

COMMITTEE INFORMATION (re	equired):
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	Committee Information:	Committee Name:	
CANDII	DATE INFORMATION (only if fil	ing 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	e candidate committee's first, cumulative rep	ort for the election cycle. Also select appropriate Reporting Period below.
	Cumulative reporting perio	od start date (which supersedes the start da	ate for the Reporting Period selected below):
REPOR	RTING PERIOD (check one):		

REPORTING PERIOD	REPORT DUE
2022 Post-General Election (Q4) Report: October 23, 2022 to December 31, 2022	January 1, 2023 to January 17, 2023*
2023 March Pre-Election Report (Local Only): January 1, 2023 to February 25, 2023	February 26, 2023 to March 4, 2023
2023 March Post-Election (Q1) Report (Local Only): February 26, 2023 to March 31, 2023	April 1, 2023 to April 17, 2023
2023 Quarter 1 Report: January 1, 2023 to March 31, 2023	April 1, 2023 to April 17, 2023
2023 May Pre-Election Report (Local Only): April 1, 2023 to April 29, 2023	April 30, 2023 to May 6, 2023
2023 May Post-Election (Q2) Report (Local Only): April 30, 2023 to June 30, 2023	July 1, 2023 to July 17, 2023
2023 Quarter 2 Report: April 1, 2023 to June 30, 2023	July 1, 2023 to July 17, 2023
2023 August Pre-Election Report (Local Only): July 1, 2023 to July 15, 2023	July 16, 2023 to July 22, 2023
2023 August Post-Election (Q3) Report (Local Only): July 16, 2023 to September 30, 2023	October 1, 2023 to October 16, 2023
2023 Quarter 3 Report: July 1, 2023 to September 30, 2023	October 1, 2023 to October 16, 2023
2023 November Pre-Election Report (Local Only): October 1, 2023 to October 21, 2023	October 22, 2023 to October 28, 2023
2023 November Post-Election (Q4) Report (Local Only): October 22, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
2023 Quarter 4 Report: October 1, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
2024 March Pre-Election Report (Local Only): January 1, 2024 to February 24, 2024	February 25, 2024 to March 2, 2024
2024 March Post-Election (Q1) Report (Local Only): February 25, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
2024 Quarter 1 Report: January 1, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
2024 May Pre-Election Report (Local Only): April 1, 2024 to May 4, 2024	May 5, 2024 to May 11, 2024
2024 May Post-Election (Q2) Report (Local Only): May 5, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
2024 Quarter 2 Report: April 1, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
2024 Pre-Primary Election Report: July 1, 2024 to July 13, 2024	July 14, 2024 to July 20, 2024
2024 Post-Primary Election (Q3) Report: July 14, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
2024 Pre-General Election Report: October 1, 2024 to October 19, 2024	October 20, 2024 to October 26, 2024
2024 Post-General Election (Q4) Report: October 20, 2024 to December 31, 2024	January 1, 2025 to January 15, 2025
Final Campaign Finance Report Prior to Committee Termination: End of Previous Period through Today's Date	Same Date of Termination

*Reporting deadline extended to 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)		
(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 no financial activity during the reporting period. Lines (a)-(d) still must be	e completed, but only this c	over 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	o 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		
10.	Outstanding Accounts Receivable / Debts Owed to Committee		
11.	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
12.	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 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) (g) Monetary Contributions Subtotal (add 2(s) through 2(f)) (h) Contribution Refunds Provided to the Reporting Committee (i) Monetary Contributions Total (subract 2(f) 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 (seath add 3(s) 40(s 3(f) coultr- add 2(f) 6 x 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(s) strongh 5(f)) 6. Independent Expenditures Made 8. Recall Expenditures Made 9. Support Provided to Party Nominees (Palcical Parties Only) 10. Joint Fundraising / Shared Expense Payments Made	
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8. Recall Expenditures Made 9. Support Provided to Party Nominees (Political Parties Only)	
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 (use cash and/or equity as applicable)	
15. Aggregate of Disbursements - \$250 or Less (use cash and/or equity as applicable)	
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	ibutor I nformatio	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		Date Contribution Received			
	Street Address			1		
2	City	State	ZIP	-		
	Occupation	Employer		<u>-</u> 		
	Name		Date Contribution Received			
	Street Address			<u>-</u> 		
3	City	State	ZIP	<u>-</u> 		
	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 "Summary of Receipts," 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).

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



MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

/	Individual Con	tributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address		·			
2	City	State	ZIP			
	Occupation	Employer	. I			
	Name		Date Contribution Received			
	Street Address		. L			
3	City	State	ZIP			
	Occupation	Employer	. L			
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer	-			
	Name		Date Contribution Received			
	Street Address		1			
5	City	State	ZIP			
	Occupation	Employer	1			
		ĺ		1	ı	

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

MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

/		Committee Contributor I	nformation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number					
	Committee Name	<u> </u>				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Re	eceived			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Re	eceived			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution R	Date Contribution Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution R	eceived			

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

/	Political Action 0	Committee Contributor	I nformation	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 Rece	ived			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Rec	eived			
	Committee Name					
	Street Address					
3	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	ss				
5	City	State	ZIP			

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

MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

/						
	Political Party Co	ntributor I nformat	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	l ed			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	ed			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	ed			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	ed			
	Committee Name					_
	Street Address					
5						
	Committee ID Number	State Date Contribution Receiv	ZIP			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	ımary of Receipts," l	line 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			
	Corporation Commission File Number	Date Contribution Receive	l ed			
П	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
Н	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
H	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number Date Contribution Received		ed			
Н	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
Н	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)

/	Corporation	/ LLC Contributor Info	ormation	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 Re	eceived			
	Corporation/LLC Name	I				
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Re	eceived			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Re	eceived			
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Re	eceived			
	Corporation/LLC Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution R	eceived			

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

Labor Organization (Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
or Organization Name					
et Address					
St Address					
	State	ZIP			
poration Commission File Number	Date Contribution Receive	d			
or Organization Name					
et Address					
	State	ZIP			
poration Commission File Number	Date Contribution Receive	ed			
or Organization Name					
et Address					
	State	ZIP			
poration Commission File Number	Date Contribution Receive	ed .			
or Organization Name					
et Address					
	State	ZIP			
poration Commission File Number	Date Contribution Receive	ed			
or Organization Name					
Street Address					
	State	ZIP			
poration Commission File Number	Date Contribution Receive	ed			
0	r Organization Name It Address pration Commission File Number	r Organization Name It Address State Date Contribution Receive	r Organization Name It Address State ZIP	r Organization Name It Address State ZIP Date Contribution Received	r Organization Name It Address State ZIP Date Contribution Received

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

/	Candidat	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					
2	City	State	ZIP			
	Occupation	Employer		\dashv		
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP	_		
	Occupation	Employer		_		
	Name		Date Contribution Received			
	Street Address			_		
4		1	1			
	City	State	ZIP			
	Occupation	Employer	<u> </u>			
	Name		Date Contribution Received			
_	Street Address					
5	City	State	ZIP			
	Occupation	Employer	1			
	Enter total only if last page of schedule (transfer the total received this period to "Sur			<u> </u>		

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



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	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
2	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
3	City	State	ZIP	_		
	ID Number (if applicable)		Date of Original Contribution	_		
	Name		Date Contribution Refunded			
	Street Address			_		
1	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	_		

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



LOANS RECEIVED: SCHEDULE A(2)(a)

/	Lender I	nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name	Date Loan Received				
	Street Address	<u> </u>		-		
1	City	State	ZIP	-		
	Guarantor/Endorser Name	Non-Electoral Purpose? (I 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			-		
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		PACs and Political Parties Only)	-		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	□ □ mary of Receipts," I	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		Date Forgiveness Received			
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name	<u>I</u>	Date Forgiveness Received			
	Street Address		I			
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	l			
	Lender Name	l	Date Forgiveness Received			
	Street Address		L			
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	1			
	Lender Name	I	Date Forgiveness Received			
	Street Address		l			
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	l			
	Lender Name		Date Forgiveness Received			
	Street Address		1			
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	ı mary of Receipts," I	line 2(b))	I		

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



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

Borrower Sorrower Name	Information			Cumulative	Cumulative
Borrower Name			Amount Repaid	Amount this Reporting Period	Amount this Election Cycle
		Date Repayment Received			
Street Address			_		
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding	L			
Borrower Name		Date Repayment Received			
Street Address					
Sity	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding				
Borrower Name		Date Repayment Received			
Street Address					
Sity	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding				
Borrower Name		Date Repayment Received			
Street Address					
Sity	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding				
Borrower Name		Date Repayment Received			
Street Address			_		
City	State	ZIP			
Driginal Amount Borrowed	Amount Still Outstanding		-		
Enter total only if last page of schedule	many of Descripts "	ino 2(a))			
	Original Amount Borrowed Street Address City Original Amount Borrowed City Original Amount Borrowed City Original Amount Borrowed	Amount Still Outstanding Borrower Name Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State Original Amount Borrowed Amount Still Outstanding Street Address City State Original Amount Borrowed Amount Still Outstanding Street Address City State City Stat	Driginal Amount Borrowed Amount Still Outstanding Date Repayment Received Street Address Street Address Date Repayment Received Amount Still Outstanding Date Repayment Received Amount Still Outstanding Date Repayment Received Date Repayment Received Street Address Street Address Street Address Date Repayment Received ZIP Amount Still Outstanding Date Repayment Received Date Repayment Received Date Repayment Received Street Address Date Repayment Received Date Repayment Received Street Address Date Repayment Received Street Address Date Repayment Received Amount Still Outstanding Date Repayment Received Amount Still Outstanding Amount Still Outstanding Date Repayment Received	Amount Still Outstanding Date Repayment Received Street Address Street Address Street Address Date Repayment Received Amount Still Outstanding Date Repayment Received Street Address Street Address Street Address Street Address Street Address State ZIP Amount Still Outstanding Date Repayment Received Amount Still Outstanding Date Repayment Received Amount Still Outstanding Date Repayment Received Date Repayment Received Street Address State ZIP Date Repayment Received Date Repayment Received Street Address State ZIP Amount Still Outstanding Date Repayment Received Street Address State ZIP Date Repayment Received Amount Still Outstanding Street Address Street Address Street Address Street Address Street Address Street Address	Drighted Amount Bornoved Amount Self Outstanding State ZIP State ZIP Amount Self Outstanding Controver Name Date Repayment Received Amount Self Outstanding Street Address State ZIP State ZIP

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					
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			<u> </u>		
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	l			
	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	mary of Receipts," I	line 2(d))			

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



REBATES AND REFUNDS RECEIVED: SCHEDULE A(3)

	Payor I	nformation		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Payor Name		Date Rebate/Refund Received			
	Street Address		<u> </u>			
1	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	9			
	Payor Name	1	Date Rebate/Refund Received			
	Street Address					
2	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	9			
	Payor Name		Date Rebate/Refund Received			
	Street Address	1				
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	9			
	Payor Name	•	Date Rebate/Refund Received			
	Street Address		l			
4	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	I			
	Payor Name	I	Date Rebate/Refund Received			
	Street Address		1			
5	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	<u>I</u>			
	Enter total only if last page of schedule	many of Possints "	lino 3)	I		
	(transfer the total received this period to "Sum	nmary of Receipts," I	line 3)			

Schedule A(3), page ____ of ___

COMMITTEE ID NUMBER

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
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)		
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 Cont	ributor 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		-		
\exists	Name		Date In-Kind Contribution Received			
-	Street Address			-		
2	City	State	ZIP	-		
	Occupation	Employer		-		
	Name		Date In-Kind Contribution Received			
-	Street Address			-		
3	City	State	ZIP	_		
-	Occupation	Employer		_		
_	Name		Date In-Kind Contribution Received			
	Street Address					
4	City	State	ZIP	_		
-	Occupation	Employer		<u> </u> 		
\dashv	Name		Date In-Kind Contribution Received			
-	Street Address		<u> </u> 			
5	City	State	ZIP	_		
	Occupation	Employer		<u> </u>		

*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).

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



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

SCHEDULE A(5)(c)

_	Individual Co	ntributor Informati	Date In-Kind Contribution Received	Amount Received	Amount this Reporting Period	Cumulative Amount this Election Cycle
	Street Address		_			
1	City	State	ZIP	_		
	Occupation	Employer				
	Name	ı	Date In-Kind Contribution Received			
2	Street Address		1			
	City Occupation	State Employer	ZIP	_		
	Name	Еттрюуст	Date In-Kind Contribution Received			
-	Street Address			<u> </u>		
3	City	State	ZIP	<u> </u> 		
	Occupation	Employer		-		
	Name		Date In-Kind Contribution Received			
4	Street Address					
7	City	State	ZIP	-		
	Occupation Name	Employer	Date In-Kind 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 "Su		" line 5(c))	1		



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

	Candidate Committee	Contributor Infor	rmation	Amount Received	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	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					
٠	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	many of Possints "	ino 5(d))	<u> </u>		

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

	Political Action Co	ommittee Contributor In	nformation	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	n Received			
	Committee Name					
	Street Address	Street Address				
2	City	State	ZIP			
	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					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	on Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	on Received			
	Enter total only if last page of sche	adula				

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

/						
	Political Party Co	ntributor I nformat	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					·
	Street Address	reet 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	I Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	nary of Receipts," I	ine 5(f))	I		

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	n Received	-		
	Partnership Name					
	Street Address			_		
4	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
	Partnership Name	<u> </u>				
	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					

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



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

	Corporation	/ LLC Contributor Inf	ormation	Amount Receive	Cumulative d Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name				Troporting Fortion	Liceach Cycle
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	oution Received			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	bution Received			
	Corporation/LLC Name					
L	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	bution Received			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	bution Received			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	bution Received			
	Enter total only if last page of sch (transfer the total received this period	edule				

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

Lahor Organization				Cumulative	Cumulative `
Labor Organization	Contributor Inform	nation	Amount Received	Amount this Reporting Period	Amount this Election Cycle
Labor Organization Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	Received			
Labor Organization Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	Received			
Labor Organization Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	Received			
Labor Organization Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	Received			
Labor Organization Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number	Street Address City State Corporation Commission File Number Date In-Kind Contribution Street Address City State Corporation Commission File Number Date In-Kind Contribution Street Address City State Corporation Commission File Number Date In-Kind Contribution Street Address City State Corporation Commission File Number Date In-Kind Contribution Street Address City State Corporation Commission File Number Date In-Kind Contribution Street Address City State Corporation Commission File Number Date In-Kind Contribution Street Address City State Corporation Commission File Number Date In-Kind Contribution Street Address City State Corporation Commission File Number Date In-Kind Contribution Street Address City State	City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received	Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received	Street Address City State Corporation Commission File Number Oate In-Kind Contribution Received Street Address City State City State

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		<u> </u>			
1	City	State	ZIP			
į	Asset or Property Contributed					
\perp	I.		In. 1 10 11 11 11 11 11 11			
	Name		Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Asset or Property Contributed					
-	Name		Date In-Kind Contribution Received			
	Street Address					
3		T				
	City	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address					
4	City	State	ZIP			
	Asset or Property Contributed					
L						
	Name		Date In-Kind Contribution Received			
	Street Address	Street Address				
5	City	State	ZIP			
	Asset or Property Contributed			-		
F	Enter total only if last page of schedule					
F	Enter total only if last page of schedule (transfer the total received this period to "Sumr		line 5(j)) edule A(5)(j), page of			/



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

SCHEDULE A(6)

	So	ource Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Donation Received			•
	Street Address		I .			
1	City	State	ZIP			
	Type of Item Donated		I			
	Name		Date In-Kind Donation Received			
	Street Address		I	-		
2	City	State	ZIP	_		
	Type of Item Donated	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			
	Street Address			_		
4	City	State	ZIP	-		
	Type of Item Donated	I	I	-		
	Name		Date In-Kind Donation Received			
	Street Address			1		
5	City	State	ZIP	-		
	Type of Item Donated			-		
	Enter total only if last page of sche (transfer the total received this period to					

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
	Name					
	Street Address			-		
1	City	State	ZIP			
	Services or Goods Provided on Credit	1	Date of Extension of Credit			
	Name		<u> </u>			
	Street Address		-			
2	City	State	ZIP	_		
	Services or Goods Provided on Credit		Date of Extension of Credit	1		
	Name					
	Street Address		-			
3	City	State	ZIP	-		
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address			_		
4	City	State	ZIP	-		
	Services or Goods Provided on Credit		Date of Extension of Credit	-		
	Name	Name				
	Street Address			<u> </u> 		
5	City	State	ZIP	1		
	Services or Goods Provided on Credit Date of I		Date of Extension of Credit	_		
	Enter total only if last page of schedule					

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					
	State	ZIP			
s or Goods Originally Provided on Credit		Date of Original Extension of Credit			
Name					
Street Address					
	State	ZIP			
s or Goods Originally Provided on Credit		Date of Original Extension of Credit			
Name					
Street Address					
	State	ZIP			
s or Goods Originally Provided on Credit		Date of Original Extension of Credit			
Street Address					
	State	ZIP			
s or Goods Originally Provided on Credit		Date of Original Extension of Credit			
Street Address					
	State	ZIP			
s or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	-				
s or	r Goods Originally Provided on Credit Otal only if last page of schedule	r Goods Originally Provided on Credit Otal only if last page of schedule	State ZIP r Goods Originally Provided on Credit Date of Original Extension of Credit	r Goods Originally Provided on Credit Date of Original Extension of Credit otal only if last page of schedule	r Goods Originally Provided on Credit Date of Original Extension of Credit otal only if last page of schedule

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



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor Co	mmittee Informatio	า	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			•
	Street Address					
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expens	se (if applicable)			
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expens	se (if applicable)			
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expens	se (if applicable)			
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expens	se (if applicable)	_		
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expens	se (if applicable)			
	Enter total only if last page of schedu (transfer the total received this period to "s	ıle				
	(transfer the total received this period to "S	Summary of Receipts	," line 8)			

Schedule A(8), page____ of ____



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

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

Schedule A(9), page____ of ____

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



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

/	Infor	mation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Street Address					
1	City	State	ZIP	_		
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name Street Address					
2	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
3	Street Address Dity State		ZIP			
	Type of Account Receivable or Debt Owed	otate	Date that Debt Accrued			
	Name					
	Street Address					
4	City	State	ZIP			
	Type of Account Receivable or Debt Owed Name	Date that Debt Accrued				
	Street Address					
5	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 10)	,		

Schedule A(10), page____ of ____

COMMITTEE ID NUMBER

TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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

Schedule A(11), page____ of ____



MISCELLANEOUS RECEIPTS: SCHEDULE A(12)

/	,	Source Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name		I			
	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 transfer the total received this p	of schedule				

Schedule A(12), page____ of ____

COMMITT	EE ID	NUM	BER
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DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/	Recipient	Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Disbursement Date					
	Street Address					
1	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose?	PACs and Political Parties Only)	☐ Cash ☐ Credit		
	Name	Disbursement Date				
	Street Address					
2	City	State	ZIP	□ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)	☐ Credit		
	Name	Disbursement Date				
	Street Address					
3	City	State	ZIP	 □ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only)		☐ Credit		
	Name	Disbursement Date				
	Street Address					
4	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose?	PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date				
	Street Address					
5	City	State	ZIP	 □ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only)		□ Credit		
	Enter total only if last page of schedule	mmary of Diaburaar	mente " line 4)			
	(transfer the total disbursed this period to "Sui	ninary of Disburser	ments, line T)			

COMMIT	TEE ID	NUME	BER
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MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

	Candidate Com	mittee Recipient Info	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	3	☐ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	e	□ Credit	☐ Credit	
	Committee Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	Date Contribution Made			
	Committee Name					
	Street Address					
4	City	State	ZIP	☐ Cash☐ Credit		
	Committee ID Number	Date Contribution Made	Date Contribution Made			
	Committee Name					
5	Street Address	Street Address				
J	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	е	☐ Credit		
	Enter total only if last page of scheol (transfer the total disbursed this period to	dule o "Summary of Disburse	ements," line 2(a))			



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

	Political Action Comn	nittee Recipient Inf	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Committee Name					
	Street Address					
1	City	State	ZIP	☐ Cook		
	Committee ID Number	Date Contribution Made		☐ Cash ☐ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP	☐ Cook		
	Committee ID Number	Date Contribution Made	1	□ Cash □ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP	 □ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	1	☐ Credit		
	Committee Name	Committee Name				
	Street Address	Det Address				
5	City	State	ZIP	 ☐ Cash		
	Committee ID Number	Date Contribution Made	1	☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "S	ummary of Disburser	ments," line 2(b))	1		
			edule B(2)(b), page	of		

COMMIT 1	ΓΕΕ I D	NUME	BER
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MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Political Party R	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP	Florit		
	Committee ID Number	Date Contribution Made	l	□ Cash □ Credit		
	Committee Name	Committee Name				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Made	I	□ Cash □ Credit		
_	Enter total only if last page of schedule (transfer the total disbursed this period to "Su			l		

MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	ship Recipient Informa	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	ade	□ Cash □ Credit		
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	ade	□ Cash □ Credit		
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	ade	□ Cash □ Credit		
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	ade	□ Cash □ Credit		
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	ade	□ Cash □ Credit		
_	Enter total only if last page of sch (transfer the total disbursed this perio	nedule				

MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	n / LLC Recipient In	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Corporation/LLC Name						
	Street Address						
1	City	State	ZIP	E Out			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit			
	Corporation/LLC Name	I					
	Street Address						
2	City	State	ZIP	□ Coch			
	Corporation Commission File Number	Date Contribution	Made	☐ Credit	☐ Cash☐ Credit		
	Corporation/LLC Name	<u> </u>					
	Street Address						
3	City	State	ZIP	□ Cash			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit			
	Corporation/LLC Name	<u> </u>					
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit			
	Corporation/LLC Name	<u> </u>					
	Street Address						
5	City	State	ZIP	□ Cash			
	Corporation Commission File Number	Date Contribution	I Made	☐ Cash			
_	Enter total only if last page of scl (transfer the total disbursed this perio	nedule		I			

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Organ	nization Recipient Ir	formation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					1
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	☐ Cash☐ Credit		
	Labor Organization Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution	Date Contribution Made			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution	Made	□ Credit		
	Labor Organization Name	<u> </u>				
	Street Address					
5	City	State	State ZIP			
	Corporation Commission File Number	Corporation Commission File Number Date Contribution Made		□ Cash □ Credit		l
	Enter total only if last page of sch (transfer the total disbursed this perio	nedule d to "Summary of Dish	ursements " line 2(f))	I		



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

/	Conf	ributor Informatio	on	Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Date Refund Received		1 3	,
	Street Address		·			
1	City	State	ZIP			
	Committee ID Number	l	Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address			_		
3	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
4	City	State	ZIP	_		
	Committee ID Number		Date of Original Contribution			
_	Committee Name		Date Refund Received			
	Street Address					
5		T.				
	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Enter total only if last page of sche (transfer the total disbursed this period	dule to "Summary of Dis	bursements." line 2(h))			



LOANS MADE: SCHEDULE B(3)(a)

Borrower	Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
Borrower Name					
Street Address					
City	State	ZIP			
Guarantor/Endorser Name	Date Loan Made				
Borrower Name					
Street Address					
City	State	ZIP			
Guarantor/Endorser Name	Date Loan Made		-		
Borrower Name					
Street Address					
City	State	ZIP			
Guarantor/Endorser Name	Date Loan Made				
Borrower Name					
Street Address					
City	State	ZIP			
Guarantor/Endorser Name	Date Loan Made				
Borrower Name					
Street Address					
City	State	ZIP			
Guarantor/Endorser Name	Date Loan Made				
Enter total only if last page of schedule					
	Borrower Name Street Address City Guarantor/Endorser Name Street Address City Guarantor/Endorser Name Borrower Name Street Address City Guarantor/Endorser Name Street Address City Guarantor/Endorser Name Borrower Name Borrower Name Street Address City Guarantor/Endorser Name Street Address City Guarantor/Endorser Name Street Address City Guarantor/Endorser Name Borrower Name City Guarantor/Endorser Name Street Address City Guarantor/Endorser Name	Street Address City State Guarantor/Endorser Name Date Loan Made Borrower Name Street Address City State Guarantor/Endorser Name Date Loan Made Borrower Name Street Address City State Guarantor/Endorser Name Date Loan Made Borrower Name Street Address City State Guarantor/Endorser Name Date Loan Made Borrower Name Street Address City State Street Address City State City State Guarantor/Endorser Name Date Loan Made Borrower Name Street Address City State Guarantor/Endorser Name Date Loan Made Borrower Name Street Address City State Date Loan Made	Borrower Name Street Address City State ZIP Guarantor/Endorser Name Oate Loan Made Borrower Name Street Address City State ZIP Guarantor/Endorser Name Oate Loan Made Endorser Name State ZIP City State ZIP Guarantor/Endorser Name Oate Loan Made Borrower Name Street Address City State ZIP Guarantor/Endorser Name Oate Loan Made Endorser Name Oate Loan Made Street Address City State ZIP Guarantor/Endorser Name Oate Loan Made Borrower Name Street Address City State ZIP Guarantor/Endorser Name Oate Loan Made Endorser Name Oate Loan Made Street Address City State ZIP Guarantor/Endorser Name Oate Loan Made Endorser Name Oate Loan Made Endorser Name Oate Loan Made	Borrower Name	Berrower Name Site of Address Address Address Address Address Annount this Reporting Period

Schedule B(3)(a), page____of ____



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

	Guaranto	r 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					
	Street Address					
5	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Disbursements," line 3(b))					

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



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

				ı		
	Borrower	Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Forgiveness Made			
	Street Address		I			
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address		,			
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	,			
	Borrower Name		Date Forgiveness Made			
	Street Address	1				
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	nman, of Dishum	conto " lino 3/o\\			

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



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

	Lender I	nformation		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Repayment Made			
	Street Address		1			
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name	l	Date Repayment Made			
	Street Address		1			
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	<u> </u>			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	1				
	Ruansier the total dispursed this period to "Sui	ninary of Dispursen	nenis, line s(u))			

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



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

				ı		
	Lender I	Lender Information			Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Interest Accrued		,	,,
	Street Address			-		
1	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding	I			
	Lender Name		Date Interest Accrued			
	Street Address			1		
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Interest Accrued			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	l			
	Lender Name		Date Interest Accrued			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	'	1		
	Lender Name	Lender Name				
	street Address		'	1		
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	1			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 3(e))	L		

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	\dashv		
	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	_		
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			

Schedule B(4), page____ of ____



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

	Candidate Committe	e Recipient Inform	mation	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			
	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	mmary of Disbursen	nents," line 5(a))			

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

/	Political Actio	on Committee Recipient	Information	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	ution Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	oution Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	oution Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	oution Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	oution Made			
	Enter total only if last page of s	schedule				
	(transfer the total disbursed this pe	riod to "Summary of Disbur	rsements," line 5(b))			

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

/						
/	Political Party Re	ecipient Informati	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					j
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	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					
	(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)

	Partners	hip Recipient Informa	tion	Amount Contributed	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 Contribu	tion Made			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	ution Made			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	ution Made			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	Lution Made			
	Partnership Name	1				
	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	edule				

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

/						
	Corporation /	LLC Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name				3	
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribut	ion Made			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	tion Made			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	tion Made			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	tion Made			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	tion Made			
_	Enter total only if last page of sche (transfer the total disbursed this period t	dule				

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



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

/	Labor Orgar	nization Recipient Inf	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name				Troporting Fortion	<u> </u>
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	oution Made			
	Labor Organization Name	L				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	bution Made			
	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	bution Made			
	Labor Organization Name					
	Street Address					
١.	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	bution Made			
	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	bution Made			
	Enter total only if last page of sch					

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

COMMIT	TEE ID	NUMBER
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INDEPENDENT EXPENDITURES MADE: SCHEDULE B(6)

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

Schedule B(6), page____ of ___

COMMITTEE ID NUMBER

BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

/	Expenditure F	Recipient Informatio	on	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☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		- Li Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address	To	ZIP			
2	City Ballot Measure(s) Supported (including % supported)	State Ballot Measure(s) Opposed		-		
	ate of First Publication, Display, Delivery, or Broadcast Election Month/Year			☐ Cash ☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		1			
3		State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed (including % opposed)		☐ Cash ☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	or Broadcast Election Month/Year		Grount		
	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 ☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year				
	Enter total only if last page of schedul (transfer the total disbursed this period to "\$	e Summary of Disburser	ments," line 7)			
\		9.0	hedule B(7), page of _			



RECALL EXPENDITURES MADE: SCHEDULE B(8)

/	Expenditure I	Recipient Informatio	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			_		
	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	zalled	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		- □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
2	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	☐ Cash ☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast Office Held					
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City 3	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	□ Cash □ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held				
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address	,				
4		State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	□ Cash □ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held				
	Enter total only if last page of schedul (transfer the total disbursed this period to "5	e Summary of Disburser	ments," line 8)			
_					1	

Schedule B(8), page____ of ____



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

		Benefitted Candidate	Э	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	1				
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
2	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
3	City	State	ZIP			
	Type of Benefit Provided	L				
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
4	City	State	ZIP			
	Type of Benefit Provided	Type of Benefit Provided				
	Notes:					
	Enter total only if last page of	of schedule				
	(transfer the total disbursed this	period to "Summary of Dis	bursements," line 9)			

Schedule B(9), page____ of ____

COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

	Recipient	Committee Inform	mation	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address					1
1	City	State	ZIP			1
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)	□ Cash □ Credit		1
	Committee Name		Payment Date			
	Street Address					1
2	City	State	ZIP			1
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)	☐ Cash☐ Credit		
	Committee Name		Payment Date			
	Street Address					1
3	City	State	ZIP			1
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)	☐ Cash☐ Credit		l
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			1
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)	☐ Cash☐ Credit		1
	Committee Name		Payment Date			<u> </u>
	Street Address					1
5	City	State	ZIP			l
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)	☐ Cash☐ Credit		1
	Enter total only if last page of sche	dule				
	(transfer the total disbursed this period t	o "Summary of Disl	bursements," line 10)			

COMMITTEE ID	NUMBER
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REIMBURSEMENTS MADE: SCHEDULE B(11)

/				1	1 1	
_	Recipier	nt 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		Reimbursement Date	□ Credit		
	Name		I			
	Street Address					
2	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address	rt Address				
3	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
H	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
	Enter total only if last page of schedule					
	(transfer the total disbursed this period to "Si	ummary of Disburser	ments," line 11)			

Schedule B(11), page____ of ____



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

/				1		
	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					
	Street Address					
2	City	State	ZIP			
0	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					
	Street Address					
4	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
•	Street Address					
5	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Disburseme	ents," line 12)			

COMMITTEE ID NUMBER

TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

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

Schedule B(13), page____ of ____



MISCELLANEOUS DISBURSEMENTS: SCHEDULE B(14)

		Information		Amount	Amount this Reporting Period	Amount this Election Cycle
- 1	Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Disbursement Type Disbursement Date		☐ Credit			
	Name					
	Street Address					
2	City	State	ZIP	☐ Cash		
	Disbursement Type	bursement Type Disbursemen		☐ Credit		
	Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Disbursement Type		Disbursement Date	☐ Credit		
	Name					_
	Street Address					
4	City	State	ZIP	□ Cash		
	Disbursement Type		Disbursement Date	☐ Credit		
Н	Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Disbursement Type	L	Disbursement Date	☐ Cash		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursem	nents," 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 ____