

COMMITTEE	INFORMATION	(required):
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	Committee Information:	Committee Name:	
CANI	DIDATE INFORMATION (only if fil	ing as a candidate committee):	
	Office Sought.	☐ County Office:	☐ Special District Office:
		☐ City/Town Office:	☐ School Board District:
	Cumulative Report:		
	☐ Check here if this is the	e candidate committee's first, cumulative rep	ort for the election cycle. Also select appropriate Reporting Period below.
	Cumulative reporting perio	od start date (which supersedes the start d	ate for the Reporting Period selected below):
REP	ORTING 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, 2023 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 16, 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, 2024 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 August Pre-Primary Election Report: July 1, 2024 to July 20, 2024	July 21, 2024 to July 27, 2024
2024 August Post-Primary Election (Q3) Report: July 21, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
2024 Quarter 3 Report: July 1, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
2024 November Pre-General Election Report: October 1, 2024 to October 19, 2024	October 20, 2024 to October 26, 2024
2024 November 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. §§§ 1-24	3(A) 1-301 and 1-303

*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 <u>no</u> financial activity during the reporting period. Lines (a)-(d) still must be following page need to be filed.	e completed, but only this c	over page and the

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):

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SUMMARY OF DISBURSEMENTS (Schedule B):

/	Disbursements	Cash	Equity
1.	Disbursements for Operating Expenses		
2.	Contributions Made		
	(a) Candidate Committees		
	(b) Political Action Committees		
	(c) Political Parties		
	(d) Partnerships		
	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		
	(f) Labor Organizations (PAC & 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 (PAC & Political Parties Only)		
	(f) Labor Organizations (PAC & 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		
15.	Aggregate of Disbursements - \$250 or Less		
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 Contr	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				
	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		-		
	Name		Date Contribution Received			
	Street Address		_			
5	City	State	ZIP	_		
	Occupation	Employer				
_	Enter total only if last page of schedule					
	Enter total only if last page of schedule (transfer the total received this period to "Sum					

*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.

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



MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

/					Cumulative	Cumulative
/	Individual Co	ontributor Informa	tion	Amount Received	Amount this Reporting Period	Amount this Election Cycle
	Name		Date Contribution Received		. 0	·
	Street Address		I			
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		7ID			
			Lii			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer	I			
	Name		Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page of schedu (transfer the total received this period to "S					

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MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

/	Candidate Committee	· Contributor Info	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 Contribution Receive	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 Received				
	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 school de					
	Enter total only if last page of schedule (transfer the total received this period to "Sum					

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

MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

Political Action Committe	ee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
mmittee Name					
eet Address					
,	State	ZIP			
mmittee ID Number	Date Contribution Receive	d			
mmittee Name					
eet Address					
1	State	ZIP			
mmittee ID Number	Date Contribution Receive	ed			
mmittee Name					
Street Address					
/	State	ZIP			
mmittee ID Number	Date Contribution Receive	<u>l</u> ed			
mmittee Name					
eet Address					
/	State	ZIP			
mmittee ID Number	Date Contribution Receive	<u>l</u>			
mmittee Name					
eet Address					
1	State	ZIP			
mmittee ID Number	Date Contribution Receive	d ed			
iter total only if la	st page of schedule ived this period to "Sumr	st page of schedule		st page of schedule	st page of schedule

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	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				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 1(f))			

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	-		
	Sky	Suite				
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name					
	Street Address					
2	City	State	ZIP	<u> </u>		
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name					
	Street Address					
3	Cit.	State	ZIP	<u> </u>		
	City	State	ZIF			
	Corporation Commission File Number Date Contribution Received					
	Partnership Name					
	Street Address					
4		la.	T	-		
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name					
	Street Address					
5		T	T	_		
	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					
	(transfer the total received this period to "Sum	mary of Receipts," I	line 1(g))			

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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					·
	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	ed			
	Corporation/LLC Name	1				
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	<u>l</u>			
	Enter total only if last page of schedule (transfer the total received this period to "Sur	mmony of Passints "	line 1/h)\			
	triansier the total received this period to Sur	illiary of Receipts,	IIIIC 1(II))			

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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					
		Street Address					
	1	City	State	ZIP			
		Corporation Commission File Number	Date Contribution Receive	I ed			
		Labor Organization Name					
		Street Address					
	2	City	State	ZIP			
		Corporation Commission File Number	Date Contribution Receive	<u> </u> ed			
-		Labor Organization Name					
		Street Address					
	3	City	State	ZIP			
		Corporation Commission File Number	Date Contribution Receive	<u> </u> ed			
-		Labor Organization Name					
		Street Address					
	4	City	State	ZIP			
		Corporation Commission File Number	Date Contribution Receive	<u>l</u> 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 "Sumi	I mary of Receipts," I	ine 1(i))	<u> </u>		

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MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

	Candidate	e Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address			1		
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	<u> </u> 		
	Occupation	Employer		-		
	Name		Date Contribution Received			
	Street Address			_		
5		State	ZIP	-		
				-		
	Occupation	Employer				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," l	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		<u> </u>	_		
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			_		
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 eah adda					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 1(I))			

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LOANS RECEIVED: SCHEDULE A(2)(a)

/	Lender I	nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name	Date Loan Received				
	Street Address					
1	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)	-		
	Lender Name	Date Loan Received				
	Street Address	<u> </u>				
2	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address					
3	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)				
	Lender Name	Date Loan Received				
	Street Address	<u> </u>				
4	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)				
	Lender Name	Date Loan Received				
	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Enter total only if last page of schedule (transfer the total received this period to "Sum		ine 2(a))			

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

Lender Information Amount Forgiven Amount this Amoun	
Street Addresss 1 City State ZPP Criginal Amount of Loan London Name Date Forgivenese Received Street Addresss 2 City State ZPP Criginal Amount of Loan Amount Still Cutstanding London Name Date Forgivenese Received Street Addresss 3 City State ZPP Criginal Amount of Loan Amount Still Cutstanding London Name Date Forgivenese Received Street Addresss 4 City State ZPP Criginal Amount of Loan Amount Still Cutstanding London Name Date Forgivenese Received Street Addresss 4 City State Street Addresss 5 City State Date Forgivenese Received Date Forgivenese Received Street Addresss Date Forgivenese Received Street Addresss City State Date Forgivenese Received	nulative unt this ion Cycle
Cay	
Criginal Amount of Loan Lender Name Date Forgineness Received Street Address City Original Amount of Loan Amount Self Outstanding Date Forgiveness Received Street Address City Original Amount of Loan Amount Self Outstanding Date Forgiveness Received Street Address City Original Amount of Loan Amount Self Outstanding Lender Name Date Forgiveness Received Street Address City Original Amount of Loan Amount Self Outstanding Lender Name Date Forgiveness Received Street Address Lender Name Date Forgiveness Received	
Lander Name Date Forgiveness Received Street Address ZIP Original Amount of Loan Amount Still Outstanding Lander Name Date Forgiveness Received Street Address 3 City Original Amount of Loan Amount Still Outstanding Lander Name Date Forgiveness Received Street Address 3 City Original Amount of Loan Amount Still Outstanding Lander Name Date Forgiveness Received Street Address 4 City Original Amount of Loan Amount Still Outstanding Lander Name Date Forgiveness Received Street Address 4 City Original Amount of Loan Amount Still Outstanding Lander Name Date Forgiveness Received	
Street Address Stre	
City State ZIP	
Original Amount of Loan Amount Still Outstanding Lander Name Date Forgiveness Received Street Address City Original Amount of Loan Amount Still Outstanding Lander Name Date Forgiveness Received Street Address Lander Name Date Forgiveness Received Lander Name Date Forgiveness Received Lander Name Date Forgiveness Received Street Address Lander Name Date Forgiveness Received Street Address Lander Name Date Forgiveness Received	
Lender Name Date Forgiveness Received	
Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Lender Name Date Forgiveness Received Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Lender Name Date Forgiveness Received Street Address Tip Original Amount of Loan Amount Still Outstanding Lender Name Date Forgiveness Received Street Address Tip Original Amount of Loan Amount Still Outstanding	
State ZIP	
City State ZIP City State ZIP	
Lender Name Street Address City Original Amount of Loan Amount Still Outstanding Date Forgiveness Received Street Address City Original Amount of Loan Amount Still Outstanding Date Forgiveness Received Street Address City Original Amount of Loan Amount Still Outstanding Original Amount of Loan Amount Still Outstanding	
Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Lender Name Date Forgiveness Received Street Address City State ZIP Original Amount of Loan Amount Still Outstanding	
City State ZIP	
City State ZIP Original Amount of Loan Amount Still Outstanding Lender Name Date Forgiveness Received Street Address City State ZIP Original Amount of Loan Amount Still Outstanding	
Lender Name Street Address City Original Amount of Loan Date Forgiveness Received ZIP Amount Still Outstanding	
Street Address City State ZIP Original Amount of Loan Amount Still Outstanding	
5 City State ZIP Original Amount of Loan Amount Still Outstanding	
Original Amount of Loan Amount Still Outstanding	
Enter total only if last page of schedule	
Entertotal only it last page of sofiedule	

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



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

Borrowe	r Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
wer Name		Date Repayment Received			
t Address					
	State	ZIP	-		
nal Amount Borrowed	Amount Still Outstanding	I	-		
wer Name		Date Repayment Received			
t Address			-		
	State	ZIP			
nal Amount Borrowed	Amount Still Outstanding		-		
wer Name		Date Repayment Received			
Street Address			_		
	State	ZIP	_		
nal Amount Borrowed	Amount Still Outstanding				
wer Name		Date Repayment Received			
t Address			-		
	State	ZIP	_		
nal Amount Borrowed	Amount Still Outstanding		_		
wer Name		Date Repayment Received			
t Address			-		
	State	ZIP	_		
nal Amount Borrowed	Amount Still Outstanding		_		
er total o	only if last page of schedule	Borrowed Amount Still Outstanding Only if last page of schedule	Borrowed Amount Still Outstanding	Amount Still Outstanding only if last page of schedule	Borrowed Amount Still Outstanding only if last page of schedule

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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		l			
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	1			
	Borrower Name	I	Date Interest Accrued			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name Date Interest Accrued		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 lost wass of sales did-					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 2(d))			

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REBATES AND REFUNDS RECEIVED: SCHEDULE A(3)

		nformation		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Payor Name		Date Rebate/Refund Received			
	Street Address					
1	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	<u>l</u>			
	Payor Name		Date Rebate/Refund Received			
	Street Address		l			
2	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	<u> </u>			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	<u> </u>			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
4	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	<u> </u>			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
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					
	(transfer the total received this period to "Sum	mary of Receipts," I	ine 3)			

Schedule A(3), page____ of ____

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 Earned (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)

	Individ	lual Contributor Informat	ion	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	I	Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address	Street Address				
3	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	Street Address				
5	City	State	ZIP			
	Occupation	Employer		_		
	Enter total only if last name of a	ah adula				
	Enter total only if last page of so (transfer the total received this period	chedule od 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), 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 1(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)

/	Candidate Committe	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Committee Name					
	Street Address			-		
	Sueet Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	I 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	_		

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



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

Candidate Committee	Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution I	Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution Received				
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
Enter total only if last page of schedule					
	Committee Name Street Address City Committee ID Number Street Address City Committee ID Number Committee Name Street Address City Committee ID Number Street Address City Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number	Street Address City State Committee ID Number Date In-Kind Contribution I Committee ID Number Date In-Kind Contribution I Street Address City State Committee ID Number Date In-Kind Contribution Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution	Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Street Address Street Address Street Address Street Address Street Address	Silvest Address City Slate ZIP Committee Name Sireet Address City Slate ZIP Committee Name Sireet Address City Slate ZIP Committee ID Number Date in-Kind Contribution Received Committee Name Silvest Address City Slate ZIP Committee Name Silvest Address City Slate ZIP Committee Name Silvest Address City Slate ZIP Committee ID Number Date in-Kind Contribution Received Committee ID Number ZIP Committee ID Number Date in-Kind Contribution Received Committee ID Number Date in-Kind Contribution Received Committee ID Number Date in-Kind Contribution Received	Camrittee Name Street Address Chy State ZP Committee 1D Number Date in-Kind Contribution Received Committee Name Street Address Cry State ZP Committee Name Street Address Cry State ZP Committee Name Street Address Cry State ZP Committee ID Number Date in-Kind Contribution Received Committee Name Street Address Cry State ZP Committee ID Number Date in-Kind Contribution Received

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(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 In-Kind Contribution I	Received			
		Committee Name					
	=	Street Address					
2	2	City	State	ZIP			
	=	Committee ID Number	Date In-Kind Contribution	Received			
-		Committee Name					
	=	Street Address					
3	3	City	State	ZIP			
	=	Committee ID Number	Date In-Kind Contribution	Received			
-		Committee Name					
	=	Street Address					
4	4	City	State	ZIP			
	=	Committee ID Number	Date In-Kind Contribution Received				
		Committee Name					
	=	Street Address					
Ę	5	City	State	ZIP			
	-	Committee ID Number	Date In-Kind Contribution	Received			
\mid		Enter total only if last page of schedule (transfer the total received this period to "Sumi	(5)				
	- 1	(transter the total received this period to "Sumi	mary of Receipts," I	ine 5(e))			

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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					
1	Street Address					
	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	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	mary of Receipts," I	line 5(f))			

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

/						
	Partnership Co	ontributor Informati	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name				. 0	·
	Street Address			-		
1	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received	<u>-</u>		
	Partnership Name					
	Street Address			_		
2	City	State	ZIP	_		
	Corporation Commission File Number	Date In-Kind Contribution	Received	_		
	Partnership Name					
	Street Address	-				
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address			-		
4	City	State	ZIP			
	Corporation Commission File Number Date In-Kind Contribution Received			-		
	Partnership Name					
	Street Address			_		
5	City	State	ZIP	_		
	Corporation Commission File Number	Date In-Kind Contribution	Received	_		
	Enter total only if last page of schedule (transfer the total received this period to "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	Cumulative Amount this
	Corporation/LLC Name				Reporting Period	Election Cycle
	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					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number Date In-Kind Contribution Received					
	Corporation/LLC Name					
F	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sur	nmary of Receipts," l	line 5(h))			

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

	Labor Organization	Contributor Inforr	mation	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	Received	-		
	Labor Organization Name					
	Street Address			-		
2	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received	_		
	Labor Organization Name					
	Street Address		_			
3	City	State	ZIP	_		
				_		
	Corporation Commission File Number Date In-Kind Contribution Received					
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number Date In-Kind Contribution Received			1		
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received	1		
	Enter total only if last page of schedule (transfer the total received this period to "Sur	<u>, </u>				
_	transier the total received this period to "Sur	nmary of Receipts,"	line ɔ(l))			

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



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

SCHEDULE A(5)(j)

/						
/	Candidat	e 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	City	State	ZIP	-		
	Asset or Property Contributed	1	1	1		
	Name		Date In-Kind Contribution Received			
	Street Address			-		
5	City	State	ZIP	-		
	Asset or Property Contributed			-		
H	Enter total only if last page of schedule (transfer the total received this period to "Sur					
Ļ	(transfer the total received this period to "Sur		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		<u> </u>			
1	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address					
2	City	State	ZIP			
	Type of Item Donated	I				
	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					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 6)			

Schedule A(6), page____ of ____



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

	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	l	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					
	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 schedule (transfer the total received this period to "Sum	mary of Receipts "	line 7(a))			
_	<u>'</u>		` ''		1	

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



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

/	Creditor	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	I.	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		Date of Original Extension of Credit			
4	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
5	Street Address					
	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 "Summary of Receipts," lin					
	(transfer the total received this period to "Sum	line 7(b))				

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



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

Payor Coi	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
Committee Name		Payment Date			
Street Address					
City	State	ZIP			
Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)			
Committee Name		Payment Date			
Street Address					
City	State	ZIP			
Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)			
Committee Name		Payment Date			
Street Address					
City	State	ZIP			
Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)			
Committee Name		Payment Date			
Street Address					
City	State	ZIP			
Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)			
Committee Name		Payment Date			
Street Address					
City State		ZIP			
Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)			
Enter total only if last page of schedule					
	Committee Name Street Address City Date of Joint Fundraising Event (if applicable) Committee Name Street Address City Date of Joint Fundraising Event (if applicable) Committee Name Street Address City Date of Joint Fundraising Event (if applicable) Committee Name Street Address City Date of Joint Fundraising Event (if applicable) Committee Name Street Address City Date of Joint Fundraising Event (if applicable) Committee Name Street Address City Date of Joint Fundraising Event (if applicable) Enter total only if last page of schedu	Committee Name Street Address City State Date of Joint Fundraising Event (if applicable) Type of Shared Expending Ev	Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Type of Shared Expense (if applicable) Type of Shared Expense (if applicable)	Payment Date	Payment Amount Management

Schedule A(8), page____ of ____



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

		nformation			Cumulative	
	Name	Payor Information			Amount this Reporting Period	Cumulative Amount this Election Cycle
		Name				
	Street Address					
1 (City	State	ZIP			
s	Services or Goods Purchased		Payment Date			
1	Name					
\$	Street Address					
2	City	State	ZIP			
S	Services or Goods Purchased		Payment Date			
1	Name					
\$	Street Address					
3	City	State	ZIP			
s	Services or Goods Purchased		Payment Date			
1	Name					
5	Street Address					
4	City	State	ZIP			
s	Services or Goods Purchased		Payment Date			
1	Name					
5	Street Address					
5	City	State	ZIP			
s	Services or Goods Purchased		Payment Date			
E /	Enter total only if last page of schedule transfer the total received this period to "Summary of Receipts," line 9)					

Schedule A(9), page____ of ____



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					
1	City	State	ZIP			
	Type of Account Receivable or Debt Owed	l	Date that Debt Accrued			
	Name					
	Street Address					
2	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	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 "Sum					
	(transfer the total received this period to "Sum	mary of Receipts,"	line 10)			

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)

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

Schedule A(12), page____ of ____



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

	Recipient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Name Disbursement Date					
	Street Address					
1	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Pur	pose? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Da	ate			
	Street Address	et Address				
2	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Pur	Non-Electoral Purpose? (PACs and Political Parties Only)			
3	Name	Disbursement Date				
	Street Address					
	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only)		□ Cash □ Credit		
	Name	me Disbursement Date				
	Street Address					
4	City	State	ZIP			
	Type of Operating Expense Paid		pose? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date				
_	Street Address	Street Address				
5	City	State	ZIP	□ Cash □ Credit		
	Type of Operating Expense Paid	Non-Electoral Pur	pose? (PACs and Political Parties Only)	i orean		

Schedule B(1), page____ of ____



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	Candidate Committee	ee Recipient Infor	mation	Amount Contributed	Cumulative Amount this	Cumulative Amount this
	Committee Name				Reporting Period	Election Cycle
	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 Committee Name	Committee ID Number Date Contribution Made				
	Street Address					
3		State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
_	Street Address					
5	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	manan, of Diahumaan	nente " line 2(a))			



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

/	Political Action Commit	tee 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					
_	Street Address					
2	2 City	State	ZIP	□ Cash		
	Committee ID Number Date Contribution Made			☐ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number Date Contribution Made			□ Credit		
	Committee Name	Committee Name				
	Street Address					
4	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name	Committee Name				
	Street Address					
5	5 City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sun	nmary of Disbursen	nents," line 2(b))			
\	_	O-t-	edule B(2)(b), page of	·		/



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Political Party Ro	ecipient Information	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name				,	
1	Street Address City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Committee Name					
-	Street Address					
	City	State	ZIP			
•	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
-	Street Address	Street Address				
3	City	State	ZIP			
•	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		□ Credit		
	Committee Name					
. [Street Address					
	City Committee ID Number	State Date Contribution Made	ZIP	☐ Cash☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sui					



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partner	ship Recipient Information	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name			1 0	
	Street Address				
1	City	State ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made	□ Credit		
	Partnership Name				
	Street Address				
2	City	State ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made	☐ Casii		
3 0	Partnership Name				
	Street Address				
	City	State ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made	☐ Casii		
	Partnership Name				
	Street Address				
1	City	State ZIP	□ Cook		
	Corporation Commission File Number	Date Contribution Made	□ Cash □ Credit		
	Partnership Name	1			
	Street Address				
	City	State ZIP			
	Corporation Commission File Number	Date Contribution Made	□ Cash □ Credit		
-	Enter total only if last page of sc	hedule bd to "Summary of Disbursements," line 2(d))			



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	Corporation/LLC Name				
	Street Address					
1	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	□ Cash □ Credit	
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
_	Enter total only if last page of sol (transfer the total disbursed this perio	l hedule				



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Orga	nization Recipient In	formation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name	Labor Organization Name				
	Street Address					
1	City	State	ZIP	□ Cook		
	Corporation Commission File Number	Date Contribution I	Made	□ Cash □ Credit		
	Labor Organization Name					
	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					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
5	City	State	ZIP	П C		
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Enter total only if last page of scl	nedule		<u> </u>		

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



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			_		
	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			_		
ļ	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address			_		
	City	State	ZIP			
	Committee ID Number		Date of Original Contribution	_		
	Committee ID Number		1			

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				
	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	l			
	Borrower Name	I				
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made	I			
	Borrower Name	I				
	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	/Endorser Name Date Loan Made				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 3(a))			

Schedule B(3)(a), page___of ___



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

		r 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				
	Guarantor Name	<u> </u>				
	Street Address					
3	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address					
4	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed		-		
	Guarantor Name	<u> </u>				
	Street Address					
5	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 3(b))			

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



FORGIVENESS ON LOANS MADE: SCHEDULE B(3)(c)

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

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					
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				
	Enter total only if last page of schedule					
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 3(d))			

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



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

Lender I	nformation		Amount of Interest Accrued	Amount this	Cumulative Amount this Election Cycle	
Lender Name		Date Interest Accrued			-	
Street Address		<u> </u>				
City	State	ZIP				
Original Amount Borrowed	Amount Still Outstanding					
Lender Name	l	Date Interest Accrued				
Street Address	et 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		_			
	Lender Name Street Address City Original Amount Borrowed Lender Name Lender Name Street Address City Original Amount Borrowed Lender Name 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 Lender Name Street Address Street Address	Ender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Sill Outstanding Ender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Sill Outstanding Lender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Sill Outstanding Ender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Sill Outstanding Ender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Sill Outstanding Ender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Sill Outstanding Date Interest Accrued Street Address City Date Interest Accrued Street Address Date Interest Accrued	Lender Name Sireet Address City State City	Lender Information Lender Name Date Inferest Accoused Street Address City State City State Date Inferest Accoused Amount Still Outstanding Date Inferest Accoused Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Date Inferest Accoused Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Date Inferest Accoused Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Date Inferest Accoused Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Date Inferest Accoused Street Address City State Date Inferest Accoused Date Inferest Accoused Street Address City State Date Inferest Accoused Date Inferest Accoused Street Accoused Date Inferest Accoused Street Accoused Date Inferest Accoused Street Accoused Date Inferest Accoused Date Inferest Accoused Street Accoused Date Inferest Accoused Date Inferest Accoused Date Inferest Accoused Street Accoused Date Inferest Accoused	

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

/	Red	cipient 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	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					
1	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					
	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	edule				

Schedule B(4), page____ of ____



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

	Candidate Committe	e Recipient Inforr	nation	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	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	<u> </u>				
	Street Address	ot 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	mmary of Disbursen	nents," line 5(a))			

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

	Political Action Commit	tee 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	Made			
	Committee Name					
	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 "Sur	(5: :				

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

Political Party Re	ecipient Information	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	I Made			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Made			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Made			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution Made				
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name Street Address City Committee ID Number Committee Name Street Address City Committee Name Street Address City Committee ID Number Committee ID Number City Committee ID Number Committee ID Number Committee ID Number Committee ID Number Committee Name Street Address City Committee ID Number Committee ID Number	Street Address City State Committee ID Number Date In-Kind Contribution Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee ID Number Date In-Kind Contribution Committee Name Street Address City State Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee Name Street Address Street Address	Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made	Committee ID Number Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made	Committee Name Street Address City State Date in Kind Contribution Made Committee ID Number Date in Kind Contribution Made Committee ID Number Date in Kind Contribution Made Committee ID Number Date in Kind Contribution Made Committee Name Street Address City State ZiP Committee Name Street Address City State ZiP Committee ID Number Date in Kind Contribution Made Committee ID Number Street Address City State ZiP Committee ID Number Date in Kind Contribution Made Committee ID Number Date in Kind Contribution Made

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



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

,						
	Partnership Red	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	I Made			
	Partnership Name	L				
	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	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	mmary of Disbursen	nents," line 5(d))			

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

Corporation / LLC proporation/LLC Name reet Address by proporation Commission File Number proporation/LLC Name reet Address by proporation Commission File Number proporation Commission File Number proporation/LLC Name	Recipient Informa State Date In-Kind Contribution State Date In-Kind Contribution	ZIP Made	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
proporation Commission File Number proporation/LLC Name reet Address	Date In-Kind Contribution	Made			
prporation Commission File Number proporation/LLC Name reet Address by proporation Commission File Number	Date In-Kind Contribution	Made			
orporation Commission File Number orporation/LLC Name reet Address by orporation Commission File Number	Date In-Kind Contribution	Made			
reet Address by proporation Commission File Number	State	ZIP			
reet Address ty proporation Commission File Number					
iy orporation Commission File Number					
proration Commission File Number					
	Date In-Kind Contribution	Made		1	
orporation/LLC Name					
reet Address					
ly	State	ZIP			
orporation Commission File Number	Date In-Kind Contribution	Made			
prporation/LLC Name					
reet Address					
ly	State	ZIP			
proration Commission File Number	Date In-Kind Contribution Made				
orporation/LLC Name					
reet Address					
ty	State	ZIP	-		
orporation Commission File Number	Date In-Kind Contribution	Made	-		
n tr	proporation Commission File Number reet Address y proporation/LLC Name proporation Commission File Number reet Address y proporation/LLC Name reet Address	proporation Commission File Number Date In-Kind Contribution proporation/LLC Name State State Date In-Kind Contribution Proporation Commission File Number Date In-Kind Contribution Date In-Kind Contribution Proporation/LLC Name Date In-Kind Contribution Date In-Kind Contribution Date In-Kind Contribution Date In-Kind Contribution	proration Commission File Number Date In-Kind Contribution Made Proved Address State ZIP Proporation/LLC Name Date In-Kind Contribution Made Date In-Kind Contribution Made	proration Commission File Number Date In-Kind Contribution Made proration/LLC Name State ZIP proration Commission File Number Date In-Kind Contribution Made proration/LLC Name State ZIP proration/LLC Name State ZIP State ZIP State ZIP	proration Commission File Number Date In-Kind Contribution Made proration/LLC Name State ZIP proration Commission File Number Date In-Kind Contribution Made proration/LLC Name State ZIP proration/LLC Name Tele Address y State ZIP Troporation Commission File Number Date In-Kind Contribution Made

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



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

	Labor Organizatio	n Recipient Inform	ation	Amount Contributed	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	Made			
	Labor Organization Name					
	Street Address			_		
2	City	State	ZIP	_		
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name					
	Street Address					
3	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)

/		Recipient Informa		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	Locluding % 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			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	ncluding % 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			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	ncluding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		□ Credit		
	Recipient Name	<u> </u>	Mode of Advertising (TV, mail, etc)			
	Street Address					
4	City	State	ZIP	1		
	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		

Schedule B(6), page____ of ____



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

	Expenditure	Recipient Info	ormation	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			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s)	Opposed (including % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Ye	ar	☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
2	City	State	ZIP			
			Opposed (including % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Election Month/Year		ar	_ □ 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/Yea	ar	_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			1		
	City	State	ZIP	1		
4	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed (including % opposed)		_ □ Cash		
4	Danot Measure(s) Supported (including % supported)			□ Credit		

Schedule B(7), page____ of ____



RECALL EXPENDITURES MADE: SCHEDULE B(8)

	Expenditure I	Recipient Informatio	n	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 Reca	alled	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		- □ Credit		
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address					
2	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Rec		alled	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Office Held			☐ Credit		
	Recipient Name	I.	Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Reca	alled	☐ Cash ☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		L Credit		
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address		1	1		
4	City	State	ZIP	1		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Recalled		☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	t Office Held		□ Credit		
	Enter total only if last page of schedul (transfer the total disbursed this period to "S	e Summary of Disbursen	nents," line 8)	I		

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SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

/		Benefitted Candidate	Э	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Candidate Name		Date Benefit Provided			
	Street Address					
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 last page	of schedule				
	Enter total only if last page (transfer the total disbursed this	s period to "Summary of Dis	bursements," line 9)			

Schedule B(9), page____ of ____



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

/	Recipient Com	nmittee Information	ı	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address					
1	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense ((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		(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		(if applicable)	□ Credit		
	Committee Name		Payment Date			
4	Street Address					
4	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable) Type of Shared Expense ((if applicable)	□ Credit		
	Committee Name		Payment Date			
5	Street Address		T			
	City	State	ZIP	☐ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense ((if applicable)	☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	mmary of Disbursen	nents," line 10)			
\	1				ı	/

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REIMBURSEMENTS MADE: SCHEDULE B(11)

	Recipient	Information		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	<u> </u>	Reimbursement Date	☐ Cash		
	Name					
	Street Address					
3	City	State	ZIP			
	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		
	Dervices di Guodis Reii/IDUI'Séd		Reimbursement Date			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sui	(D)				

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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					
	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	<u> </u>	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					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," l	ine 12)			

Schedule B(12), page____ of ____

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 ransfer the total disbursed this period to "Summary of Disbursements," line 13)		

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MISCELLANEOUS DISBURSEMENTS: SCHEDULE B(14)

		Recipient Information	n	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Credit		
	Name		•			
	Street Address					
2	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Credit		
	Name					
	Street Address					
3	City		ZIP	□ Cash		
	Disbursement Type	1	Disbursement Date	□ Credit		
	Name					
	Street Address					
4	City		ZIP	□ Cash		
	Disbursement Type	'	Disbursement Date	□ Credit		
	Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Casn □ Credit		
	Enter total only if last page (transfer the total disbursed this	of schedule	1			

Schedule B(14), page____ of ____



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		
Enter total only if last page of schedule (transfer the total received this period to "Summary of Disbursements," line 15)		

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