Received by Goodyear City Clerk's Office July 15, 2024 at 4:11 p.m.



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE INFORMATION (required):

	Committee Information:	Committee Name:	Angie Amarillas for Goodyear City Counc	sil
CAN	DIDATE INFORMATION (only if filing	g as a candidate comr	nittee):	
	Office Sought.	□ County Office:	- Goodyear	Special District Office: School Board District:
	Cumulative Report:	÷,		

Cumulative Report:

Check here if this is the candidate committee's first, cumulative report for the election cycle. Also select appropriate Reporting Period below. Cumulative reporting period start date (which supersedes the start date for the Reporting Period selected below): ____

REPORTING PERIOD (check one):

	REPORTING PERIOD	REPORT DUE
	2023 Quarter 4 Report: October 1, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
	2024 Quarter 1 Report: January 1, 2024 to March 31, 2024	April 1, 2024 to April 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.

FINANCIAL SUMMARY (required):

Activity	Cash Activity This Reporting Period	Election Cycle to Date
(a) Committee value at the beginning of this reporting period (<i>i.e.</i> ending balance from the previous reporting period)	\$ 1,690.83	
(b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)	\$ 7,390.34	\$ 27,885.24
(c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)	\$ 5,992.04	\$ 22,836.44
(d) = Balance at close of reporting period	\$ 3,089.13	
Check here if filing <u>no</u> financial activity during the reporting period. Lines (a)-(d) still must following page need to be filed.	t 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

Angie Amarillas Digitally signed by Angie Amarillas Date: 2024.07.15 15:55:51 -07'00' Signature of Committee Treasurer

07/15/2024

Date

Printed Name of Committee Treasurer



SUMMARY OF RECEIPTS (Schedule A):

/	Pagainta	Cash	Equity
	Receipts	Casil	Equity
1.	Monetary Contributions Received	1070	
	(a) In-State Individuals - More than \$100	1350	
	(b) In-State Individuals - \$100 or Less (Aggregate)	870	
	(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		
2.	(a) Loans Received	5170.34	
	(b) Forgiveness on Loans Received		
	(c) Repayment on Loans Made		
	(d) Interest Accrued on Loans Made		
	(e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))		
3.	Rebates and Refunds Received		
4.	Interest Accrued on Committee Monies		
5.	In-Kind Contributions Received		
	(a) In-State Individuals - More than \$100		
	(b) In-State Individuals - \$100 or Less (Aggregate)		
	(c) Out-of-State Individuals		
	(d) Candidate Committees		
	(e) Political Action Committees		
	(f) Political Parties		
	(g) Partnerships		
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(i) Labor Organizations (PACs & Political Parties Only)		
	(j) Candidate's Personal Assets or Property (Candidate Committees Only)		
	(k) In-Kind Contributions Subtotal (equity: add 5(a) through 5(j))		
6.	In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
7.	Extensions of Credit		
	(a) Extensions of Credit Received		
	(b) Payments on Extensions of Credit Received		
	(c) Net Extensions of Credit (subtract 7(b) from 7(a))		
8.	Joint Fundraising / Shared Expense Payments Received		
9.	Payments Received for Goods / Services		
10.	Outstanding Accounts Receivable / Debts Owed to Committee		
10.			
	Miscellaneous Receipts (use cash and/or equity as applicable)	7390.34	
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)	1000.04	



COMMITTEE ID NUMBER 23-04

SUMMARY OF DISBURSEMENTS (Schedule B):

	Disbursements	Cash	Equity
1.	Disbursements for Operating Expenses	5992.04	
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)	5990.04	



COMMITTEE ID NUMBER
23-04

/	Indiv	idual Contributor Inforn	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Date Contribution R See Attached					
	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					
	Sueet Address					
4	City	State	ZIP			
	Occupation	Employer	1			
	Name		Date Contribution Received			
	Street Address			_		
5						
J	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page of (transfer the total received this pe	schedule riod to "Summary of Recei	pts," line 1(a))	1		



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	See Attached	
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 ____



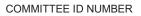


MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

	Inc	dividual Contributor Inform	Date Contribution Received	Amount Received	Amount this Reporting Period	Amount this Election Cycle
	Street Address					
1	City	State	ZIP			
		State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
	City	State	ZIP	_		
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
ŀ	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 p	of schedule				

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



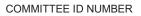


MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

/	Candidate Committee	e Contributor Infor	mation	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 Receive	ed			
_	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			

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





MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

/		n Committee Contributor	Information	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 Contribution Re	ceived			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Re	ceived			
	Committee Name	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)

	Politic	cal Party Contributor Inform	nation	Amount Receiv	ed Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number Date Contribution Received					
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Rec	eived			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Rec	eived			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Rec	eived			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Rec	eived			
_	Enter total only if last page of (transfer the total received this p	of schedule eriod to "Summary of Receipts	" line 1(f))			



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

	Partnersh	nip Contributor Infor	mation	Amount Receive	d Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name			Reporting Fellod	Election Cycle	
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution F	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					
	Street Address	Street Address				
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
1	Enter total only if last page of sch (transfer the total received this period	nedule	(r)	1		



COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

/		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	City	State	ZIP	•		
	Corporation Commission File Number	Date Contribution Receive	ed	•		
	Corporation/LLC Name Street Address					
				•		
3	City	State	ZIP	•		
	Corporation Commission File Number	Date Contribution Receive	ed			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Corporation/LLC 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	nary of Receipts," I	ine 1(h))			
		0.1				/
	2 2 3 3	Corporation/LLC Name Street Address City Corporation Commission File Number Corporation/LLC Name Street Address City Corporation/LLC Name Street Address City Corporation/LLC Name Street Address Corporation/LLC Name Street Address Corporation/LLC Name Street Address City Corporation Commission	Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City State	Street Address Chy State ZiP Corporation Commission File Number Date Contribution Received Corporation/LLC Name Street Address ZiP Chy State ZiP Corporation/LLC Name Date Contribution Received Corporation/LLC Name Date Contribution Received Corporation/LLC Name Date Contribution Received Corporation/LLC Name Street Address Street Address	Corporation VLLC Name Bited AdSees Dly State Dly State Corporation Commission File Number Date Contribution Received Drand Address	Corporation / LLC Contributor Information Amount Received Amount Respecting Period Corporation/LLC Name Itele Advance Ite



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

	Labor Organi	zation Contributor Ir	nformation	Amount Receive	d Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Labor Organization Name			Reporting Feriod	Liection Cyci	
-	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution F	Received			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
	Labor Organization Name					
-	Street Address					
;	City	State	ZIP			
-	Corporation Commission File Number	Date Contribution	Received			
	Labor Organization Name					
	Street Address					
ŀ	City	State	ZIP			
-	Corporation Commission File Number	Date Contribution	Received			
	Labor Organization Name					
	Street Address					
;	City	State ZIP				
	Corporation Commission File Number	Date Contribution	Received			
	Enter total only if last page of sch (transfer the total received this period	edule	ots." line 1(i))			



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

		Candidate Information	ı	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		I			
3	City	State	ZIP			
	Occupation	Employer				
	Name	I	Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
	Name	I	Date Contribution Received			
	Street Address		I			
5	City	State	ZIP			
	Occupation	Employer	I			
	Enter total only if last page	e of schedule s period to "Summary of Recei		<u> </u>		

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

		ntributor Informatio	I	Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cyc
	Name		Date Contribution Refunded			
	Street Address					
1	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
-	Street Address			_		
2	City	State	ZIP	_		
•	ID Number (if applicable)		Date of Original Contribution	-		
	Name		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			
ŀ	Street Address			-		
5	City	State	ZIP	-		
•	ID Number (if applicable)		Date of Original Contribution	-		
	Enter total only if last page of sch	dula				

Schedule A(1)(I), page____ of____



COMMITTEE ID NUMBER
23-04

LOANS RECEIVED:

 Schedule
 Cumulative Amount this Reporting Period
 Cumulative Amount this Election Cycle

 50
 5170.34

ender Name Angie Amarillas treet Address		ved	\$1150		· · · · · · · · · · · · · · · · · · ·
		Date Loan Received 04/02/2024		5170.34	
17011 W Zuni St					
_{iity} Goodyear	State AZ	zip 85338			
uarantor/Endorser Name	Non-Electoral Pur	pose? (PACs and Political Parties Only)			
^{ender Name} Angie Amarillas	Date Loan Rece 05/13/2024		\$1547.34	5170.34	
treet Address I 7011 W Zuni St					
_{iity} Goodyear	State AZ	^{ZIP} 85338			
Guarantor/Endorser Name	Non-Electoral Pur	pose? (PACs and Political Parties Only)			
^{ender Name}	Date Loan Rece 5/31	Date Loan Received		5170.34	
treet Address 17011 W Zuni St					
_{ity} Goodyear	State AZ	^{ZIP} 85338			
Suarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)				
^{ender Name} Angie Amarillas	Date Loan Rece 6/18/2024	ved	535.00	5170.34	
treet Address 17011 W Zuni St	I.				
_{iity} Goodyear	State AZ	^{ZIP} 85338			
uarantor/Endorser Name		Non-Electoral Purpose? (PACs and Political Parties Only)			
^{ender Name} Angie Amarillas		ved	438.00	5170.34	
Street Address 17011 W Zuni St					
_{iity} Goodyear	State AZ	ZIP 85338			
Guarantor/Endorser Name	Non-Electoral Pur	I pose? (PACs and Political Parties Only)			
	Angie Amarillas treet Address 17011 W Zuni St ity Goodyear Buarantor/Endorser Name ender Name Angie Amarillas treet Address 17011 W Zuni St ity Goodyear Buarantor/Endorser Name ender Name Angie Amarillas treet Address 17011 W Zuni St ity Goodyear Buarantor/Endorser Name ender Name Ende	Angie Amarillas 05/13/2024 treet Address 17011 W Zuni St tity Soodyear AZ Buarantor/Endorser Name Inder Name Angie Amarillas Itreet Address I7011 W Zuni St	Angie Amarillas 05/13/2024 treet Address ITO11 W Zuni St ity State ZIP B5338 Non-Electoral Purpose? (PACs and Political Parties Only) □ □ ender Name Date Loan Received Azz 85338 ITO11 W Zuni St State Ity State ZIP Boodyear Az 85338 ITO11 W Zuni St State ZIP Boodyear Az 85338 Ity State ZIP Boodyear Az 85338 Ity State ZIP Boodyear Az 85338 Ity State ZIP Boodyear Az 85338 Ity Goodyear Az 85338 Ity Coll W Zuni St State ZIP Boodyear Az 85338 Ity Goodyear Az 85338 Ity Goodyear Az 85338 Boarantor/Endorser Name Date Loan Received 6/29/2024 Itreet Address I/2011 W Zuni S	ungie Amarillas 05/13/2024 05/13/2024 treat Address 7011 W Zuni St State 85338 ivy State 85338 85338 warantor/Endorser Name □ 1500.00 1500.00 ender Name □ 1500.00 1500.00 ungie Amarillas 5/31 1500.00 1500.00 treet Address 7011 W Zuni St State 85338 1500.00 itreet Address Non-Electoral Purpose? (PACs and Political Parties Only) 1500.00 1500.00 ender Name Date Loan Received 65338 5533.00 535.00 itreet Address 0.42 85338 535.00 535.00 itreet Address 0.42 85338 535.00 535.00 itreet Address 0.42 85338 535.00 535.00 itreet Address 0.42 85338 533.00 535.00 535.00 535.00 itreet Address 0.42 85338 85338 533.00 535.00 535.00 535.00 535.00 535.00 535.00 535.00 535.00 535.00	ungle Amarillas 05/13/2024 05/13/2024 05/13/2024 treek Address IZP 85338 05/13/2024 05/13/2024 inty State ZIP 85338 05/13/2024 05/13/2024 inty AZ 85338 05/13/2024 05/13/2024 05/13/2024 inty AZ 85338 05/13/2024 05/13/2024 05/13/2024 inter Address Date Loan Received 05/13/2024 1500.00 5170.34 inter Address State ZIP 85338 05/13/2024 inter Address Non-Electoral Purpose? (PACs and Political Parties Only) 0 0 inter Address Non-Electoral Purpose? (PACs and Political Parties Only) 0 0 inter Address Goodyear AZ 85338 0 inter Address Goodyear AZ 85338 0 inter Address Inter Address Inter Address 0 0 inter Address Inter Address 0 0 0 inter Address Inter Address 0 0 0 inter Address Inter Address Inter Address 0 0 inter Address Inter Address 10 0 0 in

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



FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

/	Lend	der Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Forgiveness Received			
	Street Address					
1	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding	g			
	Lender Name		Date Forgiveness Received			
	Street Address			_		
2	City	State	ZIP	_		
	Original Amount of Loan	Amount Still Outstandin	g	_		
_	Lender Name		Date Forgiveness Received			
	Street Address			_		
3	City	State	ZIP	_		
	Original Amount of Loan	Amount Still Outstanding	g	_		
_	Lender Name		Date Forgiveness Received			
	Street Address			-		
4	City	State	ZIP	_		
	Original Amount of Loan	Amount Still Outstanding	g	-		
_	Lender Name		Date Forgiveness Received			
	Street Address			-		
5	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding	g	-		

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



REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

	Borrowe	Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cycl
	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				
	Sorrower 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	iginal Amount Borrowed Amount Still Outstanding		_		
	Borrower Name		Date Repayment Received			
	Street Address			_		
5	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Enter total only if last page of schedule (transfer the total received this period to "Sun					

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



INTEREST ACCRUED ON LOANS MADE:

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

SCHEDULE A(2)(d)

/	Borrow	er Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	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	1			
_	Borrower Name		Date Interest Accrued			
	Street Address					
3	City State		710			
	City		ZIP			
	Original Amount Borrowed	Amount Still Outstanding	1			
	Borrower Name		Date Interest Accrued			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed Amount Still Outstanding		1			
	Borrower Name		Date Interest Accrued			
	Street Address					
5	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding	 	_		

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



23-04

COMMITTEE ID NUMBER

STATE OF ARIZONA

		Payor Information		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Payor Name		Date Rebate/Refund Receiv	ed		
	Street Address					
1	City	State	ZIP			
	Original Purchase Amount	Reason for Refur	ud/Rebate			
	Payor Name		Date Rebate/Refund Receiv	ed		
	Street Address					
2	City	State	ZIP			
-	Original Purchase Amount	Reason for Refur	nd/Rebate			
	Payor Name		Date Rebate/Refund Receiv	ed		
-	Street Address					
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refur	nd/Rebate			
	Payor Name		Date Rebate/Refund Receive	d		
-	Street Address					
4	City	State	ZIP			
	Original Purchase Amount	Reason for Refur	nd/Rebate			
	Payor Name		Date Rebate/Refund Receive	d		
	Street Address		I			
5	City	State	ZIP			
-	Original Purchase Amount Reason for Refund/Rebate		id/Rebate			
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 3)					



SCHEDULE A(4)

INTEREST ACCRUEI	ON COMMITTE	= MONIES
INTEREST ACCINCL		

	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 ____





SCHEDULE A(5)(a)

/	Indiv	idual 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 ____





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

SCHEDULE A(5)(c)

Candidate Committee	Contributor Infor	mation		Cumulative	Cumulative
Committee Name		maton	Amount Received	Amount this Reporting Period	Amount this Election Cycle
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution I	Received	•		
Committee Name	l				
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	1				
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
Enter total only if last page of schedule	I marv of Receipts " li	ine 5(d))	1		
	Committee Name Street Address City Committee ID Number Committee Name Street Address City Committee Name Street Address City Committee ID Number	Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Committee Name State Street Address State City State Committee ID Number Date In-Kind Contribution Committee Name Date In-Kind Contribution Committee ID Number Date In-Kind Contribution Committee Name State Committee Name State Committee Name State Committee ID Number Date In-Kind Contribution Committee Name State City State <t< td=""><td>Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name State ZIP Street Address State ZIP Committee ID Number Date In-Kind Contribution Received State Committee ID Number Date In-Kind Contribution Received Committee ID Number State ZIP Committee ID Number State 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</td><td>Committee Name State ZiP State Address ZiP Committee ID Number Date In-Kind Contribution Street Address ZiP Site Address ZiP Committee ID Number Date In-Kind Contribution Site Address ZiP Committee ID Number Date In-Kind Contribution Site Address ZiP Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution</td><td>Committee Name Image: Set Address Date In-Kind Contribution Received Image: Set Address Committee ID Number Date In-Kind Contribution Received Committee Name Image: Set Address Date In-Kind Contribution Received Image: Set Address Committee Name Image: Set Address Committee ID Number Date In-Kind Contribution Received Committee Name Image: Set Address Committee Name Image: Set Address Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received</td></t<>	Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name State ZIP Street Address State ZIP Committee ID Number Date In-Kind Contribution Received State Committee ID Number Date In-Kind Contribution Received Committee ID Number State ZIP Committee ID Number State 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	Committee Name State ZiP State Address ZiP Committee ID Number Date In-Kind Contribution Street Address ZiP Site Address ZiP Committee ID Number Date In-Kind Contribution Site Address ZiP Committee ID Number Date In-Kind Contribution Site Address ZiP Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution	Committee Name Image: Set Address Date In-Kind Contribution Received Image: Set Address Committee ID Number Date In-Kind Contribution Received Committee Name Image: Set Address Date In-Kind Contribution Received Image: Set Address Committee Name Image: Set Address Committee ID Number Date In-Kind Contribution Received Committee Name Image: Set Address Committee Name Image: Set Address Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received

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





SCHEDULE A(5)(d)

IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMI	TTEES
--	-------

/	Candidate C	Committee Contributor Ir	nformation	Amount Receive	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	tion Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Received			
_	Committee Name					
	Street Address					
3						
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	ution Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Received			

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





IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

/	Political Action Commi	ttee 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	Received			
	Committee Name					
	Street Address			-		
2	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Received	-		
	Committee Name					
	Street Address		-			
3	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Received	-		
	Committee Name					
	Street Address			-		
4	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Received	-		
	Committee Name					
	Street Address	-				
5	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Received	-		
	Enter total only if last page of schedule (transfer the total received this period to "Sur					
	(transter the total received this period to "Su	nmary of Receipts,"	line 5(e))			

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

	Politi	cal Party Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contri	bution Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Received			
	Enter total only if last page of (transfer the total received this p	of schedule Deriod to "Summary of Receip	ots," line 5(f))	I		<u></u>



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

	Partnersl	nip Contributor Inform	Amount Received	d 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 Contrib	ution Received			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	oution Received			
_	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	pution Received			
_	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	oution Received			
_	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	pution Received			
-	Enter total only if last page of sch (transfer the total received this period	nedule				





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	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	ł	City	State	ZIP			
		Corporation Commission File Number	Date In-Kind Contribution	Received			
		Corporation/LLC Name					
F		Street Address					
5	נ	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))			
			Sa	hedule A(5)(h), page	of		

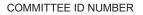


IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

	Labor Organ	ization Contributor	Information	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			l
	Corporation Commission File Number	Date In-Kind Cont	tribution Received			
	Labor Organization Name					
	Street Address					l
2	City	State	ZIP			l
	Corporation Commission File Number	Date In-Kind Con	tribution Received			l
	Labor Organization Name					
	Street Address				l	
3	City	State	ZIP			l
	Corporation Commission File Number	Date In-Kind Con	tribution Received			l
	Labor Organization Name	L				
	Street Address				l	
4	City	State	ZIP			l
	Corporation Commission File Number	Date In-Kind Con	tribution Received			l
_	Labor Organization Name	I				
	Street Address				l	
5	City	State	ZIP			l
	Corporation Commission File Number	Date In-Kind Con	tribution Received			l
	Enter total only if last page of sch (transfer the total received this period	nedule to "Summary of Rece	ipts," line 5(i))	I		

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

SCHEDULE A(5)(j)

/						
	Candid	ate Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
1	Street Address		-			
	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			
		_				
3	Street Address					
5	City	State	ZIP			
	Asset or Property Contributed					
	Name					
	Street Address		-			
4	City	State	ZIP	-		
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address	-				
5	City	State	ZIP	-		
	Asset or Property Contributed		-			
	Enter total only if last page of schedul (transfer the total received this period to "S	e		<u> </u>		
	(transter the total received this period to "S		" line 5(j)) :hedule A(5)(j), page o			





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		1			
	Name	Date In-Kind Donation Received				
	Street Address		-			
3	City	State	ZIP	-		
	Type of Item Donated	1	-			
	Name	Date In-Kind Donation Received				
	Street Address		-			
4	City	State	ZIP			
	Type of Item Donated	1	-			
	Name	Date In-Kind Donation Received				
	Street Address		-			
5	City	State	ZIP	-		
	Type of Item Donated	1				
-	Enter total only if last page of schedule (transfer the total received this period to "Sur	mary of Receipts "	line 6)	1		



EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

	Cr	editor Information		Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Provided on Credit	I	Date of Extension of Credit			
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address					
5	City	State	ZIP	_		
	Services or Goods Provided on Credit		Date of Extension of Credit	_		
	Enter total only if last page of sche	edule				
	Enter total only if last page of sche (transfer the total received this period to	o "Summary of Rece	eipts," line 7(a))			



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

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



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

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

Schedule A(8), page____ of ____



COMMITTEE ID NUMBER

PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

		nformation		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					l
	Street Address					l
1	City	State	ZIP			1
	Services or Goods Purchased	l	Payment Date			l
	Name		1			
	Street Address					l
2	City	State	ZIP			
	Services or Goods Purchased	<u> </u>	Payment Date			
	Name					
	Street Address			1		
3	City	State	ZIP			
	Services or Goods Purchased		Payment Date			1
	Name					
	Street Address					
4	City	State	ZIP			l
	Services or Goods Purchased		Payment Date			
_	Name					
	Street Address					
5	City	State	ZIP			l
	Services or Goods Purchased Payment Date					l
-	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts " I	line 9)	I		





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					
		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	4	City	State	ZIP			
		Type of Account Receivable or Debt Owed	I	Date that Debt Accrued			
		Name					
		Street Address					
į	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	mary of Receipts," li	I ine 10)	l		
			Sc	chedule A(10), page o	f		

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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)

-		Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cyc
	Name					
	Street Address					
	City	State	ZIP			
	Receipt Type	I	Receipt Date			
	Name					
	Street Address			_		
	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
-	Street Address					
	City	State	ZIP			
		State				
	Receipt Type	Receipt Date				
	Name					
	Street Address					
	City	State	ZIP			
ŀ	Receipt Type		Receipt Date			
	Name					
	Street Address			_		
	City	State	ZIP			
	Receipt Type		Receipt Date			
4	Enter total only if last page of schedule (transfer the total received this period to "Sur					

Schedule A(12), page____ of ____



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/	Recipie	ent Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	ne Disbursement Date				
	Street Address					
1	City	State	ZIP			
				□ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only)		□ Credit		
	Name	Disbursement Date				
	Street Address					
2	City	State	ZIP			
				□ Cash		
	Type of Operating Expense Paid		Non-Electoral Purpose? (PACs and Political Parties Only)			
	Name	Disbursement Date				
	Street Address			_		
3	City	State	ZIP	_		
				□ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only)		□ Credit		
	Name	Disbursement Date				
	Street Address			_		
4	City	State	ZIP	_		
				□ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)	□ Credit		
	Name	Disbursement Date				
	Chanak Aukanan			_		
	Street Address					
5	City	State	ZIP	-		
				□ Cash □ Credit		
	Type of Operating Expense Paid	Non-Electoral Purpose?	PACs and Political Parties Only)			

Schedule B(1), page____ of ____

COMMITTEE ID NUMBER



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	1	te 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	•			
	Committee Name					
	Street Address					
2	City State ZIP					
	Committee ID Number Date Contribution Made		□ Cash □ Credit			
	Committee Name					
	Street 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	□ Cash		
	Committee ID Number	Date Contribution Made		Credit		
-	Enter total only if last page of	of schedule period to "Summary of Disburser				

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





MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

/	Political Act	tion Committee Recipient Ir	nformation	Amount Contributed	Cumulative Amount this	Cumulative Amount this
	Committee Name		Reporting Period	Election Cycle		
	Street Address					
1	City	State	ZIP			
	Committee ID Number	□ Cash □ Credit				
	Committee Name					
	Street Address					
2	City	State ZIP				
	Committee ID Number	mittee ID Number Date Contribution Made				
	Committee Name	Committee Name				
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	ee ID Number Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		

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



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Politi	cal Party Recipient Inform	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Committee Name					
	Street Address					
1	City	ty State ZIP				
	Committee ID Number Date Contribution Made		□ Cash □ Credit			
	Committee Name					
	Street Address					
2	City	State	ZIP	 □ Cash		
	Committee ID Number	Date Contribution M	Date Contribution Made			
-	Committee Name					
	Street Address					
3	City	State	ZIP	 □ Cash		
	Committee ID Number	Date Contribution M	Date Contribution Made			
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution M	ade	□ Cash □ Credit		
	Committee Name	Committee Name				
	Street Address	Street Address				
5	City	State	ZIP			
	Committee ID Number	Date Contribution M	ade	□ Cash □ Credit		
_	Enter total only if last page of	f schedule	rsements," line 2(c))			



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	ship Recipient Inform	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl	
	Partnership Name					
-	Street Address					
	City	State	ZIP			
-	Corporation Commission File Number Date Contribution Made			□ Cash □ Credit		
	Partnership Name					
-	ireet Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit	□ Cash □ Credit	
	Partnership Name					
-	Street Address					
;	City	State	ZIP			
-	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Partnership Name					
	Street Address					
ŀ	City	State	ZIP			
-	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
1	Partnership Name					
	Street Address					
; -	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
+	Enter total only if last page of scl (transfer the total disbursed this perio	nedule				





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			
	Corporation Commission File Number Date Contribution Made			□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
2	City State ZIP					
	Corporation Commission File Number	er Date Contribution Made		□ 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 sch (transfer the total disbursed this perio	ledule		I		



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Orgai	nization Recipient Info	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 Ma	lde	□ 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 Ma	ade	□ Cash □ Credit		
_	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	ade	□ Cash □ Credit		
	Labor Organization Name					
	Street Address	Street Address				
5	City	State ZIP				
	Corporation Commission File Number	Date Contribution Ma	ade	□ Cash □ Credit		
	Enter total only if last page of sch (transfer the total disbursed this perio	nedule				

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 thi Election Cycl
	Committee Name		Date Refund Received		Reporting Feriod	Election Cycl
	Street Address					
1	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
0	itreet Address					
2	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
3	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address	street Address		_		
4	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address			_		
5	City	State	ZIP			
	Committee ID Number	Committee ID Number				
_	Enter total only if last page of (transfer the total disbursed this p	f achadula				

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



SCHEDULE B(3)(a)

LOANS MADE:

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

Schedule B(3)(a), page____of____



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

/		Guarantor Information		Amount	Cumulative Amount this	Cumulative Amount thi
_	Guarantor Information			Guaranteed	Reporting Period	Election Cy
	Guarantor Name	Guarantor Name				
ľ	Street Address					
1	City	State	ZIP			
	Borrower Name	Date Loan Guarant	eed			
	Currentee Norma					
	Guarantor Name					
2	Street Address					
	City	State	ZIP			
	Borrower Name	Date Loan Guaran	teed			
	Guarantor Name					
	Street Address					
3	0.1		ZIP			
	City	State	ZIP			
	Borrower Name	Date Loan Guaran	teed			
	Guarantor Name					
	Street Address					
ŀ	City	State	ZIP			
	Borrower Name	Date Loan Guaran	teed			
	Guarantor Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Borrower Name	Date Loan Guaran	heed			
		Date Loan Guaran				

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



FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

/	Borrowe	r Information		Amount Forgiven	Cumulative Amount this	Cumulative Amount this
	Borrower Name		Date Forgiveness Made		Reporting Period	Election Cycle
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address					
2	City	State	ZIP			
-	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		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					

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 Outsta	anding			
	Lender Name		Date Repayment Made			
	Street Address			_		
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	anding			
	Lender Name		Date Repayment Made			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	anding	_		
	Lender Name		Date Repayment Made			
	Street Address					
4	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outsta	anding			
	Lender Name		Date Repayment Made			
	Street Address	Street Address				
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	anding	_		
	Enter total only if last page of s (transfer the total disbursed this per					

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

SCHEDULE B(3)(d)



ACCRUED INTEREST ON LOANS RECEIVED:

SCHE		B(3)	(a)
SURE	DULE	D(3)	(e)

/		Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cycl
	Lender Name		Date Interest Accrued			
	Street Address			_		
1	City	State	ZIP	_		
	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			
	Original Amount Borrowed	Amount Still Outstanding		_		
	Lender Name		Date Interest Accrued			
	Street Address			_		
4	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		_		
	Lender Name		Date Interest Accrued			
	Street Address					
5	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		_		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su		results "line $2/-1$			

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

/	1	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			_		
3	City	State	ZIP	_		
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor	_		
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
4	City	State	ZIP	_		
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor	-		
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address			_		
5	City	State	ZIP	-		

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)

/	Candidate	e 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 In-Kind Contrib	pution 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 Contri	bution Made			
_	Committee Name					
4	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 Contri	bution Made			
	Enter total only if last page of	Faabadula				

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





SCHEDULE B(5)(b)

IN-KIND CONTRIBUTIONS TO	POLITICAL ACTION COMMITTEES:
--------------------------	------------------------------

	Political Action	Committee Recipient	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 Contrib	ution Made			
	Committee Name					
-	treet Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	oution Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	oution Made			
	Committee Name					
·	Street Address					
4	City	State	ZIP			
-	Committee ID Number	Date In-Kind Contrib	bution Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
-						
	Committee ID Number Date In-Kind Contribution Made					

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

	Political	Party Recipient Informa	tion	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 Contribution	on Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribut	on Made	—		
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribut	on Made			
	Committee Name	I				
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribut	on Made			
	Committee Name					
	Street Address					
			State ZIP			
5	City	State				
5	City Committee ID Number	State Date In-Kind Contribute				



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

	Partners	hip Recipient Informat	ion	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name	Partnership Name				
-	Street Address					
1	City	State	ZIP			
•	Corporation Commission File Number	Date In-Kind Contributio	on Made			
	Partnership Name					
-	Street Address					
2	City	State	ZIP			
-	Corporation Commission File Number	Date In-Kind Contributi	ion Made			
	Partnership Name					
-	Street Address	Irreet Address				
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributi	ion Made			
	Partnership Name					
-	Street Address					
4	City	State	ZIP			
-	Corporation Commission File Number	Date In-Kind Contributi	ion Made			
	Partnership Name					
-	Street Address					
5	City	State	ZIP			
ŀ	Corporation Commission File Number	Date In-Kind Contributi	ion Made			
┥	Enter total only if last page of sch (transfer the total disbursed this perio	nedule		I		



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

	Corporation	n / LLC Recipient In	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Corporation/LLC Name			Licotion byo		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Made			
1	Corporation/LLC Name					
-	Street Address					
2	City	State	ZIP			
-	Corporation Commission File Number	Date In-Kind Con	tribution Made			
-	Corporation/LLC Name					
	Street Address					
-	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Made			
	Corporation/LLC Name					
-	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Made			
	Corporation/LLC Name	I				
	Street Address					
	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



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

	Labor Orgai	nization Recipient Ir	nformation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
l	Labor Organization Name					Election by
	Street Address					
(City	State	ZIP			
(Corporation Commission File Number	Date In-Kind Cont	ribution Made			
l	Labor Organization Name					
	Street Address					
	City	State	ZIP			
(Corporation Commission File Number	Date In-Kind Con	tribution Made			
I	Labor Organization Name					
	Street Address					
	City	State	ZIP			
(Corporation Commission File Number	Date In-Kind Con	tribution Made			
l	Labor Organization Name					
~	Street Address					
ļ	City	State	ZIP			
(Corporation Commission File Number	Date In-Kind Con	tribution Made			
I	Labor Organization Name					
~	Street Address					
,	City	State	ZIP			
(Corporation Commission File Number	Date In-Kind Con	tribution Made			
E	Enter total only if last page of sch transfer the total disbursed this perio	nedule				

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



INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

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

Schedule B(6), page____ of ____



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

/	-	Recipient Informatic	1	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/Year		- 🗆 Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			1		
2	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	ot Measure(s) Opposed (including % opposed)			
	Date of First Publication, Display, Delivery, or Broadcast Election Month/Year			Credit		
	Recipient Name	<u> </u>	Mode of Advertising (TV, mail, etc)			
	Street Address		1	1		
3	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	Ballot Measure(s) Opposed (including % opposed)			
	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		
	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		
	Enter total only if last page of schedu	le		l		
	(transfer the total disbursed this period to "	Summary of Disbursen	nents," line 7)			

Schedule B(7), page____ of ____



RECALL EXPENDITURES MADE:

SCHEDULE B(8)

Expenditure	Recipient Informatic	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
cipient Name		Mode of Advertising (TV, mail, etc)			
eet Address			-		
у	State	ZIP	-		
pporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	□ Cash		
te of First Publication, Display, Delivery, or Broadcast	Office Held		Credit		
cipient Name		Mode of Advertising (TV, mail, etc)			
eet Address			-		
y	State	ZIP	-		
2 Supporting or Opposing Issuance of Recall Order? Candidate Sought to be		alled	□ Cash		
of First Publication, Display, Delivery, or Broadcast Office Held			_ □ Credit		
cipient Name		Mode of Advertising (TV, mail, etc)			
eet Address			-		
у	State	ZIP	1		
pporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	□ Cash		
Date of First Publication, Display, Delivery, or Broadcast Office Held			_ 🗆 Credit		
cipient Name		Mode of Advertising (TV, mail, etc)			
Street Address			-		
у	State	ZIP	4		
pporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	_ □ Cash		
te of First Publication, Display, Delivery, or Broadcast	Office Held		_ □ Credit		
y pporti te of I	ing or Opposing Issuance of Recall Order? First Publication, Display, Delivery, or Broadcast	ing or Opposing Issuance of Recall Order? Candidate Sought to be Rec First Publication, Display, Delivery, or Broadcast Office Held	ing or Opposing Issuance of Recall Order? Candidate Sought to be Recalled First Publication, Display, Delivery, or Broadcast Office Held	State ZIP ing or Opposing Issuance of Recall Order? Candidate Sought to be Recalled First Publication, Display, Delivery, or Broadcast Office Held	ing or Opposing Issuance of Recall Order? Candidate Sought to be Recalled

Schedule B(8), page____ of ____





SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

	Benefi	tted Candidate		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 schedul (transfer the total disbursed this period to "	e Summary of Disbursen	nents," line 9)			
	1				<u> </u>	/

Schedule B(9), page____ of ____



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

/	/ Recipient C	ommittee Informat	tion	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 Exper	nse (if applicable)			
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exper	nse (if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exper	nse (if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exper	nse (if applicable)	□ Cash □ Credit		
	Committee Name	Committee Name Pay				
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exper	nse (if applicable)	□ Cash □ Credit		
	Enter total only if last page of school					
	Enter total only if last page of schedu (transfer the total disbursed this period to	"Summary of Disburg	sements," 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			
	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						
Ŭ	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed Reimbursement			□ Credit		
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Enter total only if last page of 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					
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			

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COMMITTEE ID NUMBER

SCHEDULE B(13)

TRANSFER OUT SURPLUS MONIES / TRANSFER IN 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

Recipient of Surplus Monies / Source of Transferred Debt

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

Total

Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	

Schedule A(13), page____ of ____



COMMITTEE ID NUMBER
23-04

SCHEDULE B(14)

MISCELLANEOUS DISBURSEMENTS:

/	Recipient In	ormation	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name See Attached Street Address		5992.04	5992.04	22836.44
1	City	ZIP	□ Cash		
	Disbursement Type	Disbursement Date	□ Credit		
	Name				
2	Street Address				
2		ZIP	□ Cash		
	Disbursement Type	Disbursement Date	Credit		
	Name Street Address				
3		ZIP			
	Disbursement Type	Disbursement Date	□ Cash □ Credit		
	Name				
	Street Address				
4	4 City	ZIP			
	Disbursement Type	Disbursement Date	□ Cash □ Credit		
	Name	Name			
5	Street Address				
J	City Sta		□ Cash		
	Disbursement Type	Disbursement Date	Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summ	ary of Disbursements," line 14)			



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)	5992.04	22836.44

Schedule B(15), page____ of

Donations Over \$100

Date	Amount	Reason	Address
4/17/2024	\$250.00	Douglas Mortemore	701 W Flynn Ln Phoenix, 85013
6/6/2024	\$500.00	Gonzalo de la Melena	2202 E San Juan Ave Phoenix, 85016
6/19/2024	\$300.00	Auden Flores	8601 W Ironwood Dr, Peoria, AZ 85345
6/20/2024	\$300.00	Dora Flores	7404 W Griffin ave, Glendale, AZ 85303

Total \$1,350.00

Ocupation	Employer
Manager	SBE
Self	EDM Ventures
Owner	Little Sprouts Academy
Childcare	Daycare

Donations under \$100				
Date	ate Amount			
4/17/2024	\$100.00			
4/18/2024	\$50.00			
4/21/2024	\$50.00			
6/4/2024	\$50.00			
6/6/2024	\$10.00			
6/18/2024	\$35.00			
6/19/2024	\$50.00			
6/19/2024	\$50.00			
6/19/2024	\$100.00			
6/19/2024	\$100.00			
6/20/2024	\$50.00			
6/22/2024	\$50.00			
6/24/2024	\$50.00			
6/24/2024	\$50.00			
6/27/2024	\$50.00			
6/29/2024	\$25.00			
Total	\$870.00			

Expenses over \$100

Date		Item	Amount	Reason
	04/01/24	Looks Good Printing	\$1,200.00	Palm cards
	04/04/24	Strategic Polical Marketing (SPM+)	\$1,500.00	Consulting Services
	05/03/24	INKED BROTHERS	\$187.04	Print Shop
	5/8/2024	Strategic Polical Marketing (SPM+)	\$1,500.00	Consulting Services
!	5/20/2024	Looks Good Printing	\$1,547.00	Signs
	6/1/2024	Strategic Polical Marketing (SPM+)	\$1,500.00	Consulting Services
(6/13/2024	Strategic Polical Marketing (SPM+)	\$258.00	Consulting Services
(6/25/2024	Strategic Polical Marketing (SPM+)	\$1,000.00	Consulting Services

Total

\$5,992.04