Received by Goodyear City Clerk's Office -- July 18, 2024 8:22 a.m. via email



COMMITTEE ID NUMBER

COMMITTEE	INFORMATION	(required):
-----------	-------------	-------------

	Committee Information:	Committee Name:	
CANI	DIDATE INFORMATION (only if fil	ing as a candidate committee):	
	Office Sought:	☐ County Office:	☐ Special District Office:
		City/Town Office:	☐ School Board District:
	Cumulative Report:		
	☐ Check here if this is the	e candidate committee's first, cumulative	report for the election cycle. Also select appropriate Reporting Period below.
	Cumulative reporting perio	od start date (which supersedes the star	t date for the Reporting Period selected below):
REP	ORTING PERIOD (check one):		

	REPORTING PERIOD	REPORT DUE
	2023 March Pre-Election Report (Local Only): January 1, 2023 to February 25, 2023	February 26, 2023 to March 4, 2023
	2023 March Post-Election (Q1) Report (Local Only): February 26, 2023 to March 31, 2023	April 1, 2023 to April 15, 2023
	2023 Quarter 1 Report: January 1, 2023 to March 31, 2023	April 1, 2023 to April 17, 2023
	2023 May Pre-Election Report (Local Only): April 1, 2023 to April 29, 2023	April 30, 2023 to May 6, 2023
	2023 May Post-Election (Q2) Report (Local Only): April 30, 2023 to June 30, 2023	July 1, 2023 to July 15, 2023
	2023 Quarter 2 Report: April 1, 2023 to June 30, 2023	July 1, 2023 to July 17, 2023
	2023 August Pre-Election Report (Local Only): July 1, 2023 to July 15, 2023	July 16, 2023 to July 22, 2023
	2023 August Post-Election (Q3) Report (Local Only): July 16, 2023 to September 30, 2023	October 1, 2023 to October 16, 2023*
	2023 Quarter 3 Report: July 1, 2023 to September 30, 2023	October 1, 2023 to October 16, 2023*
	2023 November Pre-Election Report (Local Only): October 1, 2023 to October 21, 2023	October 22, 2023 to October 28, 2023
	2023 November Post-Election (Q4) Report (Local Only): October 22, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
	2023 Quarter 4 Report: October 1, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
	2024 March Pre-Election Report (Local Only): January 1, 2024 to February 24, 2024	February 25, 2024 to March 2, 2024
	2024 March Post-Election (Q1) Report (Local Only): February 25, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
	2024 Quarter 1 Report: January 1, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
	2024 May Pre-Election Report (Local Only): April 1, 2024 to May 4, 2024	May 5, 2024 to May 11, 2024
	2024 May Post-Election (Q2) Report (Local Only): May 5, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
	2024 Quarter 2 Report: April 1, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
X	2024 July Pre-Primary Election Report: July 1, 2024 to July 13, 2024	July 14, 2024 to July 20, 2024
	2024 July Post-Primary Election (Q3) Report: July 14, 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. §§§ 1-243(A), 1-301 and 1-303.

FINANCIAL SUMMARY (required):

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



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

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

	12/2	
Printed Name of Committee Treasurer	Signature of Committee Treasurer Date	

SUMMARY OF RECEIPTS (Schedule A):

	Receipts	Cash	Equity
1. N	Monetary Contributions Received		
	a) In-State Individuals - More than \$100		
-	o) In-State Individuals - \$100 or Less (Aggregate)		
	c) Out-of-State Individuals		
	d) Candidate Committees		
	e) Political Action Committees		
) Political Parties		
	p) Partnerships		
,,,			
	n) 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))		
(1)) Refunds Given Back to Contributors		
(n	n) Net Monetary Contributions (subtract 1(I) from 1(k))		
	oans		
	a) Loans Received		
	b) Forgiveness on Loans Received c) Repayment on Loans Made		
,	d) Interest Accrued on Loans Made		
	e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))		
	Rebates and Refunds Received		
	nterest Accrued on Committee Monies n-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	e) Political Action Committees		
) Political Parties		
	y) Partnerships		
(h	n) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
(i)) Labor Organizations (PACs & Political Parties Only)		
(j)			
(k	1 1		
•	n-Kind Donations Received (Non-Contributions) (Political Parties Only)		
	extensions of Credit		
(a	a) Extensions of Credit Received		
	p) Payments on Extensions of Credit Received		
<u> </u>	c) Net Extensions of Credit (subtract 7(b) from 7(a))		
	oint Fundraising / Shared Expense Payments Received		
	Payments Received for Goods / Services		
	•		
	utstanding Accounts Receivable / Debts Owed to Committee		
	ransfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
	iscellaneous Receipts (use cash and/or equity as applicable)		
13. To	otal Receipts (cash: add 1(m), 2(e), 3-4, 8-9, 11-12; equity: add 2(b), 5(k), 6-7(c), 10-12)		



SUMMARY OF DISBURSEMENTS (Schedule B):

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



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

SCHEDULE A(1)(a)

	Individual Contr	ributor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address			-		
1	City	State	ZIP			
	Occupation	Employer				
	Name	<u> </u>	Date Contribution Received			
	Street Address		L	-		
2	City	State	ZIP	-		
	Occupation	Employer		-		
	Name		Date Contribution Received			
	Street Address			-		
3	City	State	ZIP	-		
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address			_		
4	City	State	ZIP	-		
	Occupation	Employer		_		
	Name		Date Contribution Received			
	Street Address					
5	City	State	ZIP	-		
	Occupation	Employer		_		
L						
	Enter total only if last page of schedule (transfer the total received this period to "Sum					

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

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

COMMITTEE ID NUMBER

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

SCHEDULE A(1)(b)

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

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

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



MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

				1		
/	Individual Cont	ributor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address	Street Address				
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer		_		
	Enter total only if last nage of schedule					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 1(c))			

Arizona Secretary of State Revision 9/28/23

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



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

	Candidate Committee	· Contributor Infor	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name	Committee Name				
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
	Sileet Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	I ed			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Enter total only if last page of schedule (transfer the total received this period to "Sum					

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

	Political Action Committ	ee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	d			
	Committee Name					
	Street Address					
2	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	ttee ID Number Date Contribution Received				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Enter total only if last page of schedule					
	(transfer the total received this period to "Sum	mary of Receipts," l	ine 1(e))			

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

/						
	Political Party Co	ntributor Informat	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	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 Receive	ed			
	Committee Name					
5	Street Address					
J	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts." I	line 1(f))			

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

	Partnership Con	tributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address			_		
1		I _{a.} .	Tara	-		
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	I ed			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	<u>l</u> ed			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
-	Enter total only if last page of schedule (transfer the total received this period to "Sum					
	(transfer the total received this period to "Sum	mary of Receipts," I	ine 1(g))			

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



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

	Corporation / LLC	Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					,
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
F	Corporation/LLC Name	1				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
-	Enter total only if last page of schedule (transfer the total received this period to "Sur	manual Descript "	line 4(h))			
	triansier the total received this period to "Sur	ninary of Receipts,"	iirie i(n))			

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

	Labor Organization (Contributor Inforn	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name				1 0	
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	I ed			
	Labor Organization Name	I				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	l ed			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	I ed			
	Labor Organization Name	I				
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	line 1(i))			

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

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

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

	Contril	outor Informatio	n	Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Refunded		1 3	
	Street Address		I			1
1	City	State	ZIP			1
	ID Number (if applicable)		Date of Original Contribution			İ
	Name		Date Contribution Refunded			<u>. </u>
	Street Address					1
•	City	State	ZIP			1
	ID Number (if applicable)		Date of Original Contribution			1
	Name		Date Contribution Refunded			
	Street Address					
3	City	State	ZIP			İ
	ID Number (if applicable)		Date of Original Contribution			1
	Name		Date Contribution Refunded			
	Street Address					1
1	City	State	ZIP			1
	ID Number (if applicable)		Date of Original Contribution			1
	Name		Date Contribution Refunded			<u> </u>
	Street Address					1
,	City	State	ZIP			1
	ID Number (if applicable)		Date of Original Contribution			1
_	Enter total only if last page of schedu (transfer the total received this period to "	ulo.				

Schedule A(1)(I), page____ of___



LOANS RECEIVED: SCHEDULE A(2)(a)

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

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



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

	Lender I	nformation		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Forgiveness Received			
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name	I	Date Forgiveness Received			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name	I	Date Forgiveness Received			
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	<u> </u>			
	Lender Name		Date Forgiveness Received			
	Street Address		<u> </u>			
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name	l	Date Forgiveness Received			
	Street Address					
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 "Sum	mary of Receipts," li	ine 2(b))	l		

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



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

/						
	Borrower	Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Repayment Received			
•	Street Address					
1	City	State	ZIP			
•	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
•	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				

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

INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

	Borrower	Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Interest Accrued			
	Street Address		<u> </u>	-		
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Interest Accrued			
	Street Address		<u> </u>	-		
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name	l	Date Interest Accrued			
	Street Address			-		
3	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Borrower Name		Date Interest Accrued			
	Street Address			-		
4	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		_		
	Borrower Name		Date Interest Accrued			
	Street Address			_		
5	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		_		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	line 2(d))			

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



STATE OF ARIZONA FRIMINGERE FOR PAIGN

COMMITTEE ID NUMBER

ayor Name treet Address	State Reason for Refund/Rebate	Date Rebate/Refund Received ZIP Date Rebate/Refund Received		Reporting Period	Election Cycle
riginal Purchase Amount ayor Name treet Address	Reason for Refund/Rebate				
ayor Name treet Address	Reason for Refund/Rebate		_		
ayor Name treet Address					
treet Address	State	Date Rebate/Refund Received			
ity	State		_		
	State				
riginal Purchase Amount		ZIP	_		
	Reason for Refund/Rebate	e	_		
ayor Name		Date Rebate/Refund Received			
rreet Address			_		
ity	State	ZIP			
riginal Purchase Amount	Reason for Refund/Rebate	9			
ayor Name		Date Rebate/Refund Received			
treet Address			-		
ity	State	ZIP			
riginal Purchase Amount	Reason for Refund/Rebate	9	-		
ayor Name		Date Rebate/Refund Received			
treet Address			-		
ity	State	ZIP			
riginal Purchase Amount	Reason for Refund/Rebate	9	-		
rig	ininal Purchase Amount or Name eet Address ininal Purchase Amount or Name eet Address	ret Address State State Reason for Refund/Rebate or Name State Reason for Refund/Rebate or Name Date Rebate/Refund Received set Address State ZIP Reason for Refund/Rebate or Name Date Rebate/Refund Received State ZIP State Date Rebate/Refund Received State ZIP State Date Rebate/Refund Received set Address State Reason for Refund/Rebate State ZIP Reason for Refund/Rebate	inal Purchase Amount Reason for Refund/Rebate Date Rebate/Refund Received State ZIP Inal Purchase Amount Reason for Refund/Rebate or Name Date Rebate/Refund Received State ZIP Date Rebate/Refund Received State ZIP State Date Rebate/Refund Received Pate Address State ZIP Reason for Refund/Rebate	inal Purchase Amount Reason for Refund/Rebate Date Rebate/Refund Received State ZIP State ZIP Jate Rebate/Refund Received Date Rebate/Refund Received State ZIP Jate Rebate/Refund Received State ZIP Jate Rebate/Refund Received State Jate Rebate/Refund Received State Jate Rebate/Refund Received State Reason for Refund/Rebate State ZIP Jate Rebate/Refund Received Reason for Refund/Rebate	

Schedule A(3), page____ of ____

COMMITTEE ID NUMBER

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

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

Schedule A(4), page____ of ____



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

SCHEDULE A(5)(a)

	Individual Contr	ributor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		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				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 5(a))			

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

Schedule A(5), page____ of ___

COMMITTEE ID NUMBER

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

SCHEDULE A(5)(b)

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

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

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



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

SCHEDULE A(5)(c)

/	Candidate Committe	e Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address			_		
	City	State	ZIP	<u> </u> 		
	Committee ID Number	Date In-Kind Contribution	Received	1		
	Committee Name					
	Street Address			-		
	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Received	_		
	Committee Name	<u> </u>				
	Street Address			_		
	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Received	_		
	Committee Name	nmittee Name				
	Street Address					
	City	State	ZIP	_		
	Committee ID Number	Date In-Kind Contribution	Date In-Kind Contribution Received			
	Committee Name	Committee Name				
	Street Address	-				
	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 "Sun	nmary of Receipts,"	line 5(d))			

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



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

	Candidate Committee	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	I				
	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	<u> </u>				
	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 "Sumi	(5)				

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

Political Action Committ	ee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	I Received			
Committee Name	I				
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name Street Address City Committee ID Number Street Address City Committee ID Number Committee Name Street Address City Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number Committee ID Number Street Address City Committee Name Street Address City Committee ID Number	Committee Name City State Committee ID Number Date In-Kind Contribution Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee ID Number Date In-Kind Contribution 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 ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received 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 Political Action Committee Contributor Information Amount Received Amount this Reporting Period Committee Name Street Address Cay State Z2P Committee 1D Number Date in-Kind Contribution Received Committee ID Number Date in-Kind Contribution Received Street Address Cty State ZIP Committee ID Number Date in-Kind Contribution Received Street Address Street Address Street Address Street Address Street Address		

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

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

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

/						
	Partnership Cor	ntributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name	<u> </u>				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name	1				
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	ission File Number Date In-Kind Contribution Received				
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum					

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



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

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

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

/				ı	1 1	
	Labor Organization	Contributor Inforn	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	 Received			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
_	Enter total only if last page of schedule (transfer the total received this period to "Sum	(5	. 50)			

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



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

SCHEDULE A(5)(j)

/						
/	Candidate	e Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address					
1	City	State	ZIP			
	Asset or Property Contributed	Asset or Property Contributed				
			Taaaa			
	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			
		Otale	2.1			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address		1			
4	City	State	ZIP			
	Asset or Property Contributed					
_	Name		Date In-Kind Contribution Received			
	Street Address					
5		T _{av}	1			
	City	State	ZIP			
	Asset or Property Contributed					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 5(j))	1		,
\leftarrow			nedule A(5)(i) page of	•	1	/ /



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

SCHEDULE A(6)

_	Source I	nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Donation Received			
	Street Address			-		
1	City	State	ZIP			
	Type of Item Donated					
	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 apply if last name of each adula					
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receipts,"	line 6)			

Schedule A(6), page____ of ____



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

	Creditor	Information		Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Provided on Credit		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					
5	Street Address					
	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 7(a))					
	(transisi tile total received tills period to Sulli	mary or Necelpis,				

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



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

/	Creditor	Information		Payment Amount on Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Originally Provided on Credit		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					
	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Enter total only if last page of schedule					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," l	ine 7(b))			

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



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

/	Payor C	ommittee Informa	tion	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 Ex	spense (if applicable)			
	Committee Name		Payment Date			
2	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	spense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	spense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	spense (if applicable)			
	Committee Name		Payment Date			
5	Street Address					
	City State		ZIP			
	Date of Joint Fundraising Event (if applicable)		spense (if applicable)			
	Enter total only if last page of scheotransfer the total received this period to	dule "Summary of Recei	pts," line 8)			

Schedule A(8), page____ of ____



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

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

Schedule A(9), page____ of ____



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

/	Info	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	Street Address				
3	City	State	ZIP			
	Type of Account Receivable or Debt Owed	Date that Debt Accrued				
	Name					
	Street Address					
4	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
5	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Enter total only if last page of schedule (transfer the total received this period to "Sum					

Schedule A(10), page____ of ____

COMMITTEE ID NUMBER

TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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

Schedule A(11), page____ of ____



MISCELLANEOUS RECEIPTS: SCHEDULE A(12)

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

Schedule A(12), page____ of ____



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

ī	Recipient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Name	Disbursement Da	ate			
Street Address	<u> </u>				1
City	State	ZIP			1
Type of Operating Expense Paid		Non-Electoral Purpose? (PACs and Political Parties Only)			ì
Name		ate			
Street Address					ı
City	State	ZIP			ı
Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only)		□ Cash □ Credit		1
Name		Disbursement Date			
Street Address					1
City	State	ZIP			1
Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only)		□ Cash □ Credit		1
Name		ate			
Street Address					1
City	State	ZIP			1
Type of Operating Expense Paid		Non-Electoral Purpose? (PACs and Political Parties Only)			ì
Name		ate			
Street Address					1
City	State	ZIP	□ Cash		l
Type of Operating Expense Paid	Non-Electoral Pur	pose? (PACs and Political Parties Only)	□ Credit		ı
	Name Street Address City Type of Operating Expense Paid Name Street Address City Type of Operating Expense Paid Name Street Address City Type of Operating Expense Paid Name Street Address City Type of Operating Expense Paid Name Street Address City Type of Operating Expense Paid Name Street Address City Type of Operating Expense Paid Name Street Address City Type of Operating Expense Paid	Street Address City State Type of Operating Expense Paid Non-Electoral Pur Name Disbursement Date Street Address City State Type of Operating Expense Paid Non-Electoral Pur Name Disbursement Date Street Address City State Type of Operating Expense Paid Non-Electoral Pur Name Disbursement Date Street Address City State Type of Operating Expense Paid Non-Electoral Pur Name Disbursement Date Street Address City State Type of Operating Expense Paid Non-Electoral Pur Name Disbursement Date Street Address City State Type of Operating Expense Paid Non-Electoral Pur Disbursement Date Street Address City State Type of Operating Expense Paid Non-Electoral Pur Disbursement Date Street Address Street Address	Street Address City State ZIP Type of Operating Expense Paid Non-Electoral Purpose? (PACs and Political Parties Only) Name Disbursement Date Street Address City State ZIP Type of Operating Expense Paid Non-Electoral Purpose? (PACs and Political Parties Only) Name Disbursement Date Street Address City State ZIP Type of Operating Expense Paid Non-Electoral Purpose? (PACs and Political Parties Only) Name Disbursement Date Street Address City State ZIP Non-Electoral Purpose? (PACs and Political Parties Only) Name Disbursement Date Street Address City State ZIP Type of Operating Expense Paid Non-Electoral Purpose? (PACs and Political Parties Only) Name Disbursement Date Street Address City State ZIP Type of Operating Expense Paid Non-Electoral Purpose? (PACs and Political Parties Only) Disbursement Date Street Address City State ZIP Name Disbursement Date	Disbursement Date	Reporting Period Disbursement Date Street Address City State Disbursement Date Street Address Disbursement Date Street Address Street Address City State Disbursement Date City State City State Disbursement Date City State Disbursement Date City State City State Disbursement Date City State tate City State St

Schedule B(1), page____ of ____



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	Candidate Committee	e Recipient Infori	mation	Amount Contributed	Cumulative Amount this	Cumulative Amount this
	Committee Name		Reporting Period	Election Cycle		
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	1	☐ Credit		
	Committee Name					
	Street Address					
2	2 City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
•	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number Date Contribution Made			☐ Credit		
	Committee Name Street Address	Committee Name				
4	1					
	City Committee ID Number	State Date Contribution Made	ZIP	☐ Cash☐ Credit		
	Committee Name	Date contribution wade				
	Street Address					
5	City	State ZIP				
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Enter total only if last page of schedule					
	(transfer the total disbursed this period to "Su	mmary of Disbursen	ments," line 2(a))			



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

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



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Political Party F	Recipient Informati	on	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		☐ Cash☐ Credit		
	Committee Name					
2	Street Address	T	I			
	City Committee ID Number	State Date Contribution Made	ZIP	☐ Cash☐ Credit		
	Committee Name					
	Street Address	Street Address				
3	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
5	Street Address	Street Address				
,	City Committee ID Number	State Date Contribution Made	ZIP	☐ Cash☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Si			Grount		



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partner	ship Recipient Informa	tion	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Mad	de	□ Credit		
	Partnership Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Ma	de	□ Casn		
	Partnership Name					
	Street Address	Street Address				
3	City	State	ZIP	T 0 l		
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit		
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit		
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit		
_	Enter total only if last page of sci	hedule od to "Summary of Disburs				



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	n / LLC Recipient Info	rmation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Corporation/LLC Name						
	Street Address						
1	City	State	ZIP	□ Cash			
	Corporation Commission File Number	□ Credit					
	Corporation/LLC Name	l .					
	Street Address						
2	City	State	ZIP	□ Cook			
	Corporation Commission File Number	Date Contribution Ma	ade		□ Cash □ Credit		
	Corporation/LLC Name						
3	Street Address						
	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Ma	ade	☐ Cash☐ Credit			
	Corporation/LLC Name						
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Ma	ade	□ Cash □ Credit			
_	Corporation/LLC Name						
	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					



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

/	Labor Organ	ization Recipient Inforr	mation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made		□ Credit		
	Labor Organization Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Corporation Commission File Number Date Contribution Made			□ Credit		
3	Labor Organization Name					
	Street Address					
	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made	<u> </u>	□ Credit		
	Labor Organization Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made	. <u> </u>	☐ Credit		
	Labor Organization Name	1				
	Street Address					
5	City	State	ZIP	E Carl		
	Corporation Commission File Number	Date Contribution Made	1	□ Cash □ Credit		
_	Enter total only if last page of sche (transfer the total disbursed this period	edule	ements." line 2(f))			



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

	Contributo	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Date Refund Received			
	Street Address					
1	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name	Date Refund Received				
	Street Address					
2	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
3	City	State	ZIP	_		
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
4	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address			-		
5	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
_	Enter total only if last page of schedule					
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disburser	nents," line 2(h))			

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LOANS MADE: SCHEDULE B(3)(a)

	Bor	rower 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	l .			
	Borrower Name					
	Street Address					
2	City State		ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
3	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made	Date Loan Made			
	Borrower Name					
	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Enter total only if last page of sche (transfer the total received this period to	dule				

Schedule B(3)(a), page___of ___



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

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

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



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

				I	j I	
	Borrower	Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Forgiveness Made			
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	1			
	Borrower Name		Date Forgiveness Made			
	Street Address		l			
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	1			
	Borrower Name		Date Forgiveness Made			
	Street Address	l				
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name	L	Date Forgiveness Made			
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	l			
	Borrower Name	l	Date Forgiveness Made			
	Street Address					
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	mmary of Disburses	nents " line 3(c\\	<u> </u>		

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



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

Lender	Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Lender Name		Date Repayment Made			
Street Address					
City	State	ZIP	-		
Original Amount Borrowed	Amount Still Outstanding		-		
Lender Name		Date Repayment Made			
Street Address					
City	State	ZIP	_		
Original Amount Borrowed	Amount Still Outstanding		_		
Lender Name		Date Repayment Made			
Street Address					
City	State	ZIP	_		
Original Amount Borrowed	Amount Still Outstanding		1		
Lender Name		Date Repayment Made			
Street Address					
City	State	ZIP			
	Amount Still Outstanding		_		
	Amount Still Outstanding				
Lender Name		Date Repayment Made			
Street Address					
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	mmary of Disbursen	nents," line 3(d))	•		
	Lender Name Street Address City Original Amount Borrowed Lender Name Street Address City Original Amount Borrowed Lender Name Street Address City Original Amount Borrowed Lender Name Street Address City Original Amount Borrowed Lender Name Street Address City Original Amount Borrowed Lender Name Street Address City Original Amount Borrowed Lender Name Street Address City Original Amount Borrowed	Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Enter total only if last page of schedule	Lender Name Date Repayment Made Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Lender Name Date Repayment Made Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Lender Name Date Repayment Made Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Lender Name Date Repayment Made Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Lender Name Date Repayment Made Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Lender Name Date Repayment Made Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Lender Name Date Repayment Made	Lender Name Caly State ZiP Original Amount Borrowed Amount Sill Outstanding Lender Name Date Repayment Made State ZiP Original Amount Borrowed Amount Sill Outstanding Lender Name Date Repayment Made ZiP Original Amount Borrowed Amount Sill Outstanding Lender Name Date Repayment Made Street Address City State ZiP Original Amount Borrowed Amount Sill Outstanding Lender Name Date Repayment Made ZiP Original Amount Borrowed Amount Sill Outstanding Lender Name Date Repayment Mede Street Address City State ZiP Original Amount Borrowed Amount Sill Outstanding Lender Name Date Repayment Mede Street Address ZiP Original Amount Borrowed Amount Sill Outstanding Lender Name Date Repayment Mede	Lender Name Date Repayment Mode Cry State ZP Criginal Amount Berrowed Amount State Cry State ZP Criginal Amount Berrowed Amount State Cry State ZP Criginal Amount Berrowed Amount State Cry State ZP Criginal Amount Berrowed Amount State Cry State ZP Criginal Amount Berrowed Amount State Cry State ZP Criginal Amount Berrowed Amount State Cry State ZP Criginal Amount Berrowed Amount State Cate Repayment Mode Sever Address City State ZP Criginal Amount Berrowed Amount State Cate Repayment Mode Sever Address Cry State ZP Criginal Amount Berrowed Amount State Cate Repayment Mode Sever Address Cry State ZP Criginal Amount Berrowed Amount State Cate Repayment Mode Sever Address Sever Address Cry State ZP Criginal Amount Berrowed Amount State Cate Repayment Mode Sever Address Sever Address Cry State ZP Criginal Amount Berrowed Amount State Cate Repayment Mode Sever Address Cry State ZP Criginal Amount Berrowed Amount State Cate Repayment Mode Sever Address Cry State ZP Criginal Amount Berrowed Amount State Cate Repayment Mode Sever Address Cry State State ZP Criginal Amount Berrowed Amount State Cate Repayment Mode Sever Address Cry State State ZP Criginal Amount State Cate State Cate State Cate State Cate State

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ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

	Lender Inforr	mation	Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Date Interest Accrued		, ,	
	State	ZIP			
ved	Amour	nt Still Outstanding			
		Date Interest Accrued			
		I			
	State	ZIP			
ved	Amour	int Still Outstanding			
		Date Interest Accrued			
Street Address					
	State	ZIP			
ved	Amour	nt Still Outstanding			
		Date Interest Accrued			
Street Address					
	State	ZIP			
ved	Amour	nt Still Outstanding			
		Date Interest Accrued			
Street Address					
	State	ZIP			
ved	Amour	nt Still Outstanding			
if last page of sc	t page of schedule				
if last page of so	Amour				

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REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

Re	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					
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					
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					
City	State	ZIP			
Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
Name of Original Payor		Date Rebate/Refund Made			
Street Address					
City	State	ZIP			
Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
Name of Original Payor		Date Rebate/Refund Made			
Street Address					
City	State	ZIP			
Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
Enter total only if last page of sch	edule				
(transfer the total disbursed this period	I to "Summary of Disburs	sements," line 4)			

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IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/	Candidate Committe	e Recipient Inforr	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution I	I 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					
	City					
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

	Political Action Comm	nittee Recipient Inf	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name	Committee Name				
	Street Address	Street Address				
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Made			
	Committee Name					
	Street Address	Street Address				
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Made			
	Enter total only if last page of schedule					
	Enter total only if last page of schedule (transfer the total disbursed this period to "S	ummary of Disburser	ments," line 5(b))			

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IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

Committee Name Street Address				
Street Address 1 City State ZIP Committee ID Number Date In-Kind Contribution Made 2 City State ZIP Committee ID Number Date In-Kind Contribution Made 3 City State ZIP Committee Name 5 Street Address 3 City State ZIP Committee ID Number Date In-Kind Contribution Made 4 City State ZIP Committee Name 5 Street Address 4 City State ZIP Committee Name 5 Street Address 5 City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name 5 Street Address 5 City State ZIP Committee Name 5 Street Address		Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1 City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address 2 City State ZIP Committee Name Street Address 3 City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address 4 City State ZIP Committee Name Street Address 4 City State ZIP Committee Name Street Address 5 City State ZIP Committee Name Street Address 5 City State ZIP Committee Name Street Address 5 City State ZIP Committee ID Number Date In-Kind Contribution Made				-
Committee ID Number Committee Name Street Address City Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee Name Street Address Street Address				
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Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made				
Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee ID Number Street Address Street Address City State ZIP Committee Name Street Address Street Address				
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Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP				
Committee Name Street Address 4 City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address 5 City State ZIP				
Street Address 4 City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address 5 City State ZIP				
City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP				
City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP				
Committee Name Street Address City State ZIP				
Street Address City State ZIP		_		
5 City State ZIP				
City State ZIP				
Date III-Niliu Continuution Made				
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 5				

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IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

	Partnership Re	ecipient Informatio	n	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					,
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Partnership Name					
F	Street Address	Street Address				
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Partnership Name	<u> </u>				
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	rporation Commission File Number Date In-Kind Contribution Made				
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	mmary of Disbursen	nents," line 5(d))	l		

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

,						
	Corporation /	LLC Recipient Inform	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Made			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributi	on Made			
	Corporation/LLC Name					
	Street Address					
3	City State ZIP					
	Corporation Commission File Number	Date In-Kind Contributi	on Made			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributi	on Made			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributi	on Made			
	Enter total only if last page of sche	dule				
	(transfer the total disbursed this period t	o "Summary of Disburse	ements," line 5(e))			

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IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

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

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INDEPENDENT EXPENDITURES MADE: SCHEDULE B(6)

/	From any difference	Da siniant Inform	At a sa	Expenditure	Cumulative	Cumulative
	Expenditure	Recipient Informa	uon	Åmount	Amount this Reporting Period	Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	ncluding % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
2	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	acluding % 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	acluding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		□ Credit		
	Recipient Name	<u> </u>	Mode of Advertising (TV, mail, etc)			
	Street Address					
4	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (including % opposed)		_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ □ Credit		

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BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

	Expenditure	Recipient Info	ormation	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s)	Opposed (including % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Ye	par	☐ 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☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast Election Month/Year		ar			
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP			
•	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s)	Opposed (including % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Yea	ar	_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
4	City	State	ZIP	-		
•	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed (including % opposed)		_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Yea	ar	□ Credit		
	Enter total only if last page of schedu					

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RECALL EXPENDITURES MADE: SCHEDULE B(8)

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

Schedule B(8), page____ of ____



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

/	Benefit	ted 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 "S	e Summary of Disbursen	nents," line 9)			

Schedule B(9), page____ of ____

COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

/	Recipient Co	mmittee Informatio	n	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address					
1	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Credit		
	Committee Name	1	Payment Date			
	Street Address		1			
2	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Credit		
	Committee Name		Payment Date			
	Street Address	1				
3	City	State	ZIP	II Cook		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
	Committee Name	Payment Date				
	Street Address		1			
4	City	State	ZIP	II Cook		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address	eet Address				
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
_	Enter total only if last page of schedul	e 2	7 lin - 40)			
	(transfer the total disbursed this period to "t	summary of Disburser	ments," line 10)			

Schedule B(10), page____ of ____



REIMBURSEMENTS MADE: SCHEDULE B(11)

	Recipi	ent Information	1	Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed	1	Reimbursement Date	□ Credit		
	Name		•			
	Street Address					
2	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	□ Casii		
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
ļ	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 schedu					



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

	Debt In	formation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
2	City	State	ZIP			
	Type of Account Payable or Debt Owed		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	l	Date that Debt Accrued			
	Enter total only if last page of schedule (transfer the total received this period to "Sum			I		
	(transfer the total received this period to "Sum	mary of Receipts," I	ine 12)			

Schedule B(12), page____ of ____

COMMITTEE ID NUMBER

TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Recipient of Surplus Monies / Source of Transferred Debt		
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 ____



MISCELLANEOUS DISBURSEMENTS: SCHEDULE B(14)

_		Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Street Address	Name Street Address				
1	City		ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
2	Street Address City		ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
3	Street Address					
Ĭ	City Disbursement Type		ZIP Disbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address					
4	City		ZIP	☐ Cash		
	Disbursement Type Name		Disbursement Date	☐ Credit		
	Street Address					
5	City	State	ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disburse	ments," line 14)			

COMMITTEE ID NUMBER

AGGREGATE OF DISBURSEMENTS - \$250 OR LESS:

SCHEDULE B(15)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Cumulative of Disbursements - \$250 or Less		
Enter total only if last page of schedule (transfer the total received this period to "Summary of Disbursements," line 15)		

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