



YAVAPAI COUNTY CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

Benefitted Candidate			Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
1	Candidate Name					
	Date Benefit Provided					
	Street Address					
	City	State				ZIP
	Type of Benefit Provided					
Notes:						
2	Candidate Name					
	Date Benefit Provided					
	Street Address					
	City	State				ZIP
	Type of Benefit Provided					
Notes:						
3	Candidate Name					
	Date Benefit Provided					
	Street Address					
	City	State				ZIP
	Type of Benefit Provided					
Notes:						
4	Candidate Name					
	Date Benefit Provided					
	Street Address					
	City	State				ZIP
	Type of Benefit Provided					
Notes:						
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 9)						

Schedule B(9), page ____ of ____