



YAVAPAI COUNTY CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor Committee Information	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
1	Committee Name	Payment Date			
	Street Address				
	City	State ZIP			
	Date of Joint Fundraising Event (if applicable)		Type of Shared Expense (if applicable)		
2	Committee Name	Payment Date			
	Street Address				
	City	State ZIP			
	Date of Joint Fundraising Event (if applicable)		Type of Shared Expense (if applicable)		
3	Committee Name	Payment Date			
	Street Address				
	City	State ZIP			
	Date of Joint Fundraising Event (if applicable)		Type of Shared Expense (if applicable)		
4	Committee Name	Payment Date			
	Street Address				
	City	State ZIP			
	Date of Joint Fundraising Event (if applicable)		Type of Shared Expense (if applicable)		
5	Committee Name	Payment Date			
	Street Address				
	City	State ZIP			
	Date of Joint Fundraising Event (if applicable)		Type of Shared Expense (if applicable)		
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 8)					

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