

		COMMITTEE	NUMBER
M	EO	EIVE	
K		4 E 0004	
411	0.111	N 10 2024	111 111

COMMITTEE INFORMATION (required):

CANDIDATE INFORMATION (C	only if filing as a candidate committee):	
	THE CONTRACT OF THE CONTRACT O	
Office Sought:	☐ County Office:	☐ Special District Office:
	Z'City/Town Office: Council Memb	□ 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 (check one):

	REPORTING PERIOD	REPORT DUE
	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 15, 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 15, 2023
	2023 Quarter 2 Report: April 1, 2023 to June 30, 2023	July 1, 2023 to July 17, 2023
1	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*
1	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*
1	2023 Quarter 4 Report: October 1, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
1	2024 March Pre-Election Report (Local Only): January 1, 2024 to February 24, 2024	February 25, 2024 to March 2, 2024
1	2024 March Post-Election (Q1) Report (Local Only): February 25, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
1	2024 Quarter 1 Report: January 1, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
7	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
1	2024 Quarter 2 Report: April 1, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
1	2024 July Pre-Primary Election Report: July 1, 2024 to July 13, 2024	July 14, 2024 to July 20, 2024
1	2024 July Post-Primary Election (Q3) Report: July 14, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
1	2024 Quarter 3 Report: July 1, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
2	2024 November Pre-General Election Report: October 1, 2024 to October 19, 2024	October 20, 2024 to October 26, 202
2	2024 November 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 "Reporting deadline extended to next business day if deadline date is a holiday or Sunday, A.R.S. \$\$\$ 1-24	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.

INANCIAL 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)	Ø	
(b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)	3811.25	
(c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)	3 911, 25	
(d) = Balance at close of reporting period	Ø	

financial activity. Arizona Secretary of State Revision 9/28/23; League Update 03/25/24 (fillable format)



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.



SUMMARY OF RECEIPTS (Schedule A):

e -	Receipts	Cash	Equity
1.	Monetary Contributions Received		
	(a) In-State Individuals - More than \$100	Ø	
	(b) In-State Individuals - \$100 or Less (Aggregate)	355	
	(c) Out-of-State Individuals	110	
	(d) Candidate Committees	Ø	A MARIE LINE
	(e) Political Action Committees	Ø	
	(f) Political Parties	Ó	
	(g) Partnerships	Ø	
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)	M N	The state of the s
	(i) Labor Organizations (PACs & Political Parties Only)	1.000	
	(i) Candidate's Personal Monies (Candidate Committees Only)	7 2111 25	
	(k) Monetary Contributions Subtotal (add 1(a) through 1(j))	3811-25	
		3 \$ 06 125	
_	N/E	3-806-25	
2.	(m) Net Monetary Contributions (subtract 1(l) from 1(k)) Loans	5,806,62	
۷.	(a) Loans Received	Ch.	
	(b) Forgiveness on Loans Received		
	(c) Repayment on Loans Made	Ø	
	(d) Interest Accrued on Loans Made	Ø	Darwin To
	(e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))	Ø	***************************************
3.	Rebates and Refunds Received	ON THE	
4.	Interest Accrued on Committee Monies	X	
5.	In-Kind Contributions Received	X	
	(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	C.	
		*	
9.	Payments Received for Goods / Services		
	Outstanding Accounts Receivable / Debts Owed to Committee		
11,	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)	4	
12.	Miscellaneous Receipts (use cash and/or equity as applicable)		
13.	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)	3 806.25	

SUMMARY OF DISBURSEMENTS (Schedule B):

	Disbursements	Cash	Equity
1.	Disbursements for Operating Expenses	2,341,25	
2.	Contributions Made		
	(a) Candidate Committees	Ø	
	(b) Political Action Committees	(\$)	
	(c) Political Parties	Ø	Million Block States
	(d) Partnerships	Ø	
	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)	Ø	
	(f) Labor Organizations (PAC & Political Parties Only)	1,000	
	(g) Monetary Contributions Subtotal (add 2(a) through 2(f))	465	
	(h) Contribution Refunds Provided to the Reporting Committee	Ø	
	(i) Monetary Contributions Total (subtract 2(h) from 2(g))	465	
3.	Loans		
	(a) Loans Made	Ø	
	(b) Loan Guarantees Made		
	(c) Forgiveness on Loans Made		
	(d) Repayment of Loans Received	Ø	
	(e) Accrued Interest on Loans Received	Ø	
	(f) Total Loans (cash: add 3(a), 3(d) & 3(e); equity: add 2(b) & 2(c))	\emptyset	
4.	Rebates and Refunds Made (Non-Contributions)	Ø	
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	Ø.	
7,,	Ballot Measure Expenditures Made	Ø	
8.	Recall Expenditures Made	Ø	
9.	Support Provided to Party Nominees (Political Parties Only)	ϕ	
10.	Joint Fundraising / Shared Expense Payments Made	Ø,	
11.	Reimbursements Made	\otimes	
12.	Outstanding Accounts Payable / Debts Owed by Committee		
13.	Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)	Ø,	
14.	Miscellaneous Disbursements	Ø	
15.	Aggregate of Disbursements - \$250 or Less	Ø	
16	Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15)	2,341.25	



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

	Corporation	/ LLC Contributor I	nformation	Amount	Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name						
	Street Address						
1	City	State	ZIP				
	Corporation Commission File Number	Date Contribution	Received				
	Corporation/LLC Name						
	Street Address						
2	City	State	ZIP				
	Corporation Commission File Number	Date Contribution	Received				
	Corporation/LLC Name						
	Street Address						
3	City	State	ZIP				
	Corporation Commission File Number	Date Contribution	Received				
	Corporation/LLC Name						
	Street Address						
	City	State	ZIP				
	Corporation Commission File Number	Date Contribution	Received				
	Corporation/LLC Name						
	Street Address						
	City	State	ZIP				
-	Corporation Commission File Number	Date Contribution	Received				
1	Enter total only if last page of scho transfer the total received this period t		·				

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

	Partnershi	o Contributor Information	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Recei	Date Contribution Received			
	Partnership Name					
	Streel Address					
3	City	State	ZIP			
	Corporation Commission File Number Date Contribution Received					
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number					
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Rece	Pived			

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

MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

	Politic	cal Party Contributor Infor	mation	Amount Receive		Cumulative Amount this
	Committee Name				Reporting Period	Election Cycle
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution R	eceíved			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution R	eceived			
	Committee Name					
	Street Address					
3	City	State	ZIP			N.
	Committee ID Number	Date Contribution Re	eceived			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Re	eceived			
	Committee Name					
5	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Re				
	Enter total only if last page of (transfer the total received this pe	f schedule eriod to "Summary of Receipt	s," line 1(f))			

MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

/	Political Actio	on Committee Contributor	r Information	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
Ì	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Re	aceived			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number Date Contribution Received					
	Committee Name					
	Street Address					{
3	City	State	ZIP			
	Committee ID Number	Date Contribution R	lecaived			
	Committee Name					
	Street Address					
4	City	Stale	ZIP			
	Committee ID Number	Date Contribution F	Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution F	Received			

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



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

SCHEDULE A(1)(a)

/	Individual Cont	ributor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Friscilla Rodewali Street Address		Date Contribution Received		50	50
1	223L3 N, Braden Re City Manager Occupation	State A-Z Employer	21P 85139	50		
	Director	Be Awe.	emae			
	Susic Pries		Date Contribution Received			
2	Street Address 41997 W. Quinto			55	55	55
	City COOK CORD	State F3Z	85139			
	Occupation Principal	Employer Legacy				
	Chris Sarrappo		Date Contribution Received			
3	Street Address 45975 W. Wing Wo			20	20	20
,	moricopa	sule AZ	85139			
	Occupation TEACH CT	Employer Mark (Wife (2 Unifred School	District		
	Lan Riby		Date Contribution Received			
	Street Address 44139 W. McSoo	ما		50	50	50
100	maricapa	State A2	85139			
	Occupation Real Estate	Home S	mart			
	Name Andu Lockridae		Date Contribution Received			
	Street Address U 44203 W. Grani	le DI		50	50	50
5	city manicopa	State 7	ZIP 25139			
	Occupation Insurance Agent	Employer Self 8	Employed			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary 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 1 of 2

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.



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

SCHEDULE A(1)(a)

/	Individual Con	tributor Informati	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Procharie Knor		Date Contribution Received			
	1 cm mari word	State A2	ZIP 85139	100	100	100
	Occupation Commonwell Rolators Name	Except				
	Street Address 38196 W. Clanes	st St,	6/17/24	2.0	2.	
2	City Occupation	State A Z Employer	85139	30	20	30
	Retiral		Date Contribution Received			
3	Street Address City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
4	Street Address City	State	ZIP			
	Occupation	Employer				
	Name		Data Contribution Received			
5	Street Address City	Shaka	710			
		State Employer	ZIP			
	Enter total only if last page of schedule (transfer the total received this period to "Sumn	nary of Receipts."	line 1(a))	355	355	355

*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 1 of 2

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	355	355
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(b))	355	355

^{*}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 Contr	ributor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name G. T. A.d. O. Sch. Street Address		Date Contribution Received		60	60
1	2341 Valderana City Sorrando	State Employer	32776	60	9	9.
	Security Officer	Air Fr	Date Contribution Received			
	Shi and Olsen		617124			
2	917 Burting Ln.	Slate	ZIP	50	50	50
	Liberty Occupation	Employer	64068			
	Stay at home mam		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer	<u>. </u>			
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer			Ę.	
	Name Date Contribution Received					
	Street Address					
5	City	State	ZIP			
	Occupation	Employer	4			
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	many of Passints " i	ing 4(a))	110	110	(10)

Schedule A(1)(c), page ___ of ___

MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

/	Candidate C	Committee Contributor	Information	Amount Receive	Cumulative d Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution F	Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution F	Received			
	Committee Name					
3	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution F	Received			
	Committee Name					
	Street Address					
4	City	State	ZIP	-		
	Committee ID Number	Date Contribution	Received			
	Committee Name					
	Street Address					
5		State	ZIP			
	City					
	Committee ID Number	Date Contribution	Received			

Schedule A(1)(d), 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
1	Labor Organization Name International File Street Address Po Box IIII4 City City	State	r Associates		(666)	1,000
	Corporation Commission File Number	Date Contribution Receive	7/24			
	Street Address					
2	City Corporation Commission File Number	State Date Contribution Receiv	ZIP			
	Labor Organization Name					
3	Street Address City	State	ZIP			
	Corporation Commission File Number Date Contribution Received					
	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	ine 1(i))	1,000	1,000	1,000

Schedule A(1)(i), page ____ of ___



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

	Candidate	e Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Proper Lierroan Street Addrass 45388 W. Desert Gas dan Rd			2341.25	2341.25	2,341.25
1	City Cocupation Cally Selasor	State Employer	2IP 85139			
	Name		Date Contribution Received			
	Street Address					
2	Clly	State	ZIP			
	Occupation	Employer	*			
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
4	Street Address					
4	City	State	ZIP			
	Occupation Employer					
	Name Date Co		Date Contribution Received			
Ę.	Street Address					
5	City	State	ZIP			
	Occupation	Employer				



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

/	Contribute	or Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Γ	Name		Date Contribution Refunded			
	Street Address					
1	City	State	ZIP			
	ID Number (if applicable)	1	Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
2	City	State	ZIP			
	ID Number (If applicable)	<u> </u>	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					
4	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address		-			
5	City	State	ZIP	7		
	ID Number (if applicable)		Date of Original Contribution			
	Enter total only if last page of schedule					
	(transfer the total received this period to "Sumi	mary of Receipts," I	ine 1(l))			

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
1	Lender Name	Date Loan Received				
	Street Address					
1	City	Slate	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? (Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address					
3	City	State	ZIP			
26	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	1	(PACs and Political Parties Only)			
	Enter total only if last page of schedule (transfer the total received this period to "Sun	manual Resolute "	line 7(a))			
	(transfer the total received this period to "Sun	imary or Receipts,"	mic 7(9))			



FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

/	Lender	Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Forgiveness Received			
	Street Address			2		
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address		J			
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	J.			
	Lender Name		Date Forgiveness Received			
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address	I				
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding		3 :		
	Lender Name		Date Forgiveness Received			
	Street Address					
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Enter total only if last page of schedule (transfer the total received this period to "Surr					
_	(transfer the total received this period to "Sum	mary of Receipts," I	ine 2(b))			

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		
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address					
2	City _	Stale	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Barrower Nama	Date Repayment Received				
	Street Address	<u> </u>				
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address		17.			
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name Date Repayment Received					
	Street Address					i.
5	City	State	ZIP	1		
	Original Amount Borrowed	Amount Still Outstanding	<u> </u>	-		
_	Enter total only if last page of schedule (transfer the total received this period to "Surr					

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

INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address Street Address						
Street Address	/	E	Borrower Information		Amount this	Amount this
Copy State 22P		Borrower Name		Date Interest Accrued		
Criginal Amount Borrowed Amount Still Outstanding Borrower Name Oute hierest Aconsed Zip Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Aconsed City State Zip Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Aconsed City State Zip Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Aconsed Stroot Address Grower Name Date Interest Aconsed Borrower Name Date Interest Aconsed Stroot Address Grower Name Date Interest Aconsed Borrower Name Date Interest Aconsed Borrower Name Date Interest Aconsed Stroot Address City State Zip Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Aconsed		Street Address				
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State ZIP		Borrower Name		Date Interest Accrued		
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Sorrower Name	3	City	State	ZIP	0•l s ≠	
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Borrower Name Date Interest Accrued Street Address City State ZIP	4	City	State	ZIP		
Street Address City State ZIP		Original Amount Βοποwed	Amount Still Outstand	ling	-	
5 City State ZIP		Borrower Name		Date Interest Accrued		
City State ZIP		Street Address				
Original Amount Borrowed Amount Still Outstanding	5	City	State	ZIP		
		Original Amount Borrowed	Amount Still Outstand	ing		
		Enter total only if last page of so (transfer the total received this period	d to "Summary of Receipts	s," line 2(d))		

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



STATE OF ARIZONA FAMILE REPORTED

COMMITTEE ID NUMBER

/	/	Payor Information		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Payor Name		Date Rebate/Refund Received			
	Street Address		NOTE:			
1	City	State	ZIP			
	Original Purchase Amount	Reason for Refund	I/Rebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address			-		
2	City	State	ZIP			
	Original Purchase Amount	Reason for Refund	d/Rebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refund	d/Rebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
4	City	State	ZIP			
	Original Purchase Amount Reason for Refund/Reba		d/Rebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address			-		
5	City	State	ZIP			
	Original Purchase Amount Reason for Refund/Rebat		d/Rebate			
_	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 3)			J		

COMMITTEE	ID NUMBER
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IN-KIND CONTRIBUTIONS RECEIVED FROM IN-STATE INDIVIDUALS - MORE THAN \$100 DURING ELECTION CYCLE:*

SCHEDULE A(5)(a)

-	Individual (Contributor Inform	nation	Amount Received	Cumulative Amount this	Cumulative Amount this
	Name		Date In-Kind Contribution Received		Reporting Period	Election Cycle
	Street Address					
1	City	State	ZIP	-		
	Occupation	Employer		-		
	Name		Date In-Kind Contribution Received			
	Street Address		1			
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				
	Name		Date In-Kind Contribution Received			
	Street Address			-		
6	City	State	ZIP			
	Occupation	Employer		-		

*If in-kind contributions of \$100 or less are listed on Schedule A(5)(b), do not include them on Schedule A(5)(a).

Schedule A(5), page___ of ___

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Account with Interest Earned (Bank Name / Type of Account)		
Account with Interest Earned (Bank Name / Type of Account)		
Account with Interest Eamed (Bank Name / Type of Account)		
Account with Interest Earned (Bank Name / Type of Account)		
Account with Interest Earned (Bank Name / Type of Account)		
Total (transfer the total received this period to "Summary of Receipts," line 4)		

Schedule A(4), page___ of ___

COMMITTEE	ID NUMBER
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IN-KIND CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS:

SCHEDULE A(5)(c)

Cannition Name Cannition Name Committee Name Committee ID Number Com							
Street Address 1 Clipy State Z/P Committee ID Number Date In-Kind Contribution Received		Candidate Committee	e Contributor Info	rmation	Amount Received	Amount this	Cumulative Amount this Election Cycle
Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Street Address Street Address Committee Name Street Address Gry State ZIP Committee Name Street Address Gry State ZIP Committee Name Street Address Gry State ZIP Committee Name Date In-Kind Contribution Received Committee Name Street Address Gry State ZIP Committee Name Street Address Street Address Committee Name Street Address Street Address Street Address Committee Name Street Address	Committe	tee Name					
Committee ID Number Data to-Kind Contribution Received Street Address ZIP Committee ID Number Data to-Kind Contribution Received ZIP Committee ID Number Data to-Kind Contribution Received ZIP Committee Name Street Address 3 Cry State ZIP Committee ID Number Data to-Kind Contribution Received ZIP Committee ID Number Data to-Kind Contribution Received ZIP Committee ID Number Data to-Kind Contribution Received ZIP Committee Name Street Address 4 Cry State ZIP Committee ID Number Data to-Kind Contribution Received Committee ID Number Committee ID Number Data to-Kind Contribution Received Committee Name Street Address Street Address Street Address Street Address	Street Ad	ddress					
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Street Address Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State Date In-Mind Contribution Received Committee ID Number Date In-Mind Contribution Received Committee ID Number Date In-Mind Contribution Received Committee Name Street Address Committee Name Street Address Committee ID Number Date In-Mind Contribution Received Committee ID Number Committee ID Number Date In-Mind Contribution Received	Committee	tee D Number	Date In-Kind Contribution	Received			
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 Committee Name Street Address City State ZIP Committee Name Street Address Committee ID Number Date In-Kind Contribution Received Committee Name Committee ID Number Date In-Kind Contribution Received	Committee	tee Name					
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Committee ID Number Date In-Kind Contribution Received Committee Name Street Address Clty Stale ZIP Zip Committee ID Number Date In-Kind Contribution Received	Committee	ee Name	Mn.				
Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Street Address		ddress					
Committee Name Street Address City Stale ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address	3 City		State	ZIP			
Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address	Committee	ee ID Number	Date In-Kind Contribution	Received			
City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Addrass	Committee	ee Name					
Committee ID Number Date In-Klind Contribution Received Committee Name Street Address		idress					
Committee Name Street Addrass	4 City		State	ZIP			
Street Address	Committee	ee ID Number	Date In-Kind Contribution	Recaived			
	Committee	Committee Name					
City State ZIP		Street Address					
	5 City		State	ZIP			
Committee ID Number Date In-Kind Contribution Received	Committee	ee ID Number	Date In-Kind Contribution	Received			
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5(d))	Enter to	total only if last page of schedule or the total received this period to "Sumr	mary of Receipts," li	ine 5(d))			
Schedule A(5)(c), page of	Si .						

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).

IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

/	1	mmittee Contributor Inf	ormation	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					
2	City	State	ZIP			
	Committee ID Number					
	Committee Name		HALO.			
	Street Address					
3	City	Stale	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	n Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contributio	n Received			
4	Enter total only if last page of sche	adula				

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

IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

	Political Action Con	nmittee Contributor Ir	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					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	on Received			
	Committee Name	Li.				
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribute	on Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Cammittee ID Number	Date In-Kind Contributi	on Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribut	ion Received			

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	I 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 "Sumr	nary of Receipts " li	ne 5(f))			

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

IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

	Partnersh	nip Contributor Informati	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Pertnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date in-Kind Contribution	n Received			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date in-Kind Contribution	n Received			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Received			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribute	on Received			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribute	on Received			
	Enter total only if last page of so (transfer the total received this period	hedule	" line 5(g))			

IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

/				rit 10	is 5	
	Corporation	/ LLC Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Received			
	Corporation/LLC Name					
	Street Address			2		
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributi	on Received			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributk	on Received			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Received			
	Corporation/LLC Name					
	Street Address					
-	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Received			
1	Enter total only if last page of sche (transfer the total received this period to	edule				

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

IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

	Labor Organiza	ation Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	abor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address			Į.		
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Received			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributto	n Received			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Received			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number Date In-KInd Contribution Received					

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

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

SCHEDULE A(5)(j)

Candidate	Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
18		Date In-Kind Contribution Received			
et Address					
_ :: : - : - : - : - : - : - : - : -	State	ZIP			
t or Property Contributed					
e		Date In-Kind Contribution Received			
et Address		I			
	State	ZIP			
A se Personal de Combibulad					
t or Property Contributed					
Э		Date In-Kind Contribution Received			
t Address					
	State	ZIP			
t or Property Contributed			=		
•		Date In-Kind Contribution Received			
t Address					
	State	ZIP			
or Property Contributed					
Name		Date In-Kind Contribution Received			
treet Address					
Ę	State	ZIP			
or Property Contributed					
or total only if look name of a backets					
		l only if last page of schedule e total received this period to "Summary of Receipts," li	I only if last page of schedule total received this period to "Summary of Receipts," line 5(j))		I only if last page of schedule e total received this period to "Summary of Receipts," line 5(j))

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

SCHEDULE A(6)

	Source II	nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name		Date In-Kind Donation Received			
07	Street Address					
1	City	State	ZIP			
7	ype of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address					
2	City	State	ZIP			
	Type of Item Donated					
1	Name		Date In-Kind Donation Received			
	Street Address	-				
3	City	State	ZIP			
	Type of Item Donated	11				
	Name		Date In-Kind Donation Received			
2	Street Address					
4	City	State	ZIP			
	Type of Item Donated					
	Name	Date In-Kind Donation Received				
	Street Address					
5	City		ZIP			
	Type of Item Donaled					
	Enter total only if last page of schedule (transfer the total received this period to "Sun					

EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

_		Creditor Information	1	Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	1 City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address					
2	City	State	ZIP	-		
	Services or Goods Provided on Credit		Date of Extension of CredIt			
	Name					
	Street Address					
3	City	Stale	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					
	Street Address					
	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
_	Enter total only if last page of s (transfer the total received this peri	schedule				

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

	COMMITTEE	ID NUMBER
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PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

	Creditor I	nformation		Payment Amount on Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
Ì	Street Address			-		
3	City	State	ZIP			
10.	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	-	4.0			

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



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor C	ommittee Informati	on	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 Expe	ense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (If applicable)	Type of Shared Expe	ense (If applicable)			
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	onse (If applicable)			
	Committee Name	•	Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (If applicable)	Type of Shared Expe	nse (if applicable)			
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (If applicable)	Type of Shared Exper	nse (if applicable)			
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 8)					

PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

	Payor In	formation		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Name						
	Street Address					
	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
5	City	State	ZIP			
	Servidės or Goods Purchased		Payment Date			
_	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 9)	All		



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

	Information			Amount	Amount this Reporting Period	Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
1	ype of Account Receivable or Debt Owed	ļ	Date that Debt Accrued			
T	Name					
-	Street Address					
2	Sity	State	ZIP			
ī	ype of Account Receivable or Debt Owed		Date that Debt Accrued	-		
1	Name					
5	Street Address					
3 -	Sity	State	ZIP	-		
7	ype of Account Receivable or Debt Owed		Date that Debt Accrued	1		
1	lame					
S	itreet Address		1			
4	ity	State	ZIP	-		
Ty	rpe of Account Receivable or Debt Owed		Date that Debt Accrued	-		
N	ame					
s	treet Address			-		
5 0	ity	State	ZIP			
Ту	pe of Account Receivable or Debt Owed		Date that Debt Accrued			
E	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 10)					

TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Source of Surplus Monles / 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 44400 Hones of Receipt Type Receipt Type Receipt Date 5115124	1,500	1500	1500
2	Name Case Grande Valley Newspaper Street Address 200 US 2nd St City State ZIP Receipt Type Receipt Type Concal Receipt Type Concal Receipt Date 5/31/24	877.85	871,85	817,85
3	Name Street Address HH 80 Honey Cutt Rd H 107 City State ZIP Mariana Receipt Type Receipt Type Receipt Type Receipt Type Protect Receipt Care H 5/22/24	434,80	1,358.	1,358, 75
4	Street Address	18,43	18.43	18,43
5	Name Involves ive Incaina Street Address 44480 Honeyoutt Rd, #107 City State ZIP Receipt Type Receipt Date Other Address C17124	815, 25	1358.	1,358.
L	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 12)			

Schedule A(12), page____ of ____

COMMITTEE ID NUMBE	R

DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

	Recipi	ent Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name	Disbursement Date				
;	Street Address					
	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	ZÍP			
	Type of Operating Expense Pald	Non-Electoral Purpose?	(PACs and Political Parties Only)	□ Cash □ Credit		
1	Name	Disbursement Date				
	Street Address					
3	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only)		☐ Cash☐ Credit		
	Name	Disbursement Date				
	Street Address					
4	City	State	ZIP			
	Type of Operating Expense Paid	l'	(PACs and Political Parties Only)	☐ Cash☐ Credit		
_	Name	Disbursement Date				
	Street Address				7	
5	City	State	ZIP	☐ Cash		
	Type of Operating Expense Paid			□ Credit		
_	Enter total only if last page of sched (transfer the total disbursed this period to	ule	oments " line 1)			
_	(transfer the total disbursed this period to	Summary of Disburse	enena, inie i)			

MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

Source Information	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Name MORSSIVE Imaging Street Address 1 City State ZIP Maricapa Receipt Type Receipt Date Driveted Clay 24	108,70	1,358.	1,358.
Name Name	- 4.64	*ac	
Name ACR HOS OUT OUT Street Address City Receipt Type Receipt Type Part CL 21/24	. <i>(</i> ,	æ	
Name Walk of the Street Address 4 City State ZIP Maricana H2 85139 Receipt Type Receipt Date CU14/24	23.29		
Name Street Address City State Receipt Type Receipt Date	16.29		
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 12)			

COMMITTEE	ID	NUMBER
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DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

	Rec	ipient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
N	iame	Disbursement Date	8			
s	Street Address					
0	City	State	ZIP	□ Cash		
1	of Operating Expense Pald Non-Electoral Purpose? (PACs and Political Parties Only)		□ Credit			
,	Name	Disbursement Da	te			
	Street Address					
2	City	State	ZIP	□ Cash		
	Type of Operating Expense Paid	Non-Electoral Purp	pose? (PACs and Political Parties Only)	☐ Credit		
	Name	Disbursement Da	ate			
	Street Address					
3	City		ZIP	□ Cash		
	Type of Operating Expense Pald	Non-Electoral Pur	pose? (PACs and Political Parties Only)			
	Name	Disbursement D	iate			
	Street Address					
4	City	State	ZIP			
	Type of Operating Expense Paid		rpose? (PACs and Political Parties Only	☐ Cash☐ Credit		
_	Name	Disbursement D	Date			
	Street Address					
5	City	State	ZIP	□ Cash		
	Type of Operating Expense Paid	N .	urpose? (PACs and Political Parties Onl	☐ Credit		
_	Enter total only if last page of sci (transfer the total disbursed this period	hedule	humamanta " lina 4\			
	(transfer the total disbursed this period	od to "Summary of Dis	oursements," line 1)			

COMMITTEE	D NUMBER

MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/		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 Contribution	Made	□ Cash □ Credit		
	Committee Name					
	Street Address					
2	City	State	State ZIP			
	Committee ID Number	Date Contribution	Made	□ Cash □ Credit		
	Committee Name					
	Street Address					
3	City	State	State			
	Committee ID Number	D Number Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution	Made	☐ Cash☐ Credit		
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number Date Contribution Made		☐ Cash☐ Credit			
	Enter total only if last page of sch	edule				
	transfer the total disbursed this period	d to "Summary of Disbu	ursements," line 2(a))			

COMMITTEE	D NUMBER

MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

mmittee Name eet Address y mmittee ID Number emmittee Name	State Date Contribution Mac	ZIP			
y ommittee ID Number ommittee Name					
ommittee ID Number				1	
ommittee Name	Date Contribution Mad		□ Cash		
		de	☐ Credit		
reet Address					
City State ZIP		ZIP	□ Cash		
Committee ID Number Date Contribution Made			☐ Credit		
ommittee Name					
rreet Address					
ity	State	ZIP	□ Cash		
ommittee ID Number Date Contribution Made			☐ Credit		
ommittee Name					
treet Address					
ity	State	ZIP	□ Cash		
Committee ID Number Date Contribution Made			□ Credit		
committee Name					
Street Address					
City State ZIP		ZIP	□ Cook		
Committee ID Number Date Contribution Made			☐ Credit		
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(b))					
o tr	mmittee Name eet Address / mmittee ID Number mmittee Name eet Address / mmittee ID Number mmittee ID Number mmittee Name reet Address	mmittee Name Beet Address State Date Contribution Mi mmittee ID Number Date Contribution Mi mmittee ID Number Date Contribution Mi Date Contribution Mi mmittee ID Number Date Contribution Mi mmittee ID Number Date Contribution Mi mmittee Name The Address The Contribution Mi mmittee Name The Address The Contribution Mi mmittee ID Number Date Contribution Mi mmittee Name	mmittee Name seet Address y State ZIP Date Contribution Mede mmittee ID Number Date Contribution Made ZIP Date Contribution Made mmittee ID Number Date Contribution Made primittee ID Number Date Contribution Made primittee Name Teet Address Ty State ZIP Date Contribution Made primittee ID Number Date Contribution Made primittee ID Number Date Contribution Made primittee ID Number Date Contribution Made	mmittee ID Number	Date Contribution Made Credit



COMMITTEE ID NUMBER	

MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Political Party F	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Committee Name		reporting 1 street	Licolori Oyolo		
1	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number			☐ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP	□ Cook		
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
1	Committee Name					
	Street Address					
	City	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 "Su					

COMMITTEE	ID	NUMBER

MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partnersh	ip Recipient Information	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
F	Partnership Name					
5	Street Address					
	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made		□ Credit		
1	Partnership Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Mad	e	☐ Cash		
1	Partnership Name					
3	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mad	le	□ Cash □ Credit		
	Partnership Name	15				
	Street Address					
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Mad	de	□ Cash		
	Partnership Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Corporation Commission File Number Date Contribution Mede			□ Cash □ Credit		
_	Enter total only if last page of sch (transfer the total disbursed this period	edule				

COMMITTEE	D NUMBER
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MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

•	Corporation	n / LLC Recipient Inforr	nation	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	3	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made)	□ Cash □ Credit	□ Cash □ Credit	
S	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	70.4		
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
5	State ZIP					
-	Corporation Commission File Number Date Contribution Made			□ Cash □ Credit		
E	Enter total only if last page of sche transfer the total disbursed this period	edule to "Summary of Disburse	ments," line 2(e))			

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Organiz	zation Recipient Inform	nation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
T	Labor Organization Name					
	Street Address					
	City	State	ZIP	□ Cash		
	Corporation Commission File Number Date Contribution Made			☐ Credit		
	Labor Organization Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Corporation Commission File Number Date Contribution Made			☐ Credit		
	Labor Organization Name					
-	Street Address					
3	City	State	ZIP	☐ Cash☐ Credit		
	Corporation Commission File Number	File Number Date Contribution Made				
_	Labor Organization Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Mad	de	☐ Credit		
	Labor Organization Name					
	Street Address					
5	City State ZIP		☐ Cash			
	Corporation Commission File Number Date Contribution Made			☐ Credit		
_	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(f))					

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F

CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

	Contributo	or Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name	Date Refund Received				
	Street Address					
1	City	State	ZIP			
	Committee ID Number	,	Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Addrass		•			
2	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name	Date Refund Received				
١	Street Address	<u> </u>				
3	City	State	ZIP			
	Committee ID Number	Date of Original Contribution				
	Committee Name	Date Refund Received				
1	Street Address					
4	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
(Committee Name		Date Refund Received			
3	Street Address					
5	Sity	State	ZIP			
	Committee ID Number		Date of Original Contribution			
E	inter total only if last page of schedule transfer the total disbursed this period to "Sum	mary of Disbursen	nents." line 2(h))			

COMMITTEE	ID NUMBER
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LOANS MADE:

SCHEDULE B(3)(a)

Street / City Guarar Street City Guarar City Guara City Street Borrow Street	t Address antor/Endorser Name ower Name at Address rantor/Endorser Name	State Date Loen Made State State Date Loan Made	ZIP		Reporting Period	Election Cycle
City Guarar Street City Guarar City Guarar City Guarar City Guarar	antor/Endorser Name ower Name et Address rantor/Endorser Name	Date Loan Made				
Guarar Borrow Street City Guara Street City Guara Borrow Street	ower Name et Address rantor/Endorser Name	Date Loan Made				
Street City Guara Street Borrov Street Borrov Borrov	ower Name et Address rantor/Endorser Name	State	ZIP			
Street City Guara Street City Guara	et Address rantor/Endorser Name		ZIP			
City Guara Borrow Street City Guara	rantor/Endorser Name		ZIP			1
Guara Borrov Street City Guara			ZIP			
Street City Guara		Date Loan Made				
Street City Guara	Auer Name		All.			
City Guara	Borrower Name					
Guara	Street Address					
Вогго		State	ZIP			
	rantor/Endorser Name	Date Loan Made	•			
Street	rower Name					
0	Street Address					
City		State	ZIP			
Guare	arantor/Endorser Name	Date Loan Made				
Вогго	Borrower Name					
Stree	Street Address					
City		State	ZIP)		
Guar		Guarantor/Endorser Name Date Loan Made				

Schedule B(3)(a), page___of ____

COMMIT	TEE	ID	NU	MB	ER
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LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

		Guarantor Information	1	Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Guarantor Name					
	Street Address					
1	City	State	ZIP			
	Borrower Name	Date Loan Guarar	nteed			
_	Guarantor Name					
	Street Address					
2	City	Stale	ZIP			
	Borrower Name	Date Loan Guara	nteed			
l	Guarantor Name					
	Street Address					
3	City	State	ZIP			
	Borrower Name	Date Loan Guara	nteed			
	Guarantor Name					
	Street Address					
4	City	State	ZIP			
177	Borrower Name	Date Loan Guarar	Date Loan Guaranteed			
	Guarantor Name					
5	Street Address					
5	City	State	ZIP			
	Borrower Name	Date Loan Guarar	nteed			
-	Enter total only if last page of the total received this page.	of schedule				

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



FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

/	Borrower	Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Forgiveness Made			
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
1	Borrower Name		Date Forgiveness Made			
	Street Address		J			
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	4			
	Borrower Name		Date Forgiveness Made			
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name	L,	Date Forgiveness Made			
3	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 "Su					

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

COMMIT	TEE I	D NUMB	ER
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REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

90		Lender Information		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 Outs	tanding			
	Lender Name		Date Repayment Made			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Original Amount Borrowed Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outs	landing			
	Lender Name		Date Repayment Made			
	Street Address		1,			
4	City	State	ZIP			
	Original Amount Borrowed	Original Amount Borrowed Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address		L	-		
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outst	anding			
	Enter total only if last page of (transfer the total disbursed this pe	schedule	# # O (1)			

COMMITTEE ID NUMBER	t
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ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

	Lender II	nformation		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Interest Accrued			
	Street Address					
1	City	State	ZIP			
1	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Interest Accrued			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				ļ
	Lender Name		Date Interest Accrued			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	1.			
	Lender Name	Date Interest Accrued				
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender 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 disbursed this period to "Su					

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

REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

/	Po Do	oiniant Information		Amount Rebated /	Cumulative	Cumulative
	Re	cipient Information		Refunded	Amount this Reporting Period	Amount thi Election Cycle
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address		Y .			
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 Rebale/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	-		
1						

Schedule B(4), page___ of ___

COMMITTEE	ID NUMBER

IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/	Candidate Committ	ee Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
Ì	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	n Made			
1	Committee Nama					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Made			
	Committee Name					
200	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contributio	n Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contributio	on Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "S					

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

- 5				Ÿ.	n n	
_		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 Contrib	ution Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Made			
	Committee Name					
Street Address						
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	ution Made			
	Enter total only if last page of s (transfer the total disbursed this pe	schedule				

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

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

8	Delitical Bort D	ainiant Informatio	n.n.	Amount	Cumulative Amount this	Cumulative Amount this
	Political Party Re	ecipient Information	on 	Contributed	Reporting Period	Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP	_		
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
2		T				
_	City	State	ZIP			h
	Committee ID Number	9				
=	Committee Name	/				
	Street Address		_			
2						
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					,
	Street Address					
4			I	_		
	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 "Su					

IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

Partner	ship Recipient Inform	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
hip Name					
ddress					
	State	ZIP			
ion Commission File Number	Date In-Kind Contri	bution Made			
nip Name					
ldress					
	State	ZIP			
on Commission File Number	Date In-Kind Contr	ibution Made			
nip Name					
dress					
	State	ZIP			
on Commission File Number	Dale In-Kind Contri	ibution Made			
ip Name					
dress					
	State	ZIP			
on Commission File Number	Date In-Kind Contri	bution Made			
ip Name					
dress					
	State	ZIP			
on Commission File Number	Date In-Kind Contri	bution Made			
		nission File Number Date In-Kind Contri		nission File Number Date In-Kind Contribution Made	nission File Number Date In-Kind Contribution Made

IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

	Corporation	/ LLC Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name				1 5	
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	utlon Made			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contril	bution Made			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	ber Date In-Kind Contribution Made				
	Corporation/LLC Name	J .;;				
	Street Address					
4	City State		ZIP			
	Corporation Commission File Number	Date In-Kind Contri				
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	ibution Made			
	Enter total only if last page of sch (transfer the total disbursed this perio	nedule d to "Summary of Disbu	ursements," line 5(e))	**		

IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

	Labor Organ	ization Recipient Inf	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name				Teporarig Feriod	Liection Cycle
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contril	oution Made			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	butlon Made			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	bution Made			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	bution Made			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contril	L oution Made			
1	Enter total only if last page of sche (transfer the total disbursed this period	edule to "Summary of Disbu	rsements," line 5(f))			

INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

	Expenditure	Recipient Informa	ition	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mall, etc)			
200	Street Address			- (- -		
1	City	State	ZIP			
Ì	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)			
1000	Street Address		=======================================			
2	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	Lincluding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		□ Credit		
	Recipient Name	4.	Mode of Advertising (TV, mail, etc)			
	Street Address			1		
3	City	State	ZIP	1		
	Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % supported)		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					
	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (iii	ncluding % opposed)	☐ Cash		
	Date of First Publication, DIsplay, Delivery, or Broadcast	Election Month/Year	Office Sought	_ □ Credit		
	Enter total only if last page of schedul (transfer the total disbursed this period to "t	e Summary of Disburs	sements," line 6)			

COMMITTEE ID NUMBER	

BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

	Expenditure	Recipient Infor	mation	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail,	elc)		
	Street Address					
1	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Op	posed (Including % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		— □ Credit		
-	Recipient Name		Mode of Advertising (TV, mail, e	tc)		
	Street Address					
2	City	State	ZIP			
Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opported		oposed (including % opposed)	□ Cash			
2	Date of First Publication, Display, Delivery, or Broadcast		□ Credit			
	Recipient Name		Mode of Advertising (TV, mail, el	ic)		
	Street Address					
	Cily	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Op	posed (including % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		□ Credit		
1	Recipient Name		Mode of Advertising (TV, mail, et	c)		
-	Street Address					
ŀ	City	State	ZIP			
-	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Op	posed (including % opposed)	□ Cash		
-	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		□ Credit		
-	Enter total only if last page of schedul transfer the total disbursed this period to "S	e Summary of Disb	ursements," line 7)			

COMMITTEE ID NUMBER

RECALL EXPENDITURES MADE:

SCHEDULE B(8)

	Expenditure I	Recipient Informa	tion	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
110	Recipient Name		Mode of Advertising (TV, mail, etc)			
200	Street Address					
1	City	Stale	ZIP			
32	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be F	Recalled	□ Cash		
8	Date of First Publication, Display, Delivery, or Broadcast	Office Held		□ Credit		
	Recipient Name	Į.	Mode of Advertising (TV, mall, etc)			
	Street Address				t	
2	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order? Candidate Sought to be F		Recalled	☐ Cash		
3	Date of First Publication, Display, Delivery, or Broadcast Office Held			☐ Credit		
7	Recipient Name		Mode of Advertising (TV, mail, etc)			
16	Street Address					
3	City	State	ZIP	-		
100	Supporting or Opposing Issuance of Recall Order?	Recalled	☐ Cash☐ Credit			
	Date of First Publication, Display, Delivery, or Broadcast	Display, Delivery, or Broadcast Office Held				
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		-			
	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be F	Recalled	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	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 Disburs	sements," line 8)		1.6	

SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

/		Benefitted Candidat	te	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			_		
3	City	Stale	ZIP	_		
	Type of Benefit Provided					
	Notes:			-		
-	Candidate Name		Date Benefit Provided			
	Street Address					
4	City	State	ZIP			
	Type of Benefit Provided					
	Notes:			1		
-	Enter total only if last page (transfer the total disbursed this	of schedule				

Schedule B(9), page____ of ____

С	OMMITTEE ID NUMBER	

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

/	Recipient C	ommittee Informatio	on	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name	Payment Date				
38	Street Address					
1	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (If applicable)	Type of Shared Expense	e (if applicable)	□ Credit		
	Committee Name		Payment Date			
	Street Address		·			
2	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expens	e (If applicable)	□ Credit		
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (If applicable)	Type of Shared Expens	e (if applicable)	☐ Credit		
	Committee Name	Payment Date				
	Street Address					
4	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expens	se (if applicable)	☐ Credit		
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)		□ Credit			
	Enter total only if last page of sched (transfer the total disbursed this period to	ule	oments " line 10)			
	(transfer the total disbursed this period to	Summary of Disburs	ements, line 10)			



REIMBURSEMENTS MADE:

SCHEDULE B(11)

	Recipien	t Information	Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Relmbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Relmbursed		Reimbursement Date	☐ Cash☐ Credit		
	Name					<i> </i>
	Street Address			_		
3	City State		ZIP			
			Reimbursement Date	□ Cash □ Credit		
	Services or Goods Reimbursed		Raimbursement Date	LI Oredit		
	Name					
	Street Address					
4	City	State	ZIP	☐ Cash		
	Services or Goods Reimbursed		Reimbursement Date	☐ Credit		
	Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Services or Goods Reimbursed Reimbursement Date		☐ Cash☐ Credit			
	Enter total only if last page of schedule					
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	mmary of Disbur	sements," line 11)			

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					
3	Street Address					
1	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
2	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name	ame				
	Street Address	treet Address				
3	City	State	ZIP			
	Type of Account Payable or Debt Owed	rpe of Account Payable or Debt Owed				
	Name	me				
	Street Address					
4	City	State	ZIP			
	Type of Account Payable or Debt Owed	ype of Account Payable or Debt Owed Da				
	Name	ame				
	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 "Sum	imany of Receipte "	line 12)	1		
L	(transfer the total received this period to Sun	inary or receipts,	iii.0 (2)			

Schedule B(12), page____ of ____



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 Monles / 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 A(13), page____ of ____

MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

_	Recipient	Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	☐ Credit	☐ Credit	
	Name					
	Street Address					
2	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Credit		
	Name					
	Street Address					
3	City		ZIP	□ Cash		
	Disbursement Type	Disbursement Date	□ Credit			
	Name					
	Street Address					
4	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	☐ Credit		
	Name					
	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)			

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

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