☐ School Board District:

		1912		
COM	MITTEE INFORMATION (require			
	Committee Information:	Committee Name:		_
CANE	DIDATE INFORMATION (only if fi	ling as a candidate committee)):	
	Office Sought:	☐ County Office:	☐ Special District Office:	

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):

☐ City/Town Office:

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 Quarter 4 Report: October 1, 2023 to 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

*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.e. 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 no financial activity during the reporting period. Lines (a)-(d) still must be completed, but only this cover following page need to be filed					

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):

_			
	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(I) from 1(k))		
2.	Loans (a) Leans Reseived		
	(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		
10.	Outstanding Accounts Receivable / Debts Owed to Committee		
	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
	Miscellaneous Receipts (use cash and/or equity as applicable)		
	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))		
3.	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))		
4.	Rebates and Refunds Made (Non-Contributions)		
5.	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))		
6.	Independent Expenditures Made		
7.	Ballot Measure Expenditures Made		
8.	Recall Expenditures Made		
9.	Support Provided to Party Nominees (Political Parties Only)		
10.	Joint Fundraising / Shared Expense Payments Made		
11.	Reimbursements Made		
12.	Outstanding Accounts Payable / Debts Owed by Committee		
13.	Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)		
14.	Miscellaneous Disbursements (use cash and/or equity as applicable)		
15.	Aggregate of Disbursements - \$250 or Less (use cash and/or equity as applicable)		
16.	Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15)		/



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

SCHEDULE A(1)(a)

	Individual Conti	ributor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
1	Street Address					
	City	State	ZIP			
	Occupation	Employer				
	Name	<u>I</u>	Date Contribution Received			
	Street Address		<u> </u>			
2	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		Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer				
	Establish and Maria					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," l	line 1(a))			

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

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

COMMITTEE ID NUMBER

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)

	Individual Cont	ributor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address			-		
1	City	State	ZIP	-		
	Occupation	Employer	I	-		
	Name	<u> </u>	Date Contribution Received			
	Street Address			-		
2	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	1	Date Contribution Received			
	Street Address			-		
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(c))			

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

MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

ntributor Inf	ormation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name				
	ZIP			
Contribution Rece	l pived			
	ZIP			
Contribution Rece	sived			
Street Address				
	ZIP			
Contribution Rece	eived			
	ZIP			
Contribution Rece	sived			
Street Address				
	ZIP			
Contribution Rece	eived			
Cont		ribution Received Receipts," line 1(d))	ribution Received	ribution Received

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

	Political 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	I d	-		
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed	-		
	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					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Enter total only if last page of schedule					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 1(e))			

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

/						
	Political Party Co	ntributor Informat	ion	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	I ed			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	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 Received				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Enter total only if last page of schedule (transfer the total received this period to "Sum					

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

	Partnership Con	tributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					,
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed .			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
H	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number					
	Corporation Commission File Number Date Contribution Received					
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Received				
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," l	line 1(g))			

Schedule A(1)(g), page___ of ___



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

	Corporation / LLC	Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name				. 0	·
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	red	-		
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	red			
	Corporation/LLC Name					
	Street Address	Street Address				
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Received				
	Corporation/LLC Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	red			
	Enter total only if last page of schedule (transfer the total received this period to "Su	,	r 44.			
	(transfer the total received this period to "Su	mmary of Receipts,"	line 1(n))			

Schedule A(1)(h), page____ of ___



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

/						
	Labor Organization	Contributor Inforn	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name				. 0	•
	Street Address			-		
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed .			
	Labor Organization Name					
	Street Address	_				
2	City	State ZIP		_		
	Corporation Commission File Number	Date Contribution Receive	ed			
3	Labor Organization Name					
	Street Address			-		
	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receive	ed	-		
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed	-		
	Labor Organization Name					
	Street Address			-		
5	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receive	ed	_		
_	Enter total only if last page of schedule (transfer the total received this period to "Sum					

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

,				i		
	Candidate	Information		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				
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
		Employer	<u></u>			
	Name		Date Contribution Received			
5	Street Address					
J	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(j))			

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

	Contributo	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Refunded			
	Street Address		1			
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		Date Contribution Refunded			
	Street Address					
3	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address	Street Address				
4	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
5	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Enter total only if last page of schedule	(5)	. 400			
	(transfer the total received this period to "Sumi	mary of Receipts," I	ine 1(I))			

Schedule A(1)(I), page ____ of___



LOANS RECEIVED: SCHEDULE A(2)(a)

Lender I Inder Name Beet Address // arantor/Endorser Name Beet Address // arantor/Endorser Name	nformation Date Loan Received State Non-Electoral Purpose? (□ Date Loan Received	ZIP PACs and Political Parties Only)	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
eet Address / arantor/Endorser Name oder Name eet Address	State Non-Electoral Purpose? (Date Loan Received	PACs and Political Parties Only)			
arantor/Endorser Name inder Name eet Address	Non-Electoral Purpose? (PACs and Political Parties Only)			
arantor/Endorser Name oder Name set Address	Non-Electoral Purpose? (PACs and Political Parties Only)			
eet Address	Date Loan Received				
set Address	Date Loan Received				
1	State	Γ	_		
	State	T			
arantor/Endorser Name		ZIP	_		
		PACs and Political Parties Only)	-		
nder Name	Date Loan Received				
eet Address					
,	State	ZIP	1		
arantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)			
nder Name	Date Loan Received				
eet Address					
,	State	ZIP			
arantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)		1		
nder Name	Date Loan Received				
Street Address			1		
	State	ZIP	-		
1		1	Ī		
/ a	et Address rantor/Endorser Name	state State Non-Electoral Purpose? (Ger Name Date Loan Received et Address	State ZIP rantor/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only) ler Name Date Loan Received et Address	State ZIP rantor/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only) Ger Name Date Loan Received et Address	State ZIP rantor/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only) In Indian Parties Only Date Loan Received et Address

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



FORGIVENESS ON LOANS RECEIVED: SCHEDULE A(2)(b)

	Lender I	nformation		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				
	Original Autourit of Eduli	74mount our outstanding				
-			T			
	Lender Name		Date Forgiveness Received			
	Street Address					
١.						
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address					
	0.0007,000					
3		I _{a.} .				
	City	State	ZIP			
	Colorinal Association 1	A Chill Out-to din				
	Original Amount of Loan	Amount Still Outstanding				
			T			
	Lender Name		Date Forgiveness Received			
	Street Address					
4						
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name	•	Date Forgiveness Received			
	Street Address		<u> </u>	1		
5	City	State	ZIP			
			 -			
	Original Amount of Loan	Amount Still Outstanding	l	-		
	Original Amount of Loan	Amount Sun Outstanding				
H		<u> </u>				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	many of Rocaints " I	ine 2(h))			
	(manarar the total received this period to Sum	mary or neceipis, I	110 2(D))			

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



REPAYMENT ON LOANS MADE: SCHEDULE A(2)(c)

	Borrower	Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Repayment Received			
	Street Address		l			
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address					
5		T _{ac. t} .	710			
	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 2(c))			

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

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



INTEREST ACCRUED ON LOANS MADE: SCHEDULE A(2)(d)

		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				
	Borrower Name	l	Date Interest Accrued			
	Street Address	et 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				
	Borrower Name		Date Interest Accrued			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Interest Accrued			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Enter total only if last page of schedule					
	(transfer the total received this period to "Sum	mary of Receipts," I				

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



REBATES AND REFUNDS RECEIVED: SCHEDULE A(3)

				l	1 1	
/	,	Payor Information		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Payor Name		Date Rebate/Refund Received			
	treet Address					
1	City	State	ZIP			
	Original Purchase Amount	Reason for Refur	nd/Rebate			
	Payor Name	'	Date Rebate/Refund Received			
	Street Address	Street Address				
2	City	State	ZIP			
	Original Purchase Amount	Reason for Refur	nd/Rebate			
	Payor Name	I	Date Rebate/Refund Received			
	Street Address		I			
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refur	nd/Rebate			
	Payor Name	I	Date Rebate/Refund Received			
	Street Address		I			
4	City	State	ZIP			
	Original Purchase Amount	Reason for Refu	nd/Rebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
5	City	State	ZIP			
	Original Purchase Amount	Reason for Refur	nd/Rebate			
_	Enter total only if last page of (transfer the total received this per	schedule	sinte " line 2)			
_	Tuansier the total received this per	Tod to Summary of Rece	ripis, iiile oj			

COMMITTEE ID NUMBER

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Account with Interest Eamed (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 Conti	ributor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name	l	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		Date In-Kind Contribution Received			
	Street Address	Street Address				
4	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
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 5(a))			

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

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

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 ____



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

SCHEDULE A(5)(c)

Individual Contributor Information Nerve Date In-Knet Contributor Received Reporting Period Received Reporting Period Received Reporting Period Received Reporting Period Received Received							
Street Address City State Date in Ninet Constitution Received Street Address 2 City State Employer Name Date in Ninet Constitution Received Street Address 2 City State Employer Date in Ninet Constitution Received Street Address 2 City State Date in Ninet Constitution Received Street Address 2 City State Date in Ninet Constitution Received Street Address 3 City State Date in Ninet Constitution Received Street Address Date in Ninet Constitution Received Street Address 4 City State Date in Ninet Constitution Received Street Address 4 City State Date in Ninet Constitution Received Street Address 4 City State Date in Ninet Constitution Received Street Address 5 City State Date in Ninet Constitution Received	/	Individual Cont	ributor Informatio	n	Amount Received	Amount this	Cumulative Amount this Election Cycle
Dispersion		Name		Date In-Kind Contribution Received			
City State Zip		Street Address			_		
Name City State Zip	1	City	State	ZIP	-		
2 City State ZIP Occupation Completion Contribution Received Allower Date in-Kind Contribution Received Occupation Employer Name Date in-Kind Contribution Received Occupation Employer Name Date in-Kind Contribution Received Occupation Employer Name Date in-Kind Contribution Received Occupation Employer Allower ZIP Occupation Employer Occupation Employer Name Date in-Kind Contribution Received State ZIP Occupation Employer Occupation Employer State ZIP Occupation Employer State ZIP Occupation Employer State ZIP Occupation Employer Employer State ZIP Occupation Employer Employer		Occupation	Employer		-		
City State Zip		Name	1	Date In-Kind Contribution Received			
Occupation Employer Name Date In-Kind Contribution Received Street Address 3 City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address 4 City State ZIP Occupation Employer Date In-Kind Contribution Received Street Address 5 City State ZIP Occupation Employer Employer		Street Address			-		
Name Date In-Kind Contribution Received Street Address City State ZIP Occupation Employer Date In-Kind Contribution Received Street Address 4 City State ZIP Occupation Employer Employer Date In-Kind Contribution Received Street Address 4 City State ZIP Occupation Employer Date In-Kind Contribution Received Street Address 5 City State ZIP Occupation Employer Employer	2	City	State	ZIP			
Street Address City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address 4 City State ZIP Occupation Employer Date In-Kind Contribution Received Employer Street Address 5 City State ZIP Occupation Employer		Occupation	Employer				
City		Name		Date In-Kind Contribution Received			
City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address 4 City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address 5 City State ZIP Occupation Employer Date In-Kind Contribution Received Employer Employer Date In-Kind Contribution Received							
Name Date In-Kind Contribution Received	3	City	State	ZIP			
Street Address City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address City State ZIP Occupation Employer		Occupation	Employer				
A City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address City State ZIP Occupation Employer		Name		Date In-Kind Contribution Received			
City State ZIP							
Name Date In-Kind Contribution Received Street Address City State ZIP Occupation Employer	4	City	State	ZIP			
Street Address		Occupation	Employer				
5 City State ZIP Occupation Employer		Name		Date In-Kind Contribution Received			
Occupation Employer		Street Address]		
	5	City	State	ZIP]		
Enter total only if last page of schedule		Occupation	Employer	1			
(transfer the total received this period to "Summary of Receipts," line 5(c))		Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts."	line 5(c))	<u>1</u>		

Schedule A(5)(c), page___ of ____



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

_	Candidate Committee	Contributor Infor	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	many of Bassints "1	lino F(d))			
	Lucinolei ille total received tills bellog to Sulli	mary or neceipis, I	U(u))			

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

	Political Actic	on Committee Contributo	or Information	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contril				
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contri	ibution Received			
	Committee Name					
	Street Address	Street Address				
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contri	ibution Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contri	ibution Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number Date In-Kind Contribution Received					

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

/						
	Political Party Co	ntributor Informat	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		. 0	j		
	Street Address			-		
1	City	State	ZIP	-		
	Committee ID Number	-				
	Committee Name					
	Street Address			-		
2	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address		_			
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received	-		
	Committee Name					
	Street Address			-		
4	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Received	-		
	Committee Name					
	Street Address					
5	City	State	ZIP	_		
	Committee ID Number	Date In-Kind Contribution	Received	_		
	Enter total only if last page of schedule (transfer the total received this period to "Sum					
	(transfer the total received this period to "Sum	mary of Receipts," I	ine 5(f))			

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

/						
	Partnership (Contributor Informati	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					, l
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number					
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Received	_		
-	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Received			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	ber Date In-Kind Contribution Received				
	Partnership Name	Partnership Name				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Received	_		
_	Enter total only if last page of schedu (transfer the total received this period to "	ıle				
	(transfer the total received this period to "S	Summary of Receipts,"	line 5(g))			

Schedule A(5)(g), page___ of ___



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

	Corporation / LLC	Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name			1 0		
	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	n Received	-		
	Corporation/LLC Name					
	Street Address		-			
3	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	n Received	_		
	Corporation/LLC Name					
	Street Address		-			
4	City	State	ZIP	-		
	Corporation Commission File Number Date In-Kind Contribution Received			-		
	Corporation/LLC Name	<u> </u>				
	Street Address	-				
5	City	State	ZIP	_		
	Corporation Commission File Number	Date In-Kind Contribution	n Received	_		
-	Enter total only if last page of schedule (transfer the total received this period to "Sur	nmary of Receipts "	line 5/h))			



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

Labor Organization Contributor Information Amount Received Amount this Amount t								
Street Address	/	Labor Organiza	ation Contributor Info	ormation		Amount Received	Amount this	Cumulative Amount this Election Cycle
Total City State 23P Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name State Address City State In-Kind Contribution Received Labor Organization Name Sever Address 3 City State 23P Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Sever Address 4 City State 23P Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Sever Address 4 City State 23P Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Sever Address 4 City State 23P Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Sever Address 5 City State 23P Corporation Commission File Number Code In-Kind Contribution Received		Labor Organization Name						
Corporation Commission File Number Date in Kind Contribution Received Labor Cigarization Name Secret Address Corporation Commission File Number Date in Kind Contribution Received Labor Cigarization Name Secret Address City State ZiP Corporation Commission File Number Date in Kind Contribution Received Labor Cigarization Name Secret Address City State ZiP Corporation Commission File Number Date in Kind Contribution Received Labor Cigarization Name Sized Address Date in Kind Contribution Received Labor Cigarization Name Sized Address Labor Cigarization Name Sized Address Date in Kind Contribution Received Labor Cigarization Name Date in Kind Contribution Received		Street Address						
Labor Organization Name Street Address ZIP Carporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address 3 City Carponation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address 4 City Carponation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address 4 City Carponation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address 4 City Carponation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address 5 City Carponation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address 5 City Carponation Commission File Number Date In-Kind Contribution Received	1	City	State	ZIP				
Street Address State ZIP		Corporation Commission File Number	Date In-Kind Contribut	tion Received				
2 City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Labor Organization Name Labor Organization Name Street Address ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address ZIP Corporation Commission File Number Date In-Kind Contribution Received		Labor Organization Name						
City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received		Street Address						
Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received	2	City	State	ZIP				
Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received		Corporation Commission File Number	Date In-Kind Contribu	ition Received				
City State ZIP		Labor Organization Name						
Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received		Street Address						
Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received	3	City	State	ZIP				
Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received		Corporation Commission File Number	Date In-Kind Contribu	tion Received				
4 City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received		Labor Organization Name						
City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received		Street Address						
Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received	4	City	State	ZIP				
Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received		Corporation Commission File Number	Corporation Commission File Number Date In-Kind Contribution Received					
5 City State ZIP Corporation Commission File Number Date In-Kind Contribution Received		Labor Organization Name						
City State ZIP Corporation Commission File Number Date In-Kind Contribution Received		Street Address						
	5	City	State	ZIP				
Enter total only if last page of schedule		Corporation Commission File Number	Date In-Kind Contribu	tion Received				
10 C 0 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C	_	Enter total only if last page of sche	dule					

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



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

SCHEDULE A(5)(j)

/						
	Candida	ate 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	1		
	Asset or Property Contributed	Asset or Property Contributed				
	Name		Date In-Kind Contribution Received			
	Street Address			<u> </u> -		
2	City	State	ZIP	-		
	Asset or Property Contributed			_		
	Name	Date In-Kind Contribution Received				
	Street Address					
3	City	State	ZIP			
	Asset or Property Contributed		-			
r	Name		Date In-Kind Contribution Received			
	Street Address			-		
4	City	State	ZIP	1		
	Asset or Property Contributed		-			
\vdash	Name		Date In-Kind Contribution Received			
	Street Address			-		
5	City	State	ZIP	_		
	Asset or Property Contributed			-		
L						
L	Enter total only if last page of schedul (transfer the total received this period to "St	e ımmary of Receipts, [*]	' line 5(j))			



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

SCHEDULE A(6)

	Source	Information		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					
	Name		Date In-Kind Donation Received			
	Street Address			-		
2	City	State	ZIP	-		
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address		_			
3	City	State	ZIP	-		
	Type of Item Donated			_		
	Name		Date In-Kind Donation Received			
	Street Address			-		
4	City	State	ZIP	-		
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	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 "Sun	nmary of Receipts,"	line 6)			

Schedule A(6), page_____ of ____



EXTENSIONS OF CREDIT RECEIVED: SCHEDULE A(7)(a)

Craditor				O	
Creditor	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		Date of Extension of Credit			
Name	<u>1</u>				
Street Address					
City	State	ZIP			
Services or Goods Provided on Credit		Date of Extension of Credit			
Name					
Street Address					
City	State	ZIP	_		
Services or Goods Provided on Credit	Date of Extension of Credit	_			
Name					
Street Address		_			
City	State	ZIP	_		
Services or Goods Provided on Credit	Date of Extension of Credit	_			
Name					
Street Address		-			
City	State	ZIP	_		
Services or Goods Provided on Credit	Date of Extension of Credit	-			
	Street Address City Services or Goods Provided on Credit Name Street Address City Services or Goods Provided on Credit Name Street Address City Services or Goods Provided on Credit Name Street Address City Services or Goods Provided on Credit Name Street Address City Street Address City Services or Goods Provided on Credit Name Street Address City Services or Goods Provided on Credit Name Street Address City Services or Goods Provided on Credit Name	Street Address City State Services or Goods Provided on Credit Name Street Address City State Services or Goods Provided on Credit Name Street Address City State Street Address City State Street Address City State Services or Goods Provided on Credit Name Street Address City State Street Address City State	Street Address City State ZIP Date of Extension of Credit Name Street Address City State ZIP Date of Extension of Credit Date of Extension of Credit Name Street Address City State ZIP Date of Extension of Credit Name Street Address City State ZIP Date of Extension of Credit Date of Extension of Credit Name Street Address City State ZIP Date of Extension of Credit Name Street Address City State ZIP Date of Extension of Credit Name Street Address City State ZIP Date of Extension of Credit Name Street Address City State ZIP Date of Extension of Credit Name Street Address	Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address	Street Address City State Services or Goods Provided on Credit Date of Extension of Credit Street Address City State ZiP Services or Goods Provided on Credit Date of Extension of Credit Date of Extension of Credit Date of Extension of Credit Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZiP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZiP Services or Goods Provided on Credit Date of Extension of Credit Date of Extension of Credit Name Street Address City State ZiP Services or Goods Provided on Credit Date of Extension of Credit

Schedule A(7)(a), page____ of ____



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

/	Creditor	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					
	Street Address					
2	City	State	ZIP			
	Services or Goods Originally Provided on Credit	Date of Original Extension of Credit				
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Originally Provided on Credit	<u> </u>	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					
	Enter total only if last page of schedule (transfer the total received this period to "Sun	nmary of Receipts,"	line 7(b))			

Schedule A(7)(b), page____ of ____



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor Co	mmittee Informati	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 Exp	ense (if applicable)			
	Committee Name		Payment Date			
2	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)			
	Committee Name		Payment Date			
3	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)			
	Committee Name		Payment Date			
5	Street Address					
	City State		ZIP			
	Date of Joint Fundraising Event (if applicable)					
	Enter total only if last page of sched (transfer the total received this period to '	ule Summary of Receip	ts," line 8)			

Schedule A(8), page____ of ____



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

	Payor Information			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					
	City	State	ZIP	_		
	Services or Goods Purchased		Payment Date	_		
	Enter total only if last page of schedule (transfer the total received this period to "Sum					



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

/	Info	rmation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					•
	Street Address	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		Date that Debt Accrued			
1	Name					
	Street Address	Street Address				
3	City	State	ZIP			
	Type of Account Receivable or Debt Owed	Date that Debt Accrued				
	Name					
	Street Address					
4	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
5	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Enter total only if last page of schedule (transfer the total received this period to "Sun					

Schedule A(10), page____ of ____

COMMITTEE ID NUMBER

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 ____



MISCELLANEOUS RECEIPTS: SCHEDULE A(12)

_	Source I	nformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name		l			
	Street Address					
2	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
3	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
4	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
5	City	State	ZIP			
	Receipt Type		Receipt Date			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 12)			

Schedule A(12), page____ of ____



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/	Re	ecipient Information	Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Name	Disbursement Date	Disbursement Date			
	Street Address					
1	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpos	□ Cash □ Credit			
	Name	Disbursement Date				
	Street Address					
2	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpos	se? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date				
	Street Address					
3	City	State	ZIP	□ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpos	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Name	Disbursement Date				
	Street Address					
4	City	State	ZIP	□ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpos	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Name	Disbursement Date				
	Street Address					
5	City	State	ZIP	☐ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpos	se? (PACs and Political Parties Only)	□ Credit		
	Enter total only if last page of sch (transfer the total disbursed this perio	nedule				

Schedule B(1), page____ of ____



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	Candidate Comm	ittee Recipient Infori	mation	Amount	Cumulative Amount this	Cumulative Amount this
	Committee Name			Contributed	Reporting Period	Election Cycle
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		□ Credit		
	Committee Name	•				
2	Street Address	1	1			
_	Committee ID Number	State Date Contribution Made	ZIP	☐ Cash☐ Credit		
	Committee Name	_ Ordan				
	Street Address					
3	City	State	ZIP			
	Committee ID Number Date Contribution Made			☐ 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			
	Committee ID Number			□ Cash □ Credit		
	Enter total only if last page of schedu (transfer the total disbursed this period to "	le Summary of Disburser	ments " line 2(a))			
	Transier the total dispulsed this belief to		edule B(2)(a), page			



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

_	Political Action Commi	ttee Recipient Info	ormation	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		□ Credit		
	Committee Name					
2	Street Address	T	1			
	City	State	ZIP	□ Cash □ Credit		
	Committee ID Number Date Contribution Made Committee Name			L Credit		
	Street Address					
3	City	State	ZIP	□ Cash □ Credit		
	Committee ID Number	Date Contribution Made				
	Committee Name Street Address					
4						
	City Committee ID Number	State Date Contribution Made	ZIP	□ Cash □ Credit		
	Committee Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		□ Credit		
L	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	mmary of Disbursen	nents," line 2(b))			
/		Sche	edule B(2)(b), page of	f		



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Poli	tical Party Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution M	/lade	□ Cash □ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP	ПСоор		
	Committee ID Number	Date Contribution I	Made	□ Cash □ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution I	Made	□ Cash □ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution N	Made	□ Cash □ Credit		
	Committee Name	Committee Name				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution N	Made	□ Cash □ Credit		
_	Enter total only if last page (transfer the total disbursed this	of schedule				



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	ship Recipient Informat	ion	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Partnership Name						
	Street Address						
1	City	State	ZIP	T Cook			
	Corporation Commission File Number	Date Contribution Made	е	□ Cash □ Credit			
	Partnership Name						
	Street Address						
2	City	State	ZIP	П Оh			
	Corporation Commission File Number	Date Contribution Mad	de	□ Casn	☐ Cash☐ Credit		
	Partnership Name						
_	Street Address	Street Address					
3	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Mad	de	□ Cash □ Credit			
	Partnership Name						
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Mad	de	□ Cash □ Credit			
	Partnership Name	1					
	Street Address	Street Address					
5	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Mac	de	□ Cash □ Credit			
_	Enter total only if last page of scl (transfer the total disbursed this perio	hedule					



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

′	Corporation	n / LLC Recipient In	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 Contribution	Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP	ПСоор		
	Corporation Commission File Number	Date Contribution	n Made	☐ Cash	☐ Cash☐ Credit	
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	n Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	n Made	☐ Cash☐ Credit		
	Corporation/LLC Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	n Made	□ Cash □ Credit		
	Enter total only if last page of scl (transfer the total disbursed this perio	nedule				



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

,	Labor Organ	ization Recipient Inforr	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Labor Organization Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made		□ Credit		
	Labor Organization Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made	•	□ Credit		
	Labor Organization Name					
3	Street Address					
	City	State	ZIP	□ Cash		
	Corporation Commission File Number Date Contribution Made			□ Credit		
	Labor Organization Name					
ļ		Street Address				
	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made		□ Credit		
	Labor Organization Name					
5	Street Address	T	1			
	City	State	ZIP	☐ Cash		
	Corporation Commission File Number	Date Contribution Made		☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(f))					



CONTRIBUTION REFUNDS RECEIVED: SCHEDULE B(2)(h)

	Contributo	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name	Date Refund Received				
	Street Address					
1	City	State	ZIP			
	Committee ID Number		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			
	Committee ID Number		Date of Original Contribution			
	Committee Name	Date Refund Received				
	Street Address					
4	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address		<u> </u>			
5	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	amony of Diahur-	nonto " lino 2/h\\			
	Triansier the total dispulsed this period to Sur	innary of Disburser	nenta, iiile z(II))			

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



LOANS MADE: SCHEDULE B(3)(a)

/	Borrower	⁻ Information		Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name					
	Street Address					
1	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made	<u> </u>			
	Borrower Name					
	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	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	1				
	Street Address			_		
5	City	State	ZIP	-		
	Guarantor/Endorser Name	Date Loan Made	1	-		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Disburseme	ents," line 3(a))			

Schedule B(3)(a), page___of ___



LOAN GUARANTEES MADE: SCHEDULE B(3)(b)

				Ī		
	Guar	antor Information		Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Guarantor Name					-
	Street Address					
1	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address					
2	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed	1			
	Guarantor Name	1				
	Street Address					
3	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed	-			
	Guarantor Name					
	Street Address	dress				
4	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address					
5	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed	1			
	Enter total only if last page of schedu (transfer the total received this period to "	ule				

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 this Election Cycle
	Borrower Name		Date Forgiveness Made			
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name	<u> </u>	Date Forgiveness Made			
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name Date Forgiveness Made					
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan Amount Still Outstanding					
	Borrower Name	<u> </u>	Date Forgiveness Made			
	Street Address					
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	l			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	I nmary of Disbursen	nents," line 3(c))	<u> </u>		

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

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



REPAYMENT ON LOANS RECEIVED: SCHEDULE B(3)(d)

_	Lender I	nformation	,	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		<u> </u>			
2	City	State				
	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				
	Enter total only if last page of schedule					
	(transfer the total disbursed this period to "Sur	mmary of Disbursen	nents," line 3(d))			

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



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

Lender I	nformation		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Lender Name		Date Interest Accrued			
Street Address			_		
City	State	ZIP	_		
Original Amount Borrowed	Amount Still Outstanding	L			
Lender Name		Date Interest Accrued			
Street Address	eet Address				
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding				
Lender Name		Date Interest Accrued			
Street Address					
City	State	ZIP	_		
Original Amount Borrowed	Amount Still Outstanding				
Lender Name		Date Interest Accrued			
Street Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding				
Lender Name		Date Interest Accrued			
Street Address			_		
City	State	ZIP			
	Amount Still Outstanding				
riginal Amount Borrowed Amount Still Outstanding					
	Lender Name Street Address City Original Amount Borrowed Lender Name Street Address City Original Amount Borrowed	Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Ender Name Street Address Street Address	Lender Name Date Interest Accrued Street Address State ZIP Original Amount Borrowed Amount Still Outstanding City State ZIP Original Amount Borrowed Amount Still Outstanding City State ZIP Original Amount Borrowed Amount Still Outstanding Lender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding City State ZIP Original Amount Borrowed Amount Still Outstanding City State ZIP Original Amount Borrowed Amount Still Outstanding Lender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Lender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Lender Name Date Interest Accrued Street Address ZIP Original Amount Borrowed Amount Still Outstanding Lender Name Date Interest Accrued Street Address ZIP Original Amount Borrowed ZIP Original Amount Borrowed Amount Still Outstanding Lender Name Date Interest Accrued Street Address ZIP Original Amount Borrowed ZIP Original Amount Borrowed	Lender Name Street Address City State City	Lender Information Dele Inferest Accound Silver Address City Sule ZiP Cityral Amount Borrowed Amount Still Cutstanding Cityral Amount Borrowed Cityral Amou

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

/	Rec	sipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	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			
	Enter total only if last page of sche (transfer the total disbursed this period	dule				

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Schedule B(4), page____ of ____



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/	Candidate Committe	e Recipient Inforr	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address	ess				
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name	l				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name	Committee Name				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nman, of District	cente " line E(e\\			

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

	Political Action Commi	ttee Recipient Info	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 Contribution	I Made			
	Committee Name	<u> </u>				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
-	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	mmary of Disbursen	nents," line 5(b))			

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

Political Party Recommittee Name reet Address ty pommittee ID Number pommittee Name reet Address	State Date In-Kind Contribution I	ZIP	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
ty mmittee ID Number mmittee Name reet Address						
ommittee ID Number committee Name reet Address						
ommittee ID Number ommittee Name reet Address						
ommittee Name reet Address	Date in-Kind Contribution I	Made				
reet Address	l					
				1		
ty		Street Address				
	State ZIP		_			
ommittee ID Number	Date In-Kind Contribution	Made	-			
Committee Name						
reet Address						
ty	State	ZIP				
ommittee ID Number	Date In-Kind Contribution	Made				
ommittee Name						
reet Address						
ty	State	ZIP				
ommittee ID Number	Date In-Kind Contribution Made		_			
ommittee Name						
Street Address			_			
ty	State	ZIP	_			
ommittee ID Number	Date In-Kind Contribution	Made				
	reet Address by committee ID Number committee Name creet Address by committee ID Number creet Address by committee Name creet Address	reet Address State Date In-Kind Contribution promittee Name reet Address Ty State Date In-Kind Contribution promittee ID Number Date In-Kind Contribution promittee ID Number Date In-Kind Contribution promittee Name reet Address Ty State Date In-Kind Contribution Date In-Kind Contribution Date In-Kind Contribution	reet Address State ZIP Date In-Kind Contribution Made Date In-Kind Contribution Made Teet Address State ZIP Date In-Kind Contribution Made Date In-Kind Contribution Made State ZIP Date In-Kind Contribution Made Date In-Kind Contribution Made	reet Address Ty State ZIP Date In-Kind Contribution Made Teet Address Ty State ZIP Date In-Kind Contribution Made Treet Address Ty State ZIP Date In-Kind Contribution Made Treet Address Ty State ZIP Treet Address Ty State ZIP Treet Address Ty Date In-Kind Contribution Made	y State ZIP Date In-Kind Contribution Made State ZIP Date In-Kind Contribution Made Vy State ZIP Date In-Kind Contribution Made State ZIP Date In-Kind Contribution Made Date In-Kind Contribution Made Date In-Kind Contribution Made Date In-Kind Contribution Made Date In-Kind Contribution Made	

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



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

/						
	Partnership Re	cipient Informatio	n	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					,
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	<u> </u> Made			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	ber Date In-Kind Contribution Made				
	Partnership Name					
	Street Address			_		
4	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Made	-		
	Partnership Name					
	Street Address			_		
5	City	State	ZIP	_		
	Corporation Commission File Number	Date In-Kind Contribution	Made			
_	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur					

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

	Corporation / LLC	Recipient Informa	ation	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	Made	-		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	l Made	1		
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	l Made			
	Corporation/LLC Name	<u> </u>				
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	I Made			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	Immary of Dishurser	ments " line 5(e))	<u> </u>		
	The second secon	, 5. 2.0001301	, 5(5//		<u> </u>	

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IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

/	Labor Organization	n Recipient Inform	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address	rreet Address				
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name					
3	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Made				
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
_	Enter total only if last page of schedule (transfer the total disbursed this period to "Su					

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



INDEPENDENT EXPENDITURES MADE: SCHEDULE B(6)

/	Expenditure	Recipient Informa	tion	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name	tecipient Name				
	Street Address		•			
1	City	State	ZIP	_		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	Licluding % 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)	Candidate(s) Opposed (in	Licluding % 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					
3	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	Licluding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ □ Credit		
	Recipient Name	Recipient Name				
	Street Address	Street Address				
4	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	Licluding % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ □ Credit		

Schedule B(6), page____ of ____



BALLOT MEASURE EXPENDITURES MADE: SCHEDULE B(7)

/	Expenditure	Recipient Informatio	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		1			
1	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(including % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		- □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
2	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(including % opposed)	☐ Cash		
•	Date of First Publication, Display, Delivery, or Broadcast Election Month/Year			_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(including % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
4	City	State	ZIP	-		
7	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(including % opposed)	☐ Cash		
		1		□ Credit		

Schedule B(7), page____ of ____



RECALL EXPENDITURES MADE: SCHEDULE B(8)

Expenditure ient Name t Address orting or Opposing Issuance of Recall Order? of First Publication, Display, Delivery, or Broadcast ient Name	Recipient Information State Candidate Sought to be Recipied Office Held	Mode of Advertising (TV, mail, etc)	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
orting or Opposing Issuance of Recall Order? of First Publication, Display, Delivery, or Broadcast	Candidate Sought to be Red	ZIP			
orting or Opposing Issuance of Recall Order? of First Publication, Display, Delivery, or Broadcast ient Name	Candidate Sought to be Red	talled			
of First Publication, Display, Delivery, or Broadcast	Candidate Sought to be Red	talled			
of First Publication, Display, Delivery, or Broadcast					
ient Name	Office Held	Mode of Advertising (TV, mail, etc)	☐ Credit		
		Mode of Advertising (TV, mail, etc)			
t Address					
	State	ZIP			
orting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	called	☐ Cash		
Date of First Publication, Display, Delivery, or Broadcast Office Held			_ □ Credit		
ient Name		Mode of Advertising (TV, mail, etc)			
t Address					
	State	ZIP	1		
orting or Opposing Issuance of Recall Order?	Candidate Sought to be Red	called	☐ Cash		
of First Publication, Display, Delivery, or Broadcast	Office Held		□ Credit		
ient Name		Mode of Advertising (TV, mail, etc)			
t Address					
-	State	ZIP			
	Candidate Sought to be Rec	Licalled	☐ Cash		
orting or Opposing Issuance of Recall Order?	000		☐ Credit		
i A	ing or Opposing Issuance of Recall Order?	State	State ZIP Ing or Opposing Issuance of Recall Order? Candidate Sought to be Recalled	State ZIP Ing or Opposing Issuance of Recall Order? Candidate Sought to be Recalled Cash Credit	State ZIP Ing or Opposing Issuance of Recall Order? Candidate Sought to be Recalled Cash Credit

Schedule B(8), page____ of ____



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

	Benefitt	ed Candidate		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Candidate Name		Date Benefit Provided			
	Street Address		l			
1	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		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		Date Benefit Provided			
	Street Address					
4	City	State	ZIP			
-	Type of Benefit Provided					
	Notes:					
	Enter total only if lest many of ask-skyl-					
	Enter total only if last page of schedule (transfer the total disbursed this period to "S	; ummary of Disbursen	nents," line 9)			

Schedule B(9), page____ of ____



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

/	Recipient Co	ommittee Informatio	on	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			-
4	Street Address					
1	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	e (if applicable)	☐ Credit		
	Committee Name	•	Payment Date			
	Street Address					
2	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	e (if applicable)	□ Credit		
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	e (if applicable)	☐ Credit		
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	e (if applicable)	☐ Credit		
	Committee Name		Payment Date			
	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 schedu (transfer the total disbursed this period to "	le Summary of Disburse	ments," line 10)			

Schedule B(10), page____ of ____



REIMBURSEMENTS MADE: SCHEDULE B(11)

/	Recipien	t Information		Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	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	□ Credit			
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Reimbursed	1	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	1	Reimbursement Date	□ Cash □ Credit		
_	Enter total only if last page of schedule (transfer the total disbursed this period to "Su					

Schedule B(11), page____ of ____



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

	Debt In	formation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Name				
	Street Address					
1	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name		l			
	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		<u>I</u>			
	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 "Sumi			l		
	(transfer the total received this period to "Sumi	mary of Disburseme	ents," line 12)			

COMMITTEE ID NUMBER

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		
ecipient of Surplus Monies / Source of Transferred Debt		
ecipient of Surplus Monies / Source of Transferred Debt		
ecipient of Surplus Monies / Source of Transferred Debt		
ecipient of Surplus Monies / Source of Transferred Debt		
otal cransfer the total disbursed this period to "Summary of Disbursements," line 13)		

Schedule B(13), page____ of ____



MISCELLANEOUS DISBURSEMENTS: SCHEDULE B(14)

/	Recipie	ent Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
2	City	State	ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
3	City	State	ZIP	T Out		
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
4	City	State	ZIP	- Cook		
	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 schedul					

COMMITTEE ID NUMBER

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 ____