RECEIVED

JUL 1 0 2024

CITY OF CHANDLER



committee id number c17-09

| ATE INFORMATION (only | if filing as a candidate comm | nittee): | | |
|-----------------------|-------------------------------|------------|----------------------------|--|
| Office Sought. | □ County Office: | | ☐ Special District Office: | |
| | ☑ City/Town Office | : CHANDLER | ☐ School Board District: | |

REPORTING PERIOD (check one):

| | REPORTING PERIOD | REPORT DUE |
|---|--------------------------------------------------------------------------------------------------------------|--------------------------------------|
| | 2023 March Pre-Election Report (Local Only): January 1, 2023 to February 25, 2023 | February 26, 2023 to March 4, 2023 |
| | 2023 March Post-Election (Q1) Report (Local Only): February 26, 2023 to March 31, 2023 | April 1, 2023 to April 15, 2023 |
| | 2023 Quarter 1 Report: January 1, 2023 to March 31, 2023 | April 1, 2023 to April 17, 2023 |
| | 2023 May Pre-Election Report (Local Only): April 1, 2023 to April 29, 2023 | April 30, 2023 to May 6, 2023 |
| | 2023 May Post-Election (Q2) Report (Local Only): April 30, 2023 to June 30, 2023 | July 1, 2023 to July 15, 2023 |
| | 2023 Quarter 2 Report: April 1, 2023 to June 30, 2023 | July 1, 2023 to July 17, 2023 |
| | 2023 August Pre-Election Report (Local Only): July 1, 2023 to July 15, 2023 | July 16, 2023 to July 22, 2023 |
| | 2023 August Post-Election (Q3) Report (Local Only): July 16, 2023 to September 30, 2023 | October 1, 2023 to October 16, 2023* |
| | 2023 Quarter 3 Report: July 1, 2023 to September 30, 2023 | October 1, 2023 to October 16, 2023* |
| | 2023 November Pre-Election Report (Local Only): October 1, 2023 to October 21, 2023 | October 22, 2023 to October 28, 2023 |
| | 2023 November Post-Election (Q4) Report (Local Only): October 22, 2023 to December 31, 2023 | January 1, 2024 to January 16, 2024* |
| | 2023 Quarter 4 Report: October 1, 2023 to December 31, 2023 | January 1, 2024 to January 16, 2024* |
| | 2024 March Pre-Election Report (Local Only): January 1, 2024 to February 24, 2024 | February 25, 2024 to March 2, 2024 |
| | 2024 March Post-Election (Q1) Report (Local Only): February 25, 2024 to March 31, 2024 | April 1, 2024 to April 15, 2024 |
| | 2024 Quarter 1 Report: January 1, 2024 to March 31, 2024 | April 1, 2024 to April 15, 2024 |
| | 2024 May Pre-Election Report (Local Only): April 1, 2024 to May 4, 2024 | May 5, 2024 to May 11, 2024 |
| | 2024 May Post-Election (Q2) Report (Local Only): May 5, 2024 to June 30, 2024 | July 1, 2024 to July 15, 2024 |
| / | 2024 Quarter 2 Report: April 1, 2024 to June 30, 2024 | July 1, 2024 to July 15, 2024 |
| | 2024 July Pre-Primary Election Report: July 1, 2024 to July 13, 2024 | July 14, 2024 to July 20, 2024 |
| | 2024 July Post-Primary Election (Q3) Report: July 14, 2024 to September 30, 2024 | October 1, 2024 to October 15, 2024 |
| | 2024 Quarter 3 Report: July 1, 2024 to September 30, 2024 | October 1, 2024 to October 15, 2024 |
| | 2024 November Pre-General Election Report: October 1, 2024 to October 19, 2024 | October 20, 2024 to October 26, 2024 |
| | 2024 November Post-General Election (Q4) Report: October 20, 2024 to December 31, 2024 | January 1, 2025 to January 15, 2025 |
| | Final Campaign Finance Report Prior to Committee Termination: End of Previous Period through Today's Date | Same Date of Termination |
| | *Reporting deadline extended to next business day if deadline date is a holiday or Sunday. A.R.S. §§§ 1-24 | 3(A), 1-301 and 1-303. |

FINANCIAL SUMMARY (required):

| Activity | Cash Activity This Reporting Period | Election Cycle to Date |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------|
| (a) Committee value at the beginning of this reporting period (i.e. ending balance from the previous reporting period) | \$ 6,379.64 | |
| (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 | \$ 6,379.04 | |



COMMITTEE ID NUMBER C17-09

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.

RICK HEUMANN

Printed Name of Committee Treasurer

-9d2f-872e576d73e8 d73e8 Date: 2024.07.10 15:07:40 -07'00'

2db40f13-8583-40be Digitally signed by 2db40f13-8583-40be-9d2f-872e576

Signature of Committee Treasurer

07/10/2024

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. 5. | Interest Accrued on Committee Monies In-Kind Contributions Received | | |
| J. | (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 asapplicable) | | |
| | Miscellaneous Receipts (use cash and/or equity as applicable) | | |
| 13. | Total Receipts (cash: add 1(m), 2(e), 3-4, 8-9, 11-12; equity: add 2(b), 5(k), 6-7(c), 10-12) | | <u> </u> |

SUMMARY OF DISBURSEMENTS (Schedule B):

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



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

SCHEDULE A(1)(a)

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

Arizona Secretary of State Revision 9/28/23

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



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

| | Candidate Committee | Contributor 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 | City | State | ZIP | | | |
| | Ony | State | Zir | | | |
| | Committee ID Number | Date Contribution Receive | ed | | | |
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Received | | | | |
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | | | | | | |
| | Committee ID Number | Date Contribution Received | | | | |
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Receive | ed | | | |
| | Enter total only if last page of schedule (transfer the total received this period to "Sum | I 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 Commit | tee 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 | dd | | | |
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | Committee ID Number Date Contribution Received | | | | | |
| _ | Committee Name | | | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Receive | ed | | | |
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Committee ID Number Date Contribution Received | | | | | |
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Receive | ed | | | |
| | Enter total only if last page of schedule | | | | | |
| | (transfer the total received this period to "Sun | nmary of Receipts," I | ine 1(e)) | | | |

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

| / | | | | | | | |
|---|--------------------------------------------------------------------------------------------|----------------------------|-----------|-----------------|-----------------------------------------------|---------------------------------------------|--|
| | Political Party Co | ntributor Informat | ion | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle | |
| | Committee Name | | | | | | |
| | Street Address | | | | | | |
| 1 | City | State | ZIP | | | | |
| | Committee ID Number | Date Contribution Receive | rd | | | | |
| | Committee Name | | | | | | |
| | Street Address | | | | | | |
| 2 | City | State | ZIP | | | | |
| | Committee ID Number | Date Contribution Receive | ed . | | | | |
| | Committee Name | | | | | | |
| | Street Address | | | | | | |
| 3 | City | State | ZIP | | | | |
| | Committee ID Number | Date Contribution Receive | ed | | | | |
| | Committee Name | | | | | | |
| | Street Address | | | | | | |
| 4 | City | State | ZIP | | | | |
| | Committee ID Number | Date Contribution Receive | ed | | | | |
| | | | | | | | |
| | Committee Name | | | | | | |
| 5 | Street Address | | | | | | |
| - | City | State | ZIP | | | | |
| | Committee ID Number | Date Contribution Received | | | | | |
| | 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 | Cumulative Amount this |
|---|------------------------------------|--------------------------------------------------------|------------------|-----------------|---------------------------|---------------------------|
| | Partnership Name | | Reporting Period | Election Cycle | | |
| | Street Address | | | - | | |
| | Sueet Address | | | | | |
| 1 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Receive | l d | | | |
| | Partnership Name | | | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Receive | <u>l</u> | | | |
| | 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 | ion Commission File Number Date Contribution Received | | | | |
| | Partnership Name | | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | | | | _ | | |

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



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

| | Corporation / LI | .C 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 | dd | | | |
| | Corporation/LLC Name | | | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Receive | ed | | | |
| | Corporation/LLC Name | | | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Receive | ed | | | |
| | Corporation/LLC Name | | | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Receive | ed | | | |
| | Corporation/LLC Name | | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Receive | ed | | | |
| | Enter total only if last page of schedu (transfer the total received this period to " | ıle | | | | |
| | (transfer the total received this period to " | Summary of Receipts," I | ine 1(h)) | | | |

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 | ed | | | |
| | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Receive | ed | | | |
| | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | - | | |
| | Corporation Commission File Number | Date Contribution Receive | ed | | | |
| | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Receive | ed | | | |
| | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Receive | ed | | | |
| | | | | | | |
| | Enter total only if last page of schedule (transfer the total received this period to "Sum | mary of Receipts," I | line 1(i)) | | | |

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

| | Candidate | 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 | l | | | |
| | Name | | Date Contribution Received | | | |
| | Street Address | | <u> </u> | - | | |
| 2 | City | State | ZIP | - | | |
| | Occupation | Employer | | - | | |
| | Name | | Date Contribution Received | | | |
| | Street Address | | | _ | | |
| 3 | City | State | ZIP | _ | | |
| | Occupation | Employer | | 1 | | |
| | Name | | Date Contribution Received | | | |
| | Street Address | | | - | | |
| 4 | City | State | ZIP | _ | | |
| | Occupation | Employer | | 1 | | |
| | Name | | Date Contribution Received | | | |
| | Street Address | | | | | |
| 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," I | ine 1(j)) | | | |

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

| / | | Contributor Informatio | n | Amount Refunded | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|---------------------------|------------------------|-------------------------------|-----------------|-----------------------------------------------|---------------------------------------|
| | Name | | Date Contribution Refunded | | | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | | | |
| | ID Number (if applicable) | I | Date of Original Contribution | | | |
| | Name | | Date Contribution Refunded | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | ID Number (if applicable) | | Date of Original Contribution | | | |
| | Name | | Date Contribution Refunded | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | ID Number (if applicable) | | Date of Original Contribution | | | |
| | Name | | Date Contribution Refunded | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | ID Number (if applicable) | | Date of Original Contribution | | | |
| | Name | | Date Contribution Refunded | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | ID Number (if applicable) | | Date of Original Contribution | | | |
| | | | | | | |

Schedule A(1)(I), page____ of___



LOANS RECEIVED: SCHEDULE A(2)(a)

| / | Lend | der Information | | 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 | P (PACs and Political Parties Only) | | | |
| | Lender Name | Date Loan Received | | | | |
| | | | | | | |
| | Street Address | <u> </u> | | | | |
| 2 | City | State | ZIP | | | |
| | Guarantor/Endorser Name | Non-Electoral Purpose | P (PACs and Political Parties Only) | | | |
| | | | | | | |
| | Lender Name | Date Loan Received | Date Loan Received | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | Guarantor/Endorser Name | Non-Electoral Purpose | Non-Electoral Purpose? (PACs and Political Parties Only) | | | |
| | Lender Name | Date Loan Received | | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Guarantor/Endorser Name | Non-Electoral Purpose | ? (PACs and Political Parties Only) | | | |
| | | | | | | |
| | Lender Name | Date Loan Received | | | | |
| | Street Address | I | | | | |
| 5 | City | State | ZIP | | | |
| | Guarantor/Endorser Name | Non-Electoral Purpose | P (PACs and Political Parties Only) | | | |
| | 1 | | | 1 | i l | |

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

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 | l | | | |
| | Borrower Name | | Date Repayment Received | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | Original Amount Borrowed | Amount Still Outstanding | | | | |
| | Borrower Name | | Date Repayment Received | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | Original Amount Borrowed | Amount Still Outstanding | | | | |
| | Borrower Name | | Date Repayment Received | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Original Amount Borrowed | Amount Still Outstanding | | | | |
| | Borrower Name | | Date Repayment Received | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | Original Amount Borrowed | Amount Still Outstanding | | | | |
| | Enter total only if last page of schedule | | | | | |
| | (transfer the total received this period to "Sum | mary of Receipts," I | ine 2(c)) | | | |

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 | | l | | | |
| 1 | City | State | ZIP | | | |
| | Original Amount Borrowed | Amount Still Outstanding | | | | |
| | 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 were of a losting | | | | | |
| | 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 FRIMNET REFORMPAIGN

COMMITTEE ID NUMBER

| | Payo | or 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/Reba | ate | | | |
| | Payor Name | | Date Rebate/Refund Received | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | _ | | |
| | Original Purchase Amount | Reason for Refund/Reb | ate | _ | | |
| | Payor Name | | Date Rebate/Refund Received | | | |
| | Street Address | | | _ | | |
| 3 | City | State | ZIP | _ | | |
| | Original Purchase Amount | Reason for Refund/Reb | ate | _ | | |
| | Payor Name | | Date Rebate/Refund Received | | | |
| | Street Address | | | _ | | |
| 4 | City | State | ZIP | _ | | |
| | Original Purchase Amount | Reason for Refund/Reba | ate | _ | | |
| | Payor Name | | Date Rebate/Refund Received | | | |
| | Street Address | | | _ | | |
| 5 | | State | ZIP | _ | | |
| | Original Purchase Amount | | | | | |
| | Onginal Futurase Afflount | Reason for Refund/Reb | ate | | | |

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 Contributor Informatio | on | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|------------------------------------------------------------------|--------------------------------------------------------|------------------------------------|-----------------|-----------------------------------------------|---------------------------------------------|
| | Name | | Date In-Kind Contribution Received | | | • |
| | Street Address | | 1 | - | | |
| 1 | City | State | ZIP | - | | |
| | Occupation | Employer | | - | | |
| | Name | <u>'</u> | Date In-Kind Contribution Received | | | |
| | Street Address | | 1 | - | | |
| 2 | City | State | ZIP | - | | |
| | Occupation | Employer | 1 | - | | |
| | Name | I | Date In-Kind Contribution Received | | | |
| | Street Address | | 1 | - | | |
| 3 | City | State | ZIP | _ | | |
| | Occupation | Employer | | _ | | |
| | Name | | Date In-Kind Contribution Received | | | |
| | Street Address | | | _ | | |
| 4 | City | State | ZIP | - | | |
| | Occupation | Employer | | - | | |
| | Name | | Date In-Kind Contribution Received | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | - | | |
| | Occupation | Employer | | - | | |
| | Enter total and the State | no of colorabile | | | | |
| | Enter total only if last pag (transfer the total received the | ge of schedule his period to "Summary of Receipts," | line 5(a)) | | | |

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

Schedule A(5), page____ of ___

COMMITTEE ID NUMBER

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

SCHEDULE A(5)(b)

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

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

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

committee id number c17-09

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

SCHEDULE A(5)(c)

| / | Candidate Committee | e Contributor Infor | mation | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|--------------------------------------------------------------------------------------------|-----------------------------|---------------|-----------------|-----------------------------------------------|---------------------------------------------|
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution I | I Received | | | |
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution | | | | |
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution | Received | | | |
| | Committee Name | <u> </u> | | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution | I Received | | | |
| | Committee Name | <u> </u> | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution | Received | | | |
| | Enter total only if last page of schedule (transfer the total received this period to "Sum | mary of Receipts," li | ine 5(d)) | <u> </u> | | |

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 | Address | | | | |
| 1 | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution I | Received | | | |
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| • | Committee ID Number | | | | | |
| | 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 "Sumi | mony of Descints " " | ino E(d)) | | | |

Arizona Secretary of State Revision 9/28/23

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>l</u> | | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | Committee ID Number | | | | | |
| | 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 | | | | | |
| | (transfer the total received this period to "Sum | mary of Receipts," I | ine 5(e)) | | | |

Arizona Secretary of State Revision 9/28/23

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 | | | | | |
| | Street Address | Street Address | | | | |
| 1 | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution | Received | | | |
| | Committee Name | 1 | | | | |
| | 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 | | | | |
| | Enter total only if last page of schedule (transfer the total received this period to "Sum | mary of Receipts," I | ine 5(f)) | | | |

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

| , | | | | | | |
|---|--------------------------------------------------------------------------------------------|---------------------------|------------|-----------------|-----------------------------------------------|---------------------------------------------|
| | Partnership Cor | itributor 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 | | | | | |
| | (transfer the total received this period to "Sum | mary of Receipts," | line 5(g)) | | | |

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



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

| Corporation / LLC Contributor Information Amount Received Amount this Reporting Period Corporation / LLC Contributor Information Corporation / LLC Contributor Information Corporation / LLC Name Street Address Corporation / LLC Name Corporation / LLC Name Street Address Corporation / LLC Name Corporation / LLC Name Street Address Corporation / LLC Name Corporation / LLC Name Street Address Corporation / LLC Name Corporation / LLC Name Corporation / LLC Name Corporation / LLC Name Corporation / LLC Name | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------------------------------------------------------------------------------------|---------------------------|-----------|-----------------|------------|---|
| Corporation LLC Name Sheet Address Sheet | | Corporation / LLC (| Cantributar Inform | ation | Amount Received | Cumulative | |
| Corporation Commission File Number Date In Kind Contribution Received | | Corporation / EEC (| Contributor Inform | iation | Amount Received | | |
| Corporation Commission File Number | | Corporation/LLC Name | | | | | · |
| Corporation Commission File Number Date In-Kind Contribution Reselved Corporation Commission File Number Date In-Kind Contribution Reselved Corporation Commission File Number Cosporation Commission File Number Cosporation Commission File Number Date In-Kind Contribution Reserved Corporation Commission File Number Date In-Kind Contribution Reserved | | Street Address | | | | | |
| Corporation LLC Name | 1 | City | State | ZIP | | | |
| Street Address 2 City State ZiP Corporation Commission File Number Date In-Kind Contribution Received 3 City State ZiP Corporation Commission File Number Date In-Kind Contribution Received 4 City State ZiP Corporation Commission File Number Date In-Kind Contribution Received 5 Total Address 4 City State ZiP Corporation Commission File Number Date In-Kind Contribution Received 5 Total Address 5 City State ZiP Corporation Commission File Number Date In-Kind Contribution Received | | Corporation Commission File Number | Date In-Kind Contribution | Received | | | |
| Street Address ZiP | | | | | | | |
| Corporation Commission File Number | | Corporation/LLC Name | | | | | |
| Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address Corporation/LLC Name Street Address Corporation/LLC Name Street Address Street Address Corporation/LLC Name Street Address | | Street Address | | | | | |
| Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name | 2 | City | State | ZIP | | | |
| Street Address 21 Ctry 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 State ZIP Corporation/LLC Name Street Address 5 City State ZIP | | Corporation Commission File Number | Date In-Kind Contribution | Received | | | |
| Corporation Commission File Number Date In-Kind Contribution Received | | Corporation/LLC Name | | | | | |
| Corporation Commission File Number Date In-Kind Contribution Received Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Corporation Commission File Number Date In-Kind Contribution Received Corporation/LLC Name Street Address 5 City State ZIP | | Street Address | | | | | |
| 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 | 3 | City | State | ZIP | | | |
| 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 | | Cornoration Commission File Number | Date In-Kind Contribution | Received | | | |
| 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 Corporation/LLC Name Street Address Tity State ZIP ZIP ZIP ZIP ZIP | | Corporation/LLC Name | | | | | |
| Corporation Commission File Number Date In-Kind Contribution Received Corporation/LLC Name Street Address City State ZIP ZIP | | Street Address | | | | | |
| Corporation/LLC Name Street Address City State ZIP | 4 | City | State | ZIP | | | |
| Street Address 5 City State ZIP | | Corporation Commission File Number | Date In-Kind Contribution | Received | | | |
| 5 City State ZIP | | Corporation/LLC Name | | | | | |
| City State ZIP | | Street Address | | | | | |
| Corporation Commission File Number Date In-Kind Contribution Received | 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 | nmary of Receipts," I | ine 5(h)) | | | |

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

| | Labor Organiz | ration Contributor Info | rmation | Amount Receive | Cumulative ed 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 | n Received | | | |
| | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution | on Received | | | |
| | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution | on Received | | | |
| | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution | on Received | | | |
| | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution | on Received | | | |
| _ | Enter total only if last page of cohe | adula | | | | |
| | Enter total only if last page of sche (transfer the total received this period to | o "Summary 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)

| | / | | | | | | |
|---|---|---------------------------------------------------------------------------------------------|----------------------|------------------------------------------------|-----------------|-----------------------------------------------|---------------------------------------------|
| | | Candidate | Information | | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
| | | Name | | Date In-Kind Contribution Received | | | |
| | | Street Address | | <u> </u> | | | |
| - | 1 | City | State | ZIP | | | |
| | | Asset or Property Contributed | | | | | |
| | | rasset of Froperty Contributed | | | | | |
| | | Name | | Date In-Kind Contribution Received | | | |
| | • | Street Address | | | | | |
| 2 | 2 | City | State | ZIP | | | |
| | | Asset or Property Contributed | | | | | |
| | | Addet of Freporty Contributed | | | | | |
| | | Name | | Date In-Kind Contribution Received | | | |
| | | Street Address | | | | | |
| 3 | 3 | City | State | ZIP | | | |
| | | Asset or Property Contributed | | | | | |
| | | Access 1 Topolity Contributed | | | | | |
| | | Name | | Date In-Kind Contribution Received | | | |
| | | Street Address | | | | | |
| 4 | 4 | City | State | ZIP | | | |
| | | Asset or Property Contributed | | | | | |
| | | Asset of Froperty Contributed | | <u>, </u> | | | |
| | | Name | | Date In-Kind Contribution Received | | | |
| | | Street Address | | 1 | | | |
| 5 | 5 | City | State | ZIP | | | |
| | ļ | Asset or Property Contributed | | | | | |
| | | | | | | | |
| | | Enter total only if last page of schedule (transfer the total received this period to "Sumr | mary of Receipts," l | line 5(j)) | | | / |
| | | | Sch | edule A(5)(j), page 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 | | | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | _ | | |
| | Type of Item Donated | | 1 | - | | |
| | 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 | l | - | | | |
| | Name | | Date In-Kind Donation Received | | | |
| | Street Address | | I | - | | |
| 4 | City | State | ZIP | - | | |
| 1 | Type of Item Donated | l | 1 | - | | |
| | Name | | Date In-Kind Donation Received | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| 1 | Type of Item Donated | <u> </u> | 1 | | | |
| | Enter total only if last page of schedule (transfer the total received this period to "Sum | | En - C) | 1 | | |
| | transier the total received this period to "Sum | mary of Receipts," | iine o) | | | |

Schedule A(6), page____ of ____



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

| Creditor | Information | | Amount of Credit | Cumulative | Cumulative |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| lame | | | Extended | Amount this Reporting Period | Amount this |
| | | | | | |
| Street Address | | | | | |
| Sity | State | ZIP | _ | | |
| ervices or Goods Provided on Credit | | Date of Extension of Credit | - | | |
| viame | | <u> </u> | | | |
| Street Address | | | _ | | |
| Sity | State | ZIP | | | |
| ervices or Goods Provided on Credit | | Date of Extension of Credit | | | |
| Jame | | | | | |
| Street Address | | | | | |
| City | State | ZIP | | | |
| Services or Goods Provided on Credit Date of Extension of Credit | | | _ | | |
| lame | | | | | |
| Street Address | | | _ | | |
| City | State | ZIP | _ | | |
| ervices or Goods Provided on Credit | | Date of Extension of Credit | _ | | |
| lame | | | | | |
| Street Address | | | | | |
| Sity | State | ZIP | | | |
| ervices or Goods Provided on Credit | | Date of Extension of Credit | | | |
| | city envices or Goods Provided on Credit lame Street Address Sity envices or Goods Provided on Credit lame Street Address Sity envices or Goods Provided on Credit lame Street Address Sity envices or Goods Provided on Credit lame Street Address | State Street Address State Street Address Street Address Street Address Street Address Street Address | State ZIP ervices or Goods Provided on Credit Date of Extension of Credit lame Street Address State ZIP Date of Extension of Credit Date of Extension of Credit Date of Extension of Credit lame Street Address State ZIP Date of Extension of Credit Date of Extension of Credit Lame Street Address State ZIP Date of Extension of Credit Date of Extension of Credit | State ZIP Date of Extension of Credit Date of Extension of Credit | State ZIP Date of Extension of Credit ZIP Date of Extension of Credit Date of Extension of Credit |

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 | I. | 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 page of schedule | | | | | |
| | Enter total only if last page of schedule (transfer the total received this period to "Sum | mary of Receipts," I | ine 7(b)) | | | |

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



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

| Payor Committee Name Itreet Address ity ate of Joint Fundraising Event (if applicable) committee Name treet Address | Mittee Information State Type of Shared Expense | Payment Date | Payment Amount | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| treet Address ity ate of Joint Fundraising Event (if applicable) committee Name | | ZIP (if applicable) | | | |
| ate of Joint Fundraising Event (if applicable) | | (if applicable) | | | |
| ate of Joint Fundraising Event (if applicable) | | (if applicable) | | | |
| iommittee Name | Type of Shared Expense | | | | |
| | | Payment Date | | | |
| treet Address | | | | | |
| | | | | | |
| ity | State | ZIP | | | |
| ate of Joint Fundraising Event (if applicable) | Type of Shared Expense | (if applicable) | | | |
| committee Name | | Payment Date | | | |
| treet Address | | | | | |
| ity | State | ZIP | | | |
| ate of Joint Fundraising Event (if applicable) | Type of Shared Expense | (if applicable) | | | |
| committee Name | | Payment Date | | | |
| treet Address | | | | | |
| iity | State | ZIP | | | |
| ate of Joint Fundraising Event (if applicable) | Type of Shared Expense | (if applicable) | | | |
| ommittee Name | | Payment Date | | | |
| treet Address | | | | | |
| rity | State | ZIP | | | |
| | | | | | |
| | | ү арричина) | | | |
| | treet Address ity ate of Joint Fundraising Event (if applicable) committee Name treet Address ity ate of Joint Fundraising Event (if applicable) committee Name treet Address ity ate of Joint Fundraising Event (if applicable) committee Name treet Address | treet Address State State State Type of Shared Expense State Type of Shared Expense Type of Shared Expense | treet Address State ZIP ate of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) committee Name Payment Date treet Address sity State ZIP Type of Shared Expense (if applicable) committee Name Payment Date treet Address sity State ZIP Type of Shared Expense (if applicable) Type of Shared Expense (if applicable) Type of Shared Expense (if applicable) | ommittee Name Payment Date Itreet Address Ity State ZIP Type of Shared Expense (if applicable) Ommittee Name Payment Date Payment Date Payment Date Itreet Address Ity State ZIP State ZIP Type of Shared Expense (if applicable) Type of Shared Expense (if applicable) | ommittee Name Payment Date It reet Address It state ZIP It against Fundrateing Event (if applicable) Type of Shared Expense (if applicable) It reet Address It against Fundrateing Event (if applicable) Type of Shared Expense (if applicable) It reet Address It against Fundrateing Event (if applicable) Type of Shared Expense (if applicable) It against Fundrateing Event (if applicable) Type of Shared Expense (if applicable) It reet Address It against Fundrateing Event (if applicable) Type of Shared Expense (if applicable) It reet Address It against Fundrateing Event (if applicable) Type of Shared Expense (if applicable) It reet Address It against Fundrateing Event (if applicable) Type of Shared Expense (if applicable) |

Schedule A(8), page____ of ____



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

| | Payor Information | | | Payment Amount | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|-------------------------------------------------------------------------------------------------------------------------|-------|--------------|----------------|-----------------------------------------------|---------------------------------------------|
| | Name | | | | | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | | | |
| | Services or Goods Purchased | | Payment Date | | | |
| | Name | | | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | Services or Goods Purchased | | Payment Date | | | |
| | Name | | | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | Services or Goods Purchased | | Payment Date | | | |
| | Name | | | | | |
| | Street Address | | | | | |
| 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 "Summary of Receipts," line 9) | | | | | |

Schedule A(9), page____ of ____



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

| | Info | rmation | | 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 | <u> </u> | 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 | | | | | |
| | Enter total only if last page of schedule (transfer the total received this period to "Sum | nmary of Receipts," | line 10) | | | |

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 | | | | | |
| | | | | | | |
| 4 | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Receipt Type | | Receipt Date | | | |
| | Name | | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | Receipt Type | | Receipt Date | | | |
| | Enter total only if last page of schedule (transfer the total received this period to "Sumi | mary of Receipts," li | ine 12) | <u>I</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 | | | | | |
| 1 | City | State | ZIP | | | |
| | Type of Operating Expense Paid | | pose? (PACs and Political Parties Only) | □ Cash □ Credit | | |
| | Name | Disbursement Da | ate | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | Type of Operating Expense Paid | Non-Electoral Purpose? (PACs and Political Parties Only) | | □ Cash □ Credit | | |
| | Name | | Disbursement Date | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | Type of Operating Expense Paid | Non-Electoral Purpose? (PACs and Political Parties Only) | | □ Cash □ Credit | | |
| | Name | Disbursement Da | ate | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Type of Operating Expense Paid | Non-Electoral Purpose? (PACs and Political Parties Only) | | □ Cash □ Credit | | |
| | Name | Disbursement Da | ate | | | |
| | Street Address | Street Address | | | | |
| 5 | City | State | ZIP | □ Cash | | |
| | Type of Operating Expense Paid | Non-Electoral Pur | pose? (PACs and Political Parties Only) | □ Credit | | |

Schedule B(1), page____ of ____



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

| / | | committee Recipient Ir | nformation | Amount Contributed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|----------------------------------------------------------------------------------|---------------------------|-----------------------|-----------------------|-----------------------------------------------|---------------------------------------------|
| | Committee Name | | | | | |
| 1 | | Street Address | | | | |
| 1 | City | State | ZIP | □ Cash | | |
| | Committee ID Number | Date Contribution M | ade | ☐ Credit | | |
| | Committee Name | · | | | | |
| | Street Address | Street Address | | | | |
| 2 | City | State | ZIP | □ Cash | | |
| | Committee ID Number Date Contribution Made | | | □ Credit | | |
| • | Committee Name | | | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | □ Cash | | |
| | Committee ID Number | er Date Contribution Made | | | | |
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution N | lade | □ Cash □ Credit | | |
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution M | lade | □ Cash □ Credit | | |
| _ | Enter total only if last page of so (transfer the total disbursed this perior | :hedule | rsements " line 2(a)) | | | |



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

| / | Political Action Co | ommittee Recipient Ir | nformation | Amount Contributed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------|-----------------------|-----------------------------------------------|---------------------------------------|
| | Committee Name | | | | | |
| | Street Address | Street Address | | | | |
| 1 | City | State | ZIP | □ Cash | | |
| | Committee ID Number | Date Contribution Made | • | □ Credit | | |
| | Committee Name | 1 | | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | □ Cash | | |
| | Committee ID Number | Date Contribution Made | 3 | ☐ Cash | | |
| _ | Committee Name | | | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | □ Cash | | |
| | Committee ID Number | Date Contribution Made | | □ Credit | | |
| | Committee Name | l | | | | |
| | Street Address | Street Address | | | | |
| 4 | City | State | ZIP | □ Cash | | |
| | Committee ID Number | Date Contribution Made | 9 | □ Credit | | |
| | Committee Name | | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | □ Cash | | |
| | Committee ID Number | Date Contribution Made | 9 | □ Credit | | |
| | Enter total only if last page of sche (transfer the total disbursed this period the school of the sc | dulo | | J | | |



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

| | Political Party Ro | ecipient Information | on | Amount Contributed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|---------------------------------------------------------------------------------------------|-------------------------------|-----|-----------------------|-----------------------------------------------|---------------------------------------------|
| | Committee Name Street Address | | | | | |
| 1 | City | State | ZIP | □ Cash | | |
| | Committee ID Number Committee Name | Date Contribution Made | | ☐ Credit | | |
| • | Street Address | | | | | |
| 2 | City Committee ID Number | State Date Contribution Made | ZIP | ☐ Cash☐ Credit | | |
| | Committee Name | | | | | |
| 3 | Street Address City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Made | | ☐ Cash☐ Credit | | |
| | Committee Name Street Address | Committee Name Street Address | | | | |
| 4 | City | State | ZIP | □ Cash | | |
| | Committee ID Number Date Contribution Made Committee Name | | | ☐ Credit | | |
| | Street Address | | | | | |
| 5 | City Committee ID Number | State Date Contribution Made | ZIP | □ Cash □ Credit | | |
| _ | Enter total only if last page of schedule (transfer the total disbursed this period to "Sui | | | | | |



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 | | | | | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | □ Cash | | |
| | Corporation Commission File Number | Date Contribution Mad | de | ☐ Credit | | |
| | Partnership Name | | | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | □ Cash | | |
| | Corporation Commission File Number | Date Contribution Ma | nde | □ Casn | | |
| | Partnership Name | | | | | |
| 3 - | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Ma | de | □ Cash □ Credit | | |
| | Partnership Name | | | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | □ Cash | | |
| | Corporation Commission File Number | rporation Commission File Number Date Contribution Made | | | | |
| | Partnership Name | | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Ma | ide | ☐ Cash☐ Credit | | |
| _ | Enter total only if last page of scl (transfer the total disbursed this perio | l hedule | | | | |



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

| | Corporation | n / LLC Recipient Info | ormation | 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 N | Made | ☐ Credit | | |
| | Corporation/LLC Name | | | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | □ Cash | | |
| | Corporation Commission File Number Date Contribution Made | | | □ Casii | | |
| = | Corporation/LLC Name | | | | | |
| | Street Address | Street Address | | | | |
| 3 | City | State | ZIP | □ Cash | | |
| | Corporation Commission File Number | Date Contribution I | Made | □ Casii | | |
| | Corporation/LLC Name | | | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution I | Made | □ Cash □ Credit | | |
| | Corporation/LLC Name | | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | □ Cash | | |
| | Corporation Commission File Number | Date Contribution I | Made | □ Credit | | |
| | Enter total only if last page of scl (transfer the total disbursed this perio | nedule | | ı | | |



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

| / | Labor Organ | nization Recipient Inform | Amount Contributor | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle | |
|---|-----------------------------------------------------------------------------------|----------------------------------|-----------------------|-----------------------------------------------|---------------------------------------|--|
| | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | □ Cash | | |
| | Corporation Commission File Number | Date Contribution Made | 1 | □ Credit | | |
| | Labor Organization Name | | | | | |
| | 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 | | | | | |
| 4 | City | State | ZIP | □ Cash | | |
| | Corporation Commission File Number | Date Contribution Made | | □ Credit | | |
| | Labor Organization Name | ' | | | | |
| | 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 to "Summary of Disburse | ments." line 2(f)) | <u>'</u> | | |



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

| | Contributo | | | | Cumulativa | Output attack |
|----------|---------------------------------------------------------------------------------------------|----------------------|-------------------------------|-----------------|-----------------------------------------------|---------------------------------------|
| _ | | 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 | | | |
| Ī | Committee ID Number | <u> </u> | Date of Original Contribution | | | |
| | Committee Name | | Date Refund Received | | | |
| • | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| F | 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 | | | | |
| E | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| - | | | Date of Original Contribution | | | |
| | Committee ID Number | | | | | |
| | Committee Name | | Date Refund Received | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | Committee ID Number | | Date of Original Contribution | | | |
| \dashv | Enter total only if last page of schedule (transfer the total disbursed this period to "Sur | nmany of Disburson | nents " line 2(h)\ | l | | |

Arizona Secretary of State Revision 9/28/23

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



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 | I | | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | Guarantor/Endorser Name Date Loan Made | | | | | |
| | Borrower Name | | | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | Guarantor/Endorser Name | Date Loan Made | | | | |
| | Borrower Name | | | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Guarantor/Endorser Name | Date Loan Made | 1 | | | |
| | Borrower Name | ı | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | Guarantor/Endorser Name | Date Loan Made | <u> </u> | | | |
| | Enter total only if last page of schedule (transfer the total received this period to "Sum | I mary of Receipts," I | line 3(a)) | <u> </u> | | |

Schedule B(3)(a), page___of ___



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

| Guarantor Information | | Amount Guaranteed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-----------------------|------------|----------------------|-----------------------------------------------|---------------------------------------------|
| | | | | |
| | | | | |
| State | ZIP | | | |
| Date Loan Guaranteed | , | | | |
| - | | | | |
| | | _ | | |
| State | ZIP | - | | |
| Date Loan Guaranteed | . L | - | | |
| | | | | |
| | | | | |
| State | ZIP | | | |
| Date Loan Guaranteed | | _ | | |
| | | | | |
| | | _ | | |
| State | ZIP | _ | | |
| Date Loan Guaranteed | | | | |
| | | | | |
| | | | | |
| State | ZIP | - | | |
| Date Loan Guaranteed | | _ | | |
| age of sch | edule | | edule | edule |

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



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

| | | | | I | | |
|---|------------------------------------------------------------------------------------------------|--------------------------|-----------------------|-----------------|-----------------------------------------------|---------------------------------------------|
| | Borrower | Information | | Amount Forgiven | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
| | Borrower Name | | Date Forgiveness Made | | | |
| | Street Address | | l | | | |
| 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 | I | Date Forgiveness Made | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | Original Amount of Loan | Amount Still Outstanding | | | | |
| | Borrower Name | | Date Forgiveness Made | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Original Amount of Loan | Amount Still Outstanding | <u> </u> | | | |
| | 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 | nmany of Disbursor | nents " line 3(c\\ | <u> </u> | | |

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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 | | | | | |
| 1 | City | State | ZIP | | | |
| | Original Amount Borrowed | Amount Still Outstanding | l | | | |
| | Lender Name | I | Date Repayment Made | | | |
| | Street Address | | <u> </u> | | | |
| 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 | | | | |
| | Establish and sittless of the site | | | | | |
| | Enter total only if last page of schedule (transfer the total disbursed this period to "Sur | nmary of Disbursen | nents," line 3(d)) | | | |

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



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

| / | Lender | Information | | Amount of Interest Accrued | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|--------------------------|--------------------------|-----------------------|-------------------------------|-----------------------------------------------|---------------------------------------------|
| | Lender Name | | Date Interest Accrued | | | |
| | Street Address | | 1 | | | |
| 1 | City | State | ZIP | | | |
| | Original Amount Borrowed | Amount Still Outstanding | 1 | | | |
| | Lender Name | | Date Interest Accrued | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | Original Amount Borrowed | Amount Still Outstanding | | | | |
| | Lender Name | | Date Interest Accrued | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | | | |
| | Original Amount Borrowed | Amount Still Outstanding | | | | |
| | Lender Name | | Date Interest Accrued | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Original Amount Borrowed | Amount Still Outstanding | | | | |
| | Lender Name | | Date Interest Accrued | | | |
| | Street Address | Street Address | | | | |
| 5 | City | State | ZIP | | | |
| 5 | Original Amount Borrowed | Amount Still Outstanding | | | | |

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

| Red | sipient Information | | Amount Rebated / Refunded | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Original Payor | | Date Rebate/Refund Made | | | |
| Street Address | | | | | |
| City | State | ZIP | | | |
| Corporation Commission File Number (if applicable) | Original Payment Amount | Date of Original Payment | | | |
| Name of Original Payor | | Date Rebate/Refund Made | | | |
| Street Address | | | | | |
| City | State | ZIP | | | |
| Corporation Commission File Number (if applicable) | Original Payment Amount | Date of Original Payment | | | |
| Name of Original Payor | | Date Rebate/Refund Made | | | |
| Street Address | | | | | |
| City | State | ZIP | | | |
| Corporation Commission File Number (if applicable) | Original Payment Amount | Name of Original Payor | | | |
| Name of Original Payor | | Date Rebate/Refund Made | | | |
| Street Address | | | | | |
| City | State | ZIP | | | |
| Corporation Commission File Number (if applicable) | Original Payment Amount | Name of Original Payor | | | |
| Name of Original Payor | | Date Rebate/Refund Made | | | |
| Street Address | | | | | |
| City | State | ZIP | | | |
| | i | | | | |
| | 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) | 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 State Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor | Name of Original Payor 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 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 Date Rebate/Refund Made | Name of Original Payer City Street Address City Street Address City Street Address City State City Date Rebate/Refund Made Corporation Commission File Number (# applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made Corporation Commission File Number (# applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made Street Address City State City State City Date Rebate/Refund Made Street Address City Date Rebate/Refund Made Date Rebate/Refund Made Street Address City Date Rebate/Refund Made Street Address City Date Rebate/Refund Made | Recipient Information Refunded Name of Original Payor State Coporation Commission File Number (if applicable) Original Payment Amount (Information File Number (Information |

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 | Made | | | |
| | Committee Name | l | | | | |
| | 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 | | | | | |
| | 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 "Sur | (5) | (NP = 5/)) | | | |
| | transfer the total dispursed this period to "Sur | nmary of Disbursen | nents," line 5(a)) | | | |

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

| | Political Action Commi | 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 | | | | | |
| | 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 | | | | | |
| | | | | | | |
| 5 | Street Address | T | T | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution | | | | |
| | Enter total only if last page of schedule (transfer the total disbursed this period to "Sur | mmary of Disbursen | nents," line 5(b)) | | | |

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

| D.1111 . I.D. (| | | | 1 1 | |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Political Party | Recipient Information | on | Amount Contributed | 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 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 Name Street Address City Committee ID Number Committee ID Number Street Address City Committee ID Number Committee ID Number Committee ID Number Committee ID Number Committee Name Street Address City Committee ID Number City Committee ID Number | Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee Name Street Address City State Committee Name Street Address City State Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee Name Street Address City State Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee ID Number Street Address City State Committee Name Street Address Street Address | 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 City State ZIP Committee ID Number Date In-Kind Contribution Made Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made | Street Address City State ZiP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZiP Committee ID Number Date In-Kind Contribution Made | Street Address City State ZP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZP Committee Name Street Address City State ZP Committee ID Number Date In-Kind Contribution Made 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 Information Amount Contributed Partnership Name Street Address Curyoration Commission File Number Date In-Kind Contribution Made Purtnership Name Street Address Curyoration Commission File Number Date In-Kind Contribution Made Date In-Kind Contribution Made Date In-Kind Contribution Made Purtnership Name Street Address Curyoration Commission File Number Date In-Kind Contribution Made Purtnership Name Street Address Date In-Kind Contribution Made Date In-Kind Contribution Made Purtnership Name Street Address Date In-Kind Contribution Made | |
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| Cay | |
| Corporation Commission File Number Date In-Kind Contribution Made Partnership Name Street Address ZiP Corporation Commission File Number Date In-Kind Contribution Made Partnership Name Street Address 3 City 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 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 | |
| Partnership Name Street Address Zity Corporation Commission File Number Date in-Kind Confribution Made Fanthership Name Street Address Zity State Zity Corporation Commission File Number Date in-Kind Contribution Made Partnership Name Street Address Zity Corporation Commission File Number Date in-Kind Contribution Made Partnership Name Street Address 4 City Corporation Commission File Number Date in-Kind Contribution Made | |
| Street Address 2 City State ZiP Corporation Commission File Number Date in-Kind Contribution Made Partnership Name 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 4 City State ZiP Corporation Commission File Number Date in-Kind Contribution Made Partnership Name Street Address 5 City State ZiP State ZiP Corporation Commission File Number Date in-Kind Contribution Made | |
| Corporation Commission File Number Date In-Kind Contribution Made | |
| Corporation Commission File Number Partnership Name 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 4 City State ZiP Corporation Commission File Number Date In-Kind Contribution Made | |
| Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Street Address File Number Date In-Kind Contribution Made Corporation Commission File Number Date In-Kind Contribution Made Partnership Name Street Address City State ZIP City State ZIP | |
| Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made | |
| City State ZIP | |
| City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made | |
| Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Partnership Name Street Address City State ZIP | |
| Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Partnership Name Street Address City State ZIP | |
| City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Partnership Name Street Address City State ZIP | |
| City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Partnership Name Street Address City State ZIP | |
| Partnership Name Street Address City State ZIP | |
| Street Address City State ZIP | |
| 5 City State ZIP | |
| 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 "Summary of Disbursements," line 5(d)) | |

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

| - / | | | | | | |
|----------|------------------------------------|---------------------------|-------|-----------------------|-----------------------------------------------|---------------------------------------------|
| / | Corporation / LLC | Recipient Informa | ation | Amount Contributed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
| | Corporation/LLC Name | | | 1 0 | • | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | | | |
| = | Corporation Commission File Number | Date In-Kind Contribution | Made | | | |
| | Corporation/LLC Name | | | | | |
| | Street Address | | | | | |
| 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 | _ | | |
| \dashv | Corporation/LLC Name | | | | | |
| ŀ | Street Address | | | \dashv | | |
| 5 | City | State | ZIP | _ | | |
| ŀ | Corporation Commission File Number | Date In-Kind Contribution | Made | _ | | |
| | | | | | | |

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



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

| / | Labor Organiza | ition Recipient Inform | ation | Amount Contributed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|----------------------------------------------------------------------------------------|---------------------------|--------------------|-----------------------|-----------------------------------------------|---------------------------------------------|
| | Labor Organization Name | | | | · | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution | Made | | | |
| | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution | Made | | | |
| | Labor Organization Name | | | | | |
| | 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 | Made | | | |
| | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution | Made | _ | | |
| | Enter total only if last page of sched | ule | | | | |
| _ | Enter total only if last page of sched (transfer the total disbursed this period to | "Summary of Disburser | nents," line 5(f)) | | | |

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



INDEPENDENT EXPENDITURES MADE: SCHEDULE B(6)

| _ | | Recipient Informa | 1 | Expenditure Amount | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|------------------------------------------------------------|--------------------------|-------------------------------------|-----------------------|-----------------------------------------------|---------------------------------------|
| | Recipient Name | | Mode of Advertising (TV, mail, etc) | | | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | | | |
| | 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 | | Mode of Advertising (TV, mail, etc) | | | |
| | Street Address | | | | | |
| 2 | 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 | | Mode of Advertising (TV, mail, etc) | | | |
| | Street Address | | | | | |
| 3 | 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 | | 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 | Recipient Info | ormation | Expenditure Amount | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------|-----------------------|-----------------------------------------------|---------------------------------------|
| | Recipient Name | | Mode of Advertising (TV, mail, etc) | | | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | | | |
| | Ballot Measure(s) Supported (including % supported) | Ballot Measure(s) | Opposed (including % opposed) | _ □ Cash | | |
| | Date of First Publication, Display, Delivery, or Broadcast | Election Month/Ye | ar | ☐ Credit | | |
| | Recipient Name | | Mode of Advertising (TV, mail, etc) | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | | | |
| | Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opportunity (including % supported) | | Opposed (including % opposed) | _ □ Cash | | |
| | Date of First Publication, Display, Delivery, or Broadcast | ion, Display, Delivery, or Broadcast Election Month/Year | | _ □ Credit | | |
| | Recipient Name | | Mode of Advertising (TV, mail, etc) | | | |
| | Street Address | | | _ | | |
| 3 | City | State | ZIP | | | |
| | Ballot Measure(s) Supported (including % supported) | Ballot Measure(s) | Opposed (including % opposed) | _ □ Cash | | |
| | Date of First Publication, Display, Delivery, or Broadcast | Election Month/Yea | ar | _ □ Credit | | |
| | Recipient Name | | Mode of Advertising (TV, mail, etc) | | | |
| | Street Address | | | 1 | | |
| | City | State | ZIP | 1 | | |
| 4 | Ballot Measure(s) Supported (including % supported) | Ballot Measure(s) Opposed (including % opposed) Election Month/Year | | ☐ Cash | | |
| 4 | | | | □ Credit | i | 1 |

Schedule 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☐ Credit | | |
| | Date of First Publication, Display, Delivery, or Broadcast Office Held | | | . Li Creuit | | |
| | Recipient Name | | 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 | <u>I</u> 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 | | | | | |
| 3 | City | State | ZIP | | | |
| | Type of Benefit Provided | | | | | |
| | Notes: | | | | | |
| | Candidate Name | | Date Benefit Provided | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Type of Benefit Provided | <u> </u> | <u> </u> | | | |
| | 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 Co | mmittee Informatio | n | Payment Amount | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|-------------------------------------------------|------------------------|------------------|-----------------|-----------------------------------------------|---------------------------------------|
| | Committee Name | | Payment Date | | | |
| | Street Address | | | | | |
| 1 | City | State | ZIP | □ Cash | | |
| | Date of Joint Fundraising Event (if applicable) | Type of Shared Expense | (if applicable) | ☐ Credit | | |
| | Committee Name | | Payment Date | | | |
| | Street Address | | 1 | | | |
| 2 | City | State | ZIP | □ Cash | | |
| | Date of Joint Fundraising Event (if applicable) | Type of Shared Expense | (if applicable) | □ Casn □ Credit | | |
| | Committee Name | | Payment Date | | | |
| | Street Address | 1 | | | | |
| 3 | City | State | ZIP | | | |
| | Date of Joint Fundraising Event (if applicable) | Type of Shared Expense | (if applicable) | □ Cash □ Credit | | |
| | Committee Name | | Payment Date | | | |
| | Street Address | | | | | |
| 4 | City | State | ZIP | | | |
| | Date of Joint Fundraising Event (if applicable) | Type of Shared Expense | (if applicable) | □ Cash □ Credit | | |
| | Committee Name | | Payment Date | | | |
| | Street Address | | <u> </u> | | | |
| 5 | City | State | ZIP | | | |
| | Date of Joint Fundraising Event (if applicable) | Type of Shared Expense | (if applicable) | □ Cash □ Credit | | |
| _ | Enter total only if last page of schedul | e | | | | |
| | (transfer the total disbursed this period to " | Summary of Disburser | ments," line 10) | | | |

Schedule B(10), page____ of ____



REIMBURSEMENTS MADE: SCHEDULE B(11)

| | Recipier | nt Information | 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 | | Reimbursement Date | □ Credit | | |
| | Name | | | | | |
| | Street Address | | | | | |
| 2 | City | State | ZIP | □ Cash | | |
| | Services or Goods Reimbursed | | Reimbursement Date | □ Credit | | |
| | Name | | | | | |
| | Street Address | | | | | |
| 3 | City | State | ZIP | □ Cash | | |
| | Services or Goods Reimbursed | | Reimbursement Date | ☐ Credit | | |
| | Name | | | | | |
| | Street Address | | | | | |
| 4 | 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 "Si | | | | | |



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

| Debt In a t Address of Account Payable or Debt Owed t Address | formation State | ZIP Date that Debt Accrued | Amount | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-------------------------------------------------------------------|------------------------------|----------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|
| of Account Payable or Debt Owed | | Date that Debt Accrued | | | |
| of Account Payable or Debt Owed | | Date that Debt Accrued | | | |
| et Address | | Date that Debt Accrued | | | |
| et Address | State | | | | |
| t Address | State | | | | |
| | State | | | | i |
| of Account Payable or Debt Owed | State | T | 1 | | |
| of Account Payable or Debt Owed | | ZIP | | | |
| | | Date that Debt Accrued | | | |
| 3 | | | | | |
| t Address | | | | | |
| | State | ZIP | | | |
| of Account Payable or Debt Owed | | Date that Debt Accrued | | | |
| 3 | | | | | |
| t Address | | | | | |
| | State | ZIP | | | |
| of Account Payable or Debt Owed | | Date that Debt Accrued | | | |
| 9 | | | | | |
| t Address | | | | | |
| | State | ZIP | | | |
| | | Date that Debt Accrued | | | |
| of Account Payable or Debt Owed | | Bate that Best Addition | | | |
| of | Account Payable or Debt Owed | Account Payable or Debt Owed Address State | Account Payable or Debt Owed Date that Debt Accrued Address State ZIP | Account Payable or Debt Owed Date that Debt Accrued Address State ZIP | Account Payable or Debt Owed Date that Debt Accrued Address State ZIP |

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)

| | Reci | pient Informatio | n | Amount | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---|----------------------------------------------------------------------------------------|------------------|-------------------|-----------------|-----------------------------------------------|---------------------------------------------|
| | Name | | | | | |
| | Street Address | | | | | |
| 1 | City | | ZIP | □ Cash | | |
| | Disbursement Type | 1 | Disbursement Date | □ Credit | | |
| | Name | | | | | |
| | Street Address | | | | | |
| 2 | City | | ZIP | ☐ Cash | | |
| | Disbursement Type | | Disbursement Date | □ Credit | | |
| | Name | | | | | |
| | Street Address | | | | | |
| 3 | City | | ZIP | □ Cash | | |
| | Disbursement Type | | Disbursement Date | □ Casn □ Credit | | |
| | Name | | | | | |
| | Street Address | Street Address | | | | |
| 4 | City | | ZIP | - Cook | | |
| | Disbursement Type | | Disbursement Date | □ Cash □ Credit | | |
| | Name | | | | | |
| | Street Address | | | | | |
| 5 | City | State | ZIP | | | |
| | Disbursement Type | | Disbursement Date | □ Cash □ Credit | | |
| _ | Enter total only if last page of scheo (transfer the total disbursed this period to | lule | <u>_</u> | | | |

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