, mail, etc)	□ Credit		
reet Address		Mode of Advertising (TV, mail, etc)			
			_		
ty	State	ZIP	-		
llot Measure(s) Supported (including % supported) Ballot Measure(s) Oppos		(including % opposed)	□ Cash		
ate of First Publication, Display, Delivery, or Broadcast	Election Month/Year		□ Credit		
acipient Name		Mode of Advertising (TV, mail, etc)			
reet Address			-		
ty	State	ZIP	-		
allot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed ((including % opposed)	 □ Cash		
ate of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit		
acipient Name	1	Mode of Advertising (TV, mail, etc)			
reet Address		<u> </u>	-		
ty	State	ZIP	-		
allot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed (including % opposed)		□ Cash		
ate of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ ⊡ Credit		
	cipient Name eet Address y Ilot Measure(s) Supported (including % supported) te of First Publication, Display, Delivery, or Broadcast cipient Name eet Address y Ilot Measure(s) Supported (including % supported) te of First Publication, Display, Delivery, or Broadcast nter total only if last page of schedule	cipient Name eet Address y Ilot Measure(s) Supported (including % supported) Eallot Measure(s) Opposed te of First Publication, Display, Delivery, or Broadcast cipient Name eet Address y State ilot Measure(s) Supported (including % supported) Eallot Measure(s) Opposed te of First Publication, Display, Delivery, or Broadcast	cipient Name Mode of Advertising (TV, mail, etc) eet Address y State ZIP lot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed (including % opposed) te of First Publication, Display, Delivery, or Broadcast Election Month/Year cipient Name Mode of Advertising (TV, mail, etc) eet Address y State ZIP lot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed (including % opposed) te of First Publication, Display, Delivery, or Broadcast Election Month/Year cipient Name State ZIP lot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed (including % opposed) te of First Publication, Display, Delivery, or Broadcast Election Month/Year	te of First Publication, Display, Delivery, or Broadcast Election Month/Year cipient Name Mode of Advertising (TV, mail, etc) eet Address y Ilot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed (including % opposed) Credit Copient Name Mode of Advertising (TV, mail, etc) te of First Publication, Display, Delivery, or Broadcast y State ZIP Credit Credit Credit Credit Credit Credit Credit Credit Credit Credit Credit Credit Credit Credit Credit Credit Credit Credit Credit Credi	te of First Publication, Display, Delivery, or Broadcast Election Month/Year cipient Name eel Address y State ZIP liot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed (including % opposed) cipient Name eel Address y State Cipient Name Mode of Advertising (TV, mail, etc) Credit Cash Credit copient Name for first Publication, Display, Delivery, or Broadcast Election Month/Year inter of First Publication, Display, Delivery, or Broadcast Election Month/Year inter total only if last page of schedule

Schedule B(7), page_____ of _____



RECALL EXPENDITURES MADE:

SCHEDULE B(8)

/	Expenditure I	Recipient Informat	ion	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
1	City	State	ZIP	-		
	Supporting or Opposing Issuance of Recall Order? Candidate Sought to be R		lecalled	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		- □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		-			
2	City	State	ZIP	-		
	Supporting or Opposing Issuance of Recall Order?	boosing Issuance of Recall Order? Candidate Sought to be I		□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
3	City	State	ZIP	-		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be R	lecalled	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	ate of First Publication, Display, Delivery, or Broadcast Office Held		Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
4	City	State	ZIP	-		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be R	ecalled	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		_ □ Credit		
		1		1	1	

Schedule B(8), page____ of ____





FINANCE REPORT

SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

/	Benefitted Candidate			Amount	Cumulative Amount this Reporting Period	Cumulati Amount t Election C
	Candidate Name Date Benefit Provi					
	Street Address					
1	City	State	ZIP			
	Type of Benefit Provided	Fype of Benefit Provided				
	Notes:			-		
	Candidate Name Date Benefit Provided		Date Benefit Provided			
	Street Address					
2	City	State	ZIP	_		
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
3	City	State	ZIP			
	Type of Benefit Provided					
	Notes:			_		
	Candidate Name	Candidate Name				
	Street Address			-		
4	City	State	ZIP	-		
	Type of Benefit Provided	Type of Benefit Provided				
	Notes:	Notes:				
	Enter total only if last page of sche (transfer the total disbursed this period t	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 9)				

Schedule B(9), page____ of ____



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

/	Recipient (Committee Informatio	n	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address	Street Address				
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if		(if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
	Committee Name	Payment Date				
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address	Street Address				
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
	Enter total only if last page of sched	ule				
	(transfer the total disbursed this period to	"Summary of Disburse	ments," line 10)			

Schedule B(10), page____ of ____



REIMBURSEMENTS MADE:

SCHEDULE B(11)

	Recipie	nt Information	1	Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	Credit		
	Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date			
	Name					
	Street Address					
3	City	State	ZIP			
S	Services or Goods Reimbursed	Reimbursement Date	□ Cash □ Credit			
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
_	Enter total only if last page of schedul	e				
	(transfer the total disbursed this period to "S	Summary of Dist	oursements," line 11)			

Schedule B(11), page____ of ____



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

/				I	Cumulative	Cumulative
	Debt	Information		Amount	Amount this Reporting Period	Amount this Election Cycle
	Name					
	Street Address			_		
1	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued	_		
	Name					
	Street Address			_		
2	City	State	ZIP	_		
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name			_		
	Street Address					
3	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued	_		
	Name					
	Street Address			_		
4	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued	_		
	Name					
	Street Address			-		
5	City	State	ZIP	-		
	Type of Account Payable or Debt Owed		Date that Debt Accrued	_		
	Enter total only if last page of schedule (transfer the total received this period to "Su	mmarv of Disbursen	nents." line 12)			

Schedule B(12), page____ of _____



TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Total (transfer the total disbursed this period to "Summary of Disbursements," line 13)		

Schedule B(13), page____ of ____



COMMITTEE ID NUMBER

MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

/	/ Recipier	t Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Disbursement Type					
	Name		1			
	Street Address			-		
2	City	State	ZIP			
	Disbursement Type	Disbursement Date	□ Cash □ Credit			
	Name					
	Street Address					
3	City	State	ZIP	_		
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
	Street Address		_			
4	City	State	ZIP	_		
	Disbursement Type		Disbursement Date	☐ Cash ☐ Credit		
	Name					
	Street Address		_			
5	City	State	ZIP	_		
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	mmony of Disburger	nonte " line 14)			
	(transfer the total dispursed this period to St	mmary of Disburser	nents, line 14)			



AGGREGATE OF DISBURSEMENTS - \$250 OR LESS:

SCHEDULE B(15)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Cumulative of Disbursements - \$250 or Less (If disbursements of \$250 or less are listed on any of the other disbursement schedules, do not include them on Schedule B(15))		
Enter total only if last page of schedule (transfer the total received this period to "Summary of Disbursements," line 15)		

Schedule B(15), page____ of ____