

	nmittee Information:	Committee Name: Angie Amarillas	s for Goodyear City Council	
IDIDATE IN	FORMATION (only if filin	ng as a candidate committee):		
Offic	ce Sought.	County Office:	□ Sp	ecial District Office:
		City/Town Office: Goodyear	🗆 Sc	hool Board District:
□ Cui		candidate committee's first, cumulative ro I start date (which supersedes the start		select appropriate Reporting Period belo elected below):
		REPORTING PERIOD		REPORT DUE
	2023 Quarter 4 Report	t: October 1, 2023 to December 31, 202	23	January 1, 2024 to January 16, 2024*
v		t: October 1, 2023 to December 31, 202 t: January 1, 2024 to March 31, 2024	23	January 1, 2024 to January 16, 2024* April 1, 2024 to April 15, 2024
v			23	
v	2024 Quarter 1 Report		23	
v	2024 Quarter 1 Report 2024 Quarter 2 Report	t: January 1, 2024 to March 31, 2024		April 1, 2024 to April 15, 2024
~	2024 Quarter 1 Report 2024 Quarter 2 Report 2024 August Pre-Prim	t: January 1, 2024 to March 31, 2024 t: April 1, 2024 to June 30, 2024	ly 20, 2024	April 1, 2024 to April 15, 2024 July 1, 2024 to July 15, 2024
	2024 Quarter 1 Report 2024 Quarter 2 Report 2024 August Pre-Prim 2024 August Post-Prim	t: January 1, 2024 to March 31, 2024 t: April 1, 2024 to June 30, 2024 hary Election Report: July 1, 2024 to Jul	ly 20, 2024	April 1, 2024 to April 15, 2024 July 1, 2024 to July 15, 2024 July 21, 2024 to July 27, 2024 October 1, 2024 to October 15, 2024
	2024 Quarter 1 Report 2024 Quarter 2 Report 2024 August Pre-Prim 2024 August Post-Prim 2024 Quarter 3 Report	t: January 1, 2024 to March 31, 2024 t: April 1, 2024 to June 30, 2024 hary Election Report: July 1, 2024 to Jul hary Election (Q3) Report: July 21, 2024 t: July 1, 2024 to September 30, 2024	ly 20, 2024 4 to September 30, 2024	April 1, 2024 to April 15, 2024 July 1, 2024 to July 15, 2024 July 21, 2024 to July 27, 2024 October 1, 2024 to October 15, 2024 October 1, 2024 to October 15, 2024
	2024 Quarter 1 Report 2024 Quarter 2 Report 2024 August Pre-Prim 2024 August Post-Prim 2024 Quarter 3 Repor 2024 November Pre-G	t: January 1, 2024 to March 31, 2024 t: April 1, 2024 to June 30, 2024 hary Election Report: July 1, 2024 to Jul hary Election (Q3) Report: July 21, 2024 t: July 1, 2024 to September 30, 2024 General Election Report: October 1, 202	ly 20, 2024 4 to September 30, 2024 24 to October 19, 2024	April 1, 2024 to April 15, 2024 July 1, 2024 to July 15, 2024 July 21, 2024 to July 27, 2024 October 1, 2024 to October 15, 2024 October 1, 2024 to October 15, 2024 October 20, 2024 to October 26, 2024
	2024 Quarter 1 Report 2024 Quarter 2 Report 2024 August Pre-Prim 2024 August Post-Prim 2024 Quarter 3 Repor 2024 November Pre-G 2024 November Post-O Final Campaign Finance	t: January 1, 2024 to March 31, 2024 t: April 1, 2024 to June 30, 2024 hary Election Report: July 1, 2024 to Jul hary Election (Q3) Report: July 21, 2024 t: July 1, 2024 to September 30, 2024	ly 20, 2024 4 to September 30, 2024 24 to October 19, 2024 20, 2024 to December 31, 2024	April 1, 2024 to April 15, 2024 July 1, 2024 to July 15, 2024 July 21, 2024 to July 27, 2024 October 1, 2024 to October 15, 2024 October 1, 2024 to October 15, 2024 October 20, 2024 to October 26, 2024

Activity	Cash Activity This Reporting Period	Election Cycle to Date
(a) Committee value at the beginning of this reporting period (<i>i.e.</i> ending balance from the previous reporting period)	2665.00	
(b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)	5811.50	18578.86
(c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)	6885.67	11715.13
(d) = Balance at close of reporting period	1590.83	
Check here if filing <u>no</u> financial activity during the reporting period. Lines (a)-(d) still must following page need to be filed.	be completed, but only this	cover page and the

Committees with financial activity must file the cover page, summary of receipts, summary of disbursements, and any schedules that contain financial activity. Arizona Secretary of State Revision 9/28/23; League Update 11/15/23 (fillable format)



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.

Angie Amarillas

Printed Name of Committee Treasurer

Angie Amarillas

4/11/2024

Signature of Committee Treasurer

Date



SUMMARY OF RECEIPTS (Schedule A):

/		Crah	
/	Receipts	Cash	Equity
1.	Monetary Contributions Received		
	(a) In-State Individuals - More than \$100	250.00	
	(b) In-State Individuals - \$100 or Less (Aggregate)	380.00	
	(c) Out-of-State Individuals		
	(d) Candidate Committees		
	(e) Political Action Committees		
	(f) Political Parties		
	(g) Partnerships		
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(i) Labor Organizations (PACs & Political Parties Only)		
	· · · · · · · · · · · · · · · · · · ·		
	(j) Candidate's Personal Monies (Candidate Committees Only)		
	(k) Monetary Contributions Subtotal (add 1(a) through 1(j))		
	(I) Refunds Given Back to Contributors		
_	(m) Net Monetary Contributions (subtract 1(l) from 1(k))		
2.	Loans (a) Loans Received	5181.5	
	(a) Loans Received (b) Forgiveness on Loans Received	5161.5	
	(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		
0.	(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		
11.	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
12.	Miscellaneous Receipts (use cash and/or equity as applicable)		
13.	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)	5,811.50	



COMMITTEE ID NUMBER 23-04

SUMMARY OF DISBURSEMENTS (Schedule B):

	Disbursements	Cash	Equity
1.	Disbursements for Operating Expenses	6885.67	
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)	6885.67	



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

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER
23-04

SCHEDULE A(1)(a)

	Individual Contributor Information			Amount Received	Cumulative Amount this Reporting Period	Cumulati Amount tl Election C
	Name Tony Astorga		Date Contribution Received 01/24/2024			·
-	Street Address 6740 E. Berneil Drive			_		
1	City	State	ZIP			
	Paradise Valley	AZ	85253			
	Occupation Not Employed	Employer N/A				
	Name Cindy Troyani		Date Contribution Received 01/26/2024			
-	Street Address 16094 W Alameda Rd					
2	City	State	ZIP	—		
ŝ	Surprise	AZ	85387			
	Occupation Human Resources	Employer Self	1			
-	Name		Date Contribution Received			
Ī	Street Address			_		
3	City	State	ZIP			
-	Occupation	Employer				
	Name		Date Contribution Received			
Ī	Street Address					
4	City	State	ZIP			
-	Occupation	Employer				
	Name		Date Contribution Received			
ļ	Street Address					
5	City	State	ZIP			
F	Occupation	Employer	1			
_	Enter total only if last page of s (transfer the total received this perio	chedule				



COMMITTEE ID NUMBER 23-04

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 ____



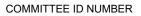


MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

		dividual Contributor Inforn	1	Amount Received	Amount this Reporting Period	Amount this Election Cycl
	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			
Stree	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page (transfer the total received this	of schedule				

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



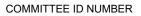


SCHEDULE A(1)(d)

MONETARY	CONTRIBUTIONS	FROM CANDIDATE	COMMITTEES
MONETARY	CONTRIBUTIONS	FROM CANDIDATE	COMMITTEES

/	Candidate C	ommittee Contributor I	nformation	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 R	eceived			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution R	eceived			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution R	eceived			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution R	eceived			
	Committee Name					
	Street Address					
5	City	State	ZIP			
		Date Contribution R				

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





MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

/	1	on Committee Contributor	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 Contribution Red	zeived			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Re	ceived			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Re	ceived			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Re	ceived			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Re	ceived			

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

	Politica	al Party Contributor Inforr	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Re	ceived			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Re	eceived			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Re	eceived			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Re	Date Contribution Received			
	Committee Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Committee ID Number	Date Contribution Re	eceived			
		schedule riod to "Summary of Receipt				



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

	Partners	nip Contributor Infor	mation	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	Received			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
	Partnership Name	<u> </u>				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
	Enter total only if last page of scl (transfer the total received this period	nedule		I		



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

	/						
/		Corporation / LLC C	ontributor Inform	ation	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	d			
		Corporation/LLC Name					
		Street Address			-		
2	2	City	State	ZIP	-		
	-	Corporation Commission File Number	Date Contribution Receive	ed			
		Corporation/LLC Name					
	-	Street Address			-		
3	3	City	State	ZIP	-		
		Corporation Commission File Number	Date Contribution Receive	ed	-		
		Corporation/LLC Name					
		Street Address			-		
4	1	City	State	ZIP	-		
		Corporation Commission File Number	Date Contribution Receive	ed	-		
		Corporation/LLC Name					
	-	Street Address			-		
5	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	mary of Receipts," I	ine 1(h))	1		
<u> </u>						· I	/

COMMITTEE ID NUMBER



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

	Labor Organiz	zation Contributor Inf	ormation	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 Re	ceived			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Re	ceived			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Re	ceived			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Re	ceived			
_	Labor Organization Name	I				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Re	ceived			
	Enter total only if last page of sch (transfer the total received this period t	edule to "Summary of Receipts	s," line 1(i))			



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

		Candidate Information	I	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Name		Date Contribution Received			
	Street Address					l
1	City	State	ZIP			l
	Occupation	Employer				l
	Name		Date Contribution Received			
	Street Address					l
2	City	State	ZIP			l
	Occupation	Employer				l
	Name		Date Contribution Received			
	Street Address					l
3	City	State	ZIP			l
	Occupation	Employer				l
	Name		Date Contribution Received			
	Street Address		I			1
4	City	State	ZIP			l
	Occupation	Employer	I			l
	Name		Date Contribution Received			
	Street Address		I	—		l
5	City	State	ZIP	—		l
	Occupation	Employer	I			l
	Enter total only if last page (transfer the total received this	e of schedule				

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

/	(Contributor Informatio	n	Amount Refunded	Cumulative Amount this	Cumulative Amount th
	Name		Date Contribution Refunded		Reporting Period	Election Cyc
-	Street Address					
	City	State	ZIP			
-	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
-	Street Address					
-	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
-	Street Address					
;	City	State	ZIP			
-	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
ŀ	City	State	ZIP			
	ID Number (if applicable)	I	Date of Original Contribution			
Ī	Name		Date Contribution Refunded			
	Street Address					
;	City	State	ZIP			
	ID Number (if applicable)	1	Date of Original Contribution			
1	Enter total only if last page of s	chedule od to "Summary of Rece	I	I		

Schedule A(1)(I), page____ of____



LOANS RECEIVED:

SCHEDULE A(2)(a)

Inder Name Ingie Amarillas Ireet Address 7011 W Zuni St Ity Goodyear Iuarantor/Endorser Name Ingie Amarillas Ireet Address	Date Loan Receiv	ZIP 85338 Iose? (PACs and Political Parties Only)	_	Reporting Period	Election Cycle
7011 W Zuni St ty Goodyear uarantor/Endorser Name Inder Name Ingie Amarillas	AZ Non-Electoral Purp	85338	_		
Goodyear uarantor/Endorser Name ender Name ngie Amarillas	AZ Non-Electoral Purp	85338			
^{inder Name} Ingie Amarillas	Date Loan Receiv	ose? (PACs and Political Parties Only)			
ngie Amarillas					
reet Address	02/01/2024	red			
7011 W Zuni St					
_{ty} Goodyear	State AZ	ZIP 85338			
uarantor/Endorser Name	Non-Electoral Purp	ose? (PACs and Political Parties Only)			
nder Name Ingie Amarillas	Date Loan Receiv 03/01/2024	red			
^{reet Address} 7011 W Zuni St					
^{ty} Goodyear	State AZ	ZIP 85338			
uarantor/Endorser Name	Non-Electoral Purp	oose? (PACs and Political Parties Only)			
ender Name	Date Loan Receiv	red			
reet Address					
ty	State	ZIP			
uarantor/Endorser Name		ose? (PACs and Political Parties Only)			
ender Name		ved			
reet Address	I				
ty	State	ZIP	-		
uarantor/Endorser Name	Non-Electoral Purp	oose? (PACs and Political Parties Only)			
	nder Name ngie Amarillas reet Address 7011 W Zuni St y oodyear arantor/Endorser Name reet Address y arantor/Endorser Name reet Address	Image Amarillas Date Loan Received 03/01/2024 reet Address 03/01/2024 7011 W Zuni St V y State oodyear AZ iarantor/Endorser Name Non-Electoral Purp inder Name Date Loan Received reet Address V y State inder Name Date Loan Received reet Address V y State inarantor/Endorser Name Non-Electoral Purp inder Name Date Loan Received inder Name Non-Electoral Purp inter total only if last page of schedule Non-Electoral Purp	Image Amarillas Date Loan Received nogie Amarillas 03/01/2024 reet Address ZIP ZO11 W Zuni St 85338 y State ZIP acantor/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only) Image Address Date Loan Received y State ZIP arantor/Endorser Name Date Loan Received Image Address V State y State ZIP arantor/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only) Image Address V Image Address y State ZIP arantor/Endorser Name Date Loan Received Image Address Image Address y State ZIP arantor/Endorser Name Date Loan Received Image Address Image Address y State ZIP arantor/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only) Image Address Image Address Image Address y State ZIP arantor/End	Image Amarillas Date Loan Received 03/01/2024 eet Address 7011 W Zuni St y State AZ 85338 arantor/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only) Image Address ZIP oddyear AZ arantor/Endorser Name Date Loan Received oddress ZIP eet Address V y State ZIP arantor/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only) Image Address V State y State ZIP arantor/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only) Image Address V y State ZIP arantor/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only) Image Address V V y State ZIP y State ZIP arantor/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only) Image Address V V y State	Image:

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



FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

/	Lender	Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Forgiveness Received			
	Street Address		1	-		
1	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding	1			
	Lender Name	1	Date Forgiveness Received			
	Street Address		1			
2	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding	I	-		
	Lender Name	<u> </u>	Date Forgiveness Received			
	Street Address			-		
3	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding		-		
	Lender Name		Date Forgiveness Received			
	Street Address			-		
4	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding		-		
	Lender Name	1	Date Forgiveness Received			
	Street Address		1	-		
5	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding		-		
	Enter total only if last page of schedule (transfer the total received this period to "Sun					

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



COMMITTEE ID NUMBER

REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

	Borrowe	r Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cyc
	Borrower Name		Date Repayment Received			
	Street Address					
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		_		
		Amount our outstanding				
	Borrower Name		Date Repayment Received	_		
5	Street Address	-	1			
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 "Sur			•		

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



INTEREST ACCRUED ON LOANS MADE:

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

SCHEDULE A(2)(d)

	Borrowe	r 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		Date Interest Accrued			
	Street Address			_		
2	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		_		
_	Borrower Name		Date Interest Accrued			
	Street Address			_		
3	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		_		
	Borrower Name		Date Interest Accrued			
			Date interest Accided	_		
4	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Interest Accrued			
ĺ	Street Address			-		
5	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding	1	-		
	Enter total only if last page of schedule					

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



STATE OF ARIZONA

COMMITTEE ID NUMBER

		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	Reasor	n for Refund/Rebate		_		
	Payor Name			Date Rebate/Refund Received			
	Street Address				_		
2	City	State		ZIP	-		
	Original Purchase Amount	Reasor	n for Refund/Rebate		-		
	Payor Name		Date Rebate/Refund Received				
	Street Address				-		
3	City	State		ZIP	-		
	Original Purchase Amount	Reasor	n for Refund/Rebate		-		
	Payor Name			Date Rebate/Refund Received			
	Street Address				-		
4	City	State		ZIP	-		
	Original Purchase Amount	Reasor	n for Refund/Rebate		-		
	Payor Name			Date Rebate/Refund Received			
	Street Address				-		
5	City	State		ZIP	-		
	Original Purchase Amount	Reasor	n for Refund/Rebate		-		
	Enter total only if last page of (transfer the total received this per	schedule	of Receipts " li	ne 3)			

23-04



SCHEDULE A(4)

INTEREST ACCRUED	ON COMMITTEE MONIES:

	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 C	;YCLE:*
--	---------

SCHEDULE A(5)(a)

/	Individu	ual Contributor Inform	ation	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		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			-		
4	City	State	ZIP	-		
	Occupation	Employer		-		
	Name		Date In-Kind Contribution Received			
	Street Address			-		
5	City	State	ZIP	-		
	Occupation	Employer		-		

*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 ____



COMMITTEE ID NUMBER 23-04

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

SCHEDULE A(5)(c)

/	Candidate Committe	e 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 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	1				
	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 "Sur	nmany of Possints "	line 5(d))	1		

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





IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

/	1	Committee Contributor In	formation	Amount Receive	Cumulative d Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribut	ion Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	tion Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	tion Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	tion Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribut	tion Received			

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





IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

/		nmittee Contributor Ir	nformation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
-	Street Address					
1	City	State	ZIP	-		
Ī	Committee ID Number	Date In-Kind Contribution	n Received	-		
	Committee Name					
-	Street Address			-		
2	City	State	ZIP	_		
				_		
	Committee ID Number	Date In-Kind Contributio	n Received			
	Committee Name	·				
-	Street Address			-		
3	City	State	ZIP	_		
-	Committee ID Number	Date In-Kind Contributio	n Received			
	Committee Name					
ŀ	Street Address					
4	City	State	ZIP	-		
-	Committee ID Number	Date In-Kind Contributio	n Received	-		
	Committee Name					
	Street Address			-		
5	City	State	ZIP	4		
				4		
	Committee ID Number	Date In-Kind Contributio	n Received			
	Enter total only if last page of scheo (transfer the total received this period to	iule "Summary of Possints"				

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

	Politic	al Party Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Committee Name					
	Street Address				l	
1	City	State	ZIP			l
	Committee ID Number	Date In-Kind Contr	ibution Received			l
	Committee Name					
	Street Address					l
2	City	State	ZIP			l
	Committee ID Number	Date In-Kind Contr	ribution Received			
	Committee Name					
	Street Address					1
3	City	State	ZIP			l
	Committee ID Number	Date In-Kind Contr	ribution Received			l
	Committee Name					
	Street Address					l
4	City	State	ZIP			1
	Committee ID Number	Date In-Kind Contr	ribution Received			l
	Committee Name					
	Street Address					l
5	City	State	ZIP			l
	Committee ID Number	Date In-Kind Contr	ribution Received			l
	Enter total only if last page of (transfer the total received this pe	f schedule eriod to "Summary of Receij	pts," line 5(f))			



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

	Partnersl	nip Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	bution Received			
-	Partnership Name	I				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Received			
	Partnership Name	I				
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Received			
	Partnership Name					
	Street Address					
ŀ	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Received			
-	Partnership Name	I				
	Street Address					
5	City	State ZIP				
	Corporation Commission File Number	Date In-Kind Contr	ibution Received			
	Enter total only if last page of sch (transfer the total received this period	iedule		I		





IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

	/						
/		Corporation / LLC C	contributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Corporation/LLC Name					
	-	Street Address					
1	1	City	State	ZIP	•		
		Corporation Commission File Number	Date In-Kind Contribution I	Received			
		Corporation/LLC Name					
		Street Address					
2	2	City	State	ZIP			
		Corporation Commission File Number	Date In-Kind Contribution	Received	•		
		Corporation/LLC Name					
		Street Address					
3	3	City	State	ZIP			
		Corporation Commission File Number	Date In-Kind Contribution	Received			
		Corporation/LLC Name					
		Street Address					
4	4	City	State	ZIP	•		
		Corporation Commission File Number	Date In-Kind Contribution	Received	•		
		Corporation/LLC Name					
		Street Address			•		
5	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 "Sum	mary of Receipts," I	ine 5(h))	I		
$\overline{\ }$							/

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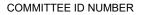
IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

	Labor Organ	ization Contributor I	nformation	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 Contri	ibution Received			
	Labor Organization Name	I				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Conti	ibution Received			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Conti	ibution Received			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Received			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Received			
	Enter total only if last page of sch (transfer the total received this period	nedule				

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





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

SCHEDULE A(5)(j)

	Candida	te 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					
	Name		Date In-Kind Contribution Received			
	Street Address			-		
5	City	State	ZIP	-		
		GIRIE	L 11	4		
	Asset or Property Contributed					
	Enter total only if last page of schedule (transfer the total received this period to "Su	e mmary of Receir	nts." line 5(i))			





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 "Sum	mary of Receipts "	line 6)	·		



EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

/		or 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					
	Street Address					
2	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit	_		
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address	_				
5	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Enter total only if last page of schedu (transfer the total received this period to "S	e				
	(transfer the total received this period to "S	ummary of Receipt	s," line 7(a))			

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PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

	Credito	r Information		Payment Amount on Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address	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		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 Cred					
	Enter total only if last page of schedule (transfer the total received this period to "Su	mmary of Receipts "	line 7(b))			



SCHEDULE A(8)

	Payor Co	ommittee Informati	on	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address	I				
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)			
	Committee Name	Payment Date				
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)			
	Committee Name		Payment Date			
	Street Address]				
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)			

Schedule A(8), page____ of ____



COMMITTEE ID NUMBER

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					
1	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Enter total only if last page of (transfer the total received this pe	schedule				

Schedule A(9), page____ of ____





OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

/		mation		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		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	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 "Sumi	many of Receipte " !	line 10)			
i	uransier the total received this period to Sumi	nary or receipts, 1				

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)

		e Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cyc
	Name					
	Street Address					
	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
2	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
ł	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name	Name				
	Street Address					
	City	State	ZIP			
	Receipt Type		Receipt Date			
_	Enter total only if last page of schedule (transfer the total received this period to "Su					

Schedule A(12), page____ of ____



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/	Rec	ipient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Disbursement Date					
	Street Address			_		
1	City	State	ZIP			
				□ Cash □ Credit		
	Type of Operating Expense Paid		Non-Electoral Purpose? (PACs and Political Parties Only)			
	Name	Disbursement Date				
	Street Address					
2			1			
2	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose	? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date				
	Street Address					
3	City	State	ZIP	_		
	U.S.	outo	2	□ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpose	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Name	Disbursement Date				
	Street Address			_		
	Street Address					
4	City	State	ZIP	_		
				□ Cash		
	Type of Operating Expense Paid		? (PACs and Political Parties Only)	□ Credit		
	Name	Disbursement Date				
	Street Address	I				
5	City	State	ZIP	□ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpose	? (PACs and Political Parties Only)			

Schedule B(1), page____ of ____





MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	Γ	e Committee Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	1			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address	Address				
3	City	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			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Enter total only if last page of (transfer the total disbursed this p	schedule eriod to "Summary of Disburse	ments," line 2(a))			

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





MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

		ction Committee Recipient Ir	nformation	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 Made	3	□ Cash □ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Committee ID Number Date Contribution Made			Credit		
2	Committee Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Committee ID Number Date Contribution Made			Credit		
	Committee Name Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee ID Number Date Contribution Made					
	Street Address					
5	City					
	Committee ID Number	Date Contribution Made	9	□ Cash □ Credit		
	Enter total only if last page of					

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



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Politie	cal Party Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
•	Committee Name					
:	Street Address					
1	City	State	ZIP	□ Cash		
•	Committee ID Number Date Contribution Made					
1	Committee Name					
;	Street Address					
2	City	State	ZIP			
1	Committee ID Number	Date Contribution N	Made	□ Cash □ Credit		
,	Committee Name					
:	Street Address					
3	City	State	ZIP	□ Cash		
1	Committee ID Number	Date Contribution Made				
1	Committee Name					
;	Street Address					
•	City	State	ZIP	□ Cash		
(Committee ID Number	Date Contribution M	Made			
'	Committee Name	I				
;	Street Address					
5	City	State	ZIP	□ Cash		
1	Committee ID Number	Date Contribution M	Made			
╞	Enter total only if last page of transfer the total disbursed this p	f schedule	rsements " line $2(c)$	I		



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	ship Recipient Inforr	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Partnership Name					
	Street Address			l		
1	City	State	ZIP	□ Cash		1
	Corporation Commission File Number	Date Contribution	Made	□ Credit		l
	Partnership Name					
	Street Address					l
2	City	State	ZIP			1
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit	□ Cash □ Credit	
	Partnership Name					
s	Street Address	Street Address				l
3	City	State	ZIP			l
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		l
	Partnership Name					
	Street Address					l
1	City	State	ZIP			l
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		1
	Partnership Name					
	Street Address					l
5	City	State	ZIP			l
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		l
-	Enter total only if last page of sch (transfer the total disbursed this perio	l nedule d to "Summony of Dish	wroemente " line 2(d))	I		





MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	/ LLC Recipient Inf	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			l
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP	 □ Cash		l
	Corporation Commission File Number	Date Contribution	Date Contribution Made			
	Corporation/LLC Name					
	Street Address			l		
3	City	State	ZIP			l
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					l
4	City	State	ZIP			l
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			l
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		l
				1		



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					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	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	File Number Date Contribution Made		□ Cash □ Credit		
	Labor Organization Name					
	Street Address	Street Address				
4	City	State	ZIP			
	Corporation Commission File Number	ssion File Number Date Contribution Made		□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
5	City	State ZIP				
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Enter total only if last page of scl	nedule d to "Summary of Disb		I		

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



COMMITTEE ID NUMBER

CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

	Contributor Information			Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cycl
	Committee Name		Date Refund Received			
	Street Address		I			l
1	City	State	ZIP	_		l
	Committee ID Number		Date of Original Contribution	-		1
	Committee Name		Date Refund Received			
	Street Address			_		l
2	City	State	ZIP			l
	Committee ID Number		Date of Original Contribution			l
(Committee Name		Date Refund Received			
	Street Address					l
3	City	State	ZIP	_		l
	Committee ID Number		Date of Original Contribution	_		l
	Committee Name		Date Refund Received			
	Street Address	Street Address		_		l
1	City	State	ZIP	_		l
	Committee ID Number		Date of Original Contribution	_		l
	Committee Name	Committee Name				
	Street Address	Street Address				l
5	City	State	ZIP			l
	Committee ID Number	Committee ID Number				l
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disburser					

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



SCHEDULE B(3)(a)

LOANS MADE:

/	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	L				
	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name					
	Borrower Name					
	Street Address					
3	City	State	ZIP			
	Guarantor/Endorser Name Date Loan Made					
	Sorrower Name					
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name Date Loan Made					
	Borrower Name					
	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 Receipts," I	ine 3(a))	1		

Schedule B(3)(a), page____of



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

/		Guarantor Information		Amount	Cumulative	Cumulative
		Guaranteed	Amount this Reporting Period	Amount thi Election Cyc		
	Guarantor Name					
	Street Address					
1	City	State	ZIP			
	Borrower Name	Date Loan Guarani	reed			
	Guarantor Name					
	Street Address					
2	City	State	ZIP			
	Borrower Name	Date Loan Guaran	teed			
	Guarantor Name					
	Street Address					
2			I			
0	City	State	ZIP			
	Borrower Name	Date Loan Guaran	teed			
	Guarantor Name	· · ·				
	Street Address					
4	City	State	ZIP			
	Borrower Name	Date Loan Guaran	teed			
_	Guarantor Name					
	Street Address					
5	City	State	ZIP			
	Borrower Name	Date Loan Guaran	teed			
	Enter total only if last page of (transfer the total received this pe					

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



FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

/	В	orrower 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 Outstandi	ing			
	Borrower Name		Date Forgiveness Made			
	Street Address					
2	City	State	State ZIP			
	Original Amount of Loan Amount Still Outstanding		ing			
	Borrower Name		Date Forgiveness Made			
s	Street Address					
3	City	State	ZIP			
-	Original Amount of Loan	Amount Still Outstandi	ing			
	Borrower Name		Date Forgiveness Made			
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan Amount Still Outstanding		ing			
	Borrower Name	I	Date Forgiveness Made			
ŀ	Street Address	Street Address				
5	City	State	ZIP	-		
ŀ	Original Amount of Loan	Amount Still Outstandi	ing	_		
	Enter total only if last page of sc (transfer the total disbursed this peric					

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



REPAYMENT ON LOANS RECEIVED:

		Lender Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Repayment Made			
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outst	anding			
	Lender Name		Date Repayment Made			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed Amount Still Outstanding		anding			
	Lender Name		Date Repayment Made			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outst	anding			
	Lender Name		Date Repayment Made			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outst	anding			
	Lender Name		Date Repayment Made			
	Street Address]			
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outst	anding			
	Enter total only if last page of s (transfer the total disbursed this pe					

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

SCHEDULE B(3)(d)



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

/	Lende	Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cyc
	Lender Name		Date Interest Accrued			
-	Street Address		-			
1	City	State	ZIP	-		
ŀ	Original Amount Borrowed	Amount Still Outstanding		-		
	Lender Name		Date Interest Accrued			
-	Street Address			-		
2	City	State	ZIP	-		
-	Original Amount Borrowed	Amount Still Outstanding		-		
			1			
	Lender Name		Date Interest Accrued			
	Street Address					
3	City	State	ZIP			
ſ	Original Amount Borrowed	Amount Still Outstanding	1	-		
	Lender Name		Date Interest Accrued			
-	Street Address			-		
4	City	State	ZIP	-		
-	Original Amount Borrowed	Amount Still Outstanding		-		
	Lender Name		Date Interest Accrued			
ļ	Street Address			-		
5	City	State	ZIP	-		
-	Original Amount Borrowed	Amount Still Outstanding		-		

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

/	Red	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			-		
		State	ZIP			
5	City					

Schedule B(4), page____ of ____

COMMITTEE ID NUMBER



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/		ommittee 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 Contributi	on Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribut	ion Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribut	ion Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribut	ion Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribut	ion Made			

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





IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

	Political Ac	tion Committee Recipier	nt Information	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 Cont	ribution Made			
	Committee Name					
	Street Address					
2	City	State	State ZIP			
	Committee ID Number	Date In-Kind Con	tribution Made			
	Committee Name					
s	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Con	tribution Made			
	Committee Name					
	Street Address					
4						
т	City	State	ZIP			
	Committee ID Number	Date In-Kind Con	tribution Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Con	tribution Made			
_	Enter total only if last page o (transfer the total disbursed this	f schedule				

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

	Polit	ical Party Recipient Inform	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Committee Name					
	Street Address					
1	City State ZIP					
	Committee ID Number	Date In-Kind Contribut	tion Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	ition Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	ution Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	ition Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	lution Made			
	Enter total only if last page of	of schedule period to "Summary of Disburs	sements." line 5(c))	I		



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

	Partners	hip Recipient Inforr	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Made			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Made			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Made			
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Made			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Made			
	Enter total only if last page of sch (transfer the total disbursed this perio	nedule				



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

	Corporation /	LLC Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributi	ion Made			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribut	ion Made			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribut	ion Made			
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribut	ion Made			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribut	lion Made			
		dule to "Summary of Disburs				



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

	Labor Organ	nization Recipient Ir	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Made			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	iribution Made			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	ribution Made			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Made			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Made			
	Enter total only if last page of sch (transfer the total disbursed this perio	nedule				

Arizona Secretary of State Revision 9/28/23

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



INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

/	Expenditure	Recipient Informat	ion	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
1	City	State	ZIP	_		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	cluding % 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	cluding % 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	cluding % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		Credit		
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address			-		
4	City	State	ZIP	4		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	cluding % opposed)	□ Cash		
				Credit		

Schedule B(6), page____ of ____



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

/		Recipient Informati	-	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	I (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	I (including % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		Credit		
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address			1		
4	City	State	ZIP	1		
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	I (including % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit		
	Enter total only if last page of schedul (transfer the total disbursed this period to "	l e Summary of Disburse	ments." line 7)			

Schedule B(7), page____ of ____



RECALL EXPENDITURES MADE:

SCHEDULE B(8)

/	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	City	State	ZIP	-		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	called	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		- □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
2	City	State	ZIP	-		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	called	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
3	City	State	ZIP	-		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	called	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
4	City	State	ZIP	-		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	called	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		□ Credit		
	Enter total only if last page of schedu					
	(transfer the total disbursed this period to "	Summary of Disburser	ments," line 8)			

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					
		City	State	ZIP			
	1						
		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 (transfer the total disbursed this period to "S	e ummary of Disbursem	ents," line 9)	1		
\setminus			,	· · ·			/

Schedule B(9), page____ of ____



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

/	Recipient	Committee Inform	nation	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 E	Expense (if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	xpense (if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address		I			
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	xpense (if applicable)	□ Cash □ Credit		
	Enter total only if last page of sched	lule				
	Enter total only if last page of scheo (transfer the total disbursed this period to	o "Summary of Dist	oursements," line 10)			

Schedule B(10), page____ of _____



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	□ Cash □ Credit		
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
3	City	State	ZIP			
				□ Cash □ Credit		
	Services or Goods Reimbursed		Reimbursement Date			
	Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed	I	Reimbursement Date			
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Enter total only if last page of schedule					

Schedule B(11), page____ of ____





OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

		Debt Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Name Street Address			_		
1	City	State	ZIP	_		
	Type of Account Payable or Debt Owed		Date that Debt Accrued	_		
	Name					
	Street Address			_		
2	City	State	ZIP	-		
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address			_		
3	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
ŀ	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
	City	State	ZIP	_		
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Enter total only if last page of sch (transfer the total received this period	iedule	sinto " lino 10)			

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

Schedule A(13), page____ of ____



COMMITTEE ID NUMBER 23-04

MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

	R	ecipient Information	n	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name See Attached					
	Street Address					
1	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	Credit		
	Name					
	Street Address					
2	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date			
	Name					
	Street Address					
3	City		ZIP			
	Disbursement Type	I	Disbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
1	City		ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
5	City	State	ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Enter total only if last page of scl (transfer the total disbursed this peric	nedule		I		

Schedule B(14), page____ of ____



COMMITTEE ID NUMBER
23-04

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)		

Schedule B(15), page____ of

Expenses over \$100

Date		Item	Amount	
	1/1/2024	Strategic Political Marketing	\$	1,950.50
	2/1/2024	Strategic Political Marketing	\$	1,671.50
	2/17/2024	Strategic Political Marketing	\$	155.50
	2/21/2024	Field Corps	\$	1,404.00
	3/1/2024	Strategic Political Marketing	\$	1,671.50
			\$	6,853.00

For

Consulting Consulting Voter outreach Canvassing Consulting

Contributions under \$100				
Amount	Paid At			
\$ 25.00	2/1/24			
\$ 70.00	2/3/24			
\$ 35.00	2/5/24			
\$ 100.00	2/12/24			
\$ 75.00	2/17/24			
\$ 50.00	2/21/24			
\$25.00	01/26/24			

Total \$ 380.00

Expenses under \$100

Date		Amount	
	02/30/2024	\$	10.97
	3/13/2024	\$	21.70