ATTENTION:

Prior to entering values on this form, save this file to your computer.

DO NOT work on this form within a browser.

You may obtain PDF software for your computer at https://get.adobe.com/reader/.

COMMITTEE ID#



YAVAPAI COUNTY CAMPAIGN FINANCE REPORT

FOR OFFICE USE ONLY

COMMITTEE IN	

CON	MMITTEE NAME (required):
OFF	ICE SOUGHT (only if filing as a candidate committee):
	Check here if this is the candidate committee's first cumulative report for the election cycle.
	Cumulative reporting period start date (which supersedes the start date for the Reporting Period selected below):

REPORTING PERIOD (CHECK ONE BOX ONLY FROM COLUMN 1 OR COLUMN 2)

LUMN 1	COLUMN 2
If your committee <u>IS NOT</u> participating in an election during a quarter, select a box below	If your committee IS participating in an election during a quarter, select a box below
2025 First Quarter: January 1 to March 31, 2025	2025 March Pre-Election: January 1 to February 22, 2025 Report due February 23 to March 1, 2025
Report due April 1 to April 21, 2025	2025 March Post-Election: February 23 to March 31, 2025 Report due April 1 to April 15, 2025
2025 Second Quarter: April 1 to June 30, 2025	2025 May Pre-Election: April 1 to May 3, 2025 Report due May 4 to May 10, 2025
Report due July 1 to July 21, 2025	2025 May Post-Election: May 4 to June 30, 2025 Report due July 1 to July 15, 2025
2025 Third Quarter: July 1 to September 30, 2025	2025 August Pre-Election: July 1 to July 19, 2025 Report due July 20 to July 26, 2025
Report due October 1 to October 20, 2025	2025 August Post-Election: July 20 to September 30, 2025 Report due October 1 to October 15, 2025
2025 Fourth Quarter: October 1 to December 31, 2025	2025 November Pre-Election: October 1 to 18, 2025 Report due October 19 to October 25, 2025
Report due January 1 to January 20, 2025	2025 November Post-Election: October 19 to December 31, 2025 Report due January 1 to January 15, 2026
2026 First Quarter: January 1 to March 31, 2026	2026 March Pre-Election: January 1 to February 21, 2026 Report due February 22 to February 28, 2026
Report due April 1 to April 20, 2026	2026 March Post-Election: February 22 to March 31, 2026 Report due April 1 to April 15, 2026
2026 Second Quarter: April 1 to June 30, 2026	2026 May Pre-Election: April 1 to May 2, 2026 Report due May 3 to May 9, 2026
Report due July 1 to July 20, 2026	2026 May Post-Election: May 3 to June 30, 2026 Report due July 1 to July 15, 2026
2026 Third Quarter: July 1 to September 30, 2026	2026 Primary Pre-Election: July 1 to July 18, 2026 Report due July 19 to July 25, 2026
Report due October 1 to October 20, 2026	2026 Primary Post-Election: July 19 to September 30, 2026 Report due October 1 to October 15, 2026
2026 Fourth Quarter: October 1 to December 31, 2026	2026 General Pre-Election: October 1 to 17, 2026 Report due October 18 to October 24, 2026
Report due January 1 to January 20, 2027	2026 General Post-Election: October 18 to December 31, 2026 Report due January 1 to January 15, 2027

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

FINANCIAL SLIMMARY (required)

need to be filed.

Activity	Cash Activity			
Activity	This Reporting Period	Election Cycle to Date		
a) Committee value at the beginning of this reporting period				
(i.e., ending balance from the previous reporting period)				
b) + Total receipts				
(from "Summary of Receipts," line 13 (cash column) for this reporting period)				
c) – Total disbursements				
(from "Summary of Disbursements," line 15 (cash column) for this reporting period)				
d) = Balance at close of reporting period				
Check here if filing NO financial activity during the reporting period. Lines (a)-(d) s	still must be completed, but only	this cover page will		



ID#			

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
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		
	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 as applicable)		
	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)		1.5
	(g) Monetary Contributions Subtotal (add 2(a) through 2(f))		
	(h) Contribution Refunds Provided to the Reporting Committee	-	
3.	(i) Monetary Contributions Total (subtract 2(h) from 2(g)) Loans		
	(a) Loans Made		
	(b) Loan Guarantees Made		
	(c) Forgiveness on Loans Made		<u> </u>
	(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		*
			19-
	(c) Political Parties		
	(d) Partnerships		5
	(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))		
3. 	Independent Expenditures Made		
7. 	Ballot Measure Expenditures Made		
3.	Recall Expenditures Made Support Provided to Borty Naminosa (Palitical Parties Only)		
9.	Support Provided to Party Nominees (Political Parties Only)		
10.	Joint Fundraising / Shared Expense Payments Made		
11.	Reimbursements Made Outstanding Associate Payable / Debts Owed by Committee		
12.			11
13.	Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)		U.
14.	Miscellaneous Disbursements (use cash and/or equity as applicable)		0:
15.	Aggregate of Disbursements - \$250 or Less (use cash and/or equity as applicable) Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15))

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

SCHEDULE A(1)(a)

/	/	Individual Contr	ibutor Information	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Name		Date Contribution Received			
		Street Address					
	1	City	State	ZIP			
		Occupation	Employer	1			
Ì		Name		Date Contribution Received			
		Street Address					
	2	City	State	ZIP			
		Occupation	Employer				
ŀ		Name		Date Contribution Received			4
		Street Address					
	3	City	State	ZIP			
		Occupation	Employer				
ŀ		Name		Date Contribution Received			
		Street Address					
	4	City	State	ZIP			
		Occupation	Employer				
\mid		Name		Date Contribution Received			
		Street Address					
	5	City	State	ZIP			
		Occupation	Employer				
-	_	Enter total only if last page of schedule		,		T - C	
e L		Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receipts," I	line 1(a))			

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

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

COMMITTEE ID NUMBER

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

SCHEDULE A(1)(b)

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

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

MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

	Individual Contr	ibutor Information	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Name	Name		Date Contribution Received			
Street Address	Street Address					
1 City	9	State	ZIP			
Occupation		Employer				
Name			Date Contribution Received			
Street Address						
2 City		State	ZIP			
Occupation		Employer	•			
Name			Date Contribution Received			
Street Address	Street Address					
3 City		State	ZIP			
Occupation		Employer	•			
Name	Name					
Street Address						
4 City		State	ZIP			
Occupation		Employer				
Name	Name Date Contribution Recei		Date Contribution Received			
Street Address						
5 City		State	ZIP			
Occupation		Employer				
Enter total only if las (transfer the total receive	st page of schedule ved this period to "Sumi	mary of Receipts," I	ine 1(c))			
		Scho	edule A(1)(c), page o	f		

MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

/	Candidate Co	ommittee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Rec	eived			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Rec	eived			
	Committee Name					
3	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Rec	eived			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Rec	eived			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Rec	eeived			

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

MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

/	Political Action Comm	ittee Contributor Ir	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Committee Name					,	
	Street Address						
1	City	State	ZIP				
	Committee ID Number	Date Contribution Receiv	ed				
	Committee Name						
	Street Address						
2	City	State	ZIP				
	Committee ID Number	Date Contribution Receiv	l ved		-		
	Committee Name						
1	Street Address						
3	City	State	ZIP				
	Committee ID Number	Date Contribution Receiv	ved				
	Committee Name						
	Street Address						
4	City	State	ZIP				
	Committee ID Number	Date Contribution Receiv	<u> </u> ved				
	Committee Name						
	Street Address						
5	City	State	ZIP				
	Committee ID Number	Date Contribution Receiv	ved				
4	Enter total only if last page of schedule (transfer the total received this period to "Su						

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

MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

				1	Cumulative	Cumulative
	Political Party Con	ntributor Informati	ion	Amount Received	Amount this Reporting Period	Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	d .			
	Committee Name					
	Committee Name			3		
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	l ed			
	Committee Name					
	Street Address					
3	- 1					
	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Data Cantalhudian Dasain				
	Committee ID Number	Date Contribution Receive	eu			
	Committee Name					
	Street Address					
5	City	State	ZIP	,		
	Committee ID Number	Date Contribution Receive	ed			

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

MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

/				1 2	6 a	
	Partnership Con	tributor Information	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address	-				
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name					
	Street Address		-			
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	red			
	Partnership Name	J				
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	red			
	Partnership Name				V.	
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	red			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	red			
_	Enter total only if last page of schedule (transfer the total received this period to "Sum					

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

MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

					Cumulative	Cumulative
	Corporation	/ LLC Contributor Infor	mation	Amount Receive	d Amount this Reporting Period	Amount this Election Cycle
	Corporation/LLC Name				2	
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Recei	ived			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Rece	pived			
	Corporation/LLC Name				-	
	-					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Rece	ived			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP	-		
	- Cony	State	Zir			
	Corporation Commission File Number	Date Contribution Rece	eived			
	Corporation/LLC Name	<u>.</u>				
	Street Address					
5	City	State	ZIP			
		Corporation Commission File Number Date Contribution Received				

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

MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

/				a 6	re a	
	Labor Organization	Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address			10		
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
_	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	I red			
	Labor Organization Name	<u> </u>				
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	<u>I</u> red			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	red			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	red			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts "	line 1(i))	.l		

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

MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

	Candidate	e Information		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		•			
	City	State	ZIP			
	Occupation	Employer	•	1		
	Name)	Date Contribution Received			
	Street Address		<u>le</u>			
3	City	State	ZIP			
	Occupation	Employer				
	Name	Date Contribution Received				
	Street Address					
4	City	State	ZIP			
	Occupation	Employer	1			
	Name		Date Contribution Received			
	Street Address		Į.	1		
5	City	State	ZIP			
	Occupation	Employer	F	1		
_	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 1(j))	1		

REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

	Contributo	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Refunded			
	Street Address					
1		1	·			
•	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			
	To remote (in applicable)		Julio G. Griginal Goldman			
	Name		Date Contribution Refunded			
	Street Address					
3	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
4	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
5	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Enter total only if last page of schedule					
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	nary of Receipts," li	ine 1(I))			

Schedule A(1)(I), page ____ of___

LOANS RECEIVED: SCHEDULE A(2)(a)

/	Lender I	nformation		Amount Received	Cumulative Amount this	Cumulative Amount this
	Lender Name	Date Loan Received			Reporting Period	Election Cycle
	Street Address			_		
1	City	State	ZIP	-		
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? ((PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
•	Street Address	m21				
3	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
,	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? ((PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
_	Street Address					
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 "Sum	mary of Receipts," l	line 2(a))			

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

FORGIVENESS ON LOANS RECEIVED: SCHEDULE A(2)(b)

/	Lender I	nformation		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name Street Address		Date Forgiveness Received			
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan Amount Still Outstandi					
	Lender Name		Date Forgiveness Received			
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	<u>I</u>			
	Lender Name		Date Forgiveness Received			
	Street Address		1			
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name	l	Date Forgiveness Received			
	Street Address					
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	line 2(b))	Į.		

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

COMMITTEE ID NUMBER

REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

	Borrowe	Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Repayment Received		, reperung and	
	Street Address			1		
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		-		
	Borrower Name	-	Date Repayment Received		-1	
	Street Address					
3	City	State	ZIP	1		
	Original Amount Borrowed	Amount Still Outstanding		1		
	Borrower Name	1	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		-		

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



INTEREST ACCRUED ON LOANS MADE: SCHEDULE A(2)(d)

Borrower Information Annual of Interest Amount this Amou							
Street Address City State ZIP Original Amount Borrowed Amount SHI Outstanding Borrower Name Date Interest Accound Street Address City State ZIP Original Amount Borrowed Amount SHI Outstanding Borrower Name Date Interest Accound Street Address City State ZIP Original Amount Borrowed Amount SHI Outstanding Borrower Name Date Interest Accound Street Address 3 City State ZIP Original Amount Borrowed Amount SHI Outstanding Borrower Name Date Interest Accound Street Address 4 City State ZIP Original Amount Borrowed Amount SHI Outstanding Borrower Name Date Interest Accound	nulative ount this ion Cycle	Amount this		,	Information	Borrower	/
Total City State ZIP Original Amount Borrowed Amount Stit Outstanding Borrower Name Date Interest Aconsed Street Address City State ZIP Original Amount Borrowed Amount Stit Outstanding Borrower Name Date Interest Aconsed Street Address City State ZIP Original Amount Borrowed Amount Stit Outstanding Borrower Name Date Interest Aconsed Street Address City State ZIP Original Amount Borrowed Amount Stit Outstanding Borrower Name Date Interest Aconsed Street Address City State ZIP Original Amount Borrowed Amount Stit Outstanding				Date Interest Accrued		rrower Name	
Original Amount Borrowed Amount Still Cutationing Borrower Name Date Interest Accrued Street Address ZiP Original Amount Borrowed Amount Still Cutationing Borrower Name Date Interest Accrued ZiP Original Amount Borrowed Amount Still Cutationing Date Interest Accrued Street Address ZiP Original Amount Borrowed Amount Still Cutationing Borrower Name Date Interest Accrued ZiP Original Amount Borrowed Amount Still Cutationing						reet Address	
Borrower Name Date Interest Accrued Street Address Zip Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address Zip Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address Zip Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address Zip Original Amount Borrowed Amount Still Outstanding Street Address Zip Original Amount Borrowed Amount Still Outstanding				ZIP	State	у	1
Street Address City					Amount Still Outstanding	iginal Amount Borrowed	
2 City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address 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				Date Interest Accrued		prrower Name	
City State ZIP Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding					:	reet Address	
Borrower Name Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Total Interest Accrued Amount Still Outstanding				ZIP	State	у	2
Street Address 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					Amount Still Outstanding	iginal Amount Borrowed	
City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding				Date Interest Accrued		orrower Name	
Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding				<u> </u>		reet Address	
Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding				ZIP	State	y	3
Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding				<u> </u>	Amount Still Outstanding	iginal Amount Borrowed	
City State ZIP Original Amount Borrowed Amount Still Outstanding				Date Interest Accrued		orrower Name	
City State ZIP Original Amount Borrowed Amount Still Outstanding						reet Address	
				ZIP	State	у	4
Borrower Name Date Interest Accrued					Amount Still Outstanding	iginal Amount Borrowed	
				Date Interest Accrued		orrower Name	
Street Address					Street Address		
5 City State ZIP				ZIP	State	y	5
Original Amount Borrowed Amount Still Outstanding					Amount Still Outstanding	iginal Amount Borrowed	
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 2(d))			Į.	ino 2(d))	many of Passints " !	nter total only if last page of schedule	

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



COMMITTEE ID NUMBER

REBATES AND REFUNDS RECEIVED:

SCHEDULE A(3)

/		Payor Information		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
ĺ	Payor Name		Date Rebate/Refund Received		· ·	-
	Street Address		L	1		
1	City	State	ZIP			
	Original Purchase Amount	Reason for Refu	nd/Rebate			
	Payor Name	- 1	Date Rebate/Refund Received			
	Street Address					
2	City	State	ZIP			
	Original Purchase Amount Reason for Refund/Rei		nd/Rebate			
	Payor Name	l	Date Rebate/Refund Received			
	Street Address					
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refur	nd/Rebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address		,			
4	City	State	ZIP			
	Original Purchase Amount	Reason for Refur	nd/Rebate			
	Payor Name	**	Date Rebate/Refund Received			
	Street Address					
5	City State		ZIP			
	Original Purchase Amount	Reason for Refur	nd/Rebate			
_	Enter total only if last page of (transfer the total received this pe	schedule		**		

COMMITTEE ID NUMBER

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Account with Interest Earned (Bank Name / Type of Account)		
Account with Interest Earned (Bank Name / Type of Account)		
Account with Interest 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)

Individual Contr	ributor Information	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
me		Date In-Kind Contribution Received			•
eet Address		I			
у	State	ZIP			
cupation	Employer				
me		Date In-Kind Contribution Received	1		
eet Address	-				
,	State	ZIP			
cupation	Employer				
me		Date In-Kind Contribution Received			
eet Address					
y	State	ZIP			
cupation	Employer	J			
me		Date In-Kind Contribution Received			
eet Address					
,	State	ZIP			
cupation	Employer				
me		Date In-Kind Contribution Received			
eet Address					
,	State	ZIP			
cupation	Employer				
y cupat	ion	State State Employer	State ZIP	State ZIP ion Employer	State ZIP dion 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)(a), page ____ of ___

COMMITTEE ID NUMBER

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

SCHEDULE A(5)(b)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Cumulative In-Kind Contributions from Individuals - \$100 or Less		
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5(b))		

*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 C	ontributor Informatio	on	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	1			
	Name		Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address	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	1		
	Occupation	Employer	•			
	Enter total only if last page of schedu (transfer the total received this period to "S	le Summary of Receipts,"	line 5(c))	•		
/		Sched	lule A(5)(c), page of			

IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

/	Candidate Committe	e Contributor Info	rmation	A	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	4					
	Street Address						
2	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribution	n Received	r.			
	Committee Name						
	Street Address						
3	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribution	n Received				
	Committee Name				,77		
	Street Address			-			
4	City	State	ZIP	-1			
	Committee ID Number	Date In-Kind Contribution	n Received				
	Committee Name				-7.		
	Street Address						
5	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribution	n Received				
_	Enter total only if last page of schedule (transfer the total received this period to "Sur	,					

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

IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

/	Political Action C	committee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name				2	
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					-
	Street Address					
2	City	State	ZIP	4		
	Committee ID Number	Date In-Kind Contribution	n Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received			
	Committee Name					
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received			
	Committee Name					,
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received			
_	Enter total only if last page of sch (transfer the total received this period	nedule				
_	(transfer the total received this period	to "Summary of Receipts,"	line 5(e))			

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

IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

pommittee Name ty pommittee ID Number pommittee Name preet Address ty pommittee ID Number	State Date In-Kind Contribution I				
ommittee ID Number ommittee Name reet Address	Date In-Kind Contribution I	Received			
ommittee ID Number ommittee Name reet Address	Date In-Kind Contribution I	Received			
ommittee Name reet Address					
reet Address	State			3	
ty	State				
	State				
ommittee ID Number		ZIP	1		
	Date In-Kind Contribution	Received			
ommittee Name					
reet Address			1		
ty	State	ZIP	1		
ommittee ID Number	Date In-Kind Contribution	Received	1		
ommittee Name					
reet Address			1		
ty	State	ZIP	1		
ommittee ID Number	Date In-Kind Contribution	Received			
ommittee Name					
reet Address					
ty	State	ZIP			
ommittee ID Number	Date In-Kind Contribution	Received			
	pommittee ID Number pommittee Name reet Address sty pommittee ID Number pommittee Name reet Address sty pommittee ID Number reet Address sty pommittee ID Number	Date In-Kind Contribution Date In-Kind Contribution	Date In-Kind Contribution Received Date In-Kind Contribution Received	Date In-Kind Contribution Received Date In-Kind Contribution Received	Date In-Kind Contribution Received Date In-Kind Contribution Received

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

IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

	Partnersl	hip Contributor Informa	ation	Amount Received	Cumulative Amount this	Cumulative Amount this
	Partnership Name	·			Reporting Period	Election Cycle
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	tion Received			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	I ution Received			
	Partnership Name	1				
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	ution Received			
	Partnership Name				3,	
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	ution Received			
	Partnership Name					
5	Street Address					
'	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	ution Received			
	Enter total only if last page of scl (transfer the total received this period	nedule to "Summary of Receipts	s " line 5(a))			

IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

	Corporation	/ LLC Contributor Ir	nformation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name				,	
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Conti	ribution Received			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP	3		
	Corporation Commission File Number	Date In-Kind Cont	tribution Received			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	tribution Received			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Received			
	Corporation/LLC Name	<u>. </u>				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	I tribution Received			
	Enter total only if last page of sch (transfer the total received this period	and the				

IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

	Labor Organ	ization Contributor In	formation	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 Contrib	ution Received					
	Labor Organization Name				3			
	Street Address							
2	City	State	ZIP					
	Corporation Commission File Number	Date In-Kind Contrib	oution Received	*	1			
	Labor Organization Name							
	Street Address							
3	City	State	ZIP					
	Corporation Commission File Number	Date In-Kind Contrib	oution Received	4				
	Labor Organization Name	al.						
	Street Address			3				
4	City	State	ZIP					
	Corporation Commission File Number	Corporation Commission File Number Date In-Kind Contribution Received						
	Labor Organization Name	y l						
	Street Address							
5	City	State	ZIP					
	Corporation Commission File Number	Date In-Kind Contrib	ution Received					

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

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

SCHEDULE A(5)(j)

	Candidate	Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address			-		
1	City	State	ZIP			
	Asset or Property Contributed			-		
H	Name		Date In-Kind Contribution Received			
	Street Address			1		
2		ı	To the state of th			
	City	State	ZIP			
	Asset or Property Contributed					
Г	Name		Date In-Kind Contribution Received			
	Street Address	-	<u>I</u>			
3	City	State	ZIP	1		
	Asset or Property Contributed			_		
H	Name		Date In-Kind Contribution Received			
	Street Address			-		
4	City	State.	ZIP	-		
	City	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address		Js.	1		
5	City	State	ZIP			
	Asset or Property Contributed			-		
H	Enter total only if last page of schedule (transfer the total received this period to "Sum					
L	(transfer the total received this period to "Sum		line 5(j)) edule A(5)(j), page of			/

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

SCHEDULE A(6)

	Source	nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Donation Received			-
	Street Address		ľ.	===		
1	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address		1	1		
2	City	State	ZIP	1		
	Type of Item Donated			1		
	Name		Date In-Kind Donation Received			
:	Street Address					
3	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address			1		
4	City	State	ZIP	1		
	Type of Item Donated		<u> </u>	=		
	Name		Date In-Kind Donation Received			
	Street Address					
5	City		ZIP			
	Type of Item Donated	l				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,	' line 6)	.1		

COMMITTEE ID NUMBER

EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

Š						
_	Creditor Information			Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address			1		
1	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit	-		
H	Name					
	Street Address			1		
2	City	State	ZIP	-		
	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	-		
	Name			-		
4	Street Address					
-	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address			1		
5	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit	=		
H	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 7(a))			1		
	Transition and total reconventing belief to duffi	mary or receipts, i				

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

PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

	Creditor	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	Į.	Date of Original Extension of Credit	-		
	Name					
	Street Address			1		
3	City	State	ZIP	-		
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address			-		
4	City	State	ZIP	-		
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit	-		
	Name			-		
	Street Address			-		
5	City	State	ZIP	-		
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
1	Enter total only if last page of schedule (transfer the total received this period to "Sum			1		

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

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor C	ommittee Informat	ion	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address		· ·	- 1		
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	nense (if applicable)			
	Committee Name		Payment Date		1.	
	Street Address		l			
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)			
	Committee Name		Payment Date			
3	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)			
	Committee Name	e e	Payment Date			
	Street Address		ļ			
5	City	State	ZIP	-		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)			
	Enter total only if last page of scheduransfer the total received this period to	l dule		J		

Schedule A(8), page____ of ____

PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

	F	Payor Information		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name		<u> </u>		1-	
	Street Address					
2	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name	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 sche (transfer the total received this period t	edule				

Schedule A(9), page____ of ____

OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

	Info		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	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name	Name				
	Street Address					
3	City	State	ZIP			
	Type of Account Receivable or Debt Owed	Date that Debt Accrued				
	Name					
	Street Address					
4	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name		1			
	Street Address			7		
5	City	State	ZIP			
	Type of Account Receivable or Debt Owed	Type of Account Receivable or Debt Owed				
Ī	Enter total only if last page of schedule (transfer the total received this period to "Sur	nmary of Receipts	s," line 10)	d.		

TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

	Cumulative Amount this Reporting	Cumulative Amount this Election
	Period Period	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 Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP	4		
	Receipt Type		Receipt Date			
	Name		1			
	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 (transfer the total received this period to "Sum	mary of Receipts."	' line 12)			



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

	Re	ecipient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Disbursement Date					
	Street Address					
1	City	State	ZIP			
	Oity	June		□ Cash		
	Type of Operating Expense Paid	Non-Electoral Purp	ose? (PACs and Political Parties Only)	□ Credit		
	Name	Disbursement Dat	te			
	Street Address	'				
2	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purp	ose? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date				
	Street Address					
3	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purp	ose? (PACs and Political Parties Only)	☐ Cash☐ Credit		
	Name	Disbursement Dat	te			
	Street Address					
4	City	State	ZIP			
	Type of Operating Expense Paid	- 1	ose? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date	te		,	
	Street Address					
5	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Puro	ose? (PACs and Political Parties Only)	□ Cash □ Credit		
	,, , , , , , , , , , , , , , , , , , , ,					
	Enter total only if last page of sche (transfer the total disbursed this period	edule I to "Summary of Disbu	rsements," line 1)			

MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	Candidate Committee	e Recipient Inforr	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		100			
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	•	□ Credit		
	Committee Name	•				
	Street Address					
2	City	State	ZIP	□ Cash		
	Committee ID Number Date Contribution Made			□ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number Date Contribution Made			☐ Credit		
	Committee Name					
1920	Street Address			4		
4	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
-	Street Address					
5	City	State	ZIP	☐ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmany of Diaburaan	nonto " lino 2(a))			

MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

/	Political Action Commit	tee Recipient Info	ormation	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 Made			□ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Committee ID Number Date Contribution Made			☐ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number Date Contribution Made			☐ Credit		
	Committee Name					
VOS.	Street Address					
4	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		□ Credit		
	Committee Name					
	Street Address					
5	City	State ZIP		□ Cash		
	Committee ID Number Date Contribution Made			☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 2(b))	1		
/		Sche	edule B(2)(b), page of	f		

MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Political Party Re	ecipient Information	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name			Troporting Foriou		
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	J.	□ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		□ Credit		
	Committee Name					
	Street Address	Street Address				
4	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address	Street Address				
5	City	State ZIP		□ Cash		
	Committee ID Number	Date Contribution Made	I:	□ Credit		
_	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursen	ments," line 2(c))	H		

	COMMITTEE ID NUMBER
ı	

MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	hip Recipient Inforn	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name	Partnership Name				
	Street Address					
1	City	State	ZIP	T O - t		
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Partnership Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution	Made	□ Credit		
	Partnership Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution	Made	□ Credit		
	Partnership Name					
	Street Address	Street Address				
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution	Made	□ Credit		
	Partnership Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution	Made	□ Credit		
_	Enter total only if last page of sch (transfer the total disbursed this perior	nedule	urreaments " line 2/d\\	<u></u>		

MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	n / LLC Recipient Inform	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	ity State ZIP		□ Cash		
	Corporation Commission File Number	Date Contribution Made	3	□ Credit		
	Corporation/LLC Name					
	Street Address					
2	City State ZIP					
	Corporation Commission File Number Date Contribution Made			□ Cash □ Credit		
	Corporation/LLC Name					
ŀ	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mad	e	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number Date Contribution Made			□ Credit		
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made	e	□ Casn □ Credit		
	Enter total only if last page of sch (transfer the total disbursed this period	l nedule d to "Summary of Disburse	ements," line 2(e))			

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Organ	nization Recipient Info	rmation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City State ZIP		□ Cash			
	Corporation Commission File Number	□ Credit				
	Labor Organization Name					
	Street Address					
2	City State ZIP					
	Corporation Commission File Number	□ Cash □ Credit				
	Labor Organization Name	<u>.</u>				
	Street Address					
3	City	State	ZIP	□ Cash		
	Corporation Commission File Number Date Contribution Made			□ Credit		
	Labor Organization Name	4				
	Street Address					
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number Date Contribution Made			□ Credit		
	Labor Organization Name	1				
	Street Address					
5	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Ma	de	□ Credit		
	Enter total only if last page of sch (transfer the total disbursed this period	nedule d to "Summary of Disburs	sements," line 2(f))	1		

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

/	Contributo	r Information	9	Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Date Refund Received			
	Street Address		3			
1	City	State	ZIP			
	Committee ID Number		Date of Original Contribution	•		
	Committee Name		Date Refund Received			
	Street Address					
2	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			
	Street Address	-	L			
4	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name	•	Date Refund Received			
	Street Address	eet Address				
5	City	State	ZIP			
	Committee ID Number	<u> </u>	Date of Original Contribution			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Dishursen	nents " line 2(h))	L		



LOANS MADE: SCHEDULE B(3)(a)

/	r	wer 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	1			
	Borrower Name	:				
	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made	I			
	Borrower Name	,				
	Street Address					
3	City	State	ZIP	,		
	Guarantor/Endorser Name	Date Loan Made		5		
	Borrower Name					
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made	'			
	Borrower Name	L				
	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
		le Summary of Disburseme				

Schedule B(3)(a), page____of _

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

Guarantor Information Amount Guaranteed Reporting Period Cumulative Amount this Reporting Period Cumulative Amount this Reporting Period Councider Name Steed Address Cumulative Amount this Reporting Period Councider Name Date Loan Guaranteed Cumulative Amount this Reporting Period Cumulative Amount this Reporting							
Street Address Stre	/	T'	antor Information			Amount this	Amount this
Tory City Controver Name Collect Loan Guaranteed Countrater Name Street Address City Collect Loan Guaranteed Coll		Guarantor Name					
Borrower Name Cuarantor Name Cuarantor Name Street Address 2 City State Date Loan Guaranteed Cuarantor Name Date Loan Guaranteed Cuarantor Name Date Loan Guaranteed Cuarantor Name Street Address City State City State ZiP Cuarantor Name Date Loan Guaranteed		Street Address	reet Address				
Claramor Name Street Address	1	City	State	ZIP	-		
Street Address 2 City State 2IP Borrower Name Cuarantor Name Street Address 3 City State 2IP Borrower Name Date Loan Guaranteed Cuarantor Name Street Address 4 City State 2IP Borrower Name Date Loan Guaranteed Cuarantor Name Street Address 4 City State 2IP Borrower Name Street Address City State 2IP		Borrower Name	Date Loan Guaranteed				
2 City State ZIP Borrower Name Date Loan Guaranteed Guarantor Name Street Address City State ZIP Borrower Name Date Loan Guaranteed Guarantor Name Cuarantor Name Street Address 4 City State ZIP Borrower Name Date Loan Guaranteed Cuarantor Name Street Address 4 City State ZIP Conservation Date Loan Guaranteed Courantor Name Date Loan Guaranteed Courantor Name Date Loan Guaranteed		Guarantor Name	:				
Borrower Name Cuarantor Name Street Address City State Date Loan Guaranteed Date Loan Guaranteed Cuarantor Name Street Address Street Address City State ZIP Borrower Name Date Loan Guaranteed Cuarantor Name Street Address City State ZIP Borrower Name Date Loan Guaranteed City State ZIP Borrower Name Date Loan Guaranteed		Street Address					
Cluarantor Name Street Address City State ZIP Borrower Name Date Loan Guaranteed Cuarantor Name Street Address City State ZIP Borrower Name Date Loan Guaranteed City State ZIP City State ZIP Street Address City State ZIP	2	City	State	ZIP	2		
Street Address City State ZIP Borrower Name Date Loan Guaranteed Cuarantor Name Street Address City State ZIP Borrower Name ZIP City State ZIP Cuarantor Name Street Address City State ZIP State ZIP Street Address City State ZIP		Borrower Name	Date Loan Guaranteed	1			
State ZIP		Guarantor Name					
Borrower Name Date Loan Guaranteed					7		
Guarantor Name Street Address Gity State ZIP Borrower Name Date Loan Guaranteed Guarantor Name Street Address City State ZIP	3	City	State	ZIP	3		
Street Address City State ZIP Borrower Name Date Loan Guaranteed Guarantor Name Street Address City State ZIP		Borrower Name	Date Loan Guaranteed	Į.			
4 City State ZIP Borrower Name Date Loan Guaranteed Guarantor Name Street Address City State ZIP		Guarantor Name					
Borrower Name Date Loan Guaranteed Guarantor Name Street Address City State ZIP		Street Address					
Guarantor Name Street Address City State ZIP	4	City	State	ZIP			
Street Address City State ZIP		Borrower Name	Date Loan Guaranteed	1			
5 City State ZIP		Guarantor Name					
City State ZIP		Street Address					
Borrower Name Date Loan Guaranteed	5	City	State	ZIP			
		Borrower Name	Date Loan Guaranteed	Ļ			
	_	Enter total only if last page of schedu (transfer the total received this period to "\$	Summary of Disburseme	ents," line 3(b))		l.	

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

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

/	Borrower	Information	č	Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Forgiveness Made	10		
	Street Address	Street Address				
1	City	State	ZIP			
	Original Amount of Loan Amount Still Outstanding					
	Borrower Name	ļ	Date Forgiveness Made			2
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan Amount Still Outstanding		<u>'</u>			
	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		7		
	Borrower Name		Date Forgiveness Made			
	Street Address	L				
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary 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 Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Repayment Made	7 <u>1</u> 1		
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	3			
	Lender Name		Date Repayment Made			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed Amount Still Outstanding		3			
	Lender Name		Date Repayment Made			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed Amount Still Outstanding		3			
	Lender Name	Date Repayment Made				
	Street Address	Street Address				
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	3			
	Lender Name		Date Repayment Made			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	3			
	Enter total only if last page of schedule			1		

ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

/	Lender	nformation		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Interest Accrued	**************************************		·
	Street Address		<u>J:</u>			
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	I			
	Lender Name		Date Interest Accrued			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	nal Amount Borrowed Amount Still Outstanding				
	Lender Name		Date Interest Accrued			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding		-		
	Lender Name		Date Interest Accrued			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding		1		
	Lender Name		Date Interest Accrued			
	Street Address			-		
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding		-		

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

REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

/	Rec	cipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name of Original Payor		Date Rebate/Refund Made	8.5		
	Street Address		l			
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	1		
	Name of Original Payor	L	Date Rebate/Refund Made			4
	Street Address		Ţ	1		
3	City	State	ZIP	1		
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor	1		
	Name of Original Payor	l	Date Rebate/Refund Made			
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor	ı	Date Rebate/Refund Made			
	Street Address		1	1		
5	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor	1		
H	Enter total only if last page of sche	dule	I	1		
	(transfer the total disbursed this period	to "Summary of Disburser	ments," line 4)			

Schedule B(4), page____ of ___

IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

1 0	Candidate Committee	e Recipient Inforn	nation	Amount Contributed	Cumulative Amount this	Cumulative Amount this
1 0					Reporting Period	Election Cycle
1	Street Address					
[c	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution I	Made			
7	Committee Name	l				
s	Street Address					
2 0	City					
c	Committee ID Number					
7	Committee Name					
s	Street Address	;				
3	City	State	ZIP			
d	Committee ID Number	Date In-Kind Contribution	Made			
-	Committee Name					
s	Street Address		4			
4 0	City	State	ZIP			
d	Committee ID Number	Date In-Kind Contribution	Made			
7	Committee Name					
\$	Street Address					
5	City	State	ZIP			
c	Committee ID Number	Date In-Kind Contribution	I Made			
E	Enter total only if last page of schedule transfer the total disbursed this period to "Sun	nmany of Disburson	pents " line 5(a\\			

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

IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

/	Dallita at Auti C		forms at law	Amount	Cumulative	Cumulative
	Political Action Col	mmittee Recipient In	formation	Contributed	Amount this Reporting Period	Amount this Election Cycle
	Committee Name	Committee Name				
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contributio	n Made			
	Committee Name	1				
	Street Address					
2	City	State	ZIP			
	Committee ID Number Date In-Kind Contribution Made					
	Committee Name					
s	Street Address					
3	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	on Made			
	Committee Name					
				4		
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	on Made			
	Committee Name	Į.				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	on Made			
					1	1

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

IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

/						
	Political Party Re	ecipient Information	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
H	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
F	Committee Name					Ş
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	 nmary of Disbursen	nents," line 5(c))			

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



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

	Partnersl	nip Recipient Informat	ion	Amount Contributed	Cumulative Amount this	Cumulative Amount this
	Partnership Name			Contributed	Reporting Period	Election Cycle
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributi	on Mada			
		Date III-Kind Continuo	on wave			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribut	ion Made			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribut	ion Made			
	Partnership Name					
	Street Address					
4	City	State	ZIP	7		
	Corporation Commission File Number	Date In-Kind Contribut	ion Made	-		
	Partnership Name					
	Street Address					
5	City	State	ZIP	7		
	Corporation Commission File Number	Date In-Kind Contribut	ion Made			
	Corporation Commission File Number	Date In-Kind Contribut	IOTI WIDUE			

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

IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

	Corporation	n / LLC Recipient Inf	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name	Corporation/LLC Name				
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Made			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Conf	ribution Made			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Conf	tribution 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 Cont	I tribution Made	-		
_	Enter total only if last page of sch (transfer the total disbursed this perio	nedule		J		

IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

	Labor Orga	nization Recipient Info	rmation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	tion Made			
	Labor Organization Name			G.	1	
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	ution Made	,		
	Labor Organization Name			3		
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	Lution Made			
	Labor Organization Name	4				
	Street Address					
4	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribu	Lution Made	-		
	Labor Organization Name	, l				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	I ution Made			
+	Enter total only if last page of sch (transfer the total disbursed this perio	nedule		-		

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

COMMITTEE ID NUMBER

INDEPENDENT EXPENDITURES MADE: SCHEDULE B(6)

				327	520 22	
/	Expenditure F	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	1		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	L nduding % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	- □ Credit		
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address		·	-		
2	City	State	ZIP	1		
Ī	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	nduding % 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	-		
3	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	ncluding % opposed)	-		
			Tan-	☐ Cash ☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought			
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		\ 	1		
4	City	State	ZIP	1		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	Landuding % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	☐ Credit		
	Enter total only if last page of schedul (transfer the total disbursed this period to "S	e Summary of Dishura		1		

COMMITTEE ID NUMBER	

BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

	Expenditure I	Recipient Information	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)		8	
	Street Address					
1	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	I (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			32		
2	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	I (including % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Election Month/Year			_ □ Credit		
	Recipient Name	H.	Mode of Advertising (TV, mail, etc)	7		
	Street Address		1			
3	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed		I (including % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	t Election Month/Year		_ □ Credit		
	Recipient Name	et.	Mode of Advertising (TV, mail, etc)			
	Street Address			1		
4	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	I (including % opposed)	□ Cash □ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ L Credit		
_	Enter total only if last page of schedul	0		(A)		

COMMITTEE ID NUMBER

RECALL EXPENDITURES MADE: SCHEDULE B(8)

Expenditure R acipient Name reet Address ty upporting or Opposing Issuance of Recall Order? ate of First Publication, Display, Delivery, or Broadcast acipient Name reet Address ty upporting or Opposing Issuance of Recall Order?	State Candidate Sought to be Reca	Mode of Advertising (TV, mail, etc)	Expenditure Amount Cash Credit	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
ty upporting or Opposing Issuance of Recall Order? ate of First Publication, Display, Delivery, or Broadcast ecipient Name reet Address	Candidate Sought to be Reca	ZIP Alled Mode of Advertising (TV, mail, etc)			
ty upporting or Opposing Issuance of Recall Order? ate of First Publication, Display, Delivery, or Broadcast ecipient Name reet Address	Candidate Sought to be Reca	Mode of Advertising (TV, mail, etc)			
upporting or Opposing Issuance of Recall Order? ate of First Publication, Display, Delivery, or Broadcast acipient Name reet Address	Candidate Sought to be Reca	Mode of Advertising (TV, mail, etc)			
ate of First Publication, Display, Delivery, or Broadcast ecipient Name reet Address	Office Held	Mode of Advertising (TV, mail, etc)			
reet Address	State		- □ Credit		
reet Address ty					
ty		ZIP	1		
		ZIP			
upporting or Opposing Issuance of Recall Order?			1		
	Candidate Sought to be Reca	<u>I</u> Illed	☐ Cash☐ Credit		
Date of First Publication, Display, Delivery, or Broadcast Office Held		_ L Credit			
ecipient Name		Mode of Advertising (TV, mail, etc)			
reet Address		1	1		
ty	State	ZIP	1		
oporting or Opposing Issuance of Recall Order? Candidate Sought to be Recall Order?		I alled	□ Cash		
ate of First Publication, Display, Delivery, or Broadcast	Display, Delivery, or Broadcast Office Held		_ L Credit		
ecipient Name		Mode of Advertising (TV, mail, etc)			
reet Address		!	1		
ty	State	ZIP			
upporting or Opposing Issuance of Recall Order?	Candidate Sought to be Recalled		☐ Cash		
ate of First Publication, Display, Delivery, or Broadcast	Office Held		_ L Credit		
nter total only if last page of schedule ansfer the total disbursed this period to "Si	l e ummary of Disbursem	nents," line 8)			
t a e	reet Address by upporting or Opposing Issuance of Recall Order? ate of First Publication, Display, Delivery, or Broadcast acipient Name reet Address by upporting or Opposing Issuance of Recall Order? ate of First Publication, Display, Delivery, or Broadcast	reet Address Ty State Upporting or Opposing Issuance of Recall Order? Candidate Sought to be Recall to of First Publication, Display, Delivery, or Broadcast Office Held State State State Candidate Sought to be Recall Order? Office Held Inter total only if last page of schedule ansfer the total disbursed this period to "Summary of Disbursen	reet Address State ZIP Disporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled State of First Publication, Display, Delivery, or Broadcast Office Held Scipient Name Mode of Advertising (TV, mail, etc) Treet Address State ZIP Disporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled	reet Address State	reet Address by State ZIP

SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

			Ÿ.	(7 3	
	Benefit	ted Candidate		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Γ	Candidate Name		Date Benefit Provided			
	Street Address					
1	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
2		State	ZIP			
	Type of Benefit Provided					
L	Notes:		-			
	Candidate Name		Date Benefit Provided			
	Street Address					
3	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
4	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Enter total only if last page of schedule (transfer the total disbursed this period to "S	e summary of Disbursen	nents," line 9)			
		Sak	nedule B(9), page of _	*		

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

mittee Name			Payment Amount	Amount this	Amount this
		Payment Date		Reporting Period	Election Cycle
et Address					
	State	ZIP			
of Joint Fundraising Event (if applicable)	Type of Shared Expense	e (if applicable)	□ Cash □ Credit		
mittee Name	lo-	Payment Date			
et Address		_1			
	State	ZIP	□ Cash		
of Joint Fundraising Event (If applicable)	Type of Shared Expense	e (if applicable)	□ Credit		
Committee Name Payment		Payment Date			
Street Address					
	State	ZIP	□ Cash		
Date of Joint Fundraising Event (if applicable) Type of Shared Expense (e (if applicable)	☐ Credit		
Committee Name Payment Date					
et Address					
	State	ZIP	□ Cash		
of Joint Fundraising Event (if applicable)	Type of Shared Expense	e (if applicable)	☐ Credit		
mittee Name	180	Payment Date			
et Address					
	State	ZIP	□ Cash		
of Joint Fundraising Event (if applicable)	Type of Shared Expense	e (if applicable)	□ Credit		
	dule				
of Jo		int Fundraising Event (if applicable) Type of Shared Expens Otal only if last page of schedule	int Fundraising Event (if applicable) Type of Shared Expense (if applicable) Otal only if last page of schedule	int Fundraising Event (if applicable) Type of Shared Expense (if applicable) □ Cash □ Credit otal only if last page of schedule	int Fundra ising Event (if applicable) Type of Shared Expense (if applicable) Cash Credit

REIMBURSEMENTS MADE: SCHEDULE B(11)

	Recipient	Information		Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed	2	Reimbursement Date	□ Credit		
	Name					
	Street Address					
2	City	State	ZIP	□ Cook		
	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			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Reimbursed	ļ	Reimbursement Date	□ Cash □ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disburse	ments," line 11)	1		

OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

/	С	ebt Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Type of Account Payable or Debt Owed	<u> </u>	Date that Debt Accrued			
	Name			1		
	Street Address					
2	City	State	ZIP			
	Type of Account Payable or Debt Owed	<u>.</u>	Date that Debt Accrued			
	Name			1	1	
	Street Address			_		
3	City	State	ZIP			
	Type of Account Payable or Debt Owed	<u>.</u>	Date that Debt Accrued			
1	Name					
	Street Address					
4	City	State	ZIP			
	Type of Account Payable or Debt Owed	,	Date that Debt Accrued			
	Name		I			
	Street Address					
	City	State	ZIP			
5	City					

Schedule B(12), page____ of ____

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

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 B(13), page____ of ____

MISCELLANEOUS DISBURSEMENTS: SCHEDULE B(14)

sbursement Type	State	ZIP Disbursement Date	□ Cash		
sbursement Type	State		□ Cash		
sbursement Type	State		□ Cash		
ame		Disbursement Date			
		1	□ Credit		
reet Address		Name			
	Street Address				
ty	State	ZIP	-		
sbursement Type		Disbursement Date	□ Cash □ Credit		
Name					
Street Address					
ty	State	ZIP	_		
sbursement Type		Disbursement Date	□ Cash □ Credit		
Name					
reet Address	\dashv				
ty	State	ZIP	_		
sbursement Type		Disbursement Date	□ Cash □ Credit		
Name					
Street Address					
ty	State	ZIP			
sbursement Type		Disbursement Date	□ Cash □ Credit		
nter total only if last page of schedule	nmary of Dishurser	ments," line 14)			
a t s s	me eet Address y bursement Type me eet Address y bursement Type me eet Address y bursement Type me eet Address	me eet Address y State bursement Type me eet Address y State bursement Type me eet Address y State bursement Type me eet Address y State	me seet Address y State ZIP Disbursement Date me seet Address y State Disbursement Date Disbursement Date Disbursement Date	me eet Address y State ZIP Cash bursement Type Disbursement Date Credit me eet Address y State ZIP Cash bursement Type Disbursement Date Credit me eet Address y State ZIP Cash bursement Type Disbursement Date Credit me eet Address y State ZIP Cash Credit	me wet Address bursement Type Disbursement Date Cash Credit The Cash Credit Credit The Disbursement Date Disbursement Date Cash Credit Cash Credit Cash Credit Cash Credit Cash Credit The Cash Credit

AGGREGATE OF DISBURSEMENTS - \$250 OR LESS:

SCHEDULE B(15)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Cumulative of Disbursements - \$250 or Less		
Enter total only if last page of schedule (transfer the total received this period to "Summary of Disbursements," line 15)		