Received by Goodyear City C Office - October 25, 2024 1:49 p.m. via email



COMMITTEE ID NUMBER

Committee Information:	Committee Name:
ANDIDATE INFORMATION (only if	filing as a candidate comm

Oπice Sought:	☐ County Office:	☐ Special district office:
	City/Town Office:	☐ School Board District:

Cumulative Report:

COMMITTEE INFORMATION (required):

□ Check here if this is the candidate committee's first, cumulative report for the election cycle. Also select appropriate Reporting Period below.

Cumulative reporting period start date (which supersedes the start date for the Reporting Period selected below): _

REPORTING PERIOD (check one):

	REPORT DUE
Pre-Election Report (Local Only): January 1, 2023 to February 25, 2023	February 26, 2023 to March 4, 2023
Post-Election (Q1) Report (Local Only): February 26, 2023 to March 31, 2023	April 1, 2023 to April 15, 2023
er 1 Report: January 1, 2023 to March 31, 2023	April 1, 2023 to April 17, 2023
re-Election Report (Local Only): April 1, 2023 to April 29, 2023	April 30, 2023 to May 6, 2023
ost-Election (Q2) Report (Local Only): April 30, 2023 to June 30, 2023	July 1, 2023 to July 15, 2023
er 2 Report: April 1, 2023 to June 30, 2023	July 1, 2023 to July 17, 2023
t Pre-Election Report (Local Only): July 1, 2023 to July 15, 2023	July 16, 2023 to July 22, 2023
t Post-Election (Q3) Report (Local Only): July 16, 2023 to September 30, 2023	October 1, 2023 to October 16, 2023*
er 3 Report: July 1, 2023 to September 30, 2023	October 1, 2023 to October 16, 2023*
nber Pre-Election Report (Local Only): October 1, 2023 to October 21, 2023	October 22, 2023 to October 28, 2023
ber Post-Election (Q4) Report (Local Only): October 22, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
er 4 Report: October 1, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
Pre-Election Report (Local Only): January 1, 2024 to February 24, 2024	February 25, 2024 to March 2, 2024
Post-Election (Q1) Report (Local Only): February 25, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
er 1 Report: January 1, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
re-Election Report (Local Only): April 1, 2024 to May 4, 2024	May 5, 2024 to May 11, 2024
ost-Election (Q2) Report (Local Only): May 5, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
er 2 Report: April 1, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
re-Primary Election Report: July 1, 2024 to July , 2024	July 14, 2024 to July 20, 2024
ost-Primary Election (Q3) Report: July 14, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
er 3 Report: July 1, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
nber Pre-General Election Report: October 1, 2024 to October 19, 2024	October 20, 2024 to October 26, 2024
nber Post-General Election (Q4) Report: October 20, 2024 to December 31, 2024	January 1, 2025 to January 15, 2025
	Same Date of Termination
	REPORTING PERIOD Pre-Election Report (Local Only): January 1, 2023 to February 25, 2023 Post-Election (Q1) Report (Local Only): February 26, 2023 to March 31, 2023 at 1 Report: January 1, 2023 to March 31, 2023 re-Election Report (Local Only): April 1, 2023 to April 29, 2023 ost-Election (Q2) Report (Local Only): April 30, 2023 to June 30, 2023 at 2 Report: April 1, 2023 to June 30, 2023 at 2 Report: April 1, 2023 to June 30, 2023 at 2 Report: April 1, 2023 to June 30, 2023 at 2 Report: April 1, 2023 to June 30, 2023 at 2 Report: April 1, 2023 to June 30, 2023 at 3 Report: July 1, 2023 to September 30, 2023 at 3 Report: July 1, 2023 to September 30, 2023 ar 3 Report: July 1, 2023 to September 30, 2023 Pre-Election Report (Local Only): October 1, 2023 to October 21, 2023 at 4 Report: October 1, 2023 to December 31, 2023 Pre-Election Report (Local Only): January 1, 2024 to February 24, 2024 Post-Election (Q1) Report (Local Only): February 25, 2024 to March 31, 2024 at 1 Report: January 1, 2024 to March 31, 2024 Post-Election Report (Local Only): April 1, 2024 to May 4, 2024 post-Election (Q2) Report (Local Only): May 5, 2024 to June 30, 2024 per-Election Report (Local Only): 1, 2024 to June 30, 2024 per-Primary Election Report: July 1, 2024 to July, 2024 post-Primary Election Report: July 1, 2024 to September 30, 2024 per-Primary Election Report: July 1, 2024 to September 30, 2024 post-Primary Election Report: October 1, 2024 to October 19, 2024 post-Primary Election Report: October 1, 2024 to October 19, 2024 post-Primary Election Report: October 1, 2024 to October 19, 2024 post-Primary Election Report: October 1, 2024 to October 19, 2024 post-Primary Election Report: October 1, 2024 to October 19, 2024 post-Primary Election Report: October 1, 2024 to October 19, 2024 post-Primary Election Report: October 20, 2024 to December 31, 2024 post-Primary Election Report: October 20, 2024 to December 31, 2024 post-Primary Election Report: October 20, 2024 to December 31, 2024 post-Primary Elec

*Reporting deadline extended to next business day if deadline date is a holiday or Sunday. A.R.S. §§§ 1-243(A), 1-301 and 1-303.

FINANCIAL SUMMARY (required):

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



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

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

	17/~	7
Printed Name of Committee Treasurer	Signature of Committee Treasurer	Date

SUMMARY OF RECEIPTS (Schedule A):

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



SUMMARY OF DISBURSEMENTS (Schedule B):

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



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

SCHEDULE A(1)(a)

	Individual Conti	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		<u> </u>			
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page of schedule (transfer the total received this period to "Sum					
	(transfer the total received this period to "Sum	mary of Receipts," l	line (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	City	State	ZIP	-		
	Occupation	Employer	<u> </u>	_		
	Name		Date Contribution Received			
	Street Address		1	-		
2	City	State	ZIP	-		
	Occupation	Employer	1			
	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			1		
5	City	State	ZIP	-		
	Occupation	Employer		-		
	Enter total only if last page of schedule (transfer the total received this period to "Sum					
	(transfer the total received this period to "Sum	mary of Receipts,"	line 1(c))			

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	I ed			
	Committee Name	I				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name	Committee Name				
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
_	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 1(d))			

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

	Political Action Com	mittee Contributor Ir	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 Receiv	red			
	Committee Name	Committee Name				
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	red			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	red			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	red			
	Enter total only if last page of schedu	ıle				
	(transfer the total received this period to "	Summary of Receipts,"	line 1(e))			

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

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

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

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

Schedule A(1)(g), page___ of ___



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

	Corporation / LLC C	Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name			-		
	Street Address	eet Address				
1		T	1	_		
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed	-		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
				_		
	Corporation Commission File Number	Date Contribution Receive	ed			
	Corporation/LLC Name					
	os.ps. alion 220 mano					
	Street Address			1		
3	City	State	ZIP			
				_		
	Corporation Commission File Number	Date Contribution Receive	ed			
-	0					
	Corporation/LLC Name					
	Street Address		=			
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Corporation/LLC Name					
	Street Address			_		
	Street Address					
5	City	State	ZIP	1		
	Corporation Commission File Number	Date Contribution Receive	ed	1		
L						
	Enter total only if last page of schedule (transfer the total received this period to "Sum					
	transier the total received this period to "Sum	mary of Receipts," I	line 1(n))			

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

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

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

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

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

	С	ontributor Informatio	n	Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Refunded			j
	Street Address					
1	City	State	ZIP			
	ID Number (if applicable)	I	Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address	reet Address				
3	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
ļ	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Enter total only if last page of so					

Schedule A(1)(I), page____ of___



LOANS RECEIVED: SCHEDULE A(2)(a)

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

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



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

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

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



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

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

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

INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

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

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



STATE OF ARIZONA FRIMNET REFORMPAIGN

COMMITTEE ID NUMBER

A(3)

	/	Payor Information		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Payor Name		Date Rebate/Refund Received			
	Street Address					
1	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/	Rebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
2	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/	Rebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/	Rebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
4	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/	Rebate			
	Davis Nove		Data Datate/Datard Databard			
	Payor Name Date Rebate/Refund Received					
	Street Address					
5	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/	Rebate			

Schedule A(3), page____ of ____

COMMITTEE ID NUMBER

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

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

Schedule A(4), page____ of ____



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

SCHEDULE A(5)(a)

	Individual Contr	ributor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address			-		
1	City	State	ZIP	-		
	Occupation	Employer		-		
	Name		Date In-Kind Contribution Received			
	Street Address			-		
2	City	State	ZIP	_		
	Occupation	Employer		<u> </u>		
	Name		Date In-Kind Contribution Received			
	Street Address		-			
3	City	State	ZIP			
	Occupation	Employer		1		
	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	Street Address		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))	<u> </u>		

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

Schedule A(5), page____ of ___

COMMITTEE ID NUMBER

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

SCHEDULE A(5)(b)

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

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

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



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

SCHEDULE A(5)(c)

Candidate Committee	e Contributor Info	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name					
Street Address			_		
on out Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	I Received	_		
Committee Name					
Street Address			4		
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	<u> </u> -		
	_ato in raind contribution				
Committee Name					
Street Address					
City	State	ZIP	1		
Committee ID Number	Date In-Kind Contribution	Received	1		
	Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number Committee ID Number Committee Name Street Address City Committee ID Number Street Address City Committee Name Street Address City Committee ID Number	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 Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution	Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Street Address 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 Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received	Sheet Address City State ZiP Committee ID Number Date In-Kind Contribution Received Committee Name Sheet Address City State ZiP Committee Name Sheet Address City State ZiP Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received	Candidate Committee Contributor Information Amount Received Amount this Reporting Period Committee ID Number Committee ID Number

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



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

Candidate Committee	Contributor Infor	rmation	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	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	(5)				
	Committee Name Street Address City Committee ID Number Street Address City Committee ID Number Committee ID Number Committee Name Street Address City Committee ID Number City Committee ID Number Committee ID Number Committee ID Number Committee ID Number Street Address City Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number	Street Address City State Committee ID Number Date In-Kind Contribution Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee ID Number Date In-Kind Contribution Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee ID Number Date In-Kind Contribution Date In-Kind Contribution	Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name ZIP Committee ID Number Date In-Kind Contribution Received City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name ZIP Committee Name ZIP Committee ID Number Date In-Kind Contribution Received City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name ZIP Committee Name ZIP Committee Name ZIP Committee Name ZIP Committee ID Number Date In-Kind Contribution Received City State ZIP Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Committee Name ZIP Committee Name ZIP	Street Address City State	Committee Name Committee Name Street Addresses City Committee Name Commi

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	<u> </u>				
	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	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(e))	ı		

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

/						
/	Political	Party Contributor Inform	ation	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 Contributi	ion Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribut	ion Received			
	Committee Name	Committee Name				
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribut	tion Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribut	tion Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribut	tion Received			
	Enter total only if last page of so (transfer the total received this period)	chedule od to "Summary of Receipts	," line 5(f))			

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	many of Receipts "	line 5(a))			
	Landing to the total received this period to odin	, o	3(9//			

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



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

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

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

/				ı	1 1	
	Labor Organization	Contributor Inforn	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name	<u> </u>				
	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	manual Desemble 111	. 500			

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



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

SCHEDULE A(5)(j)

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



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

SCHEDULE A(6)

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

Schedule A(6), page____ of ____



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

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

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



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

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

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



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor Comr	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 Expense	(if applicable)	-		
	Committee Name		Payment Date			
	Street Address			-		
2	City	State	ZIP	_		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	_		
	Committee Name	<u> </u>	Payment Date			
	Street Address					
3	City	State	ZIP	-		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	_		
	Committee Name		Payment Date			
	Street Address			_		
4	City	State	ZIP	-		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	-		
			T			
	Committee Name		Payment Date			
_	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)			
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 8)			1		

Schedule A(8), page____ of ____



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

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

Schedule A(9), page____ of ____



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

/	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			
	Enter total only if last page of schedule (transfer the total received this period to "Sum					

Schedule A(10), page____ of ____

COMMITTEE ID NUMBER

TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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

Schedule A(11), page____ of ____



MISCELLANEOUS RECEIPTS: SCHEDULE A(12)

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

Schedule A(12), page____ of ____



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

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

Schedule B(1), page____ of ____



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	Candidate Committee	e Recipient Inforr	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					
	Street Address					
2	2 City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made				
	Committee Name					
3	Street Address					
J	City	State	ZIP	□ Cash		
	Committee ID Number Date Contribution Made			□ Credit		
	Committee Name Street Address	Committee Name				
4	1					
	City Committee ID Number	State Date Contribution Made	ZIP	☐ Cash☐ Credit		
	Committee Name	Date contribution wade				
	Street Address					
5	City	State ZIP				
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
_	Enter total only if last page of schedule					
	(transfer the total disbursed this period to "Su	mmary of Disbursen	nents," line 2(a))			



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

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



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Political Party	Recipient Informati	ion	Amount	Cumulative Amount this	Cumulative Amount this
	Committee Name	Troopion mornia		Contributed	Reporting Period	Election Cycle
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash	☐ Cash ☐ Credit	
	Committee Name					
3 -	Street Address					
	Ct.	State	ZIP			
	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name	Committee Name				
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	0					
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
_	Enter total only if last page of schedu (transfer the total disbursed this period to "	lo				



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	ship Recipient Informa	tion	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name	Partnership Name				
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Mad	le	☐ Credit		
	Partnership Name					
	Street Address					
2	City	State	ZIP	T 0 - 1		
	Corporation Commission File Number	Date Contribution Mad	de	□ Cash □ Credit		
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mad	de	□ Cash □ Credit		
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mad	de	□ Cash □ Credit		
	Partnership Name	1				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mad	de	□ Cash □ Credit		
_	Enter total only if last page of scl (transfer the total disbursed this perio	l nedule				



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit	☐ Cash☐ Credit	
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Enter total only if last page of scl (transfer the total disbursed this perio	l nedule				



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

/		Labor Organizat	on Recipient Inform	nation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	L	Labor Organization Name					
	S	itreet Address					
1	1 0	Sity	State	ZIP	□ Cash		
	C	corporation Commission File Number	Date Contribution Made		□ Credit		
	L	abor Organization Name	1				
		treet Address					
2	2 0	Sity	State	ZIP	□ Cash		
	C	Corporation Commission File Number	mber Date Contribution Made				
	L	abor Organization Name					
3		treet Address					
	3 0	city	State	ZIP	□ Cash		
	C	Corporation Commission File Number	Date Contribution Made	1	□ Credit		
	L	abor Organization Name					
	S	treet Address					
4	1 0	Sity	State	ZIP	□ Cash		
	C	Corporation Commission File Number	Date Contribution Made	1	□ Credit		
	L	abor Organization Name	1				
		street Address					
5	5 0	Sity	State	ZIP	□ Cash		
	C	Corporation Commission File Number Date Contribution Made		□ Credit			
	E (t	inter total only if last page of scheduransfer the total disbursed this period to	e Summary of Disburser	ments," line 2(f))	I .		



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

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

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LOANS MADE: SCHEDULE B(3)(a)

	Borrowe	r Information		Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name Street Address					
1			T			
'	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made	<u> </u>	-		
	Borrower Name					
_	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
3	Street Address					
J	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
4	Street Address					
7	City	State	ZIP			
	Guarantor/Endorser Name	or/Endorser Name Date Loan Made				
	Borrower Name					
5	Street Address					
J	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Enter total only if last page of schedule (transfer the total received this period to "Sur	nmary of Receipts,"	line 3(a))			

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

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

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



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

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

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

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

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ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

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

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REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

Rec	sipient Information		Amount Rebated /	Cumulative	Cumulative
			Refunded	Amount this Reporting Period	Amount this
Name of Original Payor		Date Rebate/Refund Made			
Street Address					
City	State	ZIP			
Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
Name of Original Payor		Date Rebate/Refund Made			
Street Address					
City	State	ZIP			
Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
Name of Original Payor		Date Rebate/Refund Made			
Street Address					
City	State	ZIP			
Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
Name of Original Payor		Date Rebate/Refund Made			
Street Address					
City	State	ZIP			
Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
Name of Original Payor		Date Rebate/Refund Made			
Street Address					
Sity	State	ZIP			
Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Corporation Commission File Number (if applicable)	Name of Original Payor Street Address City State Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Street Address City State Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Street Address City State Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Street Address City State Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Street Address City State	Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Date of Original Payment Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount 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 Date Rebate/Refund Made Street Address City State ZIP State ZIP State ZIP State ZIP State ZIP State Address	Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Date of Original Payment Date Rebate/Refund Made Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount 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 Date Rebate/Refund Made Street Address City State ZIP Date Rebate/Refund Made	Name of Original Payor Date Rebate/Refund Made Street Address City State ZiP Corporation Commission File Number (if applicable) Original Payment Amount Date of Original Payment Name of Original Payor Date Rebate/Refund Made Street Address City State ZiP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made Street Address City State ZiP Corporation Commission File Number (if applicable) Original Payment Amount 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 Date Rebate/Refund Made Street Address City State ZiP Street Address City State ZiP

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IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/	Candidate Committee	e Recipient Inform	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					
	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	I.				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

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

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IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

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

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IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

/						
	Partnershi	p Recipient Informatio	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					- ,
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made		-	
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Enter total only if last page of schee	dule				
	Enter total only if last page of sched (transfer the total disbursed this period t	o "Summary of Disburser	ments," line 5(d))			

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

Corporation	n / LLC Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
oration/LLC Name					,
st Address					
	State	ZIP			
oration Commission File Number	Date In-Kind Contributi	ion Made			
oration/LLC Name					
et Address					
	State	ZIP			
oration Commission File Number	Date In-Kind Contribut	ion Made			
oration/LLC Name					
et Address					
	State	ZIP			
oration Commission File Number	Date In-Kind Contribut	tion Made			
oration/LLC Name					
et Address					
	State	ZIP			
oration Commission File Number	Date In-Kind Contribut	ion Made			
oration/LLC Name					
Street Address					
	State	ZIP			
oration Commission File Number	Date In-Kind Contribut	tion Made			
ora	tion Commission File Number	tion Commission File Number Date In-Kind Contribut total only if last page of schedule	State ZIP tion Commission File Number Date In-Kind Contribution Made	tion Commission File Number Date In-Kind Contribution Made total only if last page of schedule	tion Commission File Number Date In-Kind Contribution Made total only if last page of schedule

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



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

	Labor Organizatio	n Recipient Inform	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					·
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made	_		
	Labor Organization Name					
	Street Address			1		
2	City	State	ZIP	_		
	Corporation Commission File Number	Date In-Kind Contribution	Made	_		
	Labor Organization Name					
	Street Address			_		
3	City	State	ZIP	_		
	Corporation Commission File Number	Date In-Kind Contribution	Made	_		
	Labor Organization Name					
	Street Address			_		
4		Tau	I	_		
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name					
_	Street Address	reet Address				
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "S	ummary of Disburser	ments." line 5(f))	ı		

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



INDEPENDENT EXPENDITURES MADE: SCHEDULE B(6)

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

Schedule B(6), page____ of ____



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

	Expenditure F	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	State	ZIP			
2	City Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed		-		
	Date of First Publication, Display, Delivery, or Broadcast Election Month/Year			□ Cash □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3		State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed ((including % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		□ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
4	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				
	Enter total only if last page of schedule (transfer the total disbursed this period to "S	e Summary of Disbursen	nents," line 7)			
\		Scl	hedule B(7), page of _			/



RECALL EXPENDITURES MADE: SCHEDULE B(8)

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

Schedule B(8), page____ of ____



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

/	Benefit	ted Candidate		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Candidate Name		Date Benefit Provided			
	Street Address					
1	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
2	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address		l			
3	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address		l			
4	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Enter total only if last page of schedule (transfer the total disbursed this period to "S	e ummary of Disbursem	nents," line 9)			

Schedule B(9), page____ of ____

COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

_	Recipient Co	ommittee Informatio	n	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address					
1	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Credit		
	Committee Name	1	Payment Date			
	Street Address		1			
2	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Credit		
	Committee Name		Payment Date			
	Street Address	1				
3	City	State	ZIP	ПОсть		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address		1			
4	City	State	ZIP	II Cook		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address		1			
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
_	Enter total only if last page of schedu	e Summon, of Dishuss	mente " line 40)			
	(transfer the total disbursed this period to "	Summary of Disburser	ments," line 10)			

Schedule B(10), page____ of ____



REIMBURSEMENTS MADE: SCHEDULE B(11)

	Recipier	t Informatior	1	Reimbursement Amount	Cumulative Amount this	Cumulative Amount this
	Name				Reporting Period	Election Cycle
	Street Address					
1	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed	1	Reimbursement Date	□ Casii		
	Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed	1	Reimbursement Date	□ Credit		
	Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed	1	Reimbursement Date	□ Credit		
	Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	□ Credit		
_	Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed Reimbursement Date			☐ Credit		
-	Enter total only if last page of schedule (transfer the total disbursed this period to "Su		ı	L		



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

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

Schedule B(12), page____ of ____

COMMITTEE ID NUMBER

TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

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

Schedule A(13), page____ of ____



MISCELLANEOUS DISBURSEMENTS: SCHEDULE B(14)

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

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