Received Goodyear City Clerk's Office - July 20, 2024 2:31 pm via email



COMMITTEE ID NUMBER

| | ommittee Information: | Committee Name: | | | |
|----------|--|--|---|---|---|
| DIDATE I | INFORMATION (only if fil | ing as a candidate committee): | | | |
| Of | ffice Sought. | ☐ County Office: | □ Sp | ecial District Office: | |
| | | ☐ City/Town Office: | □ Scl | School Board District: | |
| C | | e candidate committee's first, cumulative report od start date (which supersedes the start date | • | | · - |
| | | REPORTING PERIOD | | l R | EPORT DUE |
| | | | | | |
| ١ | 2023 Quarter 4 Repo | ort: October 1, 2023 to December 31, 2023 | | January 1, 2024 to | o January 16, 2024* |
| | 2024 Quarter 1 Repo | ort: January 1, 2024 to March 31, 2024 | | April 1, 2024 to Ap | oril 15. 2024 |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | 2024 Quarter 2 Repo | ort: April 1, 2024 to Juno 20, 2024 | | July 1, 2024 to Ju | ly 15, 2024 |
| | | 71. April 1, 2024 to June 30, 2024 | | | <u>• </u> |
| | 2024 August Pre-Pri | mary Election Report: July 1, 2024 to July 20, | 2024 | July 21, 2024 to J | |
| | - | • | | | |
| | 2024 August Post-Pri | mary Election Report: July 1, 2024 to July 20, | | October 1, 2024 t | uly 27, 2024 |
| | 2024 August Post-Pri 2024 Quarter 3 Repo | mary Election Report: July 1, 2024 to July 20, mary Election (Q3) Report: July 21, 2024 to S | September 30, 2024 | October 1, 2024 t | uly 27, 2024 o October 15, 2024 |
| | 2024 August Post-Pri 2024 Quarter 3 Repo 2024 November Pre- | mary Election Report: July 1, 2024 to July 20, mary Election (Q3) Report: July 21, 2024 to S ort: July 1, 2024 to September 30, 2024 | October 19, 2024 | October 1, 2024 t October 1, 2024 t October 20, 2024 | uly 27, 2024 o October 15, 2024 o October 15, 2024 |
| | 2024 August Post-Pri 2024 Quarter 3 Repo 2024 November Pre- 2024 November Post Final Campaign Fina End of Previous Peri | mary Election Report: July 1, 2024 to July 20, mary Election (Q3) Report: July 21, 2024 to Sort: July 1, 2024 to Sort: July 1, 2024 to September 30, 2024 General Election Report: October 1, 2024 to September 30, 2024 to | October 19, 2024 2024 to December 31, 2024 | October 1, 2024 t October 1, 2024 t October 20, 2024 January 1, 2025 t Same Date of Ter | uly 27, 2024 o October 15, 2024 o October 15, 2024 to October 26, 2024 o January 15, 2025 |
| IAL SUM | 2024 August Post-Pri 2024 Quarter 3 Repo 2024 November Pre- 2024 November Post Final Campaign Fina End of Previous Peri | mary Election Report: July 1, 2024 to July 20, mary Election (Q3) Report: July 21, 2024 to Sort: July 1, 2024 to September 30, 2024 General Election Report: October 1, 2024 to September 30, 2024 to September 30, 2024 to September 30, 2024 to September 20, 2006 Report Prior to Committee Termination: | October 19, 2024 2024 to December 31, 2024 | October 1, 2024 t October 1, 2024 t October 20, 2024 January 1, 2025 t Same Date of Ter | uly 27, 2024 o October 15, 2024 o October 15, 2024 to October 26, 2024 o January 15, 2025 |
| HAL SUM | 2024 August Post-Pri 2024 Quarter 3 Repo 2024 November Pre- 2024 November Post Final Campaign Fina End of Previous Peri *Reporting | mary Election Report: July 1, 2024 to July 20, mary Election (Q3) Report: July 21, 2024 to Sort: July 1, 2024 to Sort: July 1, 2024 to September 30, 2024 General Election Report: October 1, 2024 to September 30, 2024 to | October 19, 2024 October 19, 2024 2024 to December 31, 2024 I holiday or Sunday. A.R.S. §§§ 1-24 | October 1, 2024 t October 1, 2024 t October 20, 2024 January 1, 2025 t Same Date of Ter | uly 27, 2024 o October 15, 2024 o October 15, 2024 to October 26, 2024 o January 15, 2025 |

☐ Check here if filing no financial activity during the reporting period. Lines (a)-(d) still must be completed, but only this cover page and the

(b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)

(d) = Balance at close of reporting period

following page need to be filed.

 $\textbf{(c) - Total \ disbursements} \ \text{(from "Summary of Disbursements," line} \ \textbf{16} \ \text{(cash column) for this reporting period)}$

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

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

| | | _ | |
|-------------------------------------|----------------------------------|------|--|
| Printed Name of Committee Treasurer | Signature of Committee Treasurer | Date | |

SUMMARY OF RECEIPTS (Schedule A):

| / | | | |
|----|---|------|--------|
| | Receipts | Cash | Equity |
| 1. | Monetary Contributions Received | | |
| | (a) In-State Individuals - More than \$100 | | |
| | (b) In-State Individuals - \$100 or Less (Aggregate) | | |
| | (c) Out-of-State Individuals | | |
| - | (d) Candidate Committees | | |
| | (e) Political Action Committees | | |
| | (f) Political Parties | | |
| | (g) Partnerships | | |
| | (h) Corporations & Limited Liability Companies (PACs & Political Parties Only) | | |
| | (i) Labor Organizations (PACs & Political Parties Only) | | |
| | | | |
| | (j) Candidate's Personal Monies (Candidate Committees Only) | | |
| | (k) Monetary Contributions Subtotal (add 1(a) through 1(j)) | | |
| | (I) Refunds Given Back to Contributors | | |
| | (m) Net Monetary Contributions (subtract 1(I) from 1(k)) | | |
| 2. | Loans (a) Loans Received | | |
| | (b) Forgiveness on Loans Received | | |
| | (c) Repayment on Loans Made | | |
| | (d) Interest Accrued on Loans Made | | |
| - | (e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d)) | | |
| 3. | Rebates and Refunds Received | | |
| 4. | Interest Accrued on Committee Monies | | |
| 5. | In-Kind Contributions Received | | |
| | (a) In-State Individuals - More than \$100 | | |
| - | (b) In-State Individuals - \$100 or Less (Aggregate) | | |
| | (c) Out-of-State Individuals | | |
| | (d) Candidate Committees | | |
| | (e) Political Action Committees | | |
| | (f) Political Parties | | |
| | (g) Partnerships | | |
| | (h) Corporations & Limited Liability Companies (PACs & Political Parties Only) | | |
| | (i) Labor Organizations (PACs & Political Parties Only) | | |
| | (j) Candidate's Personal Assets or Property (Candidate Committees Only) | | |
| | (k) In-Kind Contributions Subtotal (equity: add 5(a) through 5(j)) | | |
| 6. | In-Kind Donations Received (Non-Contributions) (Political Parties Only) | | |
| 7. | Extensions of Credit | | |
| | (a) Extensions of Credit Received | | |
| | (b) Payments on Extensions of Credit Received | | |
| | (c) Net Extensions of Credit (subtract 7(b) from 7(a)) | | |
| 8. | Joint Fundraising / Shared Expense Payments Received | | |
| 9. | Payments Received for Goods / Services | | |
| | Outstanding Accounts Receivable / Debts Owed to Committee | | |
| | Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable) | | |
| | Miscellaneous Receipts (use cash and/or equity as applicable) | | |
| | Total Receipts (cash: add 1(m), 2(e), 3-4, 8-9, 11-12; equity: add 2(b), 5(k), 6-7(c), 10-12) | | |

SUMMARY OF DISBURSEMENTS (Schedule B):

| / | Disbursements | Cash | Equity |
|-----|--|------|--------|
| 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 | l | Date Contribution Received | | | |
| | Street Address | | 1 | | | |
| 2 | City | State | ZIP | | | |
| | Occupation | Employer | | | | |
| | Name | l | 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 | (5) | F 44 W | | | |
| | ularister the total received this period to "Sum | mary of Receipts," I | iine 1(a)) | | | |

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

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

COMMITTEE ID NUMBER

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

SCHEDULE A(1)(b)

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

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

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



MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

| | Individual Cont | ributor Informatio | n | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|--|--------------------|----------------------------|-----------------|---|---|
| | Name | | Date Contribution Received | | | |
| | Street Address | | | | | |
| 1 | | T . | T | | | |
| | City | State | ZIP | | | |
| | Occupation | Employer | | | | |
| | Name | | Date Contribution Received | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | | | | | | |
| | Occupation | Employer | | | | |
| | Name | | Date Contribution Received | | | |
| | Street Address | | <u> </u> | | | |
| 3 | City | State | ZIP | | | |
| | Occupation | Employer | | | | |
| | Name | | Date Contribution Received | | | |
| | Street Address | | | | | |
| 4 | | | , | | | |
| 4 | City | State | ZIP | | | |
| | Occupation | Employer | | | | |
| | Name | | Date Contribution Received | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | Occupation | Employer | | | | |
| | э э э э э э э э э э э э э э э э э э э | Employer | | | | |
| | Enter total only if last page of schedule (transfer the total received this period to "Sum | mary of Receipts " | line 1(c)) | | | |
| | I' I I I I I I I I I I I I I I I I I I | ., | · \-11 | | | |

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 Info | rmation | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|--|---------------------------|----------------|-----------------|---|---|
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Receive | ed | | | |
| | Committee Name | | | | | |
| | Street Address | | | - | | |
| 2 | | T | T | | | |
| _ | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Receive | I ed | | | |
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Receive | <u> </u> ed | | | |
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | - | | |
| | Committee ID Number | Date Contribution Receive | ed | - | | |
| | SOMMINGS IS INGINES. | Date contribution (coord | | | | |
| | Committee Name | Committee Name | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Receive | I ed | | | |
| | Enter total only if last page of schedule (transfer the total received this period to "Sum | mary of Receipts," I | ine 1(d)) | <u>I</u> | | |

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 | 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 | | | | | | |
| 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 | <u>l</u> ed | | | |
| | Enter total only if last page of schedule (transfer the total received this period to "Sum | many of Passints "1 | line 1(a)) | <u> </u> | | |
| | triansier the total received this period to "Sum | mary or Receipts," I | iiie i(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 | d | | | |
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Receive | ed | | | |
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Receive | ed | | | |
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Receive | ard. | | | |
| | | Date Continuation (1990) | | | | |
| | Committee Name | | | | | |
| , | Street Address | eet 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 Receints " I | ine 1(f)) | l | | |

Arizona Secretary of State Revision 9/28/23

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

| | Partnership Con | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle | | |
|---|--|---------------------------|---|---|--|--|
| | Partnership Name | | | | | |
| | Street Address | | | _ | | |
| 1 | City | State | ZIP | - | | |
| | Sky | Suite | | | | |
| | Corporation Commission File Number | Date Contribution Receive | ed | | | |
| | Partnership Name | | | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | <u> </u> | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Receive | ed | | | |
| | Partnership Name | | | | | |
| | Street Address | | | | | |
| 3 | Cit. | State | ZIP | <u> </u> | | |
| | City | State | ZIF | | | |
| | Corporation Commission File Number | Date Contribution Receive | ed | | | |
| | Partnership Name | | | | | |
| | Street Address | | | | | |
| 4 | | la. | T | - | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Receive | ed | | | |
| | Partnership Name | | | | | |
| | Street Address | | | | | |
| 5 | | T | T | _ | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Receive | ed | | | |
| _ | Enter total only if last page of schedule (transfer the total received this period to "Sum | | | | | |
| | (transfer the total received this period to "Sum | mary of Receipts," I | line 1(g)) | | | |

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



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

| | Corporation | / LLC Contributor 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 | ed | | | |
| F | Corporation/LLC Name | | | | | |
| | Street Address | | | _ | | |
| 2 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Receive | ed | _ | | |
| H | Corporation/LLC Name | | | | | |
| | Street Address | | | _ | | |
| 3 | City | State | ZIP | _ | | |
| | Corporation Commission File Number | Date Contribution Receive | ed | _ | | |
| H | 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 | _ | | |
| \vdash | Enter total only if last page of sch (transfer the total received this period | nedule | | | | |
| Ĺ | (transfer the total received this period | to "Summary of Receipts," I | line 1(h)) | | | |

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

| | Labor Organization | on Contributor Inform | mation | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|--|--------------------------|------------|-----------------|---|---|
| | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | - | | |
| | Corporation Commission File Number | Date Contribution Receiv | ed | - | | |
| | Labor Organization Name | | | | | |
| | Street Address | | | - | | |
| 2 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Receiv | ved | - | | |
| | Labor Organization Name | | | | | |
| | Street Address | _ | | | | |
| 3 | City | State | ZIP | _ | | |
| | Corporation Commission File Number | Date Contribution Receiv | /ved | _ | | |
| | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | _ | | |
| | Corporation Commission File Number | Date Contribution Receiv | ved | | | |
| | Labor Organization Name | | | | | |
| | Street Address | | - | | | |
| 5 | City | State | ZIP | - | | |
| | Corporation Commission File Number | Date Contribution Receiv | ved | - | | |
| | Enter total only if last page of schedu | le | | | | |
| | (transfer the total received this period to "S | ummary of Receipts," | 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 | | |
| 1 | City | State | ZIP | - | | |
| | Occupation | Employer | | | | |
| | Name | <u> </u> | Date Contribution Received | | | |
| | Street Address | | | - | | |
| 2 | City | State | ZIP | - | | |
| | Occupation | Employer | | - | | |
| | Name | | Date Contribution Received | | | |
| | Street Address | | | _ | | |
| 3 | City | State | ZIP | _ | | |
| | Occupation | Employer | | | | |
| | Name | | Date Contribution Received | | | |
| | Street Address | | | - | | |
| 4 | City | State | ZIP | | | |
| | Occupation | Employer | | - | | |
| | Name | | Date Contribution Received | | | |
| | Street Address | | | _ | | |
| 5 | | State | ZIP | - | | |
| | | | | - | | |
| | Occupation | Employer | | | | |
| | Enter total only if last page of schedule (transfer the total received this period to "Sum | mary of Receipts," l | line 1(j)) | | | |

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

| Со | ntributor Informatio | n | Amount Refunded | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|------------------------|----------------------|-------------------------------|-----------------|--|--|
| ne | | Date Contribution Refunded | | | |
| eet Address | | | | | |
| | State | ZIP | | | |
| umber (if applicable) | I | Date of Original Contribution | | | |
| ne | | Date Contribution Refunded | | | |
| eet Address | | | | | |
| | State | ZIP | | | |
| Number (if applicable) | | Date of Original Contribution | | | |
| ne | | Date Contribution Refunded | | | |
| eet Address | | | | | |
| | State | ZIP | | | |
| Number (if applicable) | | Date of Original Contribution | | | |
| ne | | Date Contribution Refunded | | | |
| eet Address | | | | | |
| | State | ZIP | | | |
| Number (if applicable) | | Date of Original Contribution | | | |
| ne | | Date Contribution Refunded | | | |
| eet Address | | | | | |
| | State | ZIP | | | |
| Number (if applicable) | | Date of Original Contribution | | | |
| Number (| (if applicable) | State (if applicable) | State ZIP | State ZIP (if applicable) Date of Original Contribution | State ZIP (if applicable) Date of Original Contribution |

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

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 | l | Date Forgiveness Received | | | |
| | Street Address | | 1 | | | |
| 2 | City | State | ZIP | | | |
| | Original Amount of Loan | Amount Still Outstanding | 1 | | | |
| | Lender Name | | Date Forgiveness Received | | | |
| | Street Address | S | | | | |
| 3 | City | State | ZIP | | | |
| | Original Amount of Loan | Amount Still Outstanding | | | | |
| | Lender Name | <u> </u> | Date Forgiveness Received | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Original Amount of Loan Amount Still Outstanding | | | | | |
| | Lender Name | L | Date Forgiveness Received | | | |
| | Street Address | | I | | | |
| 5 | City | State | ZIP | | | |
| | Original Amount of Loan | Amount Still Outstanding | <u>I</u> | | | |
| | Enter total only if last page of schedule (transfer the total received this period to "Sum | mary of Receipts," l | ine 2(b)) | <u> </u> | | |

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 | <u> </u> | 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 | | | | |
| | Enter total only if last page of schedule | | | | | |
| | (transfer the total received this period to "Sum | mary of Receipts," I | ine 2(c)) | | | |

Arizona Secretary of State Revision 9/28/23

Schedule A(2)(c), page____ of____

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

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

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



STATE OF ARIZONA FRIMNOTRE FOR PAIGN

COMMITTEE ID NUMBER

| | Payor | Information | | Amount Rebated or Refunded | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|--------------------------|------------------------|-----------------------------|----------------------------|---|---|
| | Payor Name | | Date Rebate/Refund Received | | | |
| | Street Address | | l | 1 | | |
| 1 | City | State | ZIP | | | |
| | Original Purchase Amount | Reason for Refund/Reba | te | - | | |
| | Payor Name | | Date Rebate/Refund Received | | | |
| | Street Address | | | _ | | |
| 2 | City | State | ZIP | _ | | |
| | Original Purchase Amount | Reason for Refund/Reba | te | - | | |
| | Payor Name | | Date Rebate/Refund Received | | | |
| | Street Address | | _ | | | |
| 3 | City | State | ZIP | | | |
| | Original Purchase Amount | Reason for Refund/Reba | te | - | | |
| | Payor Name | | Date Rebate/Refund Received | | | |
| | Street Address | | | _ | | |
| 4 | City | State | ZIP | | | |
| | Original Purchase Amount | Reason for Refund/Reba | te | | | |
| | Payor Name | | Date Rebate/Refund Received | | | |
| | Street Address | | | - | | |
| 5 | City | State | ZIP | | | |
| | | Reason for Refund/Reba | | 4 | | |

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 |
|---|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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 | ibutor 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 | | <u> </u> | | |
| | 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 | <u> </u> - | | |
| | V.S | State | | | | |
| | Occupation | Employer | | | | |
| | Name | | Date In-Kind Contribution Received | | | |
| | Street Address | | <u>I</u> | 1 | | |
| 5 | City | State | ZIP | 1 | | |
| | Occupation | Employer | | - | | |
| | Enter total only if last page of schedule (transfer the total received this period to "Sum | mary of Receipts," l | line 5(a)) | | | |

Schedule A(5), page____ of ___

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

COMMITTEE ID NUMBER

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

SCHEDULE A(5)(b)

| | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|---|--|
| Cumulative In-Kind Contributions from Individuals - \$100 or Less | | |
| Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 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 | rmation | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|--|------------------------------------|-----------|-----------------|---|---|
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution | Received | | | |
| | Committee Name | l | | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution | Received | | | |
| | Committee Name | | | | | |
| • | Street Address | Street Address | | | | |
| 3 | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution | Received | | | |
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| Ì | Committee ID Number | Date In-Kind Contribution Received | | | | |
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution | Received | | | |
| | Enter total only if last page of schedule (transfer the total received this period to "Sum | mary of Receipts," I | ine 5(d)) | | | |

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



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

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

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

| / | Political Action Committ | ee Contributor In | formation | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|--------------------------|------------------------------------|-----------|-----------------|---|---|
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution | 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 | | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution | Received | _ | | |

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

| / | | | | | | |
|---|--|------------------------------------|----------|-----------------|---|---|
| | Political Party Co | ntributor Informat | ion | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
| | Committee Name | | | | | - |
| 1 | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution | Received | | | |
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution | Received | | | |
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution | Received | | | |
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 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 | (5) | | | | |

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

| | Partnership Con | tributor Informatio | on | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|--|---------------------------|-----------|-----------------|---|---|
| | Partnership Name | | | | | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution | Received | | | |
| | Partnership Name | | | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution | Received | | | |
| | Partnership Name | | | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution | Received | | | |
| | Partnership Name | | | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution | Received | | | |
| | Partnership Name | | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution | Received | | | |
| | Enter total only if last page of schedule (transfer the total received this period to "Sum | mary of Receipts," I | ine 5(g)) | | | |

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



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

| | Corporation / | LLC Contributor Inform | nation | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|--|---------------------------|------------|-----------------|---|---|
| | Corporation/LLC Name | | | | | - |
| | Street Address | | | - | | |
| 1 | City | State | ZIP | - | | |
| | Corporation Commission File Number | Date In-Kind Contribution | Received | - | | |
| | Corporation/LLC Name | | | | | |
| | Street Address | | | - | | |
| 2 | City | State | ZIP | _ | | |
| | Corporation Commission File Number | Date In-Kind Contribution | n Received | _ | | |
| | Corporation/LLC Name | | | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | - | | |
| | Corporation Commission File Number | Date In-Kind Contribution | n Received | - | | |
| | Corporation/LLC Name | | | | | |
| | Street Address | | | - | | |
| 4 | City | State | ZIP | _ | | |
| | Corporation Commission File Number | Date In-Kind Contribution | n Received | | | |
| | Corporation/LLC Name | | | | | |
| | Street Address | Street Address | | | | |
| 5 | City | State | ZIP | - | | |
| | Corporation Commission File Number | Date In-Kind Contribution | n Received | _ | | |
| | Enter total only if last page of sch | | | | | |
| | Enter total only if last page of sch (transfer the total received this period to | to "Summary of Receipts," | line 5(h)) | | | |

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

| / | Labor Organizatio | on Contributor Inform | mation | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|--|---------------------------|------------|-----------------|---|---|
| | Labor Organization Name | 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 | Street Address | | | | |
| 3 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution | Received | | | |
| | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution | Received | | | |
| | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | _ | | |
| | Corporation Commission File Number | Date In-Kind Contribution | Received | | | |
| _ | Enter total only if last name of schedu | le | | | | _ |
| | Enter total only if last page of schedu (transfer the total received this period to "S | ummary of Receipts," | line 5(i)) | | | |

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



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

SCHEDULE A(5)(j)

| / | | | | | | |
|---|--|----------------|--------------------------------------|-----------------|---|---|
| | Candidat | e Information | | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
| | Name | | Date In-Kind Contribution Received | | | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | | | |
| | Asset or Property Contributed | | | | | |
| | | | 1 | | | |
| | Name | | Date In-Kind Contribution Received | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | Asset or Property Contributed | | | | | |
| | Name | | Date In-Kind Contribution Received | | | |
| | Street Address | Street Address | | | | |
| 3 | | | | | | |
| ľ | City | State | ZIP | | | |
| | Asset or Property Contributed | | | | | |
| | Name | | Date In-Kind Contribution Received | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Asset or Property Contributed | | | | | |
| | | | | | | |
| | Name | Name Date In- | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | Asset or Property Contributed | 1 | 1 | | | |
| H | Enter total only if last page of schedule (transfer the total received this period to "Sun | | | | | |
| F | (transfer the total received this period to "Sun | | line 5(j)) nedule A(5)(i) nage of | | | / |



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 | | - | - |
| | ļ | 20-144 | | | | | |
| | | Street Address | | | | | |
| 1 | 1 | City | State | ZIP | | | |
| | | Type of Item Donated | | , | | | |
| | | Name | | Date In-Kind Donation Received | | | |
| | - | Street Address | | | | | |
| 2 | 2 | City | State | ZIP | | | |
| | - | Type of Item Donated | | | | | |
| \vdash | - | Name | | Date In-Kind Donation Received | | | |
| | - | | | | | | |
| | | Street Address | | | | | |
| 3 | 3 | City | State | ZIP | | | |
| | | Type of Item Donated | | | | | |
| | | Name | | Date In-Kind Donation Received | | | |
| | - | Street Address | | | | | |
| 4 | 4 | City | State | ZIP | | | |
| | ļ | Type of Item Donated | | | | | |
| | | Name | | Date In-Kind Donation Received | | | |
| | - | Street Address | | | | | |
| 5 | 5 | City | State | ZIP | | | |
| | | Type of Item Donated | | | | | |
| | | | | | | | |
| | | Enter total only if last page of schedule (transfer the total received this period to "Sumi | mary of Receipts," l | line 6) | | | |
| \ 🗀 | | | | | | | / |

Schedule A(6), page____ of ____



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

| | Creditor | Information | | Amount of Credit Extended | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|---|-----------------------------|-----------------------------|------------------------------|---|---|
| | Name | | | | | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | | | |
| | Services or Goods Provided on Credit | l | Date of Extension of Credit | | | |
| | Name | | | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | Services or Goods Provided on Credit | | Date of Extension of Credit | | | |
| | Name | | | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | Services or Goods Provided on Credit | Date of Extension of 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 schedule (transfer the total received this period to "Sum | mary of Receipts " | line 7(a)) | | | |
| _ | <u>'</u> | | ` '' | | 1 | |

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 | Name | | | | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | | | |
| | Services or Goods Originally Provided on Credit | <u>l</u> | 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 | | Date of Original Extension of Credit | | | |
| | Name | | | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Services or Goods Originally Provided on Credit | | Date of Original Extension of Credit | | | |
| | Name | | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | Services or Goods Originally Provided on Credit | | Date of Original Extension of Credit | | | |
| | Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," lii | | | | | |
| | (transfer the total received this period to "Sun | mary of Receipts," | line 7(b)) | | | |

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



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

| / | Payor Col | mmittee Informatio | on | 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 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) | | | |
| | Committee Name | | Payment Date | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | Date of Joint Fundraising Event (if applicable) | Type of Shared Exper | nse (if applicable) | | | |
| | Committee Name | Committee Name | | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Date of Joint Fundraising Event (if applicable) | Type of Shared Exper | nse (if applicable) | | | |
| | Committee Name | | Payment Date | | | |
| | Street Address | Street Address | | | | |
| 5 | City State | | ZIP | | | |
| | Date of Joint Fundraising Event (if applicable) | Type of Shared Exper | nse (if applicable) | | | |
| | | | , , | | | |
| | Enter total only if last page of schedu (transfer the total received this period to "S | ule Summary of Receipts | s," line 8) | | | |

Schedule A(8), page____ of ____



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

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

Schedule A(9), page____ of ____



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

| / | | | | 1 | | |
|---|---|----------------|------------------------|--------|---|---|
| | Infor | 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 | | | |
| | | | | | | |

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 | | I | | | |
| | 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 | | | | | |
| 5 | Street Address | | | | | |
| ٥ | City | State | ZIP | | | |
| | Receipt Type | | Receipt Date | | | |
| | Enter total only if last page of schedule (transfer the total received this period to "Sum | mary of Receipts," li | ine 12) | | | |

Schedule A(12), page____ of ____



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

| | ŀ | Recipient Information | | Amount Paid | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|-------------------------------------|--|--|----------------|---|---|
| | Name | Disbursement Da | ate | | | |
| | Street Address | I | | | | |
| | City | State | ZIP | | | |
| | Type of Operating Expense Paid | | Non-Electoral Purpose? (PACs and Political Parties Only) | | | |
| | Name | Disbursement Da | ate | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | | | | □ Cash | | |
| | Type of Operating Expense Paid | Non-Electoral Purpose? (PACs and Political Parties Only) | |) Credit | | |
| | Name | Disbursement Date | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Type of Operating Expense Paid | Non-Electoral Purpose? (PACs and Political Parties Only) | | ☐ Cash☐ Credit | | |
| | Name | Disbursement Da | ate | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | | | | □ Cash | | |
| | Type of Operating Expense Paid | Non-Electoral Pur | pose? (PACs and Political Parties Onl | y) □ Credit | | |
| | Name | Disbursement Da | ate | | | |
| | Street Address | I | | | | |
| | City | State | ZIP | □ Cash | | |
| | Type of Operating Expense Paid | Non-Electoral Pur | pose? (PACs and Political Parties Onl | □ Credit | | |
| 1 | Enter total only if last page of se | 1 | | | | |

Schedule B(1), page____ of ____



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

| / | Candidate Committee | ee Recipient Infor | mation | Amount Contributed | Cumulative Amount this | Cumulative Amount this |
|---|--|-------------------------|--------------------|-----------------------|---------------------------|---------------------------|
| | Committee Name | | | | Reporting Period | Election Cycle |
| | Street Address | | | | | |
| 1 | City | State | ZIP | □ Cash | | |
| | Committee ID Number | Date Contribution Made | | □ Credit | | |
| | Committee Name | | | | | |
| 2 | Street Address | T | 1 | | | |
| | City | State Contribution Made | ZIP | □ Cash □ Credit | | |
| | Committee ID Number Date Contribution Made Committee Name | | | Li Credit | | |
| | Street Address | | | | | |
| 3 | | State | ZIP | | | |
| | Committee ID Number | Date Contribution Made | | □ Cash □ Credit | | |
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Made | | □ Cash □ Credit | | |
| | Committee Name | | | | | |
| _ | Street Address | | | | | |
| 5 | City | State ZIP | | □ Cash | | |
| | Committee ID Number | Date Contribution Made | | ☐ Credit | | |
| | Enter total only if last page of schedule (transfer the total disbursed this period to "Su | manan, of Diahumaan | nente " line 2(a)) | | | |



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

| _ | Political Action Commit | tee Recipient Info | ormation | Amount Contributed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|---|--|------------------------|-----------------------|---|---|
| | Committee Name | Committee Name | | | | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | □ Cash | | |
| | Committee ID Number | Date Contribution Made | | ☐ Credit | | |
| | Committee Name | | | | | |
| 2 | Street Address | l . | T | | | |
| | City Committee ID Number | State Date Contribution Made | ZIP | □ Cash □ Credit | | |
| | Committee ID Number Committee Name | Date Contribution Made | | Li Gredit | | |
| | Street Address | | | | | |
| | | | | | | |
| 3 | Gily | State | ZIP | □ Cash □ Credit | | |
| | Committee ID Number | Committee ID Number Date Contribution Made | | | | |
| | 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 "Sur | nmary of Disbursen | nents," line 2(b)) | | | |
| / | | Sche | edule B(2)(b), page of | · | | |



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

| | Political Party Re | ecipient Information | on | Amount Contributed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|--|-------------------------------|---------------|-----------------------|---|---|
| | Committee Name Street Address | Committee Name Street Address | | | | , |
| 1 | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Made | | ☐ Cash☐ Credit | | |
| | Committee Name | | | | | |
| 2 | Street Address City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Made | | □ Cash □ Credit | | |
| | Committee Name | | | | | |
| 3 | reet Address | | | | | |
| | City Committee ID Number | State Date Contribution Made | ZIP | ☐ Cash☐ Credit | | |
| | Committee Name | Date contribution wade | | - Cloun | | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | □ Cash | | |
| | Committee ID Number | Date Contribution Made | 1 | □ Credit | | |
| | Committee Name 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 "Sur | (5:1 | . "!" - 0()) | | | |



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

| | Partners | ship Recipient Informa | ition | 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 Mar | de | □ Credit | | |
| | Partnership Name | | | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | □ Cash | | |
| | Corporation Commission File Number | Date Contribution Ma | ade | □ Casn | | |
| | Partnership Name | | | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | E O alt | | |
| | Corporation Commission File Number | Date Contribution Ma | de | ☐ Cash☐ Credit | | |
| | Partnership Name | | | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | C Cash | | |
| | Corporation Commission File Number | Date Contribution Ma | ade | □ Cash □ Credit | | |
| | Partnership Name | | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Ma | nde | ☐ Cash☐ Credit | | |
| _ | Enter total only if last page of sci (transfer the total disbursed this perio | l nedule | | | | |



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 Date Contribution Made | | | □ Credit | | | |
| | Corporation/LLC Name | L . | | | | | |
| | Street Address | | | | | | |
| 2 | City | State | ZIP | □ Cook | | | |
| | Corporation Commission File Number | Date Contribution M | lade | | □ Cash □ Credit | | |
| | Corporation/LLC Name | | | | | | |
| 3 | Street Address | | | | | | |
| | City | State | ZIP | E Out | | | |
| | Corporation Commission File Number | Date Contribution M | lade | □ Cash □ Credit | | | |
| | Corporation/LLC Name | | | | | | |
| | Street Address | | | | | | |
| 4 | City | State | ZIP | | | | |
| | Corporation Commission File Number | Date Contribution M | lade | □ Cash □ Credit | | | |
| | Corporation/LLC Name | | | | | | |
| | Street Address | | | | | | |
| 5 | City | State | ZIP | - Cook | | | |
| | Corporation Commission File Number | Date Contribution M | 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 Inform | mation | Amount Contributor | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|---|---------------------------------|---------------------|-----------------------|---|---------------------------------------|
| | Labor Organization Name | | | | | |
| | Street Address | Street Address | | | | |
| 1 | City | State | ZIP | □ Cash | | |
| | Corporation Commission File Number | Date Contribution Made | | □ Credit | | |
| | Labor Organization Name | I | | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | □ Cash | | |
| | Corporation Commission File Number Date Contribution Made | | | □ Credit | | |
| | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | □ Cash | | |
| | Corporation Commission File Number | Date Contribution Made | , | □ Credit | | |
| | Labor Organization Name | | | | | |
| | Street Address | Street Address | | | | |
| 4 | City | State | ZIP | □ Cash | | |
| | Corporation Commission File Number | Date Contribution Made | , | □ Credit | | |
| | Labor Organization Name | l . | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | □ Cash | | |
| | Corporation Commission File Number | Date Contribution Made | | □ Credit | | |
| - | Enter total only if last page of sch (transfer the total disbursed this period | edule I to "Summary of Disburse | 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 | | | | | | |
| 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 Disbursen | nents," line 2(h)) | | | |

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LOANS MADE: SCHEDULE B(3)(a)

| | / | Borrower Information | | Amount Loaned | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----|---|------------------------------------|----------------|---------------|---|---|
| | Borrower Name | | | | | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | | | |
| | Guarantor/Endorser Name | Date Loan Made | | | | |
| | Borrower Name | | | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | Guarantor/Endorser Name | Date Loan Made | | | | |
| ļ. | Borrower Name | | | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | Guarantor/Endorser Name | Date Loan Made | | | | |
| | Borrower Name | | | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Guarantor/Endorser Name | Date Loan Made | | | | |
| | Borrower Name | | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | Guarantor/Endorser Name | Date Loan Made | | | | |
| | Enter total only if last page of so (transfer the total received this period | chedule od to "Summary of Receipts | s," line 3(a)) | | | |

Schedule B(3)(a), page___of ___



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

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

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



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

| / | Borrower | Information | | Amount Forgiven | Cumulative Amount this | Cumulative Amount this |
|---|---|--------------------------|-----------------------|-----------------|---------------------------|---------------------------|
| | | | | 9 | Reporting Period | Election Cycle |
| | Borrower Name | | Date Forgiveness Made | | | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | | | |
| | Original Amount of Loan | Amount Still Outstanding | | | | |
| | Borrower Name | | Date Forgiveness Made | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | Original Amount of Loan | Amount Still Outstanding | | | | |
| | Borrower Name | | Date Forgiveness Made | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | Original Amount of Loan | Amount Still Outstanding | <u> </u> | | | |
| | 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 (transfer the total disbursed this period to "Sur | I nmary of Disbursen | nents," line 3(c)) | | | |

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



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

| _ | Lender I | nformation | | Amount Repaid | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|---|--------------------------|---------------------|---------------|---|---|
| | Lender Name | | Date Repayment Made | | | |
| | Street Address | | l | | | |
| 1 | City | State | ZIP | | | |
| | Original Amount Borrowed | Amount Still Outstanding | | | | |
| | Lender Name | | Date Repayment Made | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | Original Amount Borrowed | Amount Still Outstanding | | | | |
| | Lender Name | | Date Repayment Made | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | Original Amount Borrowed | Amount Still Outstanding | | | | |
| | Lender Name | | Date Repayment Made | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Original Amount Borrowed | Amount Still Outstanding | | | | |
| | Lender Name | | Date Repayment Made | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | Original Amount Borrowed | Amount Still Outstanding | | | | |
| | | 9 | | | | |
| | Enter total only if last page of schedule (transfer the total disbursed this period to "Sur | nmary of Disbursen | nents," line 3(d)) | | | , |

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



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

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

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

| / | Red | cipient Information | | Amount Rebated / Refunded | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|--|-------------------------|--------------------------|------------------------------|---|---|
| | Name of Original Payor | | Date Rebate/Refund Made | | | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | | | |
| | Corporation Commission File Number (if applicable) | Original Payment Amount | Date of Original Payment | | | |
| | Name of Original Payor | | Date Rebate/Refund Made | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | Corporation Commission File Number (if applicable) | Original Payment Amount | Date of Original Payment | | | |
| | Name of Original Payor | | Date Rebate/Refund Made | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | Corporation Commission File Number (if applicable) | Original Payment Amount | Name of Original Payor | | | |
| | Name of Original Payor | | Date Rebate/Refund Made | | | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | | | |
| | Corporation Commission File Number (if applicable) | Original Payment Amount | Name of Original Payor | | | |
| | Name of Original Payor | | Date Rebate/Refund Made | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number (if applicable) | Original Payment Amount | Name of Original Payor | | | |
| | Enter total only if last page of sche (transfer the total disbursed this period | edule | | | | |

Schedule B(4), page____ of ____



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

| / | Candidate Committe | e Recipient Inforr | mation | Amount Contributed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|---------------------|-----------------------------|----------|-----------------------|---|---|
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution I | Made | | | |
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution | Made | | | |
| | Committee Name | I | | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution | Made | | | |
| | Committee Name | | | | | |
| | Street Address | Street Address | | | | |
| 4 | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution | Made | | | |
| | Committee Name | <u> </u> | | | | |
| | 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 Commit | ttee Recipient Info | ormation | Amount Contributed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|---|--------------------------------|----------|-----------------------|---|---|
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution | Made | | | |
| | Committee Name | I | | | | |
| | eet Address | | | | | |
| 2 | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution | Made | | | |
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution | Made | | | |
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution Made | | | | |
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution | Made | | | |
| | Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 5(b)) | | | | | |

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

| Political Party Re | aginiant Informatic | | Amount | Cumulative | Cumulative |
|---------------------|---|--|--|--|--|
| | ecipieni iniornalii | on | Contributed | Amount this Reporting Period | Amount this Election Cycle |
| Committee Name | | | | | |
| Street Address | | | | | |
| City | State | ZIP | | | |
| Committee ID Number | Date In-Kind Contribution I | I Made | | | |
| Committee Name | | | | | |
| Street Address | | | | | |
| City | State | ZIP | | | |
| Committee ID Number | Date In-Kind Contribution | Made | | | |
| Committee Name | | | | | |
| Street Address | | | | | |
| City | State | ZIP | | | |
| Committee ID Number | Date In-Kind Contribution | Made | | | |
| Committee Name | | | | | |
| Street Address | | | | | |
| City | State | ZIP | | | |
| Committee ID Number | Date In-Kind Contribution Made | | | | |
| Committee Name | | | | | |
| Street Address | | | | | |
| City | State | ZIP | | | |
| Committee ID Number | Date In-Kind Contribution | Made | | | |
| | Street Address City Committee ID Number Committee Name Street Address City Committee ID Number Committee Name Street Address City Committee ID Number Street Address City Committee ID Number Committee ID Number Committee ID Number Committee ID Number Committee Name Street Address City Committee Name | Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee ID Number Date In-Kind Contribution Committee 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 | Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made 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 Mede Committee ID Number Date In-Kind Contribution Mede | Street Address Committee ID Number Committee Name Street Address City State ZP Committee ID Number Date In-Kind Contribution Made Committee ID Number Committee ID Number Date In-Kind Contribution Made ZP Committee ID Number Committee ID Number Date In-Kind Contribution Made ZP Committee ID Number Committee ID Number Date In-Kind Contribution Made ZP Committee ID Number Committee ID Number Date In-Kind Contribution Made ZP Committee ID Number Committee ID Number Date In-Kind Contribution Made ZP Committee ID Number Street Address City State ZP Committee ID Number Date In-Kind Contribution Made |

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



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

| / | | | | | | |
|---|--|---------------------------|--------------------|-----------------------|---|---|
| | Partnership | Recipient 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 | ity State ZIP | | _ | | |
| | Corporation Commission File Number | Date In-Kind Contribution | Made | | | |
| | Partnership Name | | | | | |
| F | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution | Made | | | |
| | Partnership Name | | | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution | Made | - | | |
| | Partnership Name | | | | | |
| | Street Address | | | _ | | |
| 5 | City | State | ZIP | _ | | |
| | Corporation Commission File Number | Date In-Kind Contribution | Made | | | |
| _ | Enter total only if last page of schedu | le | | | | |
| | Enter total only if last page of schedu (transfer the total disbursed this period to | Summary of Disburser | nents," line 5(d)) | | | |

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

| Corporation / LLC Recipient Information Amount this Am | | | | | | | |
|--|---|---------------------------------------|-------------------------|----------|--|-------------|---|
| Street Address Corporation Commission File Number | | Corporation / | / LLC Recipient Inform | mation | | Amount this | Cumulative Amount this Election Cycle |
| Topy State | | Corporation/LLC Name | | | | | |
| Corporation Commission File Number Date In-Kind Contribution Made | | Street Address | | | | | |
| Corporation/LLC Name Street Address Zity State ZitP Corporation Commission File Number Date In-Kind Contribution Medie Street Address Zity State ZitP Corporation Commission File Number Date In-Kind Contribution Medie Street Address Zity State ZitP Corporation Commission File Number Date In-Kind Contribution Medie | 1 | City | State | ZIP | | | |
| Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made | | Corporation Commission File Number | Date In-Kind Contributi | on Made | | | |
| 2 City State ZIP Corporation/Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address 3 City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address 4 City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address 4 City State ZIP Corporation Commission File Number Date In-Kind Contribution Made | | Corporation/LLC Name | | | | | |
| Corporation/LLC Name Street Address Corporation/LLC Name Street Address Corporation/LLC Name Date In-Kind Contribution Made ZIP Corporation/LLC Name Street Address Corporation/LLC Name Street Address Tile Number Date In-Kind Contribution Made ZIP Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address Tile Number Date In-Kind Contribution Made | | Street Address | | | | | |
| Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address City Date In-Kind Contribution Made | 2 | City | State | ZIP | | | |
| Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made | | Corporation Commission File Number | Date In-Kind Contribut | ion Made | | | |
| Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address City Corporation Commission File Number Date In-Kind Contribution Made ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation Commission File Number Date In-Kind Contribution Made | | Corporation/LLC Name | | | | | |
| Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made | 3 | Street Address | | | | | |
| Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address | | City | State | ZIP | | | |
| Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address | | Corporation Commission File Number | Date In-Kind Contribut | ion Made | | | |
| City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address | | Corporation/LLC Name | | | | | |
| City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address | | Street Address | | | | | |
| Corporation/LLC Name Street Address | 4 | City | State | ZIP | | | |
| Street Address | | Corporation Commission File Number | Date In-Kind Contribut | ion Made | | | |
| 5 | | Corporation/LLC Name | | | | | |
| 5 City State ZIP | | Street Address | | | | | |
| | 5 | City | State | ZIP | | | |
| Corporation Commission File Number Date In-Kind Contribution Made | | Corporation Commission File Number | Date In-Kind Contribut | ion Made | | | |
| Enter total only if last page of schedule | 4 | Enter total only if last page of sche | edule | | | | |

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



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

| / | Labor Organiza | tion Recipient Inform | nation | 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 | n Made | | | |
| | Labor Organization Name | | | | | |
| - | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution | n Made | | | |
| | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution | n Made | | | |
| | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution | n Made | _ | | |
| | Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 5(f)) | | | | | |
| | (transfer the total disbursed this period to | "Summary of Disburser | ments," line 5(f)) | | | |

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



INDEPENDENT EXPENDITURES MADE: SCHEDULE B(6)

| / | | | | Even am dituma | Cumulative | Cumulative |
|---|--|--|-------------------------------------|-----------------------|------------------------------|-------------------------------|
| | Expenditure | Recipient Informa | tion | Expenditure Amount | 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 | ncluding % opposed) | □ Cash | | |
| | Date of First Publication, Display, Delivery, or Broadcast | Election Month/Year | | _ □ Credit | | |
| | Recipient Name | | Mode of Advertising (TV, mail, etc) | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | Candidate(s) Supported (including % supported) | Candidate(s) Opposed (including % opposed) | | □ Cash | | |
| | Date of First Publication, Display, Delivery, or Broadcast | Election Month/Year | | _ □ Credit | | |
| | Recipient Name | | Mode of Advertising (TV, mail, etc) | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Candidate(s) Supported (including % supported) | Candidate(s) Opposed (in | Lancluding % opposed) | ☐ Cash | | |
| | Date of First Publication, Display, Delivery, or Broadcast | Election Month/Year | Office Sought | _ □ Credit | | |

Schedule B(6), page____ of ____



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

| | Expenditure 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 | | | |
| | 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 | | - Li Credit | | |
| | Recipient Name | | Mode of Advertising (TV, mail, etc) | | | |
| | Street Address | Ta | Taus | | | |
| 2 | City Ballot Measure(s) Supported (including % supported) | State Ballot Measure(s) Opposed | ZIP (including % opposed) | _ | | |
| | Date of First Publication, Display, Delivery, or Broadcast Election Month/Year | | (g) | □ Cash □ Credit | | |
| | | | | | | |
| | Recipient Name | | Mode of Advertising (TV, mail, etc) | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | Ballot Measure(s) Supported (including % supported) | Ballot Measure(s) Opposed (including % opposed) | | □ Cash | | |
| | Date of First Publication, Display, Delivery, or Broadcast | ast Election Month/Year | | □ Credit | | |
| | Recipient Name | | 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 □ Credit | | |
| | Date of First Publication, Display, Delivery, or Broadcast | Election Month/Year | | | | |
| | Enter total only if last page of schedul (transfer the total disbursed this period to "S | e Summary of Disburser | ments," line 7) | | | |
| \ | <u> </u> | Sci | hedule B(7), page of _ | | | / |



RECALL EXPENDITURES MADE: SCHEDULE B(8)

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

Schedule B(8), page____ of ____



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

| | Benefitted Candidate | | | Amount | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|---|---------------------------|-----------------------|--------|---|---|
| | Candidate Name Date | | 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 | | l | | | |
| | Notes: | | | | | |
| | Candidate Name | | Date Benefit Provided | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Type of Benefit Provided | | | | | |
| | Notes: | | | | | |
| | Enter total only if last page of schedule (transfer the total disbursed this period to "S | e Summary of Disbursen | nents," line 9) | | | |

Schedule B(9), page____ of ____

COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

| Recipient Committee Information | | | T | Payment Amount | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle | |
|---------------------------------|---|--|-------------------------------|-------------------------------|---|---------------------------------------|--|
| | | Committee Name Street Address | | Payment Date | | | |
| 1 | 1 | City | State | ZIP | | | |
| | - | Date of Joint Fundraising Event (if applicable) | Type of Shared Expense | (if applicable) | □ Cash □ Credit | | |
| | = | Committee Name | | Payment Date | | | |
| 2 | , | Street Address City | State | ZIP | | | |
| | | Date of Joint Fundraising Event (if applicable) | Type of Shared Expense | (if applicable) | □ Cash □ Credit | | |
| | | Committee Name | | Payment Date | | | |
| 3 | 3 | Street Address | | | | | |
| | | City Date of Joint Fundraising Event (if applicable) | State Type of Shared Expense | ZIP (if applicable) | ☐ Cash☐ Credit | | |
| | | Committee Name | | Payment Date | | | |
| | | Street Address | | | | | |
| 4 | | City | State | ZIP | ☐ Cash☐ Credit | | |
| | | Date of Joint Fundraising Event (if applicable) Committee Name | Type of Shared Expense | (if applicable) Payment Date | | | |
| | } | Street Address | | | | | |
| 5 | 5 | City | State | ZIP | □ Cash | | |
| | | Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if | | (if applicable) | □ Credit | | |
| | | Enter total only if last page of schedule (transfer the total disbursed this period to "Su | ımmary of Disburser | ments," line 10) | | | |

Schedule B(10), page____ of ____



REIMBURSEMENTS MADE: SCHEDULE B(11)

| | ŗ | Recipient Informatior | | Reimbursement | Cumulative Amount this | Cumulative Amount this |
|---|----------------------------------|---|--------------------|-----------------|---------------------------|---------------------------|
| | Name | Amount | Reporting Period | Election Cycle | | |
| | Name | | | | | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | | | |
| | Services or Goods Reimbursed | I | Reimbursement Date | □ Cash □ Credit | | |
| | Name | | | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | Services or Goods Reimbursed | | Reimbursement Date | ☐ Cash☐ Credit | | |
| | Name | | | | | |
| | reet Address | | | | | |
| 3 | City | State | ZIP | | | |
| | | | | ☐ Cash☐ Credit | | |
| | Services or Goods Reimbursed | Services or Goods Reimbursed Reimbursement Date | | | | |
| | Name | | | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | □ Cash | | |
| | Services or Goods Reimbursed | | Reimbursement Date | □ Credit | | |
| | Name | | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | Services or Goods Reimbursed Rei | | Reimbursement Date | □ Cash □ Credit | | |
| | | | | | | |

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 Cycle |
|---|--|------------------------|------------------------|--------|---|---|
| | Name | | | | | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | | | |
| | Type of Account Payable or Debt Owed | | Date that Debt Accrued | | | |
| | Name | | | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | Type of Account Payable or Debt Owed | <u> </u> | Date that Debt Accrued | | | |
| | Name | | | | | |
| | Street Address | eet Address | | | | |
| 3 | City | State | ZIP | | | |
| | Type of Account Payable or Debt Owed | Date that Debt Accrued | | | | |
| | Name | | | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Type of Account Payable or Debt Owed | | Date that Debt Accrued | | | |
| | Name | | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | - | | |
| | Type of Account Payable or Debt Owed | | Date that Debt Accrued | - | | |
| | Enter total only if last page of schedule | | | | | |
| | Enter total only if last page of schedule (transfer the total received this period to "Sum | mary of Receipts," 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)

| | Recipient | Information | | Amount | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|--|-------------|-------------------|----------|---|---|
| | Name | | | | | |
| | Street Address | | | | | |
| 1 | City | | ZIP | □ Cash | | |
| | Disbursement Type | l | Disbursement Date | ☐ Credit | | |
| | Name | | - | | | |
| | Street Address | | | | | |
| | City | | ZIP | □ Cash | | |
| | Disbursement Type | | Disbursement Date | □ Credit | | |
| | Name | | | | | |
| | Street Address | | | | | |
| 3 | City | | ZIP | □ Cash | | |
| | Disbursement Type | | Disbursement Date | □ Credit | | |
| | Name | | | | | |
| | Street Address | | | | | |
| | City | | ZIP | □ Cash | | |
| | Disbursement Type | | Disbursement Date | □ Credit | | |
| | Name | | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | □ Cash | | |
| | Disbursement Type | ı | Disbursement Date | ☐ Cash | | |
| - | Enter total only if last page of schedule (transfer the total disbursed this period to "Sui | | 1 | | | |

Schedule B(14), page____ of ____

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) | | |

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 | 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 |
|--------|---|--------|--------------------------------|
| 04/0 | 1/24 Looks Good Printing | | \$1,200.00 Palm cards |
| 04/0 | 4/24 Strategic Polical Marketing (SPM+) | | \$1,500.00 Consulting Services |
| 05/0 | 3/24 INKED BROTHERS | | \$187.04 Print Shop |
| 5/8/2 | 2024 Strategic Polical Marketing (SPM+) | | \$1,500.00 Consulting Services |
| 5/20/2 | 2024 Looks Good Printing | | \$1,547.00 Signs |
| 6/1/2 | 2024 Strategic Polical Marketing (SPM+) | | \$1,500.00 Consulting Services |
| 6/13/2 | 2024 Strategic Polical Marketing (SPM+) | | \$258.00 Consulting Services |
| 6/25/2 | 2024 Strategic Polical Marketing (SPM+) | | \$1,000.00 Consulting Services |
| | | | |
| Total | | | \$5.992.04 |

Aggregate Donations

| Amount | Paid At | | |
|--------|---------|-----------------|---|
| 25 | | 7/3/2024 22:33 | 1 |
| 50 | | 7/4/2024 13:43 | 3 |
| 100 | | 7/4/2024 16:59 | 9 |
| 25 | | 7/4/2024 20:57 | 7 |
| 50 | | 7/5/2024 19:09 | 9 |
| 100 | | 7/9/2024 19:10 |) |
| 20 | | 7/11/2024 18:08 | 3 |
| 370 | | | |