

COMMITTEE INFORMATION (required):

Committee Information: Committee Name:

CANDIDATE INFORMATION (only if filing as a candidate committee):

□ County Office:

□ City/Town Office:

□ Special District Office: □ School Board District:

i.

Cumulative Report:

Check here if this is the candidate committee's first, cumulative report for the election cycle. Also select appropriate Reporting Period below. Cumulative reporting period start date (which supersedes the start date for the Reporting Period selected below):

REPORTING PERIOD (check one):

 REPORTING PERIOD	REPORT DUE
2024 Quarter 4 Report (Local Only) October 1, 2024 to December 31, 2024	January 1, 2025 to January 21, 2025*
2025 March Pre-Election Report (Local Only): January 1, 2025 to February 22, 2025	February 23, 2025 to March 1, 2025
2025 March Post-Election (Q1) Report (Local Only): February 23, 2025 to March 31, 2025	April 1, 2025 to April 15, 2025
2025 Quarter 1 Report: January 1, 2025 to March 31, 2025	April 1, 2025 to April 21, 2025
2025 May Pre-Election Report (Local Only): April 1, 2025 to May 3, 2025	May 4, 2025 to May 10, 2025
2025 May Post-Election (Q2) Report (Local Only): May 4, 2025 to June 30, 2025	July 1, 2025 to July 15, 2025
2025 Quarter 2 Report: April 1, 2025 to June 30, 2025	July 1, 2025 to July 21, 2025
2025 August Pre-Election Report (Local Only): July 1, 2025 to July 19, 2025	July 20, 2025 to July 26, 2025
2025 August Post-Election (Q3) Report (Local Only): July 20, 2025 to September 30, 2025	October 1, 2025 to October 15, 2025
2025 Quarter 3 Report: July 1, 2025 to September 30, 2025	October 1, 2025 to October 20, 2025
2025 November Pre-Election Report (Local Only): October 1, 2025 to October 18, 2025	October 19, 2025 to October 25, 2025
2025 November Post-Election (Q4) Report (Local Only): October 19, 2025 to December 31, 2025	January 1, 2026 to January 15, 2026
2025 Quarter 4 Report: October 1, 2025 to December 31, 2025	January 1, 2026 to January 20, 2026*
2026 March Pre-Election Report (Local Only): January 1, 2026 to February 21, 2026	February 22, 2026 to February 28, 2026
2026 March Post-Election (Q1) Report (Local Only): February 22, 2026 to March 31, 2026	April 1, 2026 to April 15, 2026
2026 Quarter 1 Report: January 1, 2026 to March 31, 2026	April 1, 2026 to April 20, 2026
2026 May Pre-Election Report (Local Only): April 1, 2026 to May 2, 2026	May 3, 2026 to May 9, 2026
2026 May Post-Election (Q2) Report (Local Only): May 3, 2026 to June 30, 2026	July 1, 2026 to July 15, 2026
2026 Quarter 2 Report: April 1, 2026 to June 30, 2026	July 1, 2026 to July 20, 2026
2026 August Pre-Primary Election Report: July 1, 2026 to July 18, 2026	July 19, 2026 to July 25, 2026
2026 August Post-Primary Election (Q3) Report: July 19, 2026 to September 30, 2026	October 1, 2026 to October 15, 2026
2026 Quarter 3 Report (Local Only): July 1, 2026 to September 30, 2026	October 1, 2026 to October 19, 2026
2026 November Pre-General Election Report: October 1, 2026 to October 17, 2026	October 18, 2026 to October 24, 2026
2026 November Post-General Election (Q4) Report: October 18, 2026 to December 31, 2026	January 1, 2027 to January 15, 2027
2026 Quarter 4 Report (Local Only): October 1, 2026 to December 31, 2026	January 1, 2027 to January 19, 2027*
Final Campaign Finance Report Prior to Committee Termination: End of Previous Period through Today's Date	Same Date of Termination

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

FINANCIAL SUMMARY (required):

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

Committees with financial activity must file the cover page, summary of receipts, summary of disbursements, and any schedules that contain financial activity.

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

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

Printed Name of Committee Treasurer Signature of Committee Treasurer

Date



SUMMARY OF RECEIPTS (Schedule A):

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



SUMMARY OF DISBURSEMENTS (Schedule B):

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



STATE OF ARIZONA **COMMITTEE CAMPAIGN FINANCE REPORT**

/	Ind	ividual Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
		Employer				
	Name Date Contribution Received					
	Street Address	Street Address				
3	City	State	ZIP			
	Occupation	Employer				
	Name Da		Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	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 p	of schedule	ots " line 1(a))			



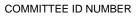
MONETARY CONTRIBUTIONS RECEIVED FROM IN-STATE INDIVIDUALS - \$100 OR LESS (AGGREGATE):*

SCHEDULE A(1)(b)

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

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

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



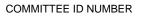


MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

	Ind	lividual Contributor Inforn	Date Contribution Received	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer	I			
	Name		Date Contribution Received			
ľ	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	·				
1	City	State	ZIP			
ĺ	Occupation	Employer				
	Name	Name				
	Street Address					
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page of (transfer the total received this p	of schedule	rto "line $1(o)$			

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



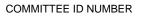


MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

/		Candidate Committee	Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name						
	Street Address						
1	City		State	ZIP			
	Committee ID Number		Date 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	d			
	Committee Name						
	Street Address						
4	L City		State	ZIP			
	Committee ID Number		Date Contribution Receive	d			
-	Committee Name						
	Street Address	Street Address					
5	5						
	City		State	ZIP			
	Committee ID Number		Date Contribution Receive	d			
┢	Enter total only	if last page of schedule received this period to "Sumi	many of Possiste "	ine $1(d)$	1		
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Schedule A(1)(d), page ____ of ____





MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

/	I	on Committee Contributo	r Information	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Re	ceived			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Dete Centribution D				
	Committee ID Number	Date Contribution Re	eceived			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Re	eceived			
	Committee Name					
	Street Address					
4						
	City	State	ZIP			
	Committee ID Number Date Contribution Received					
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Re	eceived			

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

	Politic	al Party Contributor Info	rmation	Amount Receive	d Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution F	Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution	Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution	Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution	Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution	Received			
	Enter total only if last page o (transfer the total received this page)	f schedule eriod to "Summary of Recei	pts," line 1(f))			



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

	Partners	nip Contributor Infor	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc	
	Partnership Name					
	Street Address					
-	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
I	Partnership Name					
ľ	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
	Partnership Name					
-	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Received				
Ì	Partnership Name					
ŀ	Street Address					
ľ	City	State	ZIP			
ľ	Corporation Commission File Number	Date Contribution	Received			
İ	Partnership Name					
$\left \right $	Street Address					
	City	State	ZIP			
ŀ	Corporation Commission File Number Date Contribution Received					
1	Enter total only if last page of sch (transfer the total received this period	nedule	into "line 4(a)			



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

Corporation / LLC Corporation/LLC Name Street Address	Contributor Inform	nation	Amount Received	Cumulative Amount this	Cumulative Amount this
				Reporting Period	Election Cycle
City	State	ZIP			
Corporation Commission File Number	Date Contribution Receive	20			
Street Address					
City Corporation Commission File Number	State Date Contribution Receive	ZIP			
Corporation/LLC Name					
Street Address	State	710			
Corporation Commission File Number					
Corporation/LLC Name					
Street Address City	State	ZIP			
Corporation Commission File Number	Date Contribution Receive	ed			
Corporation/LLC Name Street Address					
City	State	ZIP			
Corporation Commission File Number		ed	-		
Enter total only if last page of schedule (transfer the total received this period to "Su	e mmary of Receipts," I	line 1(h))			
	City Corporation Commission File Number Corporation/LLC Name Street Address City Corporation/LLC Name Corporation Commission File Number Corporation/LLC Name Street Address City Corporation/LLC Name Street Address City Corporation Commission File Number Corporation/LLC Name Street Address City Corporation/LLC Name Street Address Corporation/LLC Name Corporation/LLC Name Corporation/LLC Name Street Address City Corporation/LLC Name Enter total only if last page of schedule	City State Corporation Commission File Number Date Contribution Receiv Corporation/LLC Name State Street Address Date Contribution Receiv Corporation/LLC Name Date Contribution Receiv Corporation/LLC Name Date Contribution Receiv Corporation/LLC Name Date Contribution Receiv Street Address Corporation/LLC Name Street Address City Street Address Date Contribution Receiv Corporation/LLC Name State Corporation/LLC Name Date Contribution Receiv Corporation/LLC Name State City State City State City State City State Corporation Commission File Number Date Contribution Receiv City State City State Corporation Commission File Number Date Co	City State ZIP Corporation Commission File Number Date Contribution Received Corporation/LLC Name Street Address City State Corporation Commission File Number Date Contribution Received Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City State City State Corporation Commission File Number Date Contribution Received Corporation/LLC Name State Street Address ZIP Corporation Commission File Number Date Contribution Received Corporation/LLC Name State Street Address ZIP Corporation Commission File Number Date Contribution Received City State ZIP Corporation Commission File Number Date Contribution Received City State ZIP Corporation Commission File Number Date Contribution Received City State ZIP Corporation Commission File Number Date Con	City State ZIP Corporation Commission File Number Date Contribution Received Corporation/LLC Name State ZIP City State ZIP Corporation Commission File Number Date Contribution Received Image: Comporation/LLC Name City State ZIP Corporation/LLC Name Date Contribution Received Image: Comporation/LLC Name Corporation/LLC Name State ZIP Corporation/LLC Name Date Contribution Received Image: Comporation/LLC Name City State ZIP Corporation/LLC Name Date Contribution Received Image: Comporation/LLC Name City State ZIP Corporation/LLC Name Date Contribution Receive State City State ZIP Corporation Commission File Number Date Contribution Receive State	City State 2P Corporation Commission File Number Date Contribution Received Corporation Clummission File Number Date Contribution Received City State 2P Corporation Clummission File Number Date Contribution Received Corporation Commission File Numb

Arizona Secretary of State Revision 12/02/2024





MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

/						
	Labor Organizatio	n Contributor Inforr	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					· ·
	Street Address	Address				
1	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receive	ed	-		
	Labor Organization Name					
	Street Address			-		
2	City	State	ZIP	-		
	Corporation Commission File Number	-				
	Labor Organization Name					
	Street Address			-		
3	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receive	ed	-		
	Labor Organization Name					
	Street Address			-		
4	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receive	ed	-		
	Labor Organization Name					
	Street Address	-				
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Enter total only if last page of schedule (transfer the total received this period to "Su	e Immary of Receipts," I	line 1(i))	1		



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

		Candidate Information	1	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address		I			
4	City	State	ZIP			
	Occupation	Employer	I			
	Name		Date Contribution Received			
	Street Address					
5	City	State	ZIP	_		
	Occupation	Employer	1	_		
	Enter total only if last page (transfer the total received this	e of schedule				

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

	C	Contributor Informatio	n	Amount Refunded	Cumulative Amount this	Cumulative Amount th
	Name		Date Contribution Refunded		Reporting Period	Election Cyc
	Street Address			_		
_	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
+	Name		Date Contribution Refunded			
-	Street Address					
2	City	State	ZIP	_		
-	ID Number (if applicable)		Date of Original Contribution	-		
_	Name		Date Contribution Refunded			
	Street Address			-		
3	City	State	ZIP	_		
Ē	ID Number (if applicable)		Date of Original Contribution	_		
	Name		Date Contribution Refunded			
-	Street Address		I			
1	City State		ZIP	-		
ľ	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
-	Street Address	Street Address		_		
5	City	State	ZIP	_		
-	ID Number (if applicable)	I	Date of Original Contribution			
- 1						

Schedule A(1)(I), page of



LOANS RECEIVED:

SCHEDULE A(2)(a)

/					Cumulative	Cumulative
		Lender Information		Amount Receive	d Amount this Reporting Period	Amount this Election Cycl
	Lender Name	Date Loan Receive	Date Loan Received			
	Street Address					
1	City	State	ZIP			
						l I
	Guarantor/Endorser Name	Non-Electoral Purp	Non-Electoral Purpose? (PACs and Political Parties Only)			l I
	Lender Name	Date Loan Receiv	ed			
	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purp	ose? (PACs and Political Parties (Dnly)		
	Lender Name	Date Loan Receiv	ed			
	Street Address	I				
3	City	State	ZIP			
	Guarantor/Endorser Name		ose? (PACs and Political Parties 0	Dniy)		
	Lender Name	Date Loan Receiv	ed			
						l I
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name		ose? (PACs and Political Parties (Dniy)		
	Les te Mene					
	Lender Name	Date Loan Receiv	ea			
	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purp	ose? (PACs and Political Parties (Dnly)		
						1

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



FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

Lender Information Amount Forgiven Amount this Amount							
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1 Day State ZP Orignal Amount of Lean Amount SBI Outstanding Date Forgiveness Received 2 Darker Name Date Forgiveness Received 3 Terret Address ZP Orignal Amount of Lean Amount SBI Outstanding Image: Second		Lender Name		Date Forgiveness Received			
Cry Cru Line Drighted Amount of Lean Amount Still Duttanding Lender Name Date Forgiveness Received Street Address ZiP Orighted Amount of Lean Amount Still Duttanding Image: Street Address ZiP Orighted Amount of Lean Amount Still Duttanding Image: Street Address Date Forgiveness Received Street Address City Street Address State Orighted Amount of Lean Amount Still Duttanding Image: Street Address City Street Address City Street Address City Orighted Amount of Lean Amount Still Outstanding Image: City State Orighted Amount of Lean Amount Still Outstanding Image: City State Orighted Amount of Lean Amount Still Outstanding Image: City State Orighted Amount of Lean Amount Still Outstanding Image: City State Orighted Amount of Lean Amount Still Outstanding Image: City State Image: City State Orighted Amount of Lean Amount Still Outstanding Image: City State Orighed Amount of Lean Amount St		Street Address			_		
Index Name Date Forgiveness Received Index Address Original Amount of Lean Amount Skil Outstanding Index Name Date Forgiveness Received Street Address Date Forgiveness Received Street Address Date Forgiveness Received Original Amount of Lean Amount Skil Outstanding Index Name Date Forgiveness Received Street Address ZIP Original Amount of Lean Amount Skil Outstanding Index Name Date Forgiveness Received Street Address ZIP Original Amount of Lean Amount Skil Outstanding Index Name Date Forgiveness Received Street Address ZIP Original Amount of Lean Amount Skil Outstanding Index Name Date Forgiveness Received Street Address ZIP Original Amount of Lean Amount Skil Outstanding Index Name Date Forgiveness Received Street Address ZIP Original Amount of Lean Amount Skil Outstanding Index Name Date Forgiveness Received Street Address Stele Street Address Date Forgiveness Received	1	City	State	ZIP	-		
2 Street Address 2 Original Amount of Loan 4 Amount SHI Outstanding 5 Street Address 2 City 5 Street Address 2 Date Forgiveness Received 5 City 6 Street Address 7 City 7 State 7 State 7 City 8 State 7 State 7 City 8 State 7 State 7 City 8 State 7 City 9 State 9 State 9 City 9 State 9 State 10 State 11 State 12 State 13 State 14 Amount Still Outstanding 15 State 16 State 17 Date Forgiveness Received 16 State 17 State		Original Amount of Loan	Amount Still Outstanding		-		
2 City State ZIP Original Amount of Loan Amount Stil Outstanding 4 Lender Name Date Forgiveness Received 5 Street Address ZIP City State ZIP Original Amount of Loan Amount Stil Outstanding 6 City State ZIP 7 City State ZIP 7 Original Amount of Loan Amount Still Outstanding 8 Lender Name Date Forgiveness Received 8 Street Address City 0 Street Address City 0 State ZIP City State ZIP 0 Original Amount of Loan Amount Still Outstanding 8 Street Address City 10 State ZIP 10 Original Amount of Loan Amount Still Outstanding 11 City State ZIP 12 City State ZIP 13 Street Address State Street Address		Lender Name		Date Forgiveness Received			
City Date Lin Original Amount of Lean Amount Still Outstanding Lander Name Date Forgiveness Received Street Address City Original Amount of Lean Amount Still Outstanding Original Amount of Lean Amount Still Outstanding Image: Street Address Date Forgiveness Received Image: Street Address ZiP Image: Street Address Date Forgiveness Received Image: Street Address Date Forgiveness Received Image: Street Address Date Forgiveness Received Image: Street Address State Image: Street Address ZiP Image: Street Address Date Forgiveness Received Image: Street Address Date Forgiveness Received Image: Street Address State Image: Street Address Date Forgiveness Received Image: Street Address Date Forgiveness Received		Street Address			-		
Image:	2	City	State	ZIP			
Image: Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Image: Street Address Image: Street Address Date Forgiveness Received Image: Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Image: Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Image: Street Address Image: Street Address Date Forgiveness Received Image: Street Address Image: Street Address Date Forgiveness Received Image: Street Address Image: Street Address Date Forgiveness Received Image: Street Address		Original Amount of Loan	Amount Still Outstanding		-		
3 City State ZIP Original Amount of Loan Amount Still Outstanding 4 Lender Name Date Forgiveness Received 5 City State City State ZIP Original Amount of Loan Amount Still Outstanding 6 City State City State ZIP Original Amount of Loan Amount Still Outstanding Street Address State Street Address State Street Address Date Forgiveness Received Street Address Date Forgiveness Received		Lender Name		Date Forgiveness Received			
Original Amount of Loan Amount Still Outstanding Lender Name Date Forgiveness Received Street Address City Original Amount of Loan Amount Still Outstanding Original Amount of Loan State ZIP Original Amount of Loan		Street Address			-		
Image: second	3	City	State	ZIP	-		
A Street Address City State Original Amount of Loan Amount Still Outstanding Lender Name Date Forgiveness Received Street Address Street Address		Original Amount of Loan	Amount Still Outstanding		-		
4 City State ZIP Original Amount of Loan Amount Still Outstanding Lender Name Date Forgiveness Received 5 Street Address		Lender Name		Date Forgiveness Received			
City State ZIP Original Amount of Loan Amount Still Outstanding Lender Name Date Forgiveness Received Street Address		Street Address			-		
Lender Name Date Forgiveness Received Street Address	4	City	State	ZIP	-		
Street Address		Original Amount of Loan	Amount Still Outstanding	1			
5		Lender Name		Date Forgiveness Received			
5 City State ZIP		Street Address	1	-			
	5	City	State	ZIP	-		
Original Amount of Loan Amount Still Outstanding		Original Amount of Loan	Amount Still Outstanding	1	-		
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 2(b))		Enter total only if last page of schedu	e				

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



COMMITTEE ID NUMBER

REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

	Borrower	Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cyc
	Borrower Name		Date Repayment Received			
	Street Address					
	City	State	ZIP	-		
-	Original Amount Borrowed	Amount Still Outstanding		-		
	Borrower Name	rrower Name				
-	reet Address			-		
2	City	State	ZIP	-		
-	Original Amount Borrowed	Amount Still Outstanding		-		
	Borrower Name		Date Repayment Received			
-	Street Address	reet Address				
-	City	State	ZIP	-		
-	Original Amount Borrowed	Amount Still Outstanding		-		
-	Borrower Name		Date Repayment Received			
-	Street Address	reet Address				
	City	State	ZIP	_		
-	Original Amount Borrowed	Amount Still Outstanding		-		
	Borrower Name		Date Repayment Received			
	Street Address			_		
;	City	State	ZIP	_		
		Amount Still Outstanding		_		
	Original Amount Borrowed	Amount Still Outstanding	ine 2(c))			

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



INTEREST ACCRUED ON LOANS MADE:

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

SCHEDULE A(2)(d)

	Borrower	Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulati Amount t Election C	
	Borrower Name		Date Interest Accrued				
	Street Address						
1	City	State	ZIP				
	Original Amount Borrowed	Amount Still Outstanding					
	Borrower Name		Date Interest Accrued				
	Street Address						
2	City	State	ZIP				
	Original Amount Borrowed	Amount Still Outstanding					
	Borrower Name		Date Interest Accrued				
	treet Address						
3	City	State	ZIP				
	Original Amount Borrowed	Amount Still Outstanding					
	Borrower Name		Date Interest Accrued				
	Street Address						
4	City	State	ZIP	_			
	Original Amount Borrowed	Amount Still Outstanding					
	Borrower Name		Date Interest Accrued				
	Street Address	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						

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



SCHEDULE A(3)

REBATES	AND	REFUNDS	RECEIVED:

	Payor I	nformation		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Payor Name		Date Rebate/Refund Received			
	Street Address			_		
1	City	State	ZIP	-		
	Original Purchase Amount	Reason for Refund/Rebat	le	-		
	Payor Name		Date Rebate/Refund Received			
	Street Address					
2	City	State	ZIP	_		
	Original Purchase Amount	Reason for Refund/Rebat	le	-		
	Payor Name		Date Rebate/Refund Received			
-	Street Address		-			
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebat	le	-		
	Payor Name		Date Rebate/Refund Received			
	Street Address			_		
4	City	State	ZIP	-		
	Original Purchase Amount	Reason for Refund/Rebat	le	_		
	Payor Name		Date Rebate/Refund Received			
	Street Address					
5	City	State	ZIP	-		
	Original Purchase Amount	Reason for Refund/Rebat	le	-		
	Enter total only if last page of schedule (transfer the total received this period to "Sum					

Schedule A(3), page____ of ____

Arizona Secretary of State Revision 12/02/2024



INTEREST ACCRUED ON COMMITTEE MONIES:

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

SCHEDULE A(4)

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

Schedule A(4), page____ of ____





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

SCHEDULE A(5)(a)

				1		
/	Indiv	idual Contributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address			-		
1	City	State	ZIP	-		
	Occupation	Employer		-		
	Name		Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP	-		
	Occupation	Employer		_		
	Name		Date In-Kind Contribution Received			
3	Street Address			-		
	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		-		

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

Schedule A(5), page____ of ____





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

SCHEDULE A(5)(b)

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

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

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

COMMITTEE ID NUMBER



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

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

SCHEDULE A(5)(c)

/	Candidate Committee	e Contributor Infor	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address			-		
1	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Received	_		
	Committee Name					
	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	I				
	Street Address			-		
4	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Received	-		
	Committee Name	I				
	Street Address	_				
5	City	State	ZIP	_		
	Committee ID Number	Date In-Kind Contribution	Received	-		
-	Enter total only if last page of schedule					

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





IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

/	Candidate Committe	e Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
-	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date 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			
		1		1		

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





IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

/		on Committee Contributo	r Information	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name				l	
	Street Address					
1	City	State	ZIP			
	Committee ID Number			l		
	Committee Name					
	Street Address			l		
2	City	State	ZIP			l
	Committee ID Number	Date In-Kind Contrib	oution Received			l
	Committee Name					
	Street Address					l
3	City	State	ZIP			l
	Committee ID Number	Date In-Kind Contrib	oution Received			l
	Committee Name					l
	Street Address					l
4	City	State	ZIP			l
	Committee ID Number	Date In-Kind Contrib	oution Received			l
	Committee Name					
	Street Address				l	
5	City	State	ZIP			l
	Committee ID Number	Date In-Kind Contrib	oution Received			l

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

	Politic	cal Party Contributor Info	rmation	Amount Receive	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City State ZIP					
	Committee ID Number					
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Received			
	Enter total only if last page o (transfer the total received this p	f schedule eriod to "Summary of Receip	ots," line 5(f))			
			Schedule A(5)(f), pa	,	- I	<u></u>



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

	Partnersh	nip Contributor Inform	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl		
	Partnership Name						
	Street Address						
	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contri	ibution Received				
	Partnership Name						
	Street Address						
ľ	City	State	ZIP				
Ì	Corporation Commission File Number	Date In-Kind Contr	ibution Received				
	Partnership Name						
	Street Address						
	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contr	ibution Received				
	Partnership Name						
	Street Address						
	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contr	ibution Received				
	Partnership Name						
	Street Address		———				
	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contr	ibution Received				
	Enter total only if last page of sch (transfer the total received this period	edule					





IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

/	/	Corporation / LLC C	Contributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Corporation/LLC Name					
		Street Address					
1	1	City	State	ZIP	•		
	ľ	Corporation Commission File Number	Date In-Kind Contribution	Received			
		Corporation/LLC Name					
		Street Address					
2	2	City	State	ZIP			
	ľ	Corporation Commission File Number	Date In-Kind Contribution	Received	•		
		Corporation/LLC Name	I				
	ľ	Street Address					
3	3	City	State	ZIP			
	Ī	Corporation Commission File Number	Date In-Kind Contribution	Received			
		Corporation/LLC Name					
		Street Address					
4	1	City	State	ZIP			
	ľ	Corporation Commission File Number	Date In-Kind Contribution	Received			
		Corporation/LLC Name	I				
	Ī	Street Address					
5	5	City	State	ZIP			
	Ī	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	I mary of Receipts," I	ine 5(h))	1		



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

	Labor Organ	ization Contributor Ir	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contril				
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	bution Received			
	Labor Organization Name					
-	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	bution Received			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	bution Received			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	bution Received			
	Enter total only if last page of sch (transfer the total received this period	nedule				

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





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

SCHEDULE A(5)(j)

	C	andidate Information	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address		l			
1	City	State	ZIP	-		
	Asset or Property Contributed	-				
	Name		Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Asset or Property Contributed			-		
	Name		Date In-Kind Contribution Received			
3	Street Address			_		
	City	State	ZIP	-		
	Asset or Property Contributed			-		
	Name	Name Date In-Kind Contribution Receive				
	Street Address		-			
4	City	State	ZIP	-		
	Asset or Property Contributed			-		
	Name Date In-Kind Contribution Re					
	Street Address	Street Address				
5	City	State	ZIP	-		
	Asset or Property Contributed		-			
	Enter total only if last page of sci (transfer the total received this period	hedule				





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

SCHEDULE A(6)

	Sour	ce Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Street Address	Date In-Kind Donation Received	_			
	Sileet Address					
1	City	State	ZIP	_		
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
0	Street Address					
2	City	State	ZIP			
	Type of Item Donated					
	Name	Date In-Kind Donation Received				
2	Street Address					
3	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
4	Street Address					
	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
5	Street Address					
J	City	State	ZIP			
	Type of Item Donated					
	Enter total only if last page of schedu (transfer the total received this period to "S	le Summary of Receipts	s," line 6)			



EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

	Cr	editor Information		Amount of Credit Extended	Cumulative Amount this	Cumulative Amount this
	Name		Extended	Reporting Period	Election Cycle	
	Street Address		_			
	Sireer Address					
1	City	State	ZIP			
ĺ	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address					
2	Chu	State	ZIP	_		
	City	Siale	2112			
	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			
	Marc					
	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					
	Enter total only if last page of sche (transfer the total received this period to	dule o "Summary of Rece	ipts," line 7(a))			



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

	Credito	r Information	Payment Amount on Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Name					
	Street Address			-		
1	City	State	ZIP	-		
	Services or Goods Originally Provided on Credit	Date of Original Extension of Credit	_			
	Name					
	Street Address			-		
2	City	State	ZIP	-		
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit	-		
	Name					
	Street Address			-		
3	City	State	ZIP	_		
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit	-		
	Name					
	Street Address		-			
4	City	State	ZIP	_		
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit	_		
_	Name					
	Street Address		_			
5	City	State	ZIP	_		
	Services or Goods Originally Provided on Credit	-				
_	Enter total only if last page of schedule (transfer the total received this period to "Su	nmary of Receipt	ts," line 7(b))	<u> </u>		



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor C	ommittee Informa	ation	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address					
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	xpense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	xpense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	xpense (if applicable)			
	Committee Name		Payment Date			
-	Street Address					
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	xpense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	xpense (if applicable)			
_	Enter total only if last page of scheo (transfer the total received this period to					

Schedule A(8), page____ of ____



COMMITTEE ID NUMBER

PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

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





OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

/	Infor	mation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
2	2 City	State	ZIP			
	Type of Account Receivable or Debt Owed	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					
4	4 City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Type of Account Receivable or Debt Owed	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," li	ine 10)			

Schedule A(10), page____ of ____

COMMITTEE ID NUMBER

TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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

Schedule A(11), page ____ of ____



MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

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

Schedule A(12), page____ of ____



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/	R	ecipient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Disbursement Date				
	Street Address			_		
1	City	State	ZIP	_		
	Type of Operating Expense Paid	Non-Electoral Purpo	se? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date	1			
	Street Address			_		
2	City	State	ZIP	□ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpo	Non-Electoral Purpose? (PACs and Political Parties Only)			
l	Name		Disbursement Date			
	Street Address					
3	City	State	ZIP	 □ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpo	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Name	Disbursement Date				
	Street Address			_		
4	City	State	ZIP	 □ Cash		
	Type of Operating Expense Paid		Non-Electoral Purpose? (PACs and Political Parties Only)			
	Name		Disbursement Date			
	Street Address			-		
5	City	State	ZIP	□ Cash □ Credit		
	Type of Operating Expense Paid	Non-Electoral Purpo	Non-Electoral Purpose? (PACs and Political Parties Only)			

Schedule B(1), page____ of ____





SCHEDULE B(2)(a)

MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTE
--

/	Candidate	e Committee Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Mad	e	□ Cash □ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
		Date Contribution Mac	le	□ Cash □ Credit		
	Committee ID Number Date Contribution Made					
	Committee Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Mac	Date Contribution Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Mac	le	□ Cash □ Credit		
_	Committee Name					
5	Street Address					
5	City	State	ZIP	□ Cash		
	Committee ID Number	a ID Number Date Contribution Made		Credit		

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





MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

/	1	ction Committee Recipient I	nformation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Mad	le	Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made				
	Committee Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Mag	Date Contribution Made			
	Committee Name	Committee Name				
	Street Address					
4	City	State	ZIP			
	Committee ID Number	ee ID Number Date Contribution Made		□ Cash □ Credit		
	Committee Name	Committee Name				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	er Date Contribution Made		□ Cash □ Credit		
	Enter total only if last page o					

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



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Political Party Recipient Information			Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
C	Committee Name					
S	Street Address					
C	City	State	ZIP	□ Cash		
C	Committee ID Number	Date Contribution	Made			
C	Committee Name					
5	Street Address					
C	City	State	ZIP			
C	Committee ID Number	Date Contribution	Made	□ Cash □ Credit		
C	Committee Name					
5	Street Address					
C	City	State	ZIP			
C	Committee ID Number	Date Contribution	Made	□ Cash □ Credit		
C	Committee Name					
S	Street Address					
¢	City	State	ZIP			
C	Committee ID Number	Date Contribution	Made	□ Cash □ Credit		
C	Committee Name					
5	Street Address					
C	City	State	ZIP			
(Committee ID Number	D Number Date Contribution Made		□ Cash □ Credit		
E	Enter total only if last page o transfer the total disbursed this	I				



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	Amount Contributed	Cumulative Amount this	Cumulative Amount this		
	Partnership Name				Reporting Period	Election Cycle
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Ma	de			
	Partnership Name	I				
	Street Address					
2	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Ma	ide			
	Partnership Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made				
	Partnership Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Ma	lde			
	Partnership Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Ma	I			
		edule to "Summary of Disbur				





MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mac	le	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	Date Contribution Made			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Ma	Date Contribution Made			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
	City	State	ZIP	□ Cash		
5		Date Contribution Ma	Date Contribution Made			
5	Corporation Commission File Number					

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Orga	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Labor Organization Name	I				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made				
	Labor Organization Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Corporation Commission File Number	er Date Contribution Made				
	Enter total only if last page of scl (transfer the total disbursed this perio	nedule				

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



SCHEDULE B(2)(h)

	Contributo	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cycl
	Committee Name		Date Refund Received			
	Street Address					
	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
ľ	Street Address					
	City	State	ZIP			
-	Committee ID Number		Date of Original Contribution	_		
+	Committee Name		Date Refund Received			
	Street Address			-		
3	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
ľ	Street Address			_		
ŀ	City	State	ZIP	_		
ľ	Committee ID Number		Date of Original Contribution	_		
+	Committee Name		Date Refund Received			
	Street Address			-		
; -	City	State	ZIP	-		
	Committee ID Number		Date of Original Contribution	-		
+	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur					

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



SCHEDULE B(3)(a)

LOANS MADE:

				1		
/	Borrower	Information		Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name					
	Street Address			-		
1	City	State	ZIP	-		
	Guarantor/Endorser Name	Date Loan Made		-		
	Borrower Name					
	Street Address					
2	City	State	ZIP	-		
	Guarantor/Endorser Name	Date Loan Made		-		
	Borrower Name	ower Name				
	Street Address			-		
3		1	I	-		
U	City	State	ZIP			
	Guarantor/Endorser Name	antor/Endorser Name Date Loan Made				
	Borrower Name					
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made	I	-		
	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	mony of Passints "				
		mary or Necelpis, 1			1	

Schedule B(3)(a), page____of



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

/	(Guarantor Information		Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Guarantor Name					
	Street Address					
1	City	State	ZIP			
	Borrower Name	Date Loan Guarantee	d			
_	Guarantor Name					
	Street Address					
2	City	State	ZIP			
	Borrower Name	Date Loan Guarante	ed			
_	Guarantor Name					
	Street Address	Street Address				
3	City	State	ZIP			
	Borrower Name	Date Loan Guarante	ed			
	Guarantor Name					
	Street Address					
4	City	State	ZIP			
	Borrower Name	Date Loan Guarante	ed			
	Guarantor Name					
	Street Address					
5	City	State	ZIP	—		
	Borrower Name	Date Loan Guarante	ed			
_	Enter total only if last page of s (transfer the total received this perio	chedule				

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



FORGIVENESS ON LOANS MADE:

		r Information	T	Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Forgiveness Made			
	Street Address					
1	City	State	ZIP	_		
	Original Amount of Loan	Amount Still Outstanding				
	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		Date Forgiveness Made			
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address			_		
5	City	State	ZIP	_		
	Original Amount of Loan	Amount Still Outstanding		_		
	Enter total only if last page of schedule					

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



REPAYMENT ON LOANS RECEIVED:

	Lender Informat			Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Repayment Made			
	Street Address		1			
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name	I	Date Repayment Made			
	Street Address			_		
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address					
5	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		_		

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

SCHEDULE B(3)(d)



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

						\sim
	Lender	nformation		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount the Election Cye
	Lender Name		Date Interest Accrued			
-	Street Address			-		
-	City	State	ZIP	-		
-	Original Amount Borrowed	Amount Still Outstanding		-		
	Lender Name		Date Interest Accrued			
-	Street Address			-		
	City	State	ZIP	_		
-	Original Amount Borrowed	Amount Still Outstanding		-		
+	Lender Name		Date Interest Accrued			
-	Street Address			-		
;	City	State	ZIP			
-	Original Amount Borrowed	Amount Still Outstanding		-		
	Lender Name	Date Interest Accrued				
-	Street Address		_			
ŀ	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Lender Name		Date Interest Accrued			
	Street Address			-		
-	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
┥	Enter total only if last page of schedule					

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

Rec me of Original Payor eet Address y rporation Commission File Number (if applicable)	Cipient Information	Date Rebate/Refund Made	Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
eet Address	State				
у	State	ZIP			
	State	ZIP			
rporation Commission File Number (if applicable)					
	Original Payment Amount	Date of Original Payment	_		
me of Original Payor		Date Rebate/Refund Made			
eet Address			_		
y	State	ZIP	_		
rporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment	_		
me of Original Payor		Date Rebate/Refund Made			
eet Address			_		
у	State	ZIP	_		
rporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
me of Original Payor		Date Rebate/Refund Made			
eet Address			_		
у	State	ZIP	_		
rporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor	_		
me of Original Payor		Date Rebate/Refund Made			
Street Address					
			_		
y	State	ZIP			
rpo me	of Original Payor	ration Commission File Number (if applicable) Original Payment Amount of Original Payor	ration Commission File Number (if applicable) Original Payment Amount Name of Original Payor of Original Payor Date Rebate/Refund Made	ration Commission File Number (if applicable) Original Payment Amount Name of Original Payor of Original Payor Date Rebate/Refund Made Address	ration Commission File Number (if applicable) Original Payment Amount Name of Original Payor of Original Payor Date Rebate/Refund Made

Schedule B(4), page____ of ____

COMMITTEE ID NUMBER



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/		e Committee Recipient In	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	ution Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
		Date In-Kind Contrib	ution Mode			
	Committee ID Number		ution Midue			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Made			
					1	

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





SCHEDULE B(5)(b)

		tion Committee Recipie	nt Information	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cyc
	Committee Name Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Con	tribution Made			
	Committee Name					
ľ	Street Address					
	City	State	ZIP			
-	Committee ID Number Date In-Kind Contribution Made					
_	Committee Name					
	Street Address	Street Address				
•	City	State	State ZIP			
-	Committee ID Number	Date In-Kind Cor	tribution Made			
	Committee Name					
ļ						
	Street Address					
1	City	State	ZIP			
Ī	Committee ID Number	Date In-Kind Cor	tribution Made			
	Committee Name	Committee Name				
ŀ	Street Address					
; -	City	State	ZIP			
ŀ	Committee ID Number	Date In-Kind Cor	tribution Made			
	Enter total only if last page of (transfer the total disbursed this p	faabadula				

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

	Politi	ical Party Recipient Info	rmation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Con	ribution Made			
	Committee Name					
	Street Address					
2	City	State ZIP				
	Committee ID Number	Date In-Kind Cor	Date In-Kind Contribution Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Cor	tribution Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Cor	tribution Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Cor	tribution Made			
	Enter total only if last page o (transfer the total disbursed this	I If schedule period to "Summary of Dist	oursements," line 5(c))	I		



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

	Derteer	his Danisiant later		Amount	Cumulative	Cumulative
	Partners	hip Recipient Inforn	nation	Contributed	Amount this Reporting Period	Amount this Election Cycle
	Partnership Name					l
	Street Address					l
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Made			
	Partnership Name					
	Street Address					1
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Made			1
	Partnership Name					
	Street Address			1		
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Made			l
	Partnership Name					
	Street Address					
4	City	State	ZIP			1
	Corporation Commission File Number	Date In-Kind Cont	ribution Made			l
	Partnership Name					
	Street Address				l	
5	City	State	ZIP			l
	Corporation Commission File Number	Date In-Kind Cont	ibution Made			l
	Enter total only if last page of sch (transfer the total disbursed this period	l edule d to "Summary of Disb	ursements," line 5(d))	I		



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

Corporation / LLC	Recipient Informa	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Corporation/LLC Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	Made			
Corporation/LLC Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	Made			
Corporation/LLC Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	Made			
Corporation/LLC Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	Made			
Corporation/LLC Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	l Made			
Enter total only if last page of schedule (transfer the total disbursed this period to "Su	1		1		
	Corporation/LLC Name Street Address City Corporation Commission File Number Corporation/LLC Name Street Address City Corporation/LLC Name Street Address Corporation/LLC Name Street Address Corporation/LLC Name Street Address Corporation/LLC Name Street Address City Corporation Commission File Number Corporation Commission File Number Corporation/LLC Name Street Address City Corporation/LLC Name Street Address City Street Address City Street Address City Corporation/LLC Name Street Address City Corporation/LLC Name Street Address City Corporation/LLC Name Street Address City	Corporation/LLC Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Corporation/LLC Name State Street Address City City State Corporation/LLC Name Date In-Kind Contribution Corporation/LLC Name Date In-Kind Contribution Corporation/LLC Name Date In-Kind Contribution Corporation/LLC Name State City State City State Corporation/LLC Name Date In-Kind Contribution Corporation/LLC Name State City State City State Corporation/LLC Name Date In-Kind Contribution Corporation/LLC Name State City State City State City State	Street Address ZIP City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name State ZIP City State ZIP Corporation/LLC Name Date In-Kind Contribution Made Corporation/LLC Name Date In-Kind Contribution Made Corporation/LLC Name Date In-Kind Contribution Made City State ZIP Corporation/LLC Name State ZIP Corporation Commission File Number Date In-Kind Contribution Made City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name State ZIP Corporation/LLC Name State ZIP Corporation/LLC Name State ZIP City State ZIP Corporation/LLC Name State ZIP City State ZIP Corporation/LLC Name State ZIP <td>Corporation / LEC Recipient information Contributed Corporation LE Name State 2/P Street Address Date In-Kind Contribution Mode Corporation File Number Direct Address Date In-Kind Contribution Mode Corporation Commission File Number Direct Address Direct In-Kind Contribution Mode Corporation Commission File Number Direct Address Direct In-Kind Contribution Mode Corporation Commission File Number Corporation CLC Name Date In-Kind Contribution Mode Corporation Commission File Number Corporation CLC Name Date In-Kind Contribution Mode Corporation CLC Name Corporation CLC Name State ZiP Corporation CLC Name Date In-Kind Contribution Mode Corporation CLC Name Corporation CLC Name State ZiP Corporation CLC Name Date In-Kind Contribution Mode Corporation CLC Name Corporation CLC Name State ZiP Corporation CLC Name Date In-Kind Contribution Made Corporation CLC Name Corporation CLC Name State ZiP Corporation CLC Name Date In-Kind Contribution Made Corporation CLC Name Corporation Clic Name State ZiP Corporation Clic Name Corporation Commission File Number Date In-Kind Contribution Made<td>Corporation / LLC Recipient Information Amount His Reporting Period Corporation / LLC Recipient Information Amount His Reporting Period Corporation / LC Name Steel Address City Steel Address Corporation / LC Name Date In-Kind Contribution Made Corporation / LC Name Date In-Kind Contribution Made Corporation / LC Name Date In-Kind Contribution Made Corporation / LC Name State State Address State Corporation / LC Name Date In-Kind Contribution Made Corporation / LC Name State State Address State Corporation / LC Name Date In-Kind Contribution Made Corporation / LC Name Date In-Kind Contribution Made Corporation / LC Name State State Address State Corporation / LC Name State State Address State Corporation / LC Name Sta</td></td>	Corporation / LEC Recipient information Contributed Corporation LE Name State 2/P Street Address Date In-Kind Contribution Mode Corporation File Number Direct Address Date In-Kind Contribution Mode Corporation Commission File Number Direct Address Direct In-Kind Contribution Mode Corporation Commission File Number Direct Address Direct In-Kind Contribution Mode Corporation Commission File Number Corporation CLC Name Date In-Kind Contribution Mode Corporation Commission File Number Corporation CLC Name Date In-Kind Contribution Mode Corporation CLC Name Corporation CLC Name State ZiP Corporation CLC Name Date In-Kind Contribution Mode Corporation CLC Name Corporation CLC Name State ZiP Corporation CLC Name Date In-Kind Contribution Mode Corporation CLC Name Corporation CLC Name State ZiP Corporation CLC Name Date In-Kind Contribution Made Corporation CLC Name Corporation CLC Name State ZiP Corporation CLC Name Date In-Kind Contribution Made Corporation CLC Name Corporation Clic Name State ZiP Corporation Clic Name Corporation Commission File Number Date In-Kind Contribution Made <td>Corporation / LLC Recipient Information Amount His Reporting Period Corporation / LLC Recipient Information Amount His Reporting Period Corporation / LC Name Steel Address City Steel Address Corporation / LC Name Date In-Kind Contribution Made Corporation / LC Name Date In-Kind Contribution Made Corporation / LC Name Date In-Kind Contribution Made Corporation / LC Name State State Address State Corporation / LC Name Date In-Kind Contribution Made Corporation / LC Name State State Address State Corporation / LC Name Date In-Kind Contribution Made Corporation / LC Name Date In-Kind Contribution Made Corporation / LC Name State State Address State Corporation / LC Name State State Address State Corporation / LC Name Sta</td>	Corporation / LLC Recipient Information Amount His Reporting Period Corporation / LLC Recipient Information Amount His Reporting Period Corporation / LC Name Steel Address City Steel Address Corporation / LC Name Date In-Kind Contribution Made Corporation / LC Name Date In-Kind Contribution Made Corporation / LC Name Date In-Kind Contribution Made Corporation / LC Name State State Address State Corporation / LC Name Date In-Kind Contribution Made Corporation / LC Name State State Address State Corporation / LC Name Date In-Kind Contribution Made Corporation / LC Name Date In-Kind Contribution Made Corporation / LC Name State State Address State Corporation / LC Name State State Address State Corporation / LC Name Sta



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

	Labor Orga	nization Recipient Inf	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc	
	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	bution Made			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Made			
	Labor Organization Name					
	Street Address					
;	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Made			
	Labor Organization Name					
	Street Address					
ŀ	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Made			
	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Made			
1	Enter total only if last page of sch (transfer the total disbursed this perio	nedule				

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



INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

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

Schedule B(6), page____ of ____



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

Expenditure ipient Name et Address ot Measure(s) Supported (including % supported) e of First Publication, Display, Delivery, or Broadcast ipient Name et Address	Recipient Informat	Mode of Advertising (TV, mail, etc)	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
et Address 	Ballot Measure(s) Oppose	d (including % opposed)			
ot Measure(s) Supported (including % supported) e of First Publication, Display, Delivery, or Broadcast ipient Name	Ballot Measure(s) Oppose	d (including % opposed)			
ot Measure(s) Supported (including % supported) e of First Publication, Display, Delivery, or Broadcast ipient Name	Ballot Measure(s) Oppose	d (including % opposed)			
e of First Publication, Display, Delivery, or Broadcast ipient Name					
ipient Name	Election Month/Year	Mode of Advertising (TV, mail, etc.)	☐ Credit		
		Mode of Advertising (TV mail etc)			
vet Address		(1 v, mail, dt)			
			-		
	State	ZIP	-		
ot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed (including % opposed)		_ □ Cash		
Date of First Publication, Display, Delivery, or Broadcast Election Month/Year			Credit		
ipient Name		Mode of Advertising (TV, mail, etc)			
vet Address			-		
	State	ZIP	-		
ot Measure(s) Supported (including % supported)	Ballot Measure(s) Oppose	d (including % opposed)	□ Cash		
e of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
ipient Name	1	Mode of Advertising (TV, mail, etc)	+		
et Address			-		
	State	ZIP	-		
			-		
ot Measure(s) Supported (including % supported)	Ballot Measure(s) Oppose	d (Including % opposed)	□ Cash □ Credit		
e c	of First Publication, Display, Delivery, or Broadcast ent Name	of First Publication, Display, Delivery, or Broadcast Election Month/Year ent Name Address State	of First Publication, Display, Delivery, or Broadcast Election Month/Year ent Name Address State ZIP	of First Publication, Display, Delivery, or Broadcast Election Month/Year ent Name Mode of Advertising (TV, mail, etc) Address Image: Cash image: Credit State ZIP	of First Publication, Display, Delivery, or Broadcast Election Month/Year Credit ent Name Mode of Advertising (TV, mail, etc) Address Image: State ZIP

Schedule B(7), page____ of ____



RECALL EXPENDITURES MADE:

SCHEDULE B(8)

/				1	Cumulative	Cumulative
	Expenditure	Recipient Informati	on	Expenditure Amount	Amount this Reporting Period	Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			_		
1	City	State	ZIP	-		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Re	called	_ □ 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		called	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Office Held			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 Re	called	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		Credit		
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address			-		
4	City	State	ZIP	-		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Re	called	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		Credit		
		1		1		

Schedule B(8), page____ of ____





SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE	B(9)

/	Benefi	tted Candidate		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Candidate Name		Date Benefit Provided			
	Street Address		I			
1	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
2	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name	Date Benefit Provided				
	Street Address		1			
3	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
4	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Enter total only if last page of schedu (transfer the total disbursed this period to "	e Summary of Disbursen	nents " line 9)	1		

Schedule B(9), page____ of ____





SCHEDULE B(10)

/	Recipient C	committee Information	on	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address					
1	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	e (if applicable)			
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	e (if applicable)			
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP	 □ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	e (if applicable)			
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	e (if applicable)			
	Committee Name		Payment Date			
	Street Address	Street Address				
5	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	e (if applicable)	Credit		
_	Enter total only if last page of sched (transfer the total disbursed this period to	ule		I		
	(transfer the total disbursed this period to	"Summary of Disburse	ements," line 10)			

Schedule B(10), page____ of ____



REIMBURSEMENTS MADE:

SCHEDULE B(11)

	Recipien	Information		Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	ne				
	Street Address	reet Address				
1	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	□ Credit		
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed Reimbursement Date			Credit		
	Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
_	Enter total only if last page of schedule					

Schedule B(11), page____ of ____





SCHEDULE B(12)

OUTSTANDING ACCOUNTS PAYABLE / DEBTS	OWED BY COM	MMITTEE:
--------------------------------------	-------------	----------

		Debt Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Name				
1	Street Address					
	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name		I			
	Street Address					
2	City	State	ZIP	-		
	Type of Account Payable or Debt Owed		Date that Debt Accrued	-		
	Name					
	Street Address	_				
3	City	State	ZIP	_		
	Type of Account Payable or Debt Owed	I	Date that Debt Accrued	_		
	Name					
	Street Address					
4	City	State	ZIP	_		
	Type of Account Payable or Debt Owed		Date that Debt Accrued	_		
	Name					
5	Street Address			_		
	City	State	ZIP	-		
	Type of Account Payable or Debt Owed	I	Date that Debt Accrued			

Schedule B(12), page____ of ____

COMMITTEE ID NUMBER

TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

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

Schedule A(13), page____ of ____



MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

		Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City		ZIP	□ Cash		
	Disbursement Type Disbursement Date		□ Credit			
	Name					
_	Street Address					
2	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	Credit		
	Name					
	Street Address					
3	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date			
	Name					
	Street Address					
4	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	Credit		
	Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Disbursement Type	-	Disbursement Date			
	nter total only if last page of schedule ransfer the total disbursed this period to "Summary of Disbursements," line 14)			I		



AGGREGATE OF DISBURSEMENTS - \$250 OR LESS:

SCHEDULE B(15)

Cumulative of Disbursements - \$250 or Less		Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Cumulative of Disbursements - \$250 or Less		

Schedule B(15), page____ of ____