

CHANDLER CITY CLERK OCT 16:2024 PK12:50

## COMMITTEE INFORMATION (required):

|        | Committee Information:          | Committee Name:                     | Cicely for Chandler |  | U. 10 ZVZ417 |
|--------|---------------------------------|-------------------------------------|---------------------|--|--------------|
| CANDIE | DATE INFORMATION (only if filin | g as a candidate comr               | nittee):            |  | 141          |
|        | Office Sought:                  | ☐ County Office: ☐ City/Town Office | Councilmember       | ☐ Special District Office:<br>☐ School Board District:                       |              |
| REPOF  |                                 |                                     |                     | ction cycle. Also select appropriate Repo<br>porting Period selected below): |              |

|   | REPORTING PERIOD  | REPORT DUE                           |
|---|---|--------------------------------------|
|   | 2022 Post-General Election (Q4) Report: October 23, 2022 to December 31, 2022                             | January 1, 2023 to January 17, 2023* |
|   | 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 17, 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 17, 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 Pre-Primary Election Report: July 1, 2024 to July 20, 2024   | July 21, 2024 to July 27, 2024       |
| 1 | 2024 Post-Primary Election (Q3) Report: July 21, 2024 to September 30, 2024                               | October 1, 2024 to October 21, 2024  |
|   | 2024 Quarter 3 Report: July 1, 2024 to September 30, 2024   | October 1, 2024 to October 21, 2024  |
|   | 2024 Pre-General Election Report: October 1, 2024 to October 19, 2024                                     | October 20, 2024 to October 26, 2024 |
|   | 2024 Post-General Election (Q4) Report: October 20, 2024 to December 31, 2024                             | January 1, 2025 to January 20, 2025  |
|   | Final Campaign Finance Report Prior to Committee Termination: End of Previous Period through Today's Date | Same Date of Termination             |

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

# FINANCIAL SUMMARY (required):

| Activity   | Cash Activity This<br>Reporting Period | Election Cycle to<br>Date |
|--|--|---------------------------|
| (a) Committee value at the beginning of this reporting period (i.e. ending balance from the previous reporting period) | \$ 7,686.01                            |                           |
| (b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)                     | \$ 200.00                              | \$ 35,995.51              |
| (c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)           | \$ 2,585.79                            | \$ 31,956.63              |
| (d) = Balance at close of reporting period   | \$ 5,300.22                            |                           |
| ☐ Check here if filing no financial activity during the reporting period. Lines (a)-(d) still must be                  | e completed, but only this o           | cover page and the        |

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



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.

| Cicely Rocha-Miller                 |                                  | 10/11/2024 |
|-------------------------------------|----------------------------------|------------|
| Printed Name of Committee Treasurer | Signature of Committee Treasurer | Date       |

## SUMMARY OF RECEIPTS (Schedule A):

|        | Receipts  | Cash  | Equity                    |
|--------|---|-------|---------------------------|
| 1.     | Monetary Contributions Received   |       |                           |
|        | (a) In-State Individuals - More than \$100  | \$150 |                           |
|        | (b) In-State Individuals - \$100 or Less (Aggregate)  | \$50  |                           |
|        | (c) Out-of-State Individuals  | 0     | Anna Lagranda (C. C.      |
|        | (d) Candidate Committees  | 0     |                           |
|        | (e) Political Action Committees   | 0     |                           |
|        | (f) Political Parties   | 0     |                           |
|        | (g) Partnerships  | 0     |                           |
|        | (h) Corporations & Limited Liability Companies (PACs & Political Parties Only)                | 0     |                           |
|        |   | 0     |                           |
|        | (i) Labor Organizations (PACs & Political Parties Only)                                       | 0     |                           |
|        | (j) Candidate's Personal Monies (Candidate Committees Only)                                   |       |                           |
|        | (k) Monetary Contributions Subtotal (add 1(a) through 1(j))                                   | \$200 |                           |
|        | (I) Refunds Given Back to Contributors  | 0     |                           |
| _      | (m) Net Monetary Contributions (subtract 1(l) from 1(k))                                      | \$200 |                           |
| 2.     | Loans   | 0     |                           |
|        | (a) Loans Received (b) Forgiveness on Loans Received  | 0     | 0                         |
| _      | (c) Repayment on Loans Made   | 0     |                           |
|        | (d) Interest Accrued on Loans Made  | 0     | and the same and the same |
|        | (e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))  | 0     |                           |
| 3.     | Rebates and Refunds Received  | 0     |                           |
| 4.     | Interest Accrued on Committee Monies  | 0     |                           |
| 5.     | In-Kind Contributions Received  |       |                           |
|        | (a) In-State Individuals - More than \$100  |       | 0                         |
|        | (b) In-State Individuals - \$100 or Less (Aggregate)  |       | 0                         |
|        | (c) Out-of-State Individuals  |       | 0                         |
|        | (d) Candidate Committees  |       | 0                         |
|        | (e) Political Action Committees   |       | 0                         |
|        | (f) Political Parties   |       | 0                         |
|        | (g) Partnerships  |       | 0                         |
|        | (h) Corporations & Limited Liability Companies (PACs & Political Parties Only)                |       | \$6,000                   |
|        | (i) Labor Organizations (PACs & Political Parties Only)                                       |       | 0                         |
|        | (j) Candidate's Personal Assets or Property (Candidate Committees Only)                       |       | 0                         |
|        | (k) In-Kind Contributions Subtotal (equity: add 5(a) through 5(j))                            |       | \$6,000                   |
| 6.     | In-Kind Donations Received (Non-Contributions) (Political Parties Only)                       |       | 0                         |
| 7.     | Extensions of Credit  |       |                           |
|        | (a) Extensions of Credit Received   |       | 0                         |
|        | (b) Payments on Extensions of Credit Received   |       | 0                         |
|        | (c) Net Extensions of Credit (subtract 7(b) from 7(a))  |       | 0                         |
| 8.     | Joint Fundraising / Shared Expense Payments Received  | 0     |                           |
|        |   | 0     |                           |
| 9.     | Payments Received for Goods / Services  | •     | 0                         |
|        | 5   | 0     | 0                         |
| 900000 | Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)         |       |                           |
|        | Miscellaneous Receipts (use cash and/or equity as applicable)                                 | 0     | 0                         |
| 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) | \$200 | \$6,000                   |
|        |   |       |                           |

## SUMMARY OF DISBURSEMENTS (Schedule B):

|     | Disbursements  | Cash                          | Equity                                   |
|-----|--|-------------------------------|--|
| 1.  | Disbursements for Operating Expenses   | \$2,585.79                    |  |
| 2.  | Contributions Made   |                               |  |
|     | (a) Candidate Committees   | 0                             |  |
|     | (b) Political Action Committees  | 0                             |  |
|     | (c) Political Parties  | 0                             |  |
|     | (d) Partnerships   | 0                             |  |
|     | (e) Corporations & Limited Liability Companies (PAC & Political Parties Only)                | 0                             |  |
|     | (f) Labor Organizations (PAC & Political Parties Only)                                       | 0                             |  |
|     | (g) Monetary Contributions Subtotal (add 2(a) through 2(f))                                  | 0                             |  |
|     | (h) Contribution Refunds Provided to the Reporting Committee                                 | 0                             |  |
|     | (i) Monetary Contributions Total (subtract 2(h) from 2(g))                                   | 0                             |  |
| 3.  | Loans  |                               |  |
|     | (a) Loans Made   | 0                             |  |
|     | (b) Loan Guarantees Made   |                               | 0  |
|     | (c) Forgiveness on Loans Made  |                               | 0  |
|     | (d) Repayment of Loans Received  | 0                             |  |
|     | (e) Accrued Interest on Loans Received   | 0                             | Para dia serenta                         |
|     | (f) Total Loans (cash: add 3(a), 3(d) & 3(e); equity: add 2(b) & 2(c))                       | 0                             | 0  |
| 4.  | Rebates and Refunds Made (Non-Contributions)   | 0                             | 0  |
| 5.  | Value of In-Kind Contributions Provided  |                               |  |
|     | (a) Candidate Committees   |                               | 0  |
|     | (b) Political Action Committees  |                               | 0  |
|     | (c) Political Parties  |                               | 0  |
|     | (d) Partnerships   |                               | 0  |
|     | (e) Corporations & Limited Liability Companies (PAC & Political Parties Only)                |                               | 0  |
|     | (f) Labor Organizations (PAC & Political Parties Only)                                       |                               | 0  |
|     | (g) Contributions Subtotal (add 5(a) through 5(f))   | The seasof at those states of | 0  |
| 6.  | Independent Expenditures Made  | 0                             | 60 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 |
| 7.  | Ballot Measure Expenditures Made   | 0                             |  |
| 8.  | Recall Expenditures Made   | 0                             |  |
| 9.  | Support Provided to Party Nominees (Political Parties Only)                                  | 0                             |  |
| 10. | Joint Fundraising / Shared Expense Payments Made   | 0                             |  |
| 11. | Reimbursements Made  | 0                             |  |
| 12. | Outstanding Accounts Payable / Debts Owed by Committee                                       |                               | -\$355.55                                |
| 13. | Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)        | 0                             | 0  |
| 14. | Miscellaneous Disbursements (use cash and/or equity as applicable)                           | 0                             | 0  |
| 15. | Aggregate of Disbursements - \$250 or Less (use cash and/or equity as applicable)            | 0                             | 0  |
| 16. | Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15) | \$2,585.79                    | -\$355.55                                |

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

SCHEDULE A(1)(a)

| process and the second of the | State AZ Employer Gensler  State  Employer | Date Contribution Received 7/24/24  ZIP 85013  Date Contribution Received | \$150   | \$150  | \$150   |
|---|--|---|---|--|---|
| 27 West Maryland Avenue Unit 5  by hoenix cupation ssociate me reet Address  y cupation   | AZ Employer Gensler                        | 85013  Date Contribution Received   |   |  | V 10 10 20  |
| hoenix coupation ssociate me reet Address  y cupation   | AZ Employer Gensler                        | 85013  Date Contribution Received   |   | Joseph M. Joseph | V 0 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2   |
| reet Address  y  cupation   | Gensler                                    | Nacha . a   |   | po de la composição de  | 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |
| reet Address  y cupation  |  | Nacha . a   |   |  | ander en ar A   |
| y cupation .  |  | ZIP   |   |  |   |
| cupation .  |  | ZIP   |   |  |   |
|   | Employer                                   |   |   |  |   |
| me  |  |   |   |  |   |
|   |  | Date Contribution Received  |   |  |   |
| Street Address  |  |   |   |  |   |
| у   | State                                      | ZIP   |   |  |   |
| cupation  | Employer                                   |   |   |  |   |
| me  |  | Date Contribution Received  |   |  |   |
| eet Address   |  |   |   |  |   |
| у   | State                                      | ZIP   |   | ,  |   |
| cupation  | Employer                                   |   |   |  |   |
| me  |  | Date Contribution Received  |   |  | ,   |
| eet Address   |  |   | -   |  |   |
| , , <u> </u>  | State                                      | ZIP   |   |  |   |
| cupation  | Employer                                   |   | -   |  |   |
| m e   | et Address  upation  ee  at Address        | et Address  State  Employer  et Address  State  State                     | Date Contribution Received  et Address  State ZIP  Learn Date Contribution Received  Date Contribution Received  Employer  Date Contribution Received | Date Contribution Received  et Address  State ZIP  Limplayer  Date Contribution Received  Date Contribution Received  Employer  State ZIP  Address  Limplayer  Date Contribution Received  | Date Contribution Received  et Address  State ZIP  upation Employer  Date Contribution Received  at Address  State ZIP  State ZIP  Date Contribution Received |

Schedule A(1)(a), page\_\_\_\_ of \_\_\_\_



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

SCHEDULE A(1)(b)

|   | Cumulative Amount this Reporting<br>Period | Cumulative Amount this Election<br>Cycle |
|---|--|--|
| Cumulative Contributions from In-State Individuals - \$100 or Less  | \$50                                       | \$5548.95                                |
| Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(b)) | \$50                                       | \$5548.95                                |

<sup>\*</sup>If in-state individual contributions of more than \$100 are listed on Schedule A(1)(a), do not include them on Schedule A(1)(b).



### MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

| / | Indiv   | vidual Contributor Inform | nation                     | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|---|---------------------------|----------------------------|-----------------|---|---|
|   | Name  |                           | Date Contribution Received |                 |   |   |
|   | Street Address  |                           |                            |                 |   |   |
| 1 | City  | State                     | ZIP                        |                 |   |   |
|   | Occupation  | Employer                  |                            |                 |   |   |
|   | Name  |                           | Date Contribution Received |                 |   |   |
|   | Street Address  |                           |                            |                 |   |   |
| 2 | City  | State                     | ZIP                        |                 | _ w   |   |
|   | 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  | cupation Employer         |                            |                 |   |   |
|   | Name  |                           | Date Contribution Received | ,               |   |   |
|   | Street Address  | Street Address            |                            |                 |   |   |
| 5 | City  | State                     | ZIP                        |                 |   |   |
|   | Occupation  | Employer                  |                            |                 |   |   |
|   | Enter total only if last page of (transfer the total received this pe | schedule                  | 4- II II 4/-\\             |                 | 1   |   |

Schedule A(1)(c), page\_\_\_\_ of \_\_\_\_



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

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

Schedule A(1)(d), page\_\_\_\_ of \_\_\_\_



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

| / |                               | Political Action Com | mittee Contributor I       | nformation | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|-------------------------------|----------------------|----------------------------|------------|-----------------|---|---|
|   | Committee Name Street Address |                      |                            |            |                 |   |   |
| 1 | City                          |                      | State                      | ZIP        |                 | -   | 1 -   |
|   | Committee ID Number           |                      | Date Contribution Recei    | ived       | - ,             |   |   |
|   | Committee Name                | - ;                  |                            |            |                 |   |   |
|   | Street Address                |                      |                            | ,          |                 |   |   |
| 3 | City                          |                      | State                      | ZIP        |                 |   |   |
|   | Committee ID Number           |                      | Date Contribution Rece     | ived       |                 |   |   |
|   | Committee Name                |                      |                            |            |                 |   |   |
|   | Street Address                |                      |                            |            |                 |   |   |
|   | City                          | ,                    | State                      | ZIP        |                 |   |   |
|   | Committee ID Number           |                      | Date Contribution Rece     | ived       |                 | _   |   |
|   | Committee Name                |                      |                            |            |                 |   |   |
|   | Street Address                |                      |                            |            |                 |   |   |
| 4 | City                          | - 1                  | State                      | ZIP        | -               | ·<br>   |   |
|   | Committee ID Number           | 1                    | Date Contribution Received |            | -               |   |   |
| - | Committee Name                |                      |                            |            |                 |   |   |
|   | Street Address                |                      |                            |            |                 |   |   |
| 5 | City                          |                      | State                      | ZIP        |                 |   |   |
|   | Committee ID Number           | 1                    | Date Contribution Recei    | L          |                 |   |   |

Schedule A(1)(e), page\_\_\_\_ of \_\_\_



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

| / |  |                           |   |   |  |   |
|---|--|---------------------------|---|---|--|---|
| _ | Political Party Co   | Amount Received           | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |  |   |
|   | Committee Name   |                           |   |   |  |   |
|   | Street Address   |                           |   |   |  |   |
| 1 | City   | State                     | ZIP   |   |  |   |
|   | Committee ID Number  | Date Contribution Receive | ed  |   |  |   |
|   | Committee Name   |                           |   |   |  |   |
|   | Street Address   |                           |   | •   |  |   |
| 2 | City   | State                     | ZIP   |   |  |   |
|   | Committee ID Number  | Date Contribution Receive | ed  |   |  |   |
|   | Committee Name   |                           |   |   |  |   |
|   | Street Address   |                           |   |   |  |   |
| 3 | City   | State                     | ZIP   |   |  |   |
|   | Committee ID Number  | Date Contribution Receive | ed  |   |  |   |
|   | Committee Name   |                           |   |   |  | * |
|   | Street Address   |                           |   |   |  |   |
| 4 | City   | State                     | ZIP   |   |  |   |
|   | Committee ID Number  | Date Contribution Receive | <u>l</u>                                      |   |  |   |
|   | Committee Name   |                           |   |   |  |   |
|   | Street Address   | v.                        |   |   |  |   |
| 5 | City   | State                     | ZIP   |   |  |   |
|   | Committee ID Number  | Date Contribution Receive | <u>l</u>                                      |   |  |   |
|   | Enter total only if last page of schedule (transfer the total received this period to "Sum |                           |   |   |  |   |

Schedule A(1)(f), page\_\_\_\_ of \_\_\_\_



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

| / | Partnership C  | Contributor Informa        | ation        | Amount Received         | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|----------------------------|--------------|-------------------------|---|---|
|   | Partnership Name   | d) 1                       |              |                         |   |   |
|   | Street Address   |                            |              |                         |   |   |
| 1 | City   | State                      | ZIP          |                         |   |   |
|   | Corporation Commission File Number   | Date Contribution Rec      | eived        | 1                       | *   | = -   |
|   | Partnership Name   |                            |              |                         |   |   |
|   | Street Address   |                            |              |                         | -   |   |
| 2 | City   | State                      | ZIP          |                         |   |   |
|   | Corporation Commission File Number   | Date Contribution Rec      | eived        |                         | to 3 o 4                                      |   |
| _ | Partnership Name   |                            |              |                         |   |   |
|   | Street Address   |                            |              |                         |   |   |
| 3 | City   | State                      | ZIP          | , , , , , , , , , , , , |   |   |
|   | Corporation Commission File Number Date Contribution Received                            |                            |              |                         |   |   |
| _ | Partnership Name   |                            |              |                         | _   |   |
|   | Street Address   |                            |              |                         |   |   |
| 4 | City   | State                      | ZIP          | -                       |   |   |
|   | Corporation Commission File Number   | Date Contribution Received |              |                         |   |   |
| _ | Partnership Name   | Partnership Name           |              |                         |   |   |
|   | Street Address   |                            |              |                         |   |   |
| 5 | City   | State                      | ZIP          |                         |   |   |
|   | Corporation Commission File Number   | Date Contribution Reco     | eived        |                         |   |   |
|   | Enter total only if last page of schedul (transfer the total received this period to "Si | e<br>ummary of Receipts,   | " line 1(g)) | - 4                     | J   | 93  |

Schedule A(1)(g), page\_\_\_ of \_\_\_



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

| _ | Corporation / LLC  | Contributor Inform        | nation     | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|---------------------------|------------|-----------------|---|---|
|   | Corporation/LLC Name   |                           |            |                 |   |   |
|   | Street Address   |                           |            | _               |   |   |
| 1 | City   | State                     | ZIP        | -               |   |   |
|   | Corporation Commission File Number   | Date Contribution Receive | ed         |                 |   |   |
|   | Corporation/LLC Name   |                           |            |                 |   |   |
|   | Street Address   |                           |            | _               |   |   |
| 2 | City   | State                     | ZIP        |                 |   |   |
|   | Corporation Commission File Number   | Date Contribution Receiv  | ved        |                 |   |   |
|   | Corporation/LLC Name   |                           |            |                 |   |   |
|   | Street Address   |                           |            |                 |   |   |
| 3 | City   | State                     | ZIP        |                 |   |   |
|   | Corporation Commission File Number   | Date Contribution Receiv  | ved        |                 |   |   |
| _ | Corporation/LLC Name   |                           |            |                 |   |   |
|   | Street Address   |                           |            | _               |   |   |
| 4 | City   | State                     | ZIP        |                 |   |   |
|   | Corporation Commission File Number   | Date Contribution Receiv  | red        | -               |   |   |
|   | Corporation/LLC Name   |                           |            |                 |   |   |
|   |  |                           |            |                 |   |   |
| 5 | Street Address   |                           |            |                 |   |   |
|   | City   | State                     | ZIP        |                 |   |   |
|   | Corporation Commission File Number   | Date Contribution Receiv  | red        | ۵               |   |   |
|   | Enter total only if last page of schedule (transfer the total received this period to "Sur | mmary of Receipts,"       | line 1(h)) |                 |   |   |
|   |  |                           |            |                 |   |   |

Schedule A(1)(h), page\_\_\_\_ of \_\_\_



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

| / | Labor Organi:  | zation Contributor I | nformation | , | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|----------------------|------------|---|-----------------|---|---|
|   | Labor Organization Name  |                      | l -        |   |                 |   |   |
|   | Street Address   |                      |            |   |                 |   |   |
| 1 | City   | State                | ZIP        |   |                 |   |   |
|   | Corporation Commission File Number                             | Date Contribution I  | Received   |   |                 |   |   |
|   | Labor Organization Name  |                      | ,          |   |                 |   | !   |
|   | Street Address   |                      |            |   |                 |   |   |
| 2 | City   | State                | ZIP        |   |                 |   |   |
|   | Corporation Commission File Number                             | Date Contribution    | Received   |   |                 |   |   |
|   | Labor Organization Name  |                      |            |   |                 |   |   |
|   | Street Address   | Street Address       |            |   |                 |   |   |
| 3 | City   | State                | ZIP        |   |                 |   |   |
|   | Corporation Commission File Number  Date Contribution Received |                      |            |   |                 | -   |   |
| _ | Labor Organization Name  |                      |            |   |                 |   |   |
|   | Street Address   |                      |            |   | -               |   |   |
| 4 | City   | State                | ZIP        |   |                 |   |   |
|   | Corporation Commission File Number                             | Date Contribution 6  | Received   |   | -               |   |   |
| _ | Labor Organization Name  |                      |            |   |                 |   |   |
|   | Street Address   | Street Address       |            |   |                 |   |   |
| 5 | City   | State                | ZIP        |   | -               |   |   |
|   | Corporation Commission File Number                             | Date Contribution F  | Received   |   |                 |   |   |
|   | Enter total only if last page of sche                          |                      |            |   |                 | , r   |   |

Schedule A(1)(i), page\_\_\_\_ of \_\_\_



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

|   | Candidate   | Information          |                            | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|---|----------------------|----------------------------|-----------------|---|---|
|   | Name  |                      | Date Contribution Received |                 |   | ,   |
|   | Street Address  |                      |                            |                 |   |   |
| 1 | City  | State                | ZIP                        |                 |   |   |
|   | Occupation  | Employer             |                            |                 |   |   |
|   | Name  | L                    | 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             |                            |                 | e e   |   |
| - | Name  |                      | Date Contribution Received |                 |   |   |
|   | Street Address  |                      |                            |                 |   |   |
| 5 | City  | State                | ZIP                        |                 |   |   |
|   | Occupation  | Employer             |                            |                 |   |   |
|   | Enter total only if last page of schedule<br>(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)

| / | Contribut  | or Information                |                               | Amount Refunded | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|-------------------------------|-------------------------------|-----------------|---|---|
|   | Name   |                               | Date Contribution Refunded    |                 | reporting r eriod                             | Election Gyolc                              |
|   | Street Address   |                               |                               |                 |   |   |
| 1 | 1 City   | State                         | ZIP                           |                 |   |   |
|   | ID Number (if applicable)  |                               | Date of Original Contribution |                 |   |   |
|   | Name   |                               | Date Contribution Refunded    |                 |   |   |
|   | Street Address   |                               |                               | 1               |   |   |
| 2 | 2 city   | State                         | ZIP                           |                 |   |   |
|   | ID Number (if applicable)  | ID Number (if applicable)     |                               |                 |   |   |
| F | Name   |                               | Date Contribution Refunded    |                 |   | 3 1   |
|   | Street Address   | Street Address                |                               |                 |   |   |
| 3 | 3 City   | State                         | ZIP                           |                 |   |   |
|   | ID Number (if applicable)  | Date of Original Contribution |                               |                 |   |   |
|   | Name   |                               | Date Contribution Refunded    |                 |   |   |
|   | Street Address   | Street Address                |                               |                 |   |   |
| 4 | 4 City   | State                         | ZIP                           |                 |   |   |
|   | ID Number (if applicable)  | ID Number (if applicable)     |                               |                 | ,   |   |
|   | Name .   |                               | Date Contribution Refunded    |                 |   |   |
|   | Street Address   |                               |                               | -               |   |   |
| 5 | City   | State                         | ZIP                           |                 |   |   |
|   | ID Number (if applicable)  |                               | Date of Original Contribution |                 |   |   |
|   | Enter total only if last page of schedule (transfer the total received this period to "Sum | mary of Receipts              | ." line 1(I))                 |                 |   |   |

Schedule A(1)(I), page \_\_\_\_ of\_\_\_



LOANS RECEIVED:

SCHEDULE A(2)(a)

| /   | landa  |                          |                                   | 1               |   |   |
|-----|--|--------------------------|-----------------------------------|-----------------|---|---|
|     | Lendel   | Information              |                                   | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
| - 1 | Lender Name  | Date Loan Received       |                                   |                 | , ,   |   |
|     |  |                          |                                   |                 |   |   |
|     | Street Address   |                          |                                   |                 |   |   |
| 1   | City   | State                    | ZIP                               |                 |   |   |
|     |  |                          |                                   |                 |   |   |
|     | Guarantor/Endorser Name  |                          | (PACs and Political Parties Only) |                 |   |   |
|     |  |                          |                                   |                 |   |   |
|     | Lender Name  | Date Loan Received       |                                   |                 |   |   |
|     | Street Address   |                          |                                   |                 |   |   |
| 2   |  |                          |                                   |                 |   |   |
|     | City   | State                    | ZIP                               |                 |   |   |
| ł   | Guarantor/Endorser Name  | Non-Electoral Purpose?   | 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? ( | (PACs and Political Parties Only) | _               |   |   |
|     |  |                          |                                   |                 |   |   |
|     | Lender Name  | Date Loan Received       |                                   |                 |   |   |
|     | Street Address   |                          |                                   | -               |   |   |
| 4   |  |                          |                                   |                 |   |   |
| 7   | City   | State                    | ZIP                               | a a             |   |   |
|     | Guarantor/Endorser Name  | Non-Electoral Purpose? ( | PACs and Political Parties Only)  | +               |   |   |
|     |  |                          |                                   |                 |   |   |
|     | Lender Name  | Date Loan Received       |                                   |                 |   |   |
|     | Street Address   |                          |                                   | -               |   |   |
| 5   | City   | State                    | ZIP                               | -               | ,   |   |
|     |  |                          |                                   |                 |   |   |
|     | Guarantor/Endorser Name  | Non-Electoral Purpose? ( | PACs and Political Parties Only)  | ]               |   |   |
|     |  |                          |                                   |                 |   |   |
|     | Enter total only if last page of schedule (transfer the total received this period to "Sur |                          |                                   |                 |   |   |

Arizona Secretary of State Revision 12/29/21 (fillable format)

Schedule A(2)(a), page\_\_\_\_ of \_\_\_\_

FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

| /  | Ler  | nder Information              |                           | Amount Forgiven | Cumulative<br>Amount this | Cumulative<br>Amount this |
|----|--|-------------------------------|---------------------------|-----------------|---------------------------|---------------------------|
| _  |  |                               |                           |                 | Reporting Period          | Election Cycle            |
|    | Lender Name  |                               | Date Forgiveness Received |                 |                           |                           |
| ١. | Street Address   |                               |                           |                 |                           |                           |
| 1  | City   | State                         | ZIP                       |                 |                           |                           |
|    | Original Amount of Loan  | Amount Still Outstanding      |                           |                 |                           |                           |
| Г  | Lender Name  |                               | Date Forgiveness Received |                 |                           |                           |
|    | Street Address   |                               |                           |                 |                           |                           |
| 2  | City   | State                         | ZIP<br>·                  |                 | -                         |                           |
|    | 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  |                               | Date Forgiveness Received |                 |                           |                           |
|    | Street Address   |                               |                           | -               |                           |                           |
| 4  | City   | State                         | ZIP                       | -               |                           |                           |
|    | Original Amount of Loan  | Amount Still Outstanding      |                           | -               |                           |                           |
|    |  | runcom our order fullig       |                           |                 |                           | -                         |
|    | Lender Name  | 4<br>7                        | Date Forgiveness Received |                 |                           |                           |
|    | Street Address   |                               |                           |                 |                           |                           |
| 5  | City   | State                         | ZIP                       |                 |                           |                           |
|    | Original Amount of Loan  | Amount Still Outstanding      |                           |                 |                           |                           |
|    | Enter total only if last page of sched (transfer the total received this period to | ule<br>'Summary of Receipts," | line 2(b))                |                 |                           | - 1 - TE                  |

Schedule A(2)(b), page\_\_\_\_ of \_\_\_



REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

|   |  | · Information            |                         | Amount Repaid | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|--------------------------|-------------------------|---------------|---|---|
|   | Borrower Name  |                          | Date Repayment Received |               |   |   |
|   | Street Address   |                          |                         | -             |   |   |
| 1 | City   | State                    | ZIP                     | _             |   |   |
|   | Original Amount Borrowed   | Amount Still Outstanding |                         | -             |   |   |
|   | Borrower Name  |                          | Date Repayment Received |               |   |   |
|   | Street Address   |                          |                         | -             |   |   |
| 2 | City   | State                    | ZIP                     | -             |   |   |
|   | Original Amount Borrowed   | Amount Still Outstanding | L                       | -             |   |   |
|   | 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 | (5 )                     |                         |               |   |   |
| _ | transier the total received this period to "Sum  | mary of Receipts," I     | line 2(c))              |               |   |   |

Schedule A(2)(c), page\_\_\_\_ of \_\_\_\_

INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

| / | Borrowe   | er Information           |                       | Amount of Interest<br>Accrued          | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|---|--------------------------|-----------------------|--|---|---|
|   | Borrower Name   | Date Interest Accrued    |                       |  |   |   |
|   | Street Address  | Street Address           |                       |  |   |   |
| 1 | City  | State                    | ZIP                   |  |   |   |
|   | Original Amount Borrowed  | Amount Still Outstanding | 3                     |  | 9   |   |
|   | Borrower Name   | •                        | Date Interest Accrued |  |   | a   |
|   | Street Address  |                          |                       |  |   |   |
| 2 | City  | State                    | ZIP                   | -                                      |   |   |
|   | Original Amount Borrowed  | Amount Still Outstanding |                       |  |   |   |
|   | Borrower Name Date Interest Accrued   |                          |                       |  |   |   |
|   | Street Address  | Street Address           |                       |  |   |   |
| 3 | City  | State                    | ZIP                   | _                                      |   |   |
|   | Original Amount Borrowed  | Amount Still Outstanding |                       |  |   |   |
|   | Borrower Name   |                          | Date Interest Accrued |  |   | 10 8  |
|   | Street Address  |                          |                       | _                                      |   |   |
| 4 | City  | State                    | ZIP                   |  |   |   |
|   | Original Amount Borrowed  | Amount Still Outstanding |                       |  | F 1   |   |
|   | Borrower Name   |                          | Date Interest Accrued |  |   |   |
|   | Street Address  |                          |                       |  | _   |   |
| 5 | City  | State                    | ZIP                   | , ———————————————————————————————————— | -   |   |
|   | Original Amount Borrowed  | Amount Still Outstanding |                       |  |   |   |
|   | Enter total only if last page of schedule<br>(transfer the total received this period to "Sur |                          |                       |  |   |   |

Schedule A(2)(d), page\_\_\_\_ of \_\_\_\_



SCHEDULE A(3)

### REBATES AND REFUNDS RECEIVED:

| / | Daver Iv   | of a mana et la m        |                             | Amount Rebated | Cumulative                   | Cumulative                    |
|---|--|--------------------------|-----------------------------|----------------|------------------------------|-------------------------------|
|   | Payor Information  |                          |                             | or Refunded    | Amount this Reporting Period | Amount this<br>Election Cycle |
|   | Payor Name   |                          | Date Rebate/Refund Received |                |                              |                               |
|   | Street Address   |                          |                             |                |                              |                               |
| 1 | City   | State                    | ZIP                         |                |                              |                               |
|   | City   | State                    | 217                         |                |                              |                               |
|   | Original Purchase Amount   | Reason for Refund/Rebate |                             |                |                              |                               |
|   | Payor Name   |                          | Date Rebate/Refund Received |                |                              |                               |
|   | Street Address   |                          |                             |                |                              |                               |
| 2 | City   | State                    | ZIP                         |                |                              |                               |
|   | Original Purchase Amount   | Reason for Refund/Rebate | <u>I</u>                    |                |                              |                               |
|   | Payor Name   |                          | Date Rebate/Refund Received |                |                              |                               |
|   | Street Address   |                          |                             |                |                              |                               |
| 3 | City   | State                    | ZIP                         |                | F                            |                               |
|   | Original Purchase Amount   | Reason for Refund/Rebate | I.                          |                |                              |                               |
|   | Payor Name   |                          | Date Rebate/Refund Received |                |                              |                               |
|   | Street Address   |                          |                             |                |                              |                               |
| 4 | City   | State                    | ZIP                         |                |                              |                               |
|   | Original Purchase Amount   | Reason for Refund/Rebate | <u>I</u>                    |                |                              |                               |
|   | Payor Name   |                          | Date Rebate/Refund Received |                |                              |                               |
|   | Street Address   | Street Address           |                             |                |                              |                               |
| 5 | City   | State                    | ZIP                         |                |                              |                               |
|   | Original Purchase Amount   | Reason for Refund/Rebate |                             |                |                              |                               |
|   | Enter total only if last page of schedule (transfer the total received this period to "Sum | mary of Receipts." I     | ine 3)                      |                |                              |                               |

Schedule A(3), page \_\_\_\_ of \_\_\_



SCHEDULE A(4)

### INTEREST ACCRUED ON COMMITTEE MONIES:

|  | 1  |  |
|--|--|--|
|  | Cumulative Amount this Reporting<br>Period | Cumulative Amount this Election<br>Cycle |
| Account with Interest Eamed (Bank Name / Type of Account)                        |  |  |
| Account with Interest Eamed (Bank Name / Type of Account)                        |  |  |
| Account with Interest Eamed (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)

| / | / |  | ributor Informatio    | n                                  | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|---|--|-----------------------|------------------------------------|-----------------|---|---|
|   |   | Name   |                       | Date In-Kind Contribution Received |                 |   |   |
|   | 1 | Street Address   |                       |                                    |                 |   |   |
|   | 1 | City   | State                 | ZIP                                |                 |   |   |
|   |   | Occupation   | Employer              |                                    |                 |   |   |
|   |   | Name   |                       | Date In-Kind Contribution Received |                 |   |   |
|   |   | Street Address   |                       |                                    |                 |   | ų.  |
|   | 2 | City   | State                 | ZIP                                |                 |   |   |
|   |   | Occupation   | Employer              |                                    |                 |   |   |
| r |   | Name   | ,                     | Date In-Kind Contribution Received |                 |   |   |
|   |   | Street Address   |                       |                                    |                 |   |   |
|   | 3 | City   | State                 | ZIP                                |                 |   | ·   |
|   |   | Occupation Employer  |                       |                                    |                 |   |   |
|   |   | Name   |                       | Date In-Kind Contribution Received |                 |   |   |
|   |   | Street Address   |                       |                                    |                 |   |   |
|   | 4 | City   | State                 | ZIP                                |                 |   |   |
|   |   | Occupation   | Employer              |                                    |                 |   |   |
| - | + | Name   |                       | Date In-Kind Contribution Received |                 |   |   |
|   |   | Street Address   |                       |                                    |                 |   |   |
|   | 5 | City   | State                 | ZIP                                |                 |   |   |
|   | - | Occupation   | Employer              |                                    |                 |   |   |
| - |   | Enter total only if last page of schedule (transfer the total received this period to "Sum | mary of Receipts," li | ine 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)(a), page\_\_\_\_ of \_\_\_



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<br>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 5(b)) |   |  |

Schedule A(5)(b), page\_\_\_\_ of \_\_\_\_

<sup>\*</sup>If contributions of more than \$100 are listed on Schedule A(5)(a), do not include them on Schedule A(5)(b).

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

SCHEDULE A(5)(c)

|   |  |                      |                                    | -               |   |   |
|---|--|----------------------|------------------------------------|-----------------|---|---|
| / | Individual Cont  | ributor Informatio   | n                                  | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|   | Name   |                      | Date In-Kind Contribution Received |                 |   |   |
|   | Street Address   | Street Address       |                                    |                 |   |   |
| 1 |  |                      |                                    |                 |   |   |
| İ | City   | State                | ZIP                                |                 |   |   |
|   | Occupation   | Employer             |                                    |                 |   |   |
|   | Name   |                      | Date In-Kind Contribution Received |                 |   |   |
|   | Street Address   |                      |                                    |                 |   |   |
| 2 | City   | State                | ZIP                                |                 |   |   |
|   | Occupation   | Employer             |                                    |                 |   |   |
|   | Name   | L                    | Date In-Kind Contribution Received |                 |   |   |
|   | Street Address   |                      |                                    |                 |   |   |
| 3 | City   | State                | ZIP                                |                 |   |   |
|   | Occupation   | Employer             |                                    |                 |   |   |
|   | Name Date In-Kind Contribution Received  |                      |                                    |                 |   |   |
|   | Street Address   |                      |                                    |                 |   |   |
| 4 | City   | State                | ZIP                                |                 |   |   |
|   | Occupation   | Employer             |                                    |                 |   |   |
|   | Name   |                      | Date In-Kind Contribution Received |                 |   |   |
|   | Street Address   |                      |                                    | ,               |   |   |
| 5 | City   | State                | ZIP                                |                 |   |   |
|   | Occupation   | Employer             |                                    |                 |   |   |
|   | Enter total only if last page of schedule (transfer the total received this period to "Sum | mary of Receipts." I | ine 5(c))                          |                 |   |   |

Schedule A(5)(c), page\_\_\_ of \_\_\_

IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

| _ |                     | Candidate Committee                                    | e Contributor Info        | rmation    | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|---------------------|--|---------------------------|------------|-----------------|---|---|
|   | Committee Name      |  |                           |            |                 |   |   |
|   | Street Address      | Street Address   |                           |            |                 |   |   |
|   |                     |  |                           |            |                 |   |   |
|   | City                | * ,  | State                     | ZIP        |                 |   |   |
|   | Committee ID Number |  | Date In-Kind Contribution | n Received |                 | ,   |   |
| F | Committee Name      |  |                           |            |                 |   |   |
|   |                     |  |                           |            | · ·             |   |   |
|   | Street Address      | Street Address   |                           |            |                 |   |   |
| 2 | City                |  | State                     | ZIP        |                 |   |   |
|   | Committee ID Number |  | Date In-Kind Contribution | n Received |                 |   |   |
| L |                     |  |                           |            |                 |   |   |
|   | Committee Name      |  |                           |            |                 |   |   |
|   | Street Address      |  |                           |            | -               |   |   |
|   | Street Address      |  |                           |            |                 |   |   |
| 3 | City                |  | State                     | ZIP        |                 |   |   |
|   | Gily                |  | State                     | 211        |                 |   |   |
|   | Committee ID Number | Ittee ID Number Date In-Kind Contribution Received     |                           |            | 1               |   |   |
| F | Committee Name      |  |                           |            |                 |   |   |
|   |                     |  |                           |            |                 |   |   |
|   | Street Address      |  |                           |            |                 |   |   |
| 4 | City                |  | State                     | ZIP        | -               | -   |   |
|   | City                |  | State                     | ZIF        |                 |   |   |
|   | Committee ID Number | ttee ID Number Date In-Kind Contribution Received      |                           |            |                 |   |   |
|   | Committee Name      |  |                           |            |                 |   |   |
|   | Street Address      | Street Address   |                           |            |                 |   |   |
|   |                     |  |                           |            |                 |   |   |
| 5 | City                | į  | State                     | ZIP        |                 |   |   |
|   | Committee ID Number |  | Date In-Kind Contribution | l Received |                 |   |   |
| _ |                     |  |                           |            |                 |   |   |
|   | 1                   | f last page of schedule<br>eceived this period to "Sum |                           |            |                 | · 7   |   |

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

Schedule A(5)(e), page\_\_\_\_ of \_\_\_



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

| _ | Political Party Co   | ontributor Informa        | tion       | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|---------------------------|------------|-----------------|---|---|
|   | Committee Name   |                           |            |                 |   | - 10  |
|   | Street Address   |                           |            |                 |   |   |
| 1 | City   | State                     | ZIP        | -               |   |   |
|   | Committee ID Number  | Date In-Kind Contribution | Received   |                 |   | *   |
|   | Committee Name   |                           |            |                 |   |   |
|   | Street Address   | 1                         |            |                 |   |   |
| 2 | City   | State                     | ZIP        |                 |   |   |
|   | Committee ID Number  | Date In-Kind Contribution | n Received |                 | e ;   |   |
|   | Committee Name   |                           |            | i               |   |   |
|   | Street Address   |                           |            |                 | -   |   |
| 3 | City   | State                     | ZIP        |                 |   |   |
|   | Committee ID Number  | Date In-Kind Contribution | Received   |                 |   |   |
|   | Committee Name   | ,                         |            |                 |   |   |
|   | Street Address   |                           |            | -               |   |   |
| 4 | City   | State                     | ZIP        |                 |   |   |
|   | Committee ID Number  | Date In-Kind Contribution | Received   |                 |   |   |
|   | Committee Name   |                           |            |                 |   |   |
|   | Street Address   | Street Address            |            |                 |   |   |
| 5 | City   | State                     | ZIP        |                 |   |   |
|   | Committee ID Number  | Date In-Kind Contribution | Received   | 2 2             |   |   |
|   | Enter total only if last page of schedule (transfer the total received this period to "Sum | mary of Receipts," li     | ine 5(f))  |                 |   | ,   |

Schedule A(5)(f), page\_\_\_\_ of \_\_\_\_



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

| / |  |                           |   | ¥   |  |  |
|---|--|---------------------------|---|---|--|--|
|   | Partnership Con  | Amount Received           | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>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 | n Received                                    |   |  |  |
|   | Partnership Name   |                           |   |   |  |  |
|   | Street Address   |                           |   |   |  |  |
| 3 | City   | State                     | ZIP   |   |  |  |
|   | Corporation Commission File Number   | Date In-Kind Contribution | n Received                                    |   |  |  |
|   | Partnership Name   | l                         |   |   |  |  |
|   | 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," I      |   |   |  |  |

Schedule A(5)(g), page\_\_\_ of \_\_\_



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

|   | Corporation / L   | LC Contributor Info             | ormation       | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|---|---------------------------------|----------------|-----------------|---|---|
|   | Corporation/LLC Name Fish N Gritz TV  |                                 |                | \$6,000         | \$6,000                                       | \$6,000                                     |
|   | Street Address<br>984 W Fairway Dr.   | Street Address                  |                |                 |   |   |
| 1 | City<br>Chandler AZ   | State<br>AZ                     | 85225          |                 |   |   |
|   | Corporation Commission File Number  | Date In-Kind Contribu<br>8/5/24 | ition Received |                 |   |   |
|   | Corporation/LLC Name  |                                 | 9              |                 | *   |   |
|   | Street Address  |                                 | x              | a               | ,   |   |
| 2 | City  | State                           | ZIP            |                 |   |   |
|   | Corporation Commission File Number  | Date In-Kind Contribu           | ution Received |                 |   |   |
| _ | Corporation/LLC Name  |                                 |                | 1               |   |   |
|   | Street Address  |                                 | · · · · ·      |                 | -   |   |
| 3 | City  | State                           | ZIP            |                 | -   |   |
|   | Corporation Commission File Number  Date In-Kind Contribution Received                |                                 |                |                 |   |   |
|   | Corporation/LLC Name  |                                 |                |                 | -   |   |
|   | Street Address  |                                 |                |                 |   |   |
| 4 | City  | State                           | ZIP            |                 | •   |   |
|   | Corporation Commission File Number  | Date In-Kind Contribu           | ution Received |                 |   |   |
| _ | Corporation A.L.C. Name   |                                 |                |                 | 2   |   |
|   | Street Address  |                                 |                |                 |   |   |
| 5 | City  | State                           | ZIP            |                 |   |   |
|   | Corporation Commission File Number  | Date In-Kind Contribu           | tion Received  |                 |   |   |
| _ | Enter total only if last page of sched<br>(transfer the total received this period to | lule                            | : " line 5(h)) | See Process     | \$6000  | \$6000                                      |

Schedule A(5)(h), page\_\_\_\_ of \_\_\_



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

| _ | Labor Organization   | Amount Received                    | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |  |  |
|---|--|------------------------------------|---|---|--|--|
|   | Labor Organization Name  |                                    |   |   |  |  |
|   | Street Address   |                                    |   |   |  |  |
| 1 | City   | State                              | ZIP   |   |  |  |
|   | Corporation Commission File Number   | Date In-Kind Contribution          | Received                                      |   |  |  |
|   | Labor Organization Name  |                                    |   |   |  |  |
|   | Street Address   |                                    |   |   |  |  |
| 2 | City   | State                              | ZIP   |   |  |  |
|   | Corporation Commission File Number   | Date In-Kind Contribution          | Received                                      |   |  |  |
|   | Labor Organization Name  |                                    |   |   |  |  |
|   | Street Address   |                                    |   |   |  |  |
| 3 | City   | State                              | ZIP   |   |  |  |
|   | Corporation Commission File Number   | Date In-Kind Contribution          | Received                                      |   |  |  |
|   | Labor Organization Name  |                                    |   |   |  |  |
|   | Street Address   |                                    |   |   |  |  |
| 4 | City   | State                              | ZIP   |   |  |  |
|   | Corporation Commission File Number   | Date In-Kind Contribution Received |   |   |  |  |
| _ | Labor Organization Name  |                                    |   |   |  |  |
|   | Street Address   | Street Address                     |   |   |  |  |
| 5 | City   | State                              | ZIP   |   |  |  |
|   | Corporation Commission File Number   | Date In-Kind Contribution          | Received                                      |   |  |  |
|   | Enter total only if last page of schedule (transfer the total received this period to "Sum | mary of Receipts," li              | ine 5(i))                                     |   |  |  |
|   |  |                                    |   |   |  |  |



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

SCHEDULE A(5)(j)

|   | Candidat                      | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |       |     |
|---|-------------------------------|-----------------|---|---|-------|-----|
|   | Name                          |                 | Date In-Kind Contribution Received            |   | =     |     |
|   | Street Address                |                 |   |   |       |     |
| 1 | City                          | State           | ZIP   |   |       |     |
|   | Asset or Property Contributed |                 |   |   | -     |     |
|   | Name .                        |                 | Date In-Kind Contribution Received            |   |       | · · |
|   | Street Address                | 1               |   |   |       |     |
| 2 | City                          | State           | ZIP   | -   | ÷ = = |     |
|   | Asset or Property Contributed |                 |   |   |       |     |
|   | Name                          |                 | Date In-Kind Contribution Received            |   |       |     |
|   | Street Address                |                 |   | -   | •     |     |
| 3 | City                          | State           | ZIP   |   |       |     |
|   | Asset or Property Contributed | ,               | ,<br>   |   |       |     |
|   | Name                          |                 | Date In-Kind Contribution Received            |   |       |     |
|   | Street Address                | Street Address  |   |   |       |     |
| 4 | City                          | State           | ZIP   | -   | · ·   |     |
|   | Asset or Property Contributed |                 |   |   |       |     |
|   | Name                          |                 | Date In-Kind Contribution Received            |   |       |     |
|   | Street Address                | Street Address  |   |   |       |     |
| 5 | City                          | State           | ZIP   |   |       |     |
|   | Asset or Property Contributed |                 |   |   |       |     |

Schedule A(5)(j), page\_\_\_\_ of \_\_\_



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

SCHEDULE A(6)

|   | ,                    |   |                                |                                |                   |   |   |
|---|----------------------|---|--------------------------------|--------------------------------|-------------------|---|---|
|   | Source Information A |   |                                |                                |                   | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|   |                      | Name  | Date In-Kind Donation Received | 9                              | Troporting Ferrod | Election Cycle                                |   |
|   |                      | Street Address  |                                |                                |                   |   |   |
|   | 1                    | City  | State                          | ZIP                            |                   |   |   |
|   |                      | Type of Item Donated  | L                              |                                | -                 |   |   |
|   |                      | Name  |                                | Date In-Kind Donation Received |                   |   |   |
|   | 2                    | Street Address  |                                |                                |                   |   |   |
| 1 |                      | City  | State                          | ZIP                            |                   |   |   |
|   |                      | Type of Item Donated  |                                |                                |                   | 4   |   |
|   |                      | Name  |                                | Date In-Kind Donation Received |                   |   |   |
|   | 3                    | Street Address  |                                |                                |                   |   |   |
|   |                      | City  | State                          | ZIP                            |                   |   |   |
|   |                      | Type of Item Donated  Name  |                                |                                |                   |   |   |
|   |                      | Street Address  |                                |                                |                   |   |   |
| 4 | 4                    |   |                                |                                |                   |   |   |
|   |                      | City  | State                          | ZIP                            |                   |   |   |
|   |                      | Type of Item Donated  |                                |                                |                   |   |   |
|   |                      | Name  |                                | Date In-Kind Donation Received |                   |   |   |
| 5 |                      | Street Address  |                                |                                |                   |   |   |
|   |                      | City  | State                          | ZIP                            |                   |   |   |
|   |                      | Type of Item Donated  |                                |                                |                   |   |   |
| L |                      | Enter total only if last page of schedule (transfer the total received this period to "Sumr | mary of Receipts," li          | ine 6)                         |                   |   |   |
|   | \                    |   |                                | dule A(6), page of             |                   |   |   |



EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

|   | Creditor   | Information                 |                             | Amount of Credit<br>Extended | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|-----------------------------|-----------------------------|------------------------------|---|---|
|   | Name   | 1                           |                             |                              |   | 7   |
|   | Street Address   |                             |                             | -                            |   |   |
| 1 | City   | State                       | ZIP                         | _                            |   |   |
|   | Services or Goods Provided on Credit   |                             | Date of Extension of Credit |                              | * · · · *                                     | d   |
|   | Name   | 2                           |                             |                              |   |   |
| 1 | Street Address   |                             | ,                           |                              |   | - 1   |
| 2 | City   | State                       | ZIP                         | 272                          |   |   |
|   | Services or Goods Provided on Credit   | Date of Extension of Credit |                             |                              |   |   |
|   | Name   |                             | ,                           |                              |   |   |
|   | Street Address   |                             |                             |                              |   |   |
| 3 | City   | State                       | ZIP                         |                              |   |   |
|   | Services or Goods Provided on Credit Date of Extension of Credit                           |                             |                             |                              |   |   |
| r | Name   |                             |                             |                              |   |   |
|   | Street Address   | ,                           |                             |                              |   |   |
| 4 | City   | State                       | ZIP                         |                              |   |   |
|   | Services or Goods Provided on Credit   |                             | Date of Extension of Credit |                              |   |   |
|   | Name   |                             | ~                           |                              |   |   |
|   | Street Address   |                             | ,                           |                              |   |   |
| 5 | City   | State                       | ZIP                         |                              | _   |   |
|   | Services or Goods Provided on Credit  Date of Extension of Credit                          |                             |                             |                              |   |   |
|   | Enter total only if last page of schedule (transfer the total received this period to "Sum | mary of Receipts," I        | ine 7(a))                   | = .                          | - 100 J -                                     |   |

Schedule A(7)(a), page\_\_\_\_ of \_\_\_\_



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

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

Schedule A(7)(b), page\_\_\_\_ of \_\_\_\_



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

| / | Payor C   | committee Informat        | ion                   | Payment Amount                            | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|---|---------------------------|-----------------------|---|---|---|
| 1 | Committee Name  |                           | Payment Date          |   |   |   |
|   | Street Address  |                           |                       |   |   |   |
|   | City  | State                     | ZIP                   | N. T. |   |   |
|   | Date of Joint Fundraising Event (if applicable)  Type of Shared Expense (if applicable) |                           | pense (if applicable) | 1   |   |   |
| 2 | Committee Name  | 1                         | Payment Date          |   |   |   |
|   | Street Address  |                           |                       | ,   |   | 7 0   |
|   | 2 City  | State                     | ZIP                   | 1   |   |   |
|   | Date of Joint Fundraising Event (if applicable)   | Type of Shared Exp        | pense (if applicable) |   | - ,   |   |
| _ | Committee Name  | - 1<br>1                  | Payment Date          |   |   |   |
| 3 | Street Address  |                           |                       |   | -   |   |
|   | 3 City  | State                     | ZIP                   | x = 2 = 1                                 | -   |   |
|   | Date of Joint Fundraising Event (if applicable)   | Type of Shared Exp        | pense (if applicable) |   | P   |   |
|   | Committee Name  |                           | Payment Date          |   |   |   |
| 4 | Street Address  |                           |                       |   | = -   |   |
|   | City  | State                     | ZIP                   |   |   |   |
|   | Date of Joint Fundraising Event (if applicable)   | Type of Shared Exp        | ense (if applicable)  |   |   |   |
|   | Committee Name  |                           | Payment Date          |   |   |   |
| 5 | Street Address  |                           |                       |   |   |   |
|   | City  | State                     | ZIP                   |   |   |   |
|   | Date of Joint Fundraising Event (if applicable)   | Type of Shared Exp        | ense (if applicable)  |   |   |   |
|   |   |                           |                       |   |   |   |
|   | Enter total only if last page of scheol (transfer the total received this period to     | ule<br>"Summary of Receip | ts," line 8)          | A second                                  | A Part Comment                                |   |



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

|   | Payor Iı  | nformation |              | Payment Amount | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>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 "Sumi | ine Q)     |              |                |   |   |

Schedule A(9), page\_\_\_\_ of \_\_\_\_



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

|   | Info   | rmation              |                        | Amount | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|----------------------|------------------------|--------|---|---|
|   | Name Street Address  |                      |                        |        |   |   |
| 1 | City   | State                | ZIP                    | _      |   |   |
|   | Type of Account Receivable or Debt Owed  |                      | Date that Debt Accrued |        |   |   |
|   | Name   |                      |                        |        |   |   |
|   | Street Address   | Address              |                        |        |   |   |
| 2 | City   | State                | ZIP                    |        |   |   |
|   | Type of Account Receivable or Debt Owed  | 1                    | Date that Debt Accrued |        |   |   |
|   | Name   | -                    |                        |        |   |   |
|   | Street Address   |                      |                        |        |   |   |
| 3 | City   | State                | ZIP                    |        |   |   |
|   | Type of Account Receivable or Debt Owed  |                      | Date that Debt Accrued |        |   |   |
|   | Name   |                      |                        |        |   |   |
|   | Street Address   | 9                    |                        |        |   |   |
| 4 | City   | State                | ZIP                    |        |   |   |
|   | Type of Account Receivable or Debt Owed  |                      | Date that Debt Accrued |        |   |   |
|   | Name   | Name                 |                        |        |   |   |
| 5 | Street Address   | ,                    |                        |        |   |   |
|   | City   | State                | ZIP                    | _      |   | ,   |
|   | Type of Account Receivable or Debt Owed  |                      | Date that Debt Accrued |        |   |   |
|   | Enter total only if last page of schedule (transfer the total received this period to "Sum | mary of Receipts," I | line 10)               |        |   |   |



TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

|   | I                                       | 1  |
|---|---|--|
|   | Cumulative Amount this Reporting Period | Cumulative Amount this Election<br>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)

|   |   |                          |              |         | 4   |   |
|---|---|--------------------------|--------------|---------|---|---|
| _ | Source  | e Information            |              | Amount  | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|   | Name  | a v                      |              | - · · · |   |   |
|   | Street Address  |                          |              | 1/6     |   |   |
| 1 | City  | State                    | ZIP          | = 1     |   |   |
|   | Receipt Type  |                          | Receipt Date |         | -   |   |
|   | Name ·  |                          |              |         |   |   |
|   | Street Address  |                          |              |         |   |   |
| 2 | City  | State                    | ZIP          |         |   |   |
|   | Receipt Type  |                          | Receipt Date | 22.00   |   |   |
|   | Name  |                          |              |         |   |   |
|   | Street Address  |                          |              |         |   |   |
| 3 | City .  | State                    | ZIP          |         |   |   |
|   | Receipt Type  |                          |              |         |   |   |
|   | Name  | <u> </u>                 |              |         |   |   |
|   | Street Address  |                          |              |         |   |   |
| 4 | City  | State                    | ZIP          |         |   |   |
|   | Receipt Type  | 2.0                      | 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 "Su | e<br>Immary of Receipts, | ," line 12)  |         |   | 7 18  |



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

|   |                                      |                           | •                                     |                    |   |  |
|---|--------------------------------------|---------------------------|---------------------------------------|--------------------|---|--|
| / |                                      | Recipient Information     |                                       | Amount Paid        | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount thi<br>Election Cycle |
|   | Times Media                          | Disbursement Date 7/15/24 |                                       | \$1,265.12         | \$2230.24                                     | \$4151.48                                  |
|   | Street Address<br>1900 W Broadway Rd |                           |                                       |                    |   |  |
| 1 | City                                 | State<br>AZ               | ZIP<br>85282                          |                    |   |  |
|   | Type of Operating Expense Paid       | Non-Electoral Purpos      | se? (PACs and Political Parties Only) |                    |   |  |
|   | Name<br>Times Media                  | Disbursement Date 7/18/24 |                                       | \$965.12           | \$2230.24                                     | \$4151.48                                  |
| 2 | Street Address 1900 W Broadway Rd    |                           |                                       |                    |   |  |
|   | city<br>Tempe                        | State<br>AZ               | ZIP<br>85282                          |                    |   |  |
|   | Type of Operating Expense Paid       | Non-Electoral Purpos      | se? (PACs and Political Parties Only) | <ul><li></li></ul> |   |  |
|   | Name                                 | Disbursement Date         |                                       |                    |   |  |
|   | Street Address                       |                           |                                       |                    |   |  |
| 3 | City                                 | State                     | ZIP                                   |                    |   |  |
|   | Type of Operating Expense Paid       | Non-Electoral Purpos      | se? (PACs and Political Parties Only) | □ Cash □ Credit    |   |  |
|   | Name                                 |                           |                                       |                    |   |  |
|   | Street Address                       |                           |                                       |                    |   |  |
| 4 | City                                 | State                     | ZIP                                   |                    |   |  |
|   | Type of Operating Expense Paid       |                           | se? (PACs and Political Parties Only) | ☐ Cash☐ Credit     |   |  |
|   | Name                                 | Disbursement Date         | Disbursement Date                     |                    |   |  |
|   | Street Address                       | Street Address            |                                       |                    |   |  |
| 5 | City                                 | State                     | ZIP                                   | ☐ Cash             |   |  |
|   | Type of Operating Expense Paid       | Non-Electoral Purpos      | ee? (PACs and Political Parties Only) | □ Credit           |   |  |
|   |                                      |                           |                                       |                    |   |  |

Schedule B(1), page\_\_\_\_ of \_\_\_



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

| / | (1)  | Committee R              | ecipient Infor      | Amount<br>Contributed | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount thi<br>Election Cycle |        |
|---|--|--------------------------|---------------------|-----------------------|---|--|--------|
|   | Committee Name Street Address              |                          |                     |                       |   |  |        |
| 1 | -  |                          | 1                   | e                     |   |  |        |
| 1 | City                                       | Sta                      | te .                | ZIP                   | □ Cash  |  |        |
|   | Committee ID Number Date Contribution Made |                          |                     |                       | □ Credit                                      |  |        |
|   | Committee Name                             |                          |                     |                       | 4   |  |        |
| 2 | Street Address                             |                          |                     |                       |   |  |        |
|   | City                                       | Sta                      | te                  | ZIP                   | □ Cook  |  |        |
|   | Committee ID Number                        | Dat                      | e Contribution Made |                       | □ Cash  | ☐ Cash☐ Credit                             |        |
|   | Committee Name                             |                          |                     |                       |   |  |        |
|   | Street Address                             | 1                        |                     |                       |   |  |        |
|   | City                                       | Sta                      | te                  | ZIP                   | □ Cash  |  |        |
|   | Committee ID Number Date Contribution Made |                          |                     |                       | □ Credit                                      |  |        |
|   | Committee Name                             |                          |                     |                       | 11.04   |  |        |
|   | Street Address                             |                          |                     |                       |   | ,  |        |
| 1 | City                                       | Sta                      | te                  | ZIP                   | ☐ Cash  |  |        |
|   | Committee ID Number                        | Date Contribution Made   |                     |                       | □ Credit                                      |  |        |
|   | Committee Name                             |                          |                     |                       |   |  |        |
|   | Street Address                             |                          |                     |                       |   |  |        |
|   | City                                       | , State ZIP              |                     | □ Cash                |   |  |        |
|   | Committee ID Number                        | Date                     | e Contribution Made |                       | □ Credit                                      |  |        |
|   | Enter total only if last page of a         | schedule eriod to "Summa | rv of Disbursen     | nents," line 2(a))    |   |  | les no |

MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

| / | Political Action Comm  | nittee Recipient Int   | Amount<br>Contributed | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |  |  |
|---|--|------------------------|-----------------------|---|---|--|--|
|   | Committee Name   |                        |                       |   |   |  |  |
|   | Street Address   |                        |                       |   |   |  |  |
|   | City   | State                  | ZIP                   | _ □ Cash                                      |   |  |  |
|   | Committee ID Number  | Date Contribution Made |                       | ☐ Credit                                      |   |  |  |
|   | Committee Name   |                        |                       |   |   |  |  |
| _ | Street Address   |                        |                       |   |   |  |  |
| 2 | 2 City   | State                  | ZIP                   | □ Cash  |   |  |  |
|   | Committee ID Number  |                        | ☐ Credit              |   |   |  |  |
|   | Committee Name   | 4                      |                       |   |   |  |  |
|   | Street Address   |                        |                       |   |   |  |  |
| 3 | City   | State                  | ZIP                   | -<br>□ Cash                                   |   |  |  |
|   | Committee ID Number  | Date Contribution Made |                       | ☐ Credit                                      |   |  |  |
|   | Committee Name   |                        |                       |   |   |  |  |
|   | Street Address   |                        |                       |   |   |  |  |
| 4 | City   | State                  | ZIP                   | -<br>□ Cash                                   |   |  |  |
|   | Committee ID Number  | Date Contribution Made |                       | ☐ Credit                                      |   |  |  |
|   | Committee Name   |                        |                       |   |   |  |  |
|   | Street Address   |                        |                       | -   |   |  |  |
| 5 | City   | State                  | ZIP                   |   |   |  |  |
|   | Committee ID Number  | □ Cash<br>□ Credit     |                       |   |   |  |  |
| _ | Enter total only if last page of schedule (transfer the total disbursed this period to "St | Immary of Disbursen    | ments," line 2(b))    |   |   |  |  |
|   | (mansier the lotal dispulsed this period to Si   |                        | edule B(2)(b), pageo  | f   |   |  |  |



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

|   | Political Party   | Recipient Informa      | ation              | Amount<br>Contributed | Cumulative Amount this Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|---|------------------------|--------------------|-----------------------|---|---|
|   | Committee Name  |                        |                    |                       | 8                                       |   |
|   | Street Address  |                        |                    |                       |   |   |
| 1 | City  | State                  | ZIP                |                       |   |   |
|   | Committee ID Number   | Date Contribution Made | 3                  | □ Cash □ Credit       | elet                                    |   |
|   | Committee Name  |                        |                    |                       | -                                       |   |
|   | Street Address  | ×                      |                    |                       |   |   |
| 2 | City  | State                  | ZIP                | □ Cook                |   |   |
|   | Committee ID Number   | Date Contribution Made | е                  | ☐ Cash☐ Credit        |   |   |
|   | Committee Name  |                        |                    |                       |   |   |
|   | Street Address  | . ;                    |                    |                       |   |   |
| 3 | City  | State                  | ZIP                | - Cook                |   |   |
|   | Committee ID Number   | Date Contribution Made | 3                  | □ Cash □ Credit       | -                                       |   |
| _ | Committee Name  |                        |                    |                       |   |   |
|   | Street Address  |                        |                    | es II                 |   |   |
| 4 | City  | State                  | ZIP                | □ Cash                |   |   |
|   | Committee ID Number   | Date Contribution Made |                    | □ Cash                |   |   |
|   | Committee Name  |                        |                    |                       |   |   |
|   | Street Address  |                        |                    |                       |   |   |
| 5 | City  | State                  | ZIP                | □ Cash                |   |   |
|   | Committee ID Number   | Date Contribution Made |                    | □ Cash                |   |   |
| 1 | Enter total only if last page of schedule (transfer the total disbursed this period to "S | e Dishuras             | monto " lino 2(a)) | Disc age.             |   |   |



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

|   | Partners   | hip Recipient Informatio | Amount<br>Contributed | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |  |
|---|--|--------------------------|-----------------------|---|---|--|
|   | Partnership Name   |                          |                       |   |   |  |
|   | Street Address   |                          |                       |   |   |  |
| 1 | City   | State                    | ZIP                   | □ Cash  |   |  |
|   | Corporation Commission File Number   | Date Contribution Made   |                       | ☐ Credit                                      |   |  |
| 1 | Partnership Name   |                          |                       |   |   |  |
|   | Street Address   |                          |                       | e   |   |  |
| 2 | City   | State                    | ZIP                   | □ Cash  |   |  |
|   | Corporation Commission File Number   | Date Contribution Made   |                       | □ Credit                                      |   |  |
| 1 | Partnership Name   |                          |                       |   |   |  |
|   | Street Address   |                          |                       |   |   |  |
| 3 | City   | State                    | ZIP                   | □ Cash  |   |  |
|   | Corporation Commission File Number   | Date Contribution Made   |                       | □ Credit                                      |   |  |
|   | Partnership Name   |                          |                       |   |   |  |
|   | Street Address   |                          |                       |   |   |  |
| 4 | City   | State                    | ZIP                   | □ Cash  |   |  |
|   | Corporation Commission File Number   | Date Contribution Made   |                       | ☐ Credit                                      |   |  |
|   | Partnership Name   |                          |                       |   |   |  |
|   | Street Address   |                          |                       |   |   |  |
| 5 | City   | State                    | ZIP                   | □ Cook  |   |  |
|   | Corporation Commission File Number   | Date Contribution Made   |                       | □ Cash □ Credit                               |   |  |
| _ | Enter total only if last page of sch<br>(transfer the total disbursed this perio | nedule                   |                       |   |   |  |

MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

|   | Corporation /  | LLC Recipient In                                    | formation              | Amount<br>Contributed | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|---|------------------------|-----------------------|---|---|
|   | Corporation/LLC Name   |   |                        |                       |   |   |
|   | Street Address   |   |                        |                       |   |   |
| 1 | City   | State   | ZIP                    | □ Cash                |   |   |
|   | Corporation Commission File Number   | Date Contribution                                   | Made                   | □ Credit              |   |   |
|   | Corporation/LLC Name   |   |                        |                       |   | pr est                                      |
|   | Street Address   |   |                        |                       |   |   |
| 2 | City   | State   | ZIP                    | 9.1                   |   |   |
|   | Corporation Commission File Number   | Date Contribution                                   | Made                   | □ Cash □ Credit       | Cash Credit                                   |   |
| 3 | Corporation/LLC Name   |   |                        |                       |   |   |
|   | Street Address   |   |                        |                       |   |   |
|   | City   | State   | ZIP                    | - ul                  |   |   |
|   | Corporation Commission File Number   | ion Commission File Number Date Contribution Made   |                        |                       |   |   |
| _ | Corporation/LLC Name   | Corporation/LLC Name                                |                        |                       |   |   |
|   | Street Address   |   |                        |                       |   |   |
| 1 | City   | State   | ZIP                    |                       |   |   |
|   | Corporation Commission File Number   | Date Contribution                                   | Made                   | □ Cash □ Credit       |   |   |
| _ | Corporation/LLC Name   | Corporation/LLC Name                                |                        |                       |   | 71-   |
|   | Street Address   |   |                        |                       | ,   |   |
| i | City   | State   | ZIP                    |                       |   |   |
|   | Corporation Commission File Number   | ation Commission File Number Date Contribution Made |                        | □ Cash □ Credit       |   |   |
| _ | Enter total only if last page of sched<br>(transfer the total disbursed this period to | ule<br>"Summary of Disbu                            | ursements," line 2(e)) | , T                   | 101   |   |

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

| 1-1   | " D !! !!!   | Ċ  | Amount  | Cumulative   | Cumulative   |
|---|--|--|---|--|--|
|   | ration Recipient Inform  | Contributor  | Amount this Reporting Period  | Amount this<br>Election Cycle  |  |
| Labor Organization Name                                   |  |  |   |  |  |
| Street Address  |  |  |   |  |  |
| City  | State  | ZIP  |   |  |  |
| Corporation Commission File Number                        | Date Contribution Made   |  | □ Cash □ Credit   |  |  |
| Labor Organization Name                                   |  |  |   |  |  |
| Street Address  |  |  |   |  |  |
| City  | State  | ZIP  |   |  |  |
| Corporation Commission File Number                        | Date Contribution Made   |  | □ Cash □ Credit   |  |  |
| Labor Organization Name                                   |  |  |   |  |  |
| Street Address  |  |  |   |  |  |
| City  | State  | ZIP  |   |  |  |
| Corporation Commission File Number                        | □ Cash □ Credit  |  |   |  |  |
| Labor Organization Name                                   |  |  |   |  |  |
| Street Address  |  |  |   |  |  |
| City  | State  | ZIP  | 4   |  |  |
| Corporation Commission File Number                        | Date Contribution Made   |  | □ Cash □ Credit   |  |  |
| Labor Organization Name                                   |  |  |   |  |  |
| Street Address  |  |  |   |  |  |
| City  | State  | ZIP  |   |  |  |
| Corporation Commission File Number Date Contribution Made |  |  | □ Cash □ Credit   |  |  |
| Enter total only if last page of sche                     | dule   | ments." line 2(f))   |   |  |  |
|   | Labor Organization Name  Street Address  City  Corporation Commission File Number  Labor Organization Name  Street Address  City  Corporation Commission File Number  Labor Organization Name  Street Address  City  Corporation Commission File Number  Labor Organization Name  Street Address  City  Corporation Commission File Number  Labor Organization Name  Street Address  City  Corporation Commission File Number  Labor Organization Name | Labor Organization Name  Street Address  City State  Corporation Commission File Number Date Contribution Made  Labor Organization Name  Street Address  City State  Corporation Commission File Number Date Contribution Made  Labor Organization Name  Street Address  City State  City State  Corporation Commission File Number Date Contribution Made  Labor Organization Name  Street Address  City State  Corporation Commission File Number Date Contribution Made  Labor Organization Name  Street Address  City State  Corporation Commission File Number Date Contribution Made  Labor Organization Name  Street Address  City State  Corporation Commission File Number Date Contribution Made | Street Address  City State ZIP  Corporation Commission File Number Date Contribution Made  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Made  Labor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Made  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Made  Labor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Made  Labor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Made | Labor Organization Name  Street Address  City   State   Zip   Cash   Credit    Corporation Commission File Number   Date Contribution Made   Credit    Labor Organization Name  Street Address  City   State   Zip   Cash   Credit    Corporation Commission File Number   Date Contribution Made   Credit    Labor Organization Name  Street Address  City   State   Zip   Cash   Credit    Labor Organization Name  Street Address  City   State   Zip   Cash   Credit    Labor Organization Name  Street Address  City   State   Zip   Cash   Credit    Labor Organization Name  Street Address  City   State   Zip   Cash   Credit    Labor Organization Name  Street Address  City   State   Zip   Cash   Credit    Labor Organization Name  Street Address  City   State   Zip   Cash   Credit    Labor Organization Name  Street Address  City   State   Zip   Cash   Credit    Corporation Commission File Number   Date Contribution Made   Credit    Cash   Credit    Cash   Credit    Cash   Credit    Cash   Credit    Corporation Commission File Number   Date Contribution Made   Credit    Corporation Commission File Number   Date C | Labor Organization Recipient Information Contributor Contributor Reporting Period  Labor Organization Name  Stood Address  City State Organization Name  Stood Address  City State Organization Name  Corporation Commission File Namber  Date Contribution Made  City Organization Name  Corporation Commission File Namber  Date Contribution Made  City Organization Name  



CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

| / | Cont                 | ributor Informatio | n                             | Amount Refunded | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|----------------------|--------------------|-------------------------------|-----------------|---|---|
|   | Committee Name       |                    | Date Refund Received          |                 |   |   |
|   | Street Address       |                    |                               |                 |   |   |
| 1 | City                 | State              | ZIP                           |                 |   |   |
|   | Committee ID Number  |                    | Date of Original Contribution |                 | -0  |   |
| _ | Committee Name       |                    | Date Refund Received          |                 |   |   |
|   | Street Address       |                    |                               |                 | , =   |   |
| 2 |                      |                    |                               |                 |   |   |
| ۷ | City                 | State              | ZIP                           |                 |   |   |
|   | Committee ID Number  |                    | Date of Original Contribution |                 |   |   |
| 1 | Committee Name       |                    | Date Refund Received          |                 |   |   |
|   | Street Address       | -                  |                               |                 |   |   |
| 3 | City                 | State              | ZIP                           |                 |   |   |
|   | Committee ID Number  |                    | Date of Original Contribution |                 |   |   |
|   | Committee Name       |                    | Date Refund Received          |                 |   |   |
|   | Street Address       |                    |                               |                 |   |   |
| 4 | City                 | State              | ZIP                           |                 |   |   |
|   | Committee ID Muselon |                    | Date of Original Contribution |                 |   |   |
|   | Committee ID Number  |                    | Date of Original Communion    |                 |   |   |
|   | Committee Name       |                    | Date Refund Received          |                 | 3   |   |
|   | Street Address       |                    | •                             | 1               |   |   |
| 5 | City                 | State              | ZIP                           |                 |   |   |
|   | Committee ID Number  |                    | Date of Original Contribution |                 | -   |   |

Schedule B(2)(h), page\_\_\_\_ of \_\_\_\_



LOANS MADE:

SCHEDULE B(3)(a)

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



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

| / |                | Guarantor Information         | n      | ×  | Amount     | Cumulative<br>Amount this | Cumulative<br>Amount this |
|---|----------------|-------------------------------|--------|----|------------|---------------------------|---------------------------|
|   |                | Guarantoi informatio          |        |    | Guaranteed | Reporting Period          | Election Cycle            |
|   | Guarantor Name |                               |        |    |            |                           |                           |
|   | Street Address |                               | s:     |    |            | ,                         |                           |
| 1 | City           | State                         | ZIP    |    | · · ·      |                           |                           |
|   | Borrower Name  | Date Loan Guara               | nteed  |    |            |                           |                           |
|   | Guarantor Name |                               |        | 18 |            |                           | 17                        |
|   | Street Address |                               | 1      |    |            |                           |                           |
| 2 | City           | State                         | ZIP    |    | -          |                           |                           |
|   | Borrower Name  | Date Loan Guar                | anteed | ,  |            |                           |                           |
|   | Guarantor Name |                               |        |    |            |                           |                           |
|   | Street Address |                               |        |    |            |                           |                           |
| 3 | City           | State                         | ZIP    |    |            |                           |                           |
|   | Borrower Name  | Date Loan Guard               | anteed |    | £1.55      |                           |                           |
|   | Guarantor Name |                               |        |    |            |                           |                           |
|   | Street Address |                               |        |    |            | -                         |                           |
| 4 | City           | State                         | ZIP    |    |            |                           |                           |
|   | Borrower Name  | Date Loan Guara               | anteed |    |            |                           |                           |
|   |                | wer Name Date Loan Guaranteed |        |    |            |                           |                           |
|   | Guarantor Name |                               |        |    |            |                           |                           |
| _ | Street Address |                               |        |    |            |                           |                           |
| 5 | City           | State                         | ZIP    |    |            | X.                        |                           |
|   | Borrower Name  | Date Loan Guara               | anteed |    |            |                           |                           |

Schedule B(3)(b), page\_\_\_\_ of \_\_\_\_



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

|   |   |                          |                       |                 | Cumulative                   | Cumulative  |
|---|---|--------------------------|-----------------------|-----------------|------------------------------|-------------|
| _ | Borrowe   | Information              |                       | Amount Forgiven | Amount this Reporting Period | Amount this |
|   | Borrower Name   |                          | Date Forgiveness Made |                 |                              |             |
|   | Charles the Marie   |                          |                       |                 |                              |             |
|   | Street Address  | Street Address           |                       |                 |                              |             |
| 1 | City  | State                    | ZIP                   |                 |                              |             |
|   |   |                          |                       |                 |                              |             |
|   | Original Amount of Loan   | Amount Still Outstanding |                       |                 |                              |             |
|   |   |                          |                       |                 |                              |             |
|   | Borrower Name   |                          | Date Forgiveness Made |                 |                              |             |
|   | Street Address  |                          |                       |                 |                              |             |
|   |   |                          |                       |                 |                              |             |
| 2 | City  | State                    | ZIP                   |                 |                              |             |
|   |   |                          |                       |                 |                              |             |
|   | Original Amount of Loan   | Amount Still Outstanding |                       |                 |                              |             |
| _ |   |                          |                       |                 |                              |             |
|   | Borrower Name   |                          | Date Forgiveness Made |                 |                              |             |
|   | Street Address  |                          |                       | -               |                              |             |
|   |   |                          |                       |                 |                              |             |
| 3 | City  | State                    | ZIP                   |                 |                              |             |
|   |   |                          |                       |                 |                              |             |
|   | Original Amount of Loan   | Amount Still Outstanding |                       |                 |                              |             |
|   | Borrower Name   | l                        | Date Forgiveness Made |                 |                              |             |
|   |   |                          |                       |                 |                              |             |
|   | Street Address  |                          |                       |                 |                              |             |
| 4 | Ch.   | T                        |                       |                 |                              |             |
|   | City  | State                    | ZIP                   |                 |                              |             |
|   | Original Amount of Loan   | Amount Still Outstanding |                       |                 |                              |             |
|   |   |                          |                       |                 |                              |             |
|   | Borrower Name   |                          | Date Forgiveness Made |                 |                              |             |
|   |   |                          |                       |                 |                              |             |
|   | Street Address  |                          |                       |                 |                              |             |
| 5 | City  | State                    | ZIP                   |                 |                              |             |
|   |   | S.M.O                    | 4-11                  |                 |                              |             |
|   | Original Amount of Loan   | Amount Still Outstanding |                       |                 |                              |             |
|   |   |                          | 9                     |                 |                              |             |
|   | Enter total only if last page of schedule (transfer the total disbursed this period to "Sur | amon, of Di-l-           |                       |                 |                              |             |
|   | transier the total dispursed this period to "Sur  | ninary of Disbursen      | nents, line 3(c))     |                 |                              |             |

Schedule B(3)(c), page\_\_\_\_ of \_\_\_\_



REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

|   | Lende                    | r Information            |                     | Amount Repaid | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--------------------------|--------------------------|---------------------|---------------|---|---|
|   | Lender Name              |                          | Date Repayment Made |               |   |   |
|   | Street Address           | Street Address           |                     |               |   |   |
| 1 | City                     | State                    | ZIP                 |               | ,   |   |
|   | Original Amount Borrowed | Amount Still Outstandin  | ng                  |               |   |   |
|   | Lender Name              |                          | Date Repayment Made |               |   |   |
|   | Street Address           |                          |                     |               |   |   |
| 2 | City                     | State                    | ZIP                 |               |   |   |
|   | Original Amount Borrowed | Amount Still Outstandin  | ng ·                |               |   |   |
|   | Lender Name              |                          | Date Repayment Made |               |   | - 2   |
|   | Street Address           |                          |                     |               | ,   |   |
| 3 | City                     | State                    | ZIP                 |               | 5   |   |
|   | Original Amount Borrowed | Amount Still Outstandin  | g                   |               |   |   |
| _ | Lender Name              |                          | Date Repayment Made |               |   | 1-179                                       |
|   | Street Address           | ļ.                       |                     |               |   |   |
| 4 | City                     | State                    | ZIP                 |               |   |   |
|   | Original Amount Borrowed | Amount Still Outstandin  | g                   | _             |   |   |
|   |                          |                          |                     |               |   |   |
|   | Lender Name              | <u> </u> -               | Date Repayment Made |               |   |   |
| 5 |                          | Street Address           |                     |               |   |   |
|   | City                     | State                    | ZIP                 |               |   |   |
|   | Original Amount Borrowed | Amount Still Outstanding | g                   |               |   |   |

Schedule B(3)(d), page\_\_\_\_ of \_\_\_\_



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

| _ |  | nformation               |                       | Amount of Interest<br>Accrued | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|--------------------------|-----------------------|-------------------------------|---|---|
|   | Lender Name  | Date Interest Accrued    | *                     |                               |   |   |
|   | Street Address   |                          |                       |                               |   |   |
| 1 | City   | State                    | ZIP                   |                               |   |   |
|   | Original Amount Borrowed   | Amount Still Outstanding |                       |                               |   |   |
|   | Lender Name  |                          | Date Interest Accrued |                               |   |   |
|   | Street Address   |                          |                       |                               |   |   |
| 2 | City   | State                    | ZIP                   |                               |   |   |
|   | Original Amount Borrowed   | Amount Still Outstanding |                       |                               |   |   |
|   | Lender Name  |                          | Date Interest Accrued |                               |   |   |
|   | Street Address   |                          | L                     |                               |   |   |
| 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  | L                        | Date Interest Accrued |                               |   |   |
|   | Street Address   | Street Address           |                       |                               |   |   |
| 5 | City   | State                    | ZIP                   |                               |   |   |
|   | Original Amount Borrowed   | Amount Still Outstanding |                       |                               |   |   |
|   | Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Sur | nmary of Disbursen       | nents," line 3(e))    |                               |   |   |

Schedule B(3)(e), page\_\_\_\_ of \_\_\_\_



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

| / | Rec   | sipient Information             | - 4                       | Amount Rebated /<br>Refunded | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|---|---------------------------------|---------------------------|------------------------------|---|---|
|   | Name of Original Payor  | Date Rebate/Refund Made         |                           |                              |   |   |
|   | Street Address  |                                 |                           |                              |   |   |
| 1 | City  | State                           | ZIP                       |                              |   |   |
|   | Corporation Commission File Number (if applicable)                              | Original Payment Amount         | Date of Original Payment  |                              |   |   |
|   | Name of Original Payor  |                                 | Date Rebate/Refund Made   |                              |   |   |
|   | Street Address  |                                 |                           |                              |   |   |
| 2 | City  | State                           | ZIP                       |                              |   |   |
|   | Corporation Commission File Number (if applicable)                              | Original Payment Amount         | Date of Original Payment  |                              |   |   |
|   | Name of Original Payor  |                                 | Date Rebate/Refund Made   |                              |   |   |
|   | Street Address  |                                 |                           |                              |   |   |
| 3 | City  | State                           | ZIP                       |                              |   |   |
|   | Corporation Commission File Number (if applicable)                              | Original Payment Amount         | Name of Original Payor    |                              |   |   |
|   | Name of Original Payor  |                                 | Date Rebate/Refund Made   |                              |   |   |
|   | Street Address  | l l                             |                           |                              |   |   |
| 4 | City  | State                           | ZIP                       |                              |   |   |
|   | Corporation Commission File Number (if applicable)                              | Original Payment Amount         | Name of Original Payor    |                              |   |   |
|   | Name of Original Payor  |                                 | Date Rebate/Refund Made . |                              |   |   |
|   | Street Address  |                                 | *                         |                              |   |   |
| 5 | City  | State                           | ZIP                       |                              |   |   |
|   | Corporation Commission File Number (if applicable)                              | Original Payment Amount         | Name of Original Payor    |                              |   |   |
|   | Enter total only if last page of sche (transfer the total disbursed this period | dule<br>to "Summary of Disburse | ements," line 4)          |                              |   | T. 97                                       |

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IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

| /      | Candidate Committe   | ee Recipient Infor        | mation             | Amount<br>Contributed | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|--------|--|---------------------------|--------------------|-----------------------|---|---|
|        | Committee Name   |                           |                    |                       |   |   |
|        |  |                           |                    |                       |   |   |
|        | Street Address   |                           |                    |                       |   |   |
| 1      |  |                           |                    |                       |   |   |
| ļ .    | City   | State                     | ZIP                |                       |   |   |
|        |  |                           |                    |                       |   |   |
|        | Committee ID Number  | Date In-Kind Contribution | Made               |                       |   |   |
| _      |  |                           |                    |                       |   |   |
|        | Committee Name   |                           |                    |                       |   |   |
|        |  |                           |                    |                       |   |   |
|        | Street Address   |                           |                    |                       |   |   |
| 2      |  | T                         |                    | _                     |   |   |
| 100000 | City   | State                     | ZIP                |                       |   |   |
|        |  |                           |                    |                       |   |   |
|        | Committee ID Number  | Date In-Kind Contribution | n Made             |                       |   |   |
| _      |  |                           |                    |                       |   |   |
|        | Committee Name   |                           |                    |                       |   |   |
|        | Short Address  |                           |                    |                       |   |   |
|        | Street Address   |                           |                    |                       |   |   |
| 3      |  |                           |                    |                       |   |   |
|        | City   | State                     | ZIP                |                       |   |   |
|        | Committee ID Number  | Data to to a till at      |                    | -                     |   |   |
|        | Committee ID Number  | Date In-Kind Contribution | Made               |                       |   |   |
|        | Committee Name   |                           |                    |                       |   |   |
|        | Committee Name   |                           |                    |                       |   |   |
|        | Street Address   |                           | -                  |                       |   |   |
|        | - Circuit Address  |                           |                    |                       |   |   |
| 4      | City   | I                         | I                  |                       |   |   |
|        | City   | State                     | ZIP                |                       |   |   |
|        | Committee ID Number  | Data la Kind O add at     | <u> </u>           |                       |   |   |
|        | Committee is Named   | Date In-Kind Contribution | Made               | ,                     |   |   |
| _      | Committee Name   |                           |                    |                       |   |   |
|        | Committee Name   |                           |                    |                       |   |   |
|        | Street Address   |                           |                    |                       |   |   |
|        |  |                           |                    |                       |   |   |
| 5      | City   | State                     | ZIP                |                       |   |   |
|        |  | 5.216                     |                    |                       |   |   |
|        | Committee ID Number  | Date In-Kind Contribution | Made               |                       |   |   |
|        |  | Sate in-Kind Contribution | IYIGUG             |                       |   |   |
|        | Enter total only if last page of each adul-  |                           |                    |                       |   |   |
|        | Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Sun | nmary of Disbursem        | nents," line 5(a)) |                       |   |   |
|        |  | ,                         | ,\-//              |                       |   |   |

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IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

| / |   |                      |                                | 1 |                       | Cumulative                   | Cumulative  |
|---|---|----------------------|--------------------------------|---|-----------------------|------------------------------|-------------|
| / | Political Action  | n Committee Recipien | t Information                  | - | Amount<br>Contributed | Amount this Reporting Period | Amount this |
|   | Committee Name  |                      |                                |   | -                     |                              |             |
|   | Street Address  |                      | -                              |   |                       |                              |             |
| 1 | City  | State                | ZIP ·                          |   |                       |                              |             |
|   | Committee ID Number   | Date In-Kind Contri  | bution Made                    |   |                       |                              |             |
|   | Committee Name  |                      |                                |   |                       |                              |             |
|   | Street Address  |                      |                                |   |                       |                              |             |
| 2 | City  | State                | ZIP                            |   |                       |                              |             |
|   | Committee ID Number   | Date In-Kind Contr   | ibution Made                   |   |                       |                              |             |
|   | Committee Name  |                      |                                |   |                       |                              |             |
|   | Street Address  |                      |                                |   |                       |                              |             |
| 3 | City  | State                | ZIP                            |   |                       |                              |             |
|   | Committee ID Number   | Date In-Kind Contri  | ibution Made                   |   |                       | ·                            |             |
|   | Committee Name  |                      |                                |   |                       |                              |             |
|   | Street Address  |                      |                                |   |                       |                              |             |
| 4 | City  | State                | ZIP                            |   |                       | -                            |             |
|   | Committee ID Number   | Date In-Kind Contri  | Date In-Kind Contribution Made |   |                       |                              |             |
|   | Committee Name  | <u> </u>             |                                |   |                       |                              |             |
|   | Street Address  | Street Address       |                                |   |                       |                              |             |
| 5 | City  | State                | ZIP                            |   |                       |                              |             |
|   | Committee ID Number   | Date In-Kind Contri  | bution Made                    |   |                       |                              |             |
|   | Enter total only if last page of so<br>(transfer the total disbursed this period) | chedule              | reoments " line 5/h\\          |   |                       |                              |             |

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IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

| , |   |                           |                    |                       |   |   |
|---|---|---------------------------|--------------------|-----------------------|---|---|
|   | Political Party Ro  | ecipient Informati        | on                 | Amount<br>Contributed | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|   | Committee Name  | Committee Name            |                    |                       |   |   |
|   | Street Address  |                           |                    |                       |   |   |
| 1 | City  | State                     | ZIP                |                       |   |   |
|   | Committee ID Number   | Date In-Kind Contribution | L<br>Made          |                       |   |   |
|   | Committee Name  |                           |                    |                       |   |   |
|   | Street Address  | <u>-</u>                  |                    |                       |   |   |
| 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 "Sui | mmary of Disbursen        | nents," line 5(c)) |                       |   |   |

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IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

| / |   |                                |                     | ı                     | l olettus                                     | Ourselative                                 |
|---|---|--------------------------------|---------------------|-----------------------|---|---|
|   | Partnersh   | nip Recipient Informa          | tion                | Amount<br>Contributed | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|   | Partnership Name  |                                |                     |                       |   |   |
|   | Street Address  |                                |                     |                       |   |   |
| 1 | City  | State                          | ZIP                 |                       |   |   |
|   | Corporation Commission File Number  | Date In-Kind Contribu          | Lion Made           |                       |   |   |
|   | Partnership Name  |                                |                     |                       |   | 4 1   |
|   | Street Address  |                                |                     |                       |   |   |
| 2 | City  | State                          | ZIP                 |                       |   |   |
|   | Corporation Commission File Number  | Date In-Kind Contribu          | ition Made          |                       | 1.00  |   |
| _ | Partnership Name  |                                |                     |                       |   |   |
|   | Street Address  |                                |                     |                       |   |   |
| 3 | City  | State                          | ZIP                 |                       |   |   |
|   | Corporation Commission File Number  | Date In-Kind Contribu          | tion Made           |                       |   |   |
|   | Partnership Name  |                                |                     |                       |   |   |
|   | Street Address  |                                |                     |                       | -   |   |
| 4 | City  | State                          | ZIP                 |                       |   |   |
|   | Corporation Commission File Number  | Date In-Kind Contribu          | tion Made           |                       |   |   |
| _ | Partnership Name  |                                |                     |                       |   | A   |
|   | Street Address  |                                |                     |                       |   |   |
| 5 |   |                                |                     | -                     |   |   |
|   | City  | State  Date In-Kind Contribu   | ZIP                 |                       |   |   |
|   | Corporation Commission File Number  |                                |                     |                       |   |   |
|   | Enter total only if last page of sche (transfer the total disbursed this period | dule<br>to "Summary of Disburs | ements," line 5(d)) |                       |   |   |

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IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

|   | Corporation / LLC  | Recipient Informa         | ation              | Amount<br>Contributed | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|---------------------------|--------------------|-----------------------|---|---|
|   | Corporation/LLC Name   |                           |                    |                       |   |   |
|   | 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               | ,                     |   |   |
|   | Corporation/LLC Name   |                           |                    |                       |   |   |
|   | Street Address   | Street Address            |                    |                       |   |   |
| 5 | City   | State                     | ZIP                |                       |   |   |
|   | Corporation Commission File Number   | Date In-Kind Contribution | Made               |                       |   |   |
|   | Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Sun | nmary of Disbursem        | nents," line 5(e)) |                       |   |   |

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IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

|                                    | ation Recipient Inform  | mation   |   |   | Cumulative<br>Amount this<br>Reporting Period  | Cumulative<br>Amount this<br>Election Cycle   |
|------------------------------------|---|--|---|---|--|---|
| Labor Organization Name            |   |  |   |   |  |   |
| Street Address                     |   |  |   |   |  |   |
| City                               | State   | ZIP  |   |   |  |   |
| Corporation Commission File Number | Date In-Kind Contributio  | n Made   |   |   |  |   |
| Labor Organization Name            |   |  |   |   |  |   |
| Street Address                     |   | STEEL .  |   |   |  |   |
| City                               | State   | ZIP  |   |   |  |   |
| Corporation Commission File Number | Date In-Kind Contribution   | on Made  |   |   |  |   |
|                                    |   |  |   |   |  |   |
| Labor Organization Name            |   | 50   |   |   | ¥2   |   |
| Street Address                     |   |  |   |   |  |   |
| City                               | State   | ZIP  |   |   |  |   |
| Corporation Commission File Number | Date In-Kind Contribution   | on Made  |   |   |  |   |
| Labor Organization Name            |   |  |   |   |  |   |
| Street Address                     |   |  |   |   |  |   |
| City                               | State   | ZIP  |   |   | 1  |   |
| Corporation Commission File Number | Date In-Kind Contribution   | n Made   |   |   |  |   |
| Labor Organization Name            |   |  |   |   |  | - 2   |
| Street Address                     |   |  |   |   |  |   |
| City                               | State   | ZIP  |   |   |  |   |
| 2                                  |   |  |   |   |  |   |
|                                    | Labor Organization Name  Street Address  City  Corporation Commission File Number  Labor Organization Name  Street Address  City  Corporation Commission File Number  Labor Organization Name  Street Address  City  Corporation Commission File Number  Street Address  City  Corporation Commission File Number | Labor Organization Name  Street Address  City State  Corporation Commission File Number Date In-Kind Contribution  Labor Organization Name  Street Address  City State  Corporation Commission File Number Date In-Kind Contribution  Labor Organization Name  Street Address  City State  Corporation Commission File Number Date In-Kind Contribution  Labor Organization Name  Street Address  City State  Corporation Commission File Number Date In-Kind Contribution  Labor Organization Name  Street Address  City State  Corporation Commission File Number Date In-Kind Contribution  Labor Organization Name  Street Address | Street Address  City State ZIP  Corporation Commission File Number Date In-Kind Contribution Made  Street Address  City State ZIP  Corporation Commission File Number Date In-Kind Contribution Made  Labor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date In-Kind Contribution Made  Labor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date In-Kind Contribution Made  Labor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date In-Kind Contribution Made  Labor Organization Name  Street Address  Street Address | Labor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date In-Kind Contribution Made  Labor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date In-Kind Contribution Made  Labor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date In-Kind Contribution Made  Labor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date In-Kind Contribution Made  Labor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date In-Kind Contribution Made  Labor Organization Name  Street Address   Street Address  City State State ZIP  Corporation Commission File Number Date in-Kind Contribution Made  City State Techniques ZIP  Corporation Commission File Number Date in-Kind Contribution Made  City State ZIP  Corporation Commission File Number Date in-Kind Contribution Made  City State Techniques ZIP  Corporation Commission File Number Date in-Kind Contribution Made  Street Address  City State ZIP  Corporation Commission File Number Date in-Kind Contribution Made  Street Address  City State ZIP  Corporation Commission File Number Date in-Kind Contribution Made  Street Address  City State ZIP  Corporation Commission File Number Date in-Kind Contribution Made  Street Address  City State ZIP  Corporation Commission File Number Date in-Kind Contribution Made | Labor Organization Recipient Information Amount this Reporting Period  Libor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date in-Kind Contribution Made  Libor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date in-Kind Contribution Made  Libor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date in-Kind Contribution Made  Libor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date in-Kind Contribution Made  Libor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date in-Kind Contribution Made  Street Address  

INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

|  | Recipient Informa  | ation  | Expenditure<br>Amount  | Cumulative<br>Amount this<br>Reporting Period                 | Cumulative<br>Amount this<br>Election Cycle |
|--|--|--|--|---|---|
| Recipient Name   |  | Mode of Advertising (TV, mail, etc)  |  |   |   |
| Street Address   |  |  |  |   |   |
| City   | State  | ZIP  | -  |   |   |
|  | *  |  |  |   |   |
| Candidate(s) Supported (including % supported)   | Candidate(s) Opposed (i  | including % opposed)   | □ Cash   |   |   |
| Date of First Publication, Display, Delivery, or Broadcast                                   | Election Month/Year  | Office Sought  | □ Credit   |   |   |
| Recipient Name   |  | Mode of Advertising (TV, mail, etc)  |  |   |   |
| Street Address   |  |  | _  |   |   |
| 21   | T  |  |  |   |   |
| City   | State  | ZIP  |  |   |   |
| Candidate(s) Supported (including % supported)  Candidate(s) Opposed (including % supported) |  | including % opposed)   | ☐ Cash   |   |   |
| Date of First Publication, Display, Delivery, or Broadcast                                   | Election Month/Year  | Office Sought  | _ ☐ Credit   |   |   |
| Recipient Name   |  | Mode of Advertising (TV, mail, etc)  |  |   |   |
| Street Address   |  |  | -  |   |   |
| City   | State  | ZIP  | _  |   |   |
| Candidate(s) Supported (including % supported)   | Candidate(s) Opposed (i  | including % apposed)   | _  |   |   |
|  |  |  | ☐ Cash   |   |   |
| Date of First Publication, Display, Delivery, or Broadcast                                   | Election Month/Year  | Office Sought  | oroun  |   |   |
| Recipient Name   |  | Mode of Advertising (TV, mail, etc)  | ,  |   |   |
| Street Address   |  |  | _  |   |   |
| City   | State  | ZIP  | -  |   |   |
|  |  |  |  |   |   |
| Candidate(s) Supported (including % supported)   | Candidate(s) Opposed (ii   | ncluding % opposed)  | □ Cash   |   |   |
| Date of First Publication, Display, Delivery, or Broadcast                                   | Election Month/Year  | Office Sought  | ordan  |   |   |
| Enter total only if last page of schedul<br>(transfer the total disbursed this period to "t  | e<br>Summary of Disburs  | sements," line 6)  |  |   |   |
|  | Recipient Name  Street Address  City  Candidate(s) Supported (including % supported)  Date of First Publication, Display, Delivery, or Broadcast  Recipient Name  Street Address  City  Candidate(s) Supported (including % supported)  Date of First Publication, Display, Delivery, or Broadcast  Recipient Name  Street Address  City  Candidate(s) Supported (including % supported)  Date of First Publication, Display, Delivery, or Broadcast  Recipient Name  Street Address  City  Candidate(s) Supported (including % supported)  Date of First Publication, Display, Delivery, or Broadcast  City  Candidate(s) Supported (including % supported)  Date of First Publication, Display, Delivery, or Broadcast | Street Address  City State  Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % supported) Candidate(s) Candidate(s) Opposed (including % supported) Candidate(s) Opposed (i | Street Address  City State ZIP  Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % opposed)  Date of First Publication, Display, Delivery, or Broadcast Election Month/Year Office Sought  Recipient Name Mode of Advertising (TV, mail, etc)  Street Address  City State ZIP  Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % opposed)  Recipient Name Mode of Advertising (TV, mail, etc)  Street Address  City State ZIP  Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % opposed)  Street Address  City State ZIP  Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % opposed)  Date of First Publication, Display, Delivery, or Broadcast Election Month/Year Office Sought  Recipient Name Mode of Advertising (TV, mail, etc)  Street Address  City State ZIP  Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % opposed)  Street Address  City State ZIP  Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % opposed)  Date of First Publication, Display, Delivery, or Broadcast Election Month/Year Office Sought  Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % opposed)  Enter total only if last page of schedule | Amount  Recipient Name    Mode of Advertising (TV, mail, etc) | Expenditure Recipient Information           |



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

|   | Recipient Name  |                                     | tion                                | Expenditure<br>Amount | Amount this Reporting Period | Amount this<br>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) Oppose            | ed (including % opposed)            | ☐ Cash                |                              |                               |
|   | Date of First Publication, Display, Delivery, or Broadcast                                  | Election Month/Year                 |                                     | ☐ Credit              |                              |                               |
|   | Recipient Name  |                                     | Mode of Advertising (TV, mail, etc) |                       |                              |                               |
|   | Street Address  |                                     |                                     |                       |                              |                               |
| 2 | City  | State                               | ZIP                                 |                       |                              |                               |
|   | Ballot Measure(s) Supported (including % supported)   | Ballot Measure(s) Oppose            | ed (including % opposed)            | ☐ Cash☐ Credit        | - 2                          |                               |
|   | Date of First Publication, Display, Delivery, or Broadcast Election Month/Year              |                                     |                                     | - L SISGN             |                              |                               |
|   | Recipient Name  | Mode of Advertising (TV, mail, etc) |                                     |                       |                              |                               |
|   | Street Address .  |                                     |                                     |                       |                              |                               |
| 3 | City  | State                               | ZIP                                 |                       |                              |                               |
|   | Ballot Measure(s) Supported (including % supported)   | Ballot Measure(s) Oppose            | ed (including % opposed)            | ☐ Cash☐ Credit        |                              |                               |
|   | Date of First Publication, Display, Delivery, or Broadcast                                  | dcast Election Month/Year           |                                     |                       |                              |                               |
|   | Recipient Name  |                                     | Mode of Advertising (TV, mail, etc) |                       |                              |                               |
|   | Street Address  |                                     |                                     |                       |                              |                               |
| 4 | City  | State                               | ZIP                                 |                       |                              |                               |
|   | Ballot Measure(s) Supported (including % supported)   | Ballot Measure(s) Oppose            | ed (including % opposed)            | ☐ Cash<br>☐ Credit    |                              |                               |
|   | Date of First Publication, Display, Delivery, or Broadcast                                  | Election Month/Year                 |                                     | _ Li Gredit           |                              |                               |
|   | Enter total only if last page of schedul<br>(transfer the total disbursed this period to "S | e<br>Europany of Dishins            | oments " line 7)                    |                       | in .                         |                               |

Schedule B(7), page\_\_\_\_ of \_\_\_

RECALL EXPENDITURES MADE:

SCHEDULE B(8)

| / | Expenditure  | Expenditure<br>Amount  | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>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   | zalled  | ☐ Cash                                      |  |  |
|   | Date of First Publication, Display, Delivery, or Broadcast                               | Office Held  |   | - ☐ Credit                                  |  |  |
|   | Recipient Name   |  | Mode of Advertising (TV, mail, etc)           |   |  |  |
|   | Street Address   |  |   |   |  |  |
| 2 | City   | State  | ZIP   |   |  |  |
|   | Supporting or Opposing Issuance of Recall Order?   | Candidate Sought to be Rec   | alled   | ☐ Cash<br>☐ Credit                          |  |  |
|   | Date of First Publication, Display, Delivery, or Broadcast Office Held                   |  |   | _ L Credit                                  |  |  |
|   | Recipient Name   | Mode of Advertising (TV, mail, etc)                                    |   |   |  |  |
|   | Street Address   |  |   |   |  |  |
| 3 | City   | State  | ZIP   |   |  |  |
|   | Supporting or Opposing Issuance of Recall Order?   | Candidate Sought to be Rec   | alled   | ☐ Cash<br>☐ Credit                          |  |  |
|   | Date of First Publication, Display, Delivery, or Broadcast                               | Date of First Publication, Display, Delivery, or Broadcast Office Held |   | Credit                                      |  |  |
|   | Recipient Name   |  | Mode of Advertising (TV, mail, etc)           |   |  |  |
|   | Street Address   |  |   |   |  |  |
| 4 | City   | State  | ZIP   |   |  |  |
|   | Supporting or Opposing Issuance of Recall Order?   | Candidate Sought to be Reco  | alled   | ☐ 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 |  |   |   |  |  |

Schedule B(8), page\_\_\_\_ of \_\_\_



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

| Condidate Name  Costs Stantif Provided  City  City  City  State  Condidate Name  Costs Beantif Provided  Notes:  Condidate Name  Costs Beantif Provided  Notes:  Condidate Name  Costs Beantif Provided  Notes:  Condidate Name  Condidate Nam | umulative<br>nount this<br>ction Cycle |
|--|--|
| City State Provided Notes:  Candidate Name Date Barett Provided Street Address  City Sate ZP  Type of Benefit Provided Notes:  Candidate Name Date Benefit Provided  Street Address  City Sate ZP  Type of Benefit Provided Notes:  Candidate Name Date Benefit Provided  Street Address  City State ZP  Type of Benefit Provided  Street Address  City State ZP  Type of Benefit Provided  Notes:  Candidate Name Date Benefit Provided  Street Address  City State ZP  Type of Benefit Provided  Notes:  |  |
| Type of Benefit Provided  Notes:  Candidate Name  Candidate Name  City  State  Zip  Type of Benefit Provided  State Address  City  State  Candidate Name  Date Benefit Provided  State  Zip  Type of Benefit Provided  Notes:  Candidate Name  Candidate Name  City  State  Zip  Type of Benefit Provided  Notes:  Candidate Name  Candidate N |  |
| Notes:  Candidate Name  Street Address  City  State  Candidate Name  Date Benefit Provided  Notes:  Candidate Name  Street Address  City  State  Candidate Name  Date Benefit Provided  Street Address  City  State  Candidate Name  Date Benefit Provided  Notes:  Candidate Name  Date Benefit Provided  Notes:  |  |
| Candidate Name  Candidate Name  City  State  Zip  Type of Benefit Provided  Rotes:  Condidate Name  Date Benefit Provided  Street Address  City  State  Zip  Type of Benefit Provided  Street Address  City  State  Zip  Type of Benefit Provided  Notes:  Candidate Name  Date Benefit Provided  Street Address  Zip  Type of Benefit Provided  Notes:  Candidate Name  Date Benefit Provided  Street Address  Zip  Type of Benefit Provided  Street Address  Zip   |  |
| Street Address  City Type of Benefit Provided  Notes:  Cendidate Name Date Benefit Provided  Street Address  City State ZIP  Type of Benefit Provided  Notes:  Candidate Name Date Benefit Provided  State ZIP  Type of Benefit Provided  Notes:  Candidate Name Date Benefit Provided  Street Address  City State ZIP  Type of Benefit Provided  Notes:   |  |
| City State ZIP  Type of Benefit Provided  Notes:  Candidate Name Date Benefit Provided  Street Address  City State ZIP  Type of Benefit Provided  Notes:  Candidate Name Date Benefit Provided  State Address  City State ZIP  Type of Benefit Provided  Notes:  Candidate Name Date Benefit Provided  Street Address  City State ZIP  Type of Benefit Provided  | -                                      |
| Type of Benefit Provided  Notes:  Candidate Name Date Benefit Provided  Street Address  City State ZIP  Type of Benefit Provided  Notes:  Candidate Name Date Benefit Provided  Street Address  City State ZIP  Type of Benefit Provided  Notes:   |  |
| Notes:  Candidate Name  Date Benefit Provided  Street Address  City  State  ZIP  Type of Benefit Provided  Notes:  Candidate Name  Date Benefit Provided  Street Address  Little  ZIP  Type of Benefit Provided  Street Address  Little  ZIP  ZIP  ZIP  ZIP  ZIP  ZIP  ZIP  Address  |  |
| Candidate Name Date Benefit Provided  Street Address  City State ZIP  Type of Benefit Provided  Notes:  Candidate Name Date Benefit Provided  Street Address  Street Address  City State ZIP  Type of Benefit Provided  Notes:   |  |
| Street Address  City State ZIP  Type of Benefit Provided  Notes:  Candidate Name Date Benefit Provided  Street Address  City State ZIP  Type of Benefit Provided  Street Address   |  |
| City State ZIP  Type of Benefit Provided  Notes:  Candidate Name Date Benefit Provided  Street Address  City State ZIP  Type of Benefit Provided  Notes:   |  |
| Type of Benefit Provided  Notes:  Date Benefit Provided  Street Address  City State ZIP  Type of Benefit Provided  Notes:  |  |
| Notes:  Candidate Name  Date Benefit Provided  Street Address  City  State  ZIP  Type of Benefit Provided  Notes:  | ,                                      |
| Candidate Name  Date Benefit Provided  Street Address  City  State  ZIP  Type of Benefit Provided  Notes:  |  |
| Street Address  City State ZIP  Type of Benefit Provided  Notes:   |  |
| 4 City State ZIP  Type of Benefit Provided  Notes:   | 1                                      |
| Type of Benefit Provided  Notes:   |  |
| Notes:   |  |
|  |  |
| Enter total only if last page of schedule  |  |
| (transfer the total dishursed this period to "Summary of Dishursements" line 0)  |  |

Schedule B(9), page\_\_\_\_ of \_\_\_\_

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

|                                 | / |  |                          |                     | I               | i i   |   |
|---------------------------------|---|--|--------------------------|---------------------|-----------------|---|---|
| Recipient Committee Information |   |  |                          | ı                   | Payment Amount  | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|                                 |   | Committee Name   |                          | Payment Date        |                 |   |   |
|                                 |   | Street Address   | (d)                      |                     |                 |   |   |
| 1                               | 1 | City   | State                    | ZIP                 | □ Cash          |   |   |
|                                 |   | Date of Joint Fundraising Event (if applicable)  | Type of Shared Expense ( | if applicable)      | ☐ Credit        |   |   |
| 2                               |   | Committee Name   |                          | Payment Date        |                 |   |   |
|                                 |   | Street Address   |                          | I                   |                 |   |   |
|                                 | 2 | City   | State                    | ZIP                 | □ Cash          |   |   |
|                                 |   | Date of Joint Fundraising Event (if applicable)  | Type of Shared Expense ( | I<br>if applicable) | ☐ Credit        |   |   |
| 3                               |   | Committee Name   |                          | Payment Date        |                 |   |   |
|                                 |   | Street Address   |                          |                     |                 |   |   |
|                                 | 3 | City   | State                    | ZIP                 |                 |   |   |
|                                 |   | Date of Joint Fundraising Event (if applicable)  | Type of Shared Expense ( | I<br>if applicable) | ☐ Cash☐ Credit  |   |   |
|                                 |   | Committee Name   | L                        | Payment Date        |                 |   | ,   |
|                                 |   | Street Address   |                          |                     |                 |   |   |
| 4                               | 1 | City   | State                    | ZIP                 |                 |   |   |
|                                 |   | Date of Joint Fundraising Event (if applicable)  | Type of Shared Expense ( | I<br>if applicable) | □ Cash □ Credit |   |   |
|                                 | 1 | Committee Name   |                          | Payment Date        |                 |   |   |
|                                 | ŀ | Street Address   |                          |                     |                 |   |   |
| 5                               | 5 | City   | State                    | ZIP                 |                 |   |   |
|                                 | 1 | Date of Joint Fundraising Event (if applicable)  | Type of Shared Expense ( | <br>if applicable)  | ☐ Cash☐ Credit  | ,   |   |
| _                               |   | Enter total only if last page of schedule (transfer the total disbursed this period to "Su |                          |                     |                 |   |   |
|                                 |   | (transfer the total disbursed this period to "Su   | mmary of Disbursem       | nents," line 10)    |                 |   |   |

Schedule B(10), page\_\_\_\_ of \_\_\_



REIMBURSEMENTS MADE:

SCHEDULE B(11)

| _ | Recip   | ent Information   |                    | Reimbursement<br>Amount               | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|---|---|--------------------|---------------------------------------|---|---|
|   | Name  | 2   | 17                 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |   |   |
|   | Street Address                                  |   |                    |                                       |   |   |
| 1 | City  | State   | ZIP .              | □ Cash                                |   |   |
|   | Services or Goods Reimbursed                    |   | Reimbursement Date | ☐ Credit                              |   | School (C)                                  |
|   | Name  | 3   |                    |                                       |   |   |
|   | Street Address                                  |   |                    |                                       |   |   |
| 2 | City  | State   | ZIP                | □ Cash                                | 92  |   |
|   | Services or Goods Reimbursed                    | Reimbursement Date  | ☐ Credit           | -                                     |   |   |
|   | Name  | Name  |                    |                                       |   |   |
|   | Street Address                                  |   |                    |                                       |   |   |
| 3 | City  | State   | ZIP                |                                       |   |   |
|   | Services or Goods Relmbursed                    | Reimbursement Date  | ☐ Cash☐ Credit     |                                       |   |   |
|   | Name  |   |                    |                                       |   |   |
|   | Street Address                                  | Street Address  |                    |                                       |   |   |
| 4 | City  | State   | ZIP                |                                       |   |   |
|   | Services or Goods Relimbursed                   | Reimbursement Date  | ☐ Cash☐ Credit     |                                       |   |   |
| _ | Name  | ,   |                    |                                       | · .   |   |
|   | Street Address                                  | * :   |                    | -                                     |   |   |
| 5 | City  | State   | ZIP                |                                       |   |   |
|   | Services or Goods Reimbursed Reimbursement Date |   |                    | ☐ Cash☐ Credit                        |   |   |
|   | Enter total only if last page of schedu         | Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 11) |                    |                                       |   | p 18 2 2                                    |
|   | (transfer the total disbursed this period to "  | Summary of Disburs  | ements," line 11)  |                                       |   |   |

Schedule B(11), page\_\_\_\_ of \_\_\_



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

| /   |  |                        |                                 | 1         | 1 1   |   |
|-----|--|------------------------|---------------------------------|-----------|---|---|
|     | D  | ebt Information        |                                 | Amount    | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
| - 1 | Name<br>BlackSheep Wine Bar & Merchant             |                        |                                 | -\$355.55 | -\$355.55                                     | -\$355.55                                   |
|     | Street Address 98 S San Marcos PI                  |                        |                                 |           |   |   |
|     | <sup>City</sup><br>Chandler                        | State<br>AZ            | ZIP<br>85225                    |           |   |   |
| - 1 | Type of Account Payable or Debt Owed<br>Grazetable |                        | Date that Debt Accrued 08/12/24 |           |   |   |
|     | Name   |                        |                                 |           |   |   |
|     | Street Address                                     |                        |                                 |           |   |   |
| 2   | City   | State                  | ZIP                             |           |   |   |
|     | Type of Account Payable or Debt Owed               |                        | Date that Debt Accrued          |           |   |   |
| 1   | Name   |                        |                                 |           |   |   |
|     | Street Address                                     |                        |                                 |           |   |   |
| 3   | City   | State                  | ZIP                             |           |   |   |
|     | Type of Account Payable or Debt Owed               |                        | Date that Debt Accrued          |           |   |   |
| +   | Name   |                        |                                 |           |   |   |
| -   | Street Address                                     |                        |                                 |           |   |   |
| 4   |  |                        |                                 |           |   |   |
|     | City   | State                  | ZIP                             |           |   |   |
|     | Type of Account Payable or Debt Owed               | Date that Debt Accrued |                                 |           |   |   |
|     | Name   |                        |                                 |           |   |   |
|     | Street Address                                     |                        |                                 | ,         |   |   |
| 5   | City   | State                  | ZIP                             |           |   |   |
| -   | Type of Account Payable or Debt Owed               |                        | Date that Debt Accrued          |           |   |   |
|     | Enter total only if last page of schedule          |                        |                                 |           |   |   |

Schedule B(12), page\_\_\_\_ of \_\_\_\_



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                                |   | 13                                    |
|   | · · · · · · · · · · · · · · · · · · ·   |                                       |
| Recipient of Surplus Monies / Source of Transferred Debt                                |   | 9                                     |
|   |   |                                       |
| Recipient of Surplus Monies / Source of Transferred Debt                                |   | 1                                     |
|   |   |                                       |
| Recipient of Surplus Monies / Source of Transferred Debt                                |   |                                       |
|   |   |                                       |
| Total (transfer the total disbursed this period to "Summary of Disbursements," line 13) |   |                                       |



MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

|   |   | Recipient  | Information        |                   | Amount          | Cumulative<br>Amount this<br>Reporting Period | Cumulative Amount this Election Cycle |
|---|---|--|--------------------|-------------------|-----------------|---|---------------------------------------|
|   |   | Name   |                    |                   |                 |   |                                       |
|   |   | Street Address   |                    |                   | ,               |   |                                       |
| 1 | 1 | City   | State              | ZIP               | □ Cash          |   |                                       |
|   |   | Disbursement Type  |                    | Disbursement Date | □ Credit        |   |                                       |
|   |   | Name   | v                  |                   |                 |   |                                       |
|   |   | Street Address   |                    |                   |                 |   |                                       |
| 2 | 2 | City   | State              | ZIP               |                 |   |                                       |
|   |   | Disbursement Type  |                    | Disbursement Date | □ Cash □ Credit |   |                                       |
|   |   | Name   |                    |                   |                 |   |                                       |
| 3 |   | Street Address   |                    |                   |                 |   |                                       |
|   | 3 | City   | State              | ZIP               |                 |   |                                       |
|   |   | Disbursement Type  | Disbursement Date  | □ Cash □ Credit   |                 |   |                                       |
|   |   | Name   |                    |                   |                 |   |                                       |
|   |   | Street Address   |                    |                   |                 |   |                                       |
| 4 | 1 | City   | State              | ZIP               |                 |   |                                       |
|   |   | Disbursement Type  |                    | Disbursement Date | □ Cash □ Credit |   |                                       |
|   |   | Name   |                    |                   |                 |   |                                       |
|   | ŀ | Street Address   |                    |                   |                 |   |                                       |
| 5 | 5 | City   | State              | ZIP               |                 |   |                                       |
|   |   | Disbursement Type  |                    | Disbursement Date | □ Cash □ Credit |   |                                       |
|   | - | Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Sur | nmary of Disbursen | nents," line 14)  |                 |   |                                       |

AGGREGATE OF DISBURSEMENTS - \$250 OR LESS:

SCHEDULE B(15)

|   |  | Cumulative Amount this Reporting<br>Period | Cumulative Amount this Election<br>Cycle |
|---|--|--|--|
|   | Cumulative of Disbursements - \$250 or Less  |  |  |
| v | Enter total only if last page of schedule (transfer the total received this period to "Summary of Disbursements," line 15) |  | ,  |
|   | *If disbursement(s) of \$250 or less is listed on another dis  | hursement schedule, do not include them    | on Schedule B(15)                        |

Schedule B(15), page\_\_\_\_ of \_\_\_\_