COMMITTEE	INFORMATION	(required):
-----------	-------------	-------------

Committee Informatio	n: Committee Name:		
CANDIDATE INFORMATIO	N (only if filing as a candidate committee):		
Office Sought:	☐ County Office:	□ Special District Office:	
	☐ City/Town Office:	□ School Board District:	
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	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, 202
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.e. ending balance from the previous reporting period)	1 3	
(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 s</i> following signed certification page need to be filed.	still be completed, but only th	is cover page and the

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)		
	(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		
8.	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)		



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

SCHEDULE A(1)(a)

	Individual Contr	ributor Informatio	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				
	Name	I	Date Contribution Received			
	Street Address		L	-		
2	City	State	ZIP	-		
	Occupation	Employer		-		
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP	-		
	Occupation	Employer		_		
	Name		Date Contribution Received			
	Street Address			_		
4	City	State	ZIP	-		
	Occupation	Employer		-		
	Name		Date Contribution Received			
	Street Address			_		
5	City	State	ZIP	_		
	Occupation	Employer				
L	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," l	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))		

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

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



MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

	Individual Conti	ibutor Informatio	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	<u> </u>	-		
	Name	<u> </u>	Date Contribution Received			
	Street Address		I	-		
2	City	State	ZIP	-		
	Occupation	Employer		-		
	Name		Date Contribution Received			
	Street Address			_		
3	City	State	ZIP	_		
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address			_		
4	City	State	ZIP			
	Occupation	Employer		-		
	Name		Date Contribution Received			
	Street Address			_		
5	City	State	ZIP	_		
	Occupation	Employer				
	Enter total only if last page of schoolule					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 1(c))			

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



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

/	Candidate Committee	· 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 Contribution Receive	I ed			
	Committee Name	I				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
_	Enter total only if last nage of schedule					
	Enter total only if last page of schedule (transfer the total received this period to "Sum					

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

/	Political Action Commit	tee 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 Receive	I d			
	Committee Name	1				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
_	Enter total only if last page of schedule					
	(transfer the total received this period to "Sun	nmary of Receipts," I	ine 1(e))			

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

/						
	Political Party Co	ntributor Informat	ion	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	ed			
	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 Receive				_
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 1(f))			

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

	Partnership Con	tributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address			_		
1	City	State	ZIP	 		
	Sky	Suite				
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name					
	Street Address					
2		I	T	-		
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name					
	Street Address			<u> </u> -		
3				-		
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name					
	Street Address			<u> </u> -		
4			T	_		
-	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	l ed	-		
	Partnership Name					
	Street Address			 		
_						
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	I ed	1		
\vdash	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	line 1(g))			

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



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

	Corporation / LLC	Contributor Inform	nation	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 Contribution Receive	ed			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
	Enter total only if last page of schedule (transfer the total received this period to "Sur		E 4 (b.)			
	triansier the total received this period to "Sui	ninary of Receipts,"	iirie i(n))			

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

	Labor Organization	Contributor Inforn	nation	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 Contribution Receive	ed			
	Labor Organization Name					
	Street Address			-		
2	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receive	ed	-		
	Labor Organization Name	<u> </u>				
	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 Received		-		
	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 "Sum	mary of Receipts," I	line 1(i))			

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

_	Candidate	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	I	Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer				
-	Enter total only if last page of schedule (transfer the total received this period to "Sumi					
	(transfer the total received this period to "Sumi	mary of Receipts," I	line 1(j))			

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

	Contribute	or Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Refunded			
	Street Address					
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)	I	Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
3	City	State	ZIP			
			Private in the state of the sta			
	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			
	Chroat Address					
5	Street Address					
3	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	manual Deserting	Ulina 4(I))			
	(transfer the total received this period to Sun	illiary of receipts,	iiile i(i))			



LOANS RECEIVED: SCHEDULE A(2)(a)

Lender I	nformation		1	Cumulative	Cumulative
	monnation		Amount Received	Amount this Reporting Period	Amount this Election Cycle
Lender Name	Date Loan Received				
Street Address					
City	State	ZIP			
Guarantor/Endorser Name		PACs and Political Parties Only)			
Lender Name	Date Loan Received				
Street Address					
City	State	ZIP			
Guarantor/Endorser Name		PACs and Political Parties Only)			
Lender Name	Date Loan Received				
Street Address					
City	State	ZIP			
Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)				
Lender Name	Date Loan Received				
Street Address					
City	State	ZIP			
Guarantor/Endorser Name		PACs and Political Parties Only)	-		
Lender Name	Date Loan Received				
Street Address					
City	State	ZIP			
Guarantor/Endorser Name		PACs and Political Parties Only)			
	Guarantor/Endorser Name Lender Name Street Address City Guarantor/Endorser Name Lender Name Street Address City Guarantor/Endorser Name Lender Name Lender Name Lender Name Street Address City Guarantor/Endorser Name Lender Name Street Address City Guarantor/Endorser Name Lender Address City Guarantor/Endorser Name	City State Guarantor/Endorser Name Non-Electoral Purpose? (Lender Name Date Loan Received Street Address City State Guarantor/Endorser Name Non-Electoral Purpose? (Lender Name Date Loan Received Street Address City State Guarantor/Endorser Name Non-Electoral Purpose? (Lender Name Date Loan Received Street Address City State Guarantor/Endorser Name Non-Electoral Purpose? (City State Street Address City State City State City State City State Street Address City State Street Address Street Address Street Address Street Address Street Address	City State ZIP Guarantor/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only) Lender Name Date Loan Received City State ZIP Guarantor/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only) Lender Name Date Loan Received Street Address City State ZIP Guarantor/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only) Lender Name Date Loan Received Street Address City State ZIP Guarantor/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only) Lender Name Date Loan Received Street Address City State ZIP Guarantor/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only) Lender Name Date Loan Received Street Address City State ZIP Guarantor/Endorser Name Date Loan Received Street Address	City State ZIP Guarantor/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only) Lender Name Date Loan Received Street Address City State ZIP Guarantor/Endorser Name Date Loan Received Street Address City State ZIP City State ZIP	City State ZIP Guarantor/Endorser Name Non-Electoral Purposer? (PACs and Political Parties Only) Carder Name Date Loan Received

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



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

				i	l l	
		nformation		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Forgiveness Received			
Ī	Street Address		l			
1	City	State	ZIP			
Ī	Original Amount of Loan	Amount Still Outstanding				
	Lender Name	l	Date Forgiveness Received			
Ī	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address					
3	City	State	ZIP			
ŀ	Original Amount of Loan	Amount Still Outstanding				
1	Lender Name		Date Forgiveness Received			
ŀ	Street Address					
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
1	Lender Name		Date Forgiveness Received			
-	Street Address					
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
۲,	Enter total only if last page of schedule (transfer the total received this period to "Sumi					

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



REPAYMENT ON LOANS MADE: SCHEDULE A(2)(c)

/						
	Borrower	Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Repayment Received			
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				

Schedule A(2)(c), page____ of____

INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

	Borrower	Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Interest Accrued			
	Street Address		l			
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			
	Street 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			_		
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 ____

REBATES AND REFUNDS RECEIVED: SCHEDULE A(3)

				i e		
	Payor Ir	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/Rebate	9			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
2	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	<u> </u>			
	Payor Name		Date Rebate/Refund Received			
	Street Address		<u> </u>			
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	<u> </u>			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
4	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	<u> </u>			
	Payor Name	<u> </u>	Date Rebate/Refund Received			
	Street Address					
5	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	<u> </u>			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts " I	ine 3)			

COMMITTEE ID NUMBER

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

	I	
	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)

_	Individual Contr	ibutor Informatio	n	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	I	Date In-Kind Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address		<u> </u>			
4	City	State	ZIP			
	Occupation	Employer				
	Name	I	Date In-Kind Contribution Received			
	Street Address		l			
5	City	State	ZIP			
	Occupation	Employer	l			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," l	line 5(a))	1		

 * 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 ___

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 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 ____



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

SCHEDULE A(5)(c)

/	Candidate Committe	e Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
•	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
-	Committee Name					
	Street Address					
;	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
ļ	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sur	nmary of Receipts," I	line 5(d))			

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



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

Candidate Committee	Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution I	Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
Enter total only if last page of schedule					
	Committee Name Street Address City Committee ID Number Street Address City Committee ID Number Committee Name Street Address City Committee ID Number Street Address City Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number	Street Address City State Committee ID Number Date In-Kind Contribution I Committee ID Number Date In-Kind Contribution I Street Address City State Committee ID Number Date In-Kind Contribution Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution	Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received City State ZIP Committee Name Street Address Street Address	Silvest Address City Slate ZIP Committee Name Sireet Address City Slate ZIP Committee Name Sireet Address City Slate ZIP Committee ID Number Date in-Kind Contribution Received Committee Name Silvest Address City Slate ZIP Committee Name Silvest Address City Slate ZIP Committee Name Silvest Address City Slate ZIP Committee ID Number Date in-Kind Contribution Received Committee ID Number ZIP Committee ID Number Date in-Kind Contribution Received Committee ID Number Date in-Kind Contribution Received Committee ID Number Date in-Kind Contribution Received	Camrittee Name Street Address Chy State ZP Committee 1D Number Date in-Kind Contribution Received Committee Name Street Address Cry State ZP Committee Name Street Address Cry State ZP Committee Name Street Address Cry State ZP Committee ID Number Date in-Kind Contribution Received Committee Name Street Address Cry State ZP Committee ID Number Date in-Kind Contribution Received

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

	Political Action Commit	tee 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 In-Kind Contribution	Received	-		
	Committee Name	<u> </u>				
	Street Address			<u>-</u>		
2	City	State	ZIP	-		
	Committee ID Number	mmittee ID Number Date In-Kind Contribution Received				
	Committee Name					
-	Street Address			-		
3	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Received	-		
	Committee Name					
	Street Address			-		
4	City	State	ZIP	_		
	Committee ID Number	Date In-Kind Contribution	Received	_		
	Committee Name					
	Street Address			-		
5	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Received	-		
_	Enter total only if last page of schedule (transfer the total received this period to "Sun					

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

/						
	Political Party Co	ntributor Informat	ion	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			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	line 5(f))			

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

/						
	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 In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum			<u> </u>		

Schedule A(5)(g), page___ of ___



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

	Corporation / LLC	Contributor Inform	nation	Amount Received	Cumulative Amount this	Cumulative Amount this
	Corporation/LLC Name				Reporting Period	Election Cycle
	Street Address			_		
1	City	State	ZIP	_		
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
	Street Address			-		
2	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number Date In-Kind Contribution Received					
	Corporation/LLC Name	•				
	Street Address			1		
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sui	mmary of Receipts,"	line 5(h))			

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

/	Labor Organization	Contributor Inform	mation	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 Contribution	Received	_		
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received	_		
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP	_		
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sun					
_	(transfer the total received this period to "Sun	nmary of Receipts," I	line 5(i))			

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



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

SCHEDULE A(5)(j)

/						
	Candida	te Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address		_ I			
1	City	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Asset or Property Contributed			-		
H	Name		Date In-Kind Contribution Received			
	Street Address			_		
3	Gity	State	ZIP	_		
	Asset or Property Contributed			_		
L						
	Name		Date In-Kind Contribution Received			
	Street Address					
4	City	State	ZIP	=		
	Asset or Property Contributed			-		
\vdash	Name		Date In-Kind Contribution Received			
	Street Address			_		
5	City	State	ZIP	_		
		State				
	Asset or Property Contributed					
	Enter total only if last page of schedule (transfer the total received this period to "Su	mmary of Receipts,"	line 5(j))			
			hedule A(5)(i) page o	f		



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

SCHEDULE A(6)

_	Source I	nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Donation Received			
	Street Address			<u> </u>		
١.						
1	City	State	ZIP			
	Type of Item Donated			-		
	1		T			
	Name		Date In-Kind Donation Received			
	Street Address		1	-		
2	City	State	ZIP	-		
	Type of Item Donated	e of Item Donated				
	Name		Date In-Kind Donation Received			
	Street Address			-		
3	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Ivanie		Date III-Niid Donation Neceived			
	Street Address					
4	City	State	ZIP	-		
				-		
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address			-		
5			1			
	City	State	ZIP			
	Type of Item Donated	Type of Item Donated				
	Enter total only if last name of each adula					
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receipts,"	line 6)			

Schedule A(6), page____ of ____



EXTENSIONS OF CREDIT RECEIVED: SCHEDULE A(7)(a)

Creditor	Information		Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
ame					
reet Address			-		
ty	State	ZIP	-		
rvices or Goods Provided on Credit		Date of Extension of Credit	-		
ame					
reet Address					
ty	State	ZIP	-		
rvices or Goods Provided on Credit		Date of Extension of Credit			
ame					
reet Address			_		
ty	State	ZIP			
rvices or Goods Provided on Credit	Date of Extension of Credit	_			
ame					
reet Address					
ty	State	ZIP			
rvices or Goods Provided on Credit		Date of Extension of Credit	-		
ame					
reet Address		_			
ty	State	ZIP			
rvices or Goods Provided on Credit		Date of Extension of Credit			
rvices or Goods F		Provided on Credit		Provided on Credit Date of Extension of Credit	Provided on Credit Date of Extension of Credit

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



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

/	Creditor	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		Date of Original Extension of Credit			
	Enter total only if last page of schedule (transfer the total received this period to "Sum					

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



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

Payor Comm mmittee Name set Address f e of Joint Fundraising Event (if applicable) mmittee Name set Address f e of Joint Fundraising Event (if applicable) mmittee Name	State Type of Shared Expense State Type of Shared Expense	Payment Date	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
eet Address of Joint Fundraising Event (if applicable) mmittee Name eet Address of Joint Fundraising Event (if applicable)	Type of Shared Expense	ZIP (if applicable) Payment Date			
e of Joint Fundraising Event (if applicable) mmittee Name eet Address / e of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable) Payment Date			
e of Joint Fundraising Event (if applicable) mmittee Name eet Address / e of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable) Payment Date			
eet Address / e of Joint Fundraising Event (if applicable)	State	Payment Date			
eet Address / e of Joint Fundraising Event (if applicable)		ZIP			
/ e of Joint Fundraising Event (if applicable)					
e of Joint Fundraising Event (if applicable)					
	Type of Shared Expense	(if applicable)			İ
mmittee Name					1
		Payment Date			
Street Address					1
1	State	ZIP			1
e of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)			1
Committee Name		Payment Date			
Street Address					1
1	State	ZIP			İ
e of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)			1
mmittee Name		Payment Date			
Street Address					1
City State		ZIP			1
					1
e of Joint Fundraising Event (if applicable)	Enter total only if last page of schedule				ı
7	e of Joint Fundraising Event (if applicable) nmittee Name	State State Type of Shared Expense mittee Name set Address State State	eet Address State ZIP Type of Shared Expense (if applicable) mmittee Name Payment Date eet Address State ZIP	State ZIP Type of Shared Expense (if applicable) Type of Shared Expense (if applicable) Payment Date State ZIP Type of Shared Expense (if applicable) Payment Date State ZIP	et Address State ZIP Type of Shared Expense (if applicable) Type of Shared Expense (if applicable) Payment Date et Address State ZIP State ZIP

Schedule A(8), page____ of ____



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

/	Payor Ir	nformation		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name				. 0	·
	Street Address					
1	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
2	City	State	ZIP			
3	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
4	City	State	ZIP			
5	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
	City State		ZIP			
	Services or Goods Purchased		Payment 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	ine 9)				

Schedule A(9), page____ of ____



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

/				1		
	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	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address	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					
	Street Address					
5	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			

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 I	nformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	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	<u> </u>	Receipt Date			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	I ine 12)			

Schedule A(12), page____ of ____



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

F	Recipient Information		Amount Paid	Amount this Reporting Period	Cumulative Amount this Election Cycle
Name	Disbursement Da	ate			
Street Address					
City	State	ZIP			
Type of Operating Expense Paid		Non-Electoral Purpose? (PACs and Political Parties Only)			
Name		ate			
Street Address					
City	State	710			
			□ Cash		
Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only)		☐ Credit		
Name	Disbursement Da	Disbursement Date			
Street Address					
City	State	ZIP			
Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only)				
Name		ate			
Street Address					
City	State	710			
Oily			□ Cash		
Type of Operating Expense Paid	Non-Electoral Pur	pose? (PACs and Political Parties Only)	☐ Credit		
Name	Disbursement Da	ate			
Street Address	l				
City	State	ZIP	□ Cash		
Type of Operating Expense Paid	Non-Electoral Pur	pose? (PACs and Political Parties Only)			
	Name Street Address City Type of Operating Expense Paid Name Street Address City Type of Operating Expense Paid Name Street Address City Type of Operating Expense Paid Name Street Address City Type of Operating Expense Paid Name Street Address City Type of Operating Expense Paid Name Street Address City Type of Operating Expense Paid Name Street Address City Type of Operating Expense Paid	Street Address City State Type of Operating Expense Paid Non-Electoral Purport Street Address City State Type of Operating Expense Paid Non-Electoral Purport Name Non-Electoral Purport Name Non-Electoral Purport Name Non-Electoral Purport Street Address City State Type of Operating Expense Paid Non-Electoral Purport Name Non-Electoral Purport Name Non-Electoral Purport Name Non-Electoral Purport Name Non-Electoral Purport Name Non-Electoral Purport Name Non-Electoral Purport Non-Electoral Purport	Street Address City State ZIP Type of Operating Expense Paid Non-Electoral Purpose? (PACs and Political Parties Only) Street Address City State ZIP Type of Operating Expense Paid Non-Electoral Purpose? (PACs and Political Parties Only) Name Disbursement Date Street Address City State ZIP Type of Operating Expense Paid Non-Electoral Purpose? (PACs and Political Parties Only) Name Disbursement Date Street Address City State ZIP Type of Operating Expense Paid Non-Electoral Purpose? (PACs and Political Parties Only) Name Disbursement Date Street Address City State ZIP Type of Operating Expense Paid Non-Electoral Purpose? (PACs and Political Parties Only) Name Disbursement Date Street Address City State ZIP Non-Electoral Purpose? (PACs and Political Parties Only) Disbursement Date Street Address Street Address Street Address	Name Disbursement Date	Reporting Period Street Address City State City Sta

Schedule B(1), page____ of ____



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	/	Candidate Committe	e Recipient Inforr	mation	Amount Contributed	Cumulative Amount this	Cumulative Amount this
		Committee Name				Reporting Period	Election Cycle
	-	Street Address					
1		City	State	ZIP	□ Cash		
		Committee ID Number	Date Contribution Made		☐ Credit		
		Committee Name					
•		Street Address					
2	<u></u>	City	State	ZIP	□ Cash		
		Committee ID Number	Date Contribution Made		☐ Credit		
		Committee Name					
3	,	Street Address					
Ū		City	State	ZIP	☐ Cash		
		Committee ID Number Date Contribution Made			☐ Credit		
		Committee Name Street Address					
4	.	City	State ZIP		_		
		Committee ID Number	Date Contribution Made		□ Cash □ Credit		
		Committee Name					
	=	Street Address			_		
5	5	City	State	ZIP			
	-	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
		Enter total only if last page of schedule	nmany of Diabora	conto " lino 2/a\\			
_		(transfer the total disbursed this period to "Sur	illiary of Disbursen	nenis, line ∠(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	Committee Name				
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
2	Street Address	l .	T			
	City	State Pate Contribution Made	ZIP	□ Cash □ Credit		
	Committee ID Number Date Contribution Made Committee Name			Li Gredit		
	Street Address					
3	Oily	State	ZIP	□ Cash □ Credit		
		Committee ID Number Date Contribution Made				
	Committee Name Street Address			_		
4		State	ZIP			
	Committee ID Number	Date Contribution Made	ZIF	□ Cash □ Credit		
	Committee Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		□ Credit		
L	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 2(b))			
/		Sche	edule B(2)(b), page of	·		



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Political Party Ro	ecipient Information	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name Street Address	committee Name			, ,	
1	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Committee Name	Committee Name				
2	Street Address City	State	ZIP			
	Committee ID Number	Date Contribution Made	ZIF	☐ Cash☐ Credit		
	Committee Name					
	street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number Committee Name	Committee ID Number Date Contribution Made				
	Street Address					
4	City	State	ZIP	□ Cash		
	Committee ID Number	Committee ID Number Date Contribution Made				
	Committee Name	Committee Name				
5	Street Address City	reet Address ty State ZIP				
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
_	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur					



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	ship Recipient Informa	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Ma	ade	☐ Credit		
	Partnership Name	L				
	Street Address					
2	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Ma	ade	□ Casn		
	Partnership Name					
;	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	ade	□ Cash □ Credit		
	Partnership Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	rporation Commission File Number Date Contribution Made				
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	ade	☐ Cash☐ Credit		
-	Enter total only if last page of sol (transfer the total disbursed this perio	hedule				



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	n / LLC Recipient In	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	Made	□ Cash □ Credit			
	Corporation/LLC Name						
	Street Address						
2	City	State	ZIP				
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit	☐ Cash☐ Credit		
	Corporation/LLC Name						
	Street Address						
3	City	State	ZIP				
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit			
	Corporation/LLC Name						
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit			
	Corporation/LLC Name						
	Street Address						
5	City	State	ZIP				
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit			
	Enter total only if last page of sol (transfer the total disbursed this perio	hedule					



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Organ	nization Recipient Info	ormation	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	Date Contribution Mad	de	☐ Credit		
	Labor Organization Name	·				
	Street Address					
2	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Ma	ade	□ Credit		
3	Labor Organization Name					
	Street Address					
	City	State	ZIP	□ Cash		
	Corporation Commission File Number Date Contribution Made			□ Credit		
	Labor Organization Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Ma	ade	□ Credit		
	Labor Organization Name	•				
	Street Address					
,	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Ma	nde	□ Credit		
	Enter total only if last page of sch (transfer the total disbursed this period	nedule d to "Summary of Disbur	sements," line 2(f))	<u> </u>		



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

				i	i i	
	Contributo	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Date Refund Received			
	Street Address		1	_		
1	City	State	ZIP			
	Committee ID Number		Date of Original Contribution	_		
	Committee Name		Date Refund Received			
	Street Address	l	-			
2	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name	Date Refund Received				
	Street Address	1				
3	City	State	ZIP			
	Committee ID Number	Date of Original Contribution				
	Committee Name		Date Refund Received			
	Street Address	Street Address				
4	City	State	ZIP	-		
	Committee ID Number		Date of Original Contribution	-		
	Committee Name		Date Refund Received			
	Street Address		1	1		
5	City	State	ZIP	-		
	Committee ID Number	l	Date of Original Contribution	-		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	mmary of Disburser	nents," line 2(h))	1		

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



LOANS MADE: SCHEDULE B(3)(a)

	Borro	ower 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					
	Street Address					
3	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Enter total only if last page of sched (transfer the total received this period to '	ule "Summary of Receipts,"	' line 3(a))			

Schedule B(3)(a), page___of ___



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

			,			
	Guaranto	Information		Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Guarantor Name					
	Street Address					
1	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address					
2	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address					
3	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address					
4	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name	Guarantor Name				
	Street Address					
5	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed	<u> </u>			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," li	ine 3(b))			

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



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

/	Borrower	Information		Amount Forgiven	Cumulative Amount this	Cumulative Amount this
	In		D. F. S. S. W. J.		Reporting Period	Election Cycle
	Borrower Name		Date Forgiveness Made			
	Street Address					
1		T	T			
	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name	L	Date Forgiveness Made			
	Street Address		<u> </u>			
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 (transfer the total disbursed this period to "Sur	mmary of Disbursem	nents," line 3(c))			

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



REPAYMENT ON LOANS RECEIVED: SCHEDULE B(3)(d)

_	Lender	nformation		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Repayment Made			
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name	<u>l</u>	Date Repayment Made			
	Street Address					
2	City	ty State		-		
	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			ZIP	-		
	City	State	<u>-</u>	-		
	Original Amount Borrowed	Amount Still Outstanding				
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sul	mmary of Disbursen	nents," line 3(d))			

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



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

Lender I	nformation		Amount of Interest Accrued	Amount this	Cumulative Amount this Election Cycle
Lender Name		Date Interest Accrued			-
Street Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding	L			
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		1		
Lender Name		Date Interest Accrued			
Street Address		1			
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding				
Lender Name		Date Interest Accrued			
Street Address			_		
City	State	ZIP	_		
			_		
	Lender Name Street Address City Original Amount Borrowed Lender Name Street Address City Original Amount Borrowed Lender Name Street Address City Original Amount Borrowed Lender Name Street Address City Original Amount Borrowed City Original Amount Borrowed	Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address Street Address	Ender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Sill Outstanding Lender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Sill Outstanding Lender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Sill Outstanding Lender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Sill Outstanding Lender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Sill Outstanding Lender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Sill Outstanding Date Interest Accrued Street Address City Date Interest Accrued Date Interest Accrued Date Interest Accrued Street Address	Lender Name Sireet Address City State City	Lender Information Lender Name Date Inferest Accoused Street Address City State City State Date Inferest Accoused Amount Still Outstanding Date Inferest Accoused Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Date Inferest Accoused Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Date Inferest Accoused Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Date Inferest Accoused Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Date Inferest Accoused Street Address City State Date Inferest Accoused Date Inferest Accoused Street Address City State Date Inferest Accoused Date Inferest Accoused Street Accoused Date Inferest Accoused Date Inferest Accoused Street Accoused Date Inferest Accoused Date Inferest Accoused Street Accoused Date Inferest Accoused

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

/	Red	cipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
5	City	State	ZIP			

Schedule B(4), page____ of ____



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

	Candidate Committe	e Recipient Inforr	nation	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 I	I Made			
	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			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			

Arizona Secretary of State Revision 12/02/2024

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

	Political Action Commit			İ	1 1	
		ttee 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 In-Kind Contribution I	I Made			
	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				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	mmany of Dishurses	conts " lino 5/h)\			

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

/						
	Political Party R	ecipient Informati	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					-
	Street Address	Street Address				
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
2	City	State ZIP				
	Committee ID Number	Date In-Kind Contribution	l Made			
	Committee Name					
	Street Address	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	n Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	mmary of Disbursen	nents," line 5(c))			

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



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

/	Partnershi	ip Recipient Informatio	on	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 Contribution	n Made			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributio	n Made			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributio	n Made			
	Enter total only if last page of sche (transfer the total disbursed this period t	dule to "Summary of Disburse	ments," line 5(d))			

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



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				1 3	
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su					
	(transfer the total disbursed this period to "Su	mmary of Disbursen	nents," line 5(e))			

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



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

	Labor Organization	Recipient Inform	ation	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 Contribution	Made			
	Labor Organization Name					
	Street Address					
2	City	State ZIP				
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	poration Commission File Number Date In-Kind Contribution Made				
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmany of Dishursen	nents " line 5(f))			

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



INDEPENDENT EXPENDITURES MADE: SCHEDULE B(6)

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

Schedule B(6), page____ of ____



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

	Expenditure	Recipient Info	ormation	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			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s)	Opposed (including % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Ye	par	— □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			+		
2	City	State	ZIP	+		
_	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed (including % opposed)		_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Election Month/Year		ar	_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		I	-		
3	City	State	ZIP	-		
•	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s)	Opposed (including % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Yea	ar	_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
4	City	State	ZIP	-		
•	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed (including % opposed)		_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Yea	ar	_ □ Credit		
	Enter total only if last page of schedu					

Schedule B(7), page____ of ____



RECALL EXPENDITURES MADE: SCHEDULE B(8)

	Expenditure I	Recipient Informatio	n	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	-		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Reca	alled	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		- □ Credit		
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address					
2	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Reca	alled	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Office Held			. □ Credit		
	Recipient Name	I.	Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Reca	alled	☐ Cash ☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		_ L Credit		
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address		ı	1		
4	City	State	ZIP	1		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Reca	I. alled	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		□ Credit		
	Enter total only if last page of schedul (transfer the total disbursed this period to "S	e Summary of Disbursen	nents," line 8)	I		

Schedule B(8), page____ of ____



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

/	Benefit	ted Candidate		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Candidate Name		Date Benefit Provided			
	Street Address					
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		l			
3	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address		l			
4	City	State	ZIP			
	Type of Benefit Provided	ı	ı			
	Notes:					
	Enter total only if last page of schedule (transfer the total disbursed this period to "S	e ummary of Disbursem	nents," line 9)			

Schedule B(9), page____ of ____

COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

/	Recipient Co	ommittee Informatio	n	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	(if applicable)	□ Credit		
	Committee Name		Payment Date			
	Street Address		•			
2	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Credit		
	Committee Name	Payment Date				
	Street Address	1				
3	City	State	ZIP	T Cook		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
_	Enter total only if last page of schedu	le				
	(transfer the total disbursed this period to "	Summary of Disburser	ments," line 10)			

Schedule B(10), page____ of ____



REIMBURSEMENTS MADE: SCHEDULE B(11)

	Re	cipient Informatior	ı	Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
1	Street Address					
	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed	<u> </u>	Reimbursement Date	□ Credit		
	Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed	1	Reimbursement Date	□ Credit		
	Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	ervices or Goods Reimbursed Reimbursement Date			□ Casii		
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Reimbursed Reimbursement Date			□ Cash □ Credit		



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

	Debt In	formation		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		Date that Debt Accrued			
	Name		l			
	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	Date that Debt Accrued				
	Name		l			
	Street Address					
4	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name		ı			
	Street Address					
5	City	State	ZIP			
	Type of Account Payable or Debt Owed	<u> </u>	Date that Debt Accrued			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	manual Desciptor "	ino (2)	<u> </u>		
	the total received this period to "Sum	mary or Receipts," I	iiie i2)			

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		
ecipient of Surplus Monies / Source of Transferred Debt		
ecipient of Surplus Monies / Source of Transferred Debt		
ecipient of Surplus Monies / Source of Transferred Debt		
ecipient of Surplus Monies / Source of Transferred Debt		
otal ransfer 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
	Street Address	Name Street Address				
1	City		ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
2	Street Address City		ZIP			
	Disbursement Type		Disbursement Date	☐ Cash☐ Credit		
	Name					
3	Street Address					
	City Disbursement Type		ZIP Disbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
4	City		ZIP Disbursement Date	□ Cash □ Credit		
	Disbursement Type Name	Li Credit				
	Street Address					
5	City	State	ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disburse	ments," line 14)			

COMMITTEE ID NUMBER

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)		

Schedule B(15), page____ of ____