

	D	ecenve	MEU N	BER
	K	JUN 15 2024		
70	UU	(Council	U	

COMMITTEE INFORMATION (required):

(Committee Information:	Committee Name:	Amber Lierman	1080	UU	Council	
CANE	DIDATE INFORMATION (only if fil	ng as a candidate comr	nittee):				
	Office Sought:	☐ County Office: ☐ City/Town Office	: City of Maricopa	•	al 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 PER	RIOD	REPORT DUE
2023 March Pre-Election Report (Local Only): January	y 1, 2023 to February 25, 2023	February 26, 2023 to March 4, 2023
2023 March Post-Election (Q1) Report (Local Only): F	ebruary 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, 2	023 to April 29, 2023	April 30, 2023 to May 6, 2023
2023 May Post-Election (Q2) Report (Local Only): Apr	il 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
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): J	uly 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): Oct	ober 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): Fo	ebruary 25, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
2024 Quarter 1 Report: January 1, 2024 to March 31, 2	2024	April 1, 2024 to April 15, 2024
2024 May Pre-Election Report (Local Only): April 1, 20	24 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 July Pre-Primary Election Report: July 1, 2024 to	July 13, 2024	July 14, 2024 to July 20, 2024
2024 July Post-Primary Election (Q3) Report: July 14,	2024 to September 30, 2024	October 1, 2024 to October 15, 2024
2024 Quarter 3 Report: July 1, 2024 to September 30,	2024	October 1, 2024 to October 15, 2024
2024 November Pre-General Election Report: October	1, 2024 to October 19, 2024	October 20, 2024 to October 26, 2024
2024 November Post-General Election (Q4) Report: Oc	stober 20, 2024 to December 31, 2024	
Final Campaign Finance Report Prior to Committee Ter End of Previous Period through Today's Date	mination:	Same Date of Termination

NANCIAL 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)	387.60	
(c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)	387.60	
(d) = Balance at close of reporting period	Ø	
Check here if filing no financial activity during the reporting period. Lines (a)-(d) still must be following page need to be filed.	completed, but only this co	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

SUMMARY OF RECEIPTS (Schedule A):

/	Receipts	Cash	Equity
1.	. Monetary Contributions Received		
	(a) In-State Individuals - More than \$100	0	dean market and
	(b) In-State Individuals - \$100 or Less (Aggregate)	C	AND THE PARK
	(c) Out-of-State Individuals	0	
-	(d) Candidate Committees		
_	(e) Political Action Committees	0	DESCRIPTION SUPPLIES
	(f) Political Parties		
_	(g) Partnerships	0	
-	***	0	
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)	0	
	(i) Labor Organizations (PACs & Political Parties Only)		
	(j) Candidate's Personal Monies (Candidate Committees Only)	387.60	
	(k) Monetary Contributions Subtotal (add 1(a) through 1(j))	387,60	
	(I) Refunds Given Back to Contributors	0	
	(m) Net Monetary Contributions (subtract 1(l) from 1(k))	387.60	
2.	Loans		
_	(a) Loans Received		
	(b) Forgiveness on Loans Received		A
_	(c) Repayment on Loans Made		
	(d) Interest Accrued on Loans Made		AND REPORTS
_	(e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))		South VENERAL AND
3.	Rebates and Refunds Received		
4.	Interest Accrued on Committee Monies		
5.	In-Kind Contributions Received		
	(a) In-State Individuals - More than \$100		
_	(b) In-State Individuals - \$100 or Less (Aggregate)		
	(c) Out-of-State Individuals		
_	(d) Candidate Committees		
	(e) Political Action Committees		
	(f) Political Parties		
-	(g) Partnerships		
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
_	(i) Labor Organizations (PACs & Political Parties Only)		
	(j) Candidate's Personal Assets or Property (Candidate Committees Only)		
	(k) In-Kind Contributions Subtotal (equity: add 5(a) through 5(j))		
6.	In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
7	Extensions of Credit		
	(a) Extensions of Credit Received		
	(b) Payments on Extensions of Credit Received		
	(c) Net Extensions of Credit (subtract 7(b) from 7(a))		
8.	Joint Fundraising / Shared Expense Payments Received		
9.	Payments Received for Goods / Services		
_	Outstanding Accounts Receivable / Debts Owed to Committee	DESTRUCTION OF THE PARTY OF	
	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
		12 pt 1 1 mm	
	Miscellaneous Receipts (use cash and/or equity asapplicable)	381.60	
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)	387.60	



SUMMARY OF DISBURSEMENTS (Schedule B):

	Disbursements	Cash	Equity
	Disbursements for Operating Expenses	381 (0)	
_	Contributions Made		
_	(a) Candidate Committees	S	
	(b) Political Action Committees	0	
	(c) Political Parties	0	
	(d) Partnerships	0	
-		(2)	
-	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)	0	
_	(f) Labor Organizations (PAC & Political Parties Only)	(3)	
	(g) Monetary Contributions Subtotal (add 2(a) through 2(f))	a	
	(h) Contribution Refunds Provided to the Reporting Committee	pm	
	(i) Monetary Contributions Total (subtract 2(h) from 2(g))		
l.	Loans	C)	
_	(a) Loans Made		
	(b) Loan Guarantees Made		
	(c) Forgiveness on Loans Made		高東 (ので) まずら 別 (変)
	(d) Repayment of Loans Received		
	(e) Accrued Interest on Loans Received		
	(f) Total Loans (cash: add 3(a), 3(d) & 3(e); equity: add 2(b) & 2(c))		
4.	Rebates and Refunds Made (Non-Contributions)		
5,	Value of In-Kind Contributions Provided		
	(a) Candidate Committees		1
	(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))		E CONTROL OF BUILDING PARK
6.	Independent Expenditures Made	()	ALVE TO PERMIT
7.	Ballot Measure Expenditures Made	\bigcirc	, Marine Marine
8.	Recall Expenditures Made		
9.	Support Provided to Party Nominees (Political Parties Only)	6	
10.	La L	0	
11		0	
	Outstanding Accounts Payable / Debts Owed by Committee		284
	. Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)	0	,
14	and the second of the second o	387.(0)	
	. Aggregate of Disbursements - \$250 or Less	0	
	. Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15)	381.60	



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

SCHEDULE A(1)(a)

/					Cumulative	Cumulative
	Individual C	ontributor Informat	tion	Amount Received	Amount this Reporting Period	Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address	Street Address				
1	1 City	State	ZIP			
	Occupation	Employer				
_	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP	-		
	Occupation	Employer		_		
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer		_		
	Name		Date Contribution Received			
	Street Address					ы
	City	State	ZIP			
	Occupation	Employer		-		
1	Name		Date Contribution Received			
	Street Address			1		
	City	State	ZIP	1 1		
-	Occupation	Employer		-		
	Enter total only if last page of schedule (transfer the total received this period to "Su					

*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 ____

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 OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

/	Individual Cor	tributor Informatio	on	Amount Received	Cumulative Amount this	Cumulative Amount this
	Name		Date Contribution Received		Reporting Period	Election Cycle
	Street Address					
1	oily .	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
2	Street Address	7				
		State	ZIP			
	Occupation	Employer	T			
		Name Date Contribution Received				
3	Street Address City	ZIP				
	Occupation	State	ZIP		· ·	
	Name	Етгрюуві	Date Contribution Received			
	Street Address	Date Contribution Received	32			
1	City	State	Z!P			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
	City	Stale	ZIP			
	Occupation	Employer				
	Enter total only if last page of schedule (transfer the total received this period to "Sum					
10	(transfer the total received this period to "Sum	mary of Receipts," li	ne 1(c))			



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

/	Candidate Committee	Contributor Inform	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
C	Committee Name					
8	Street Address	b.				
6	City	State	ZIP			
4	Committee ID Number	Date Contribution Received	d			
1	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number Date Contribution Received					
1	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
-	Committee Name					
			<u> </u>			ļ
4	Street Address	low	ZIP			
	City	State				
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	ved			
	Enter total only if last page of schedule (transfer the total received this period to "Sun					

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

MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

_	Political Action Comm	nittee Contributor In	nformation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	Clty	State	ZIP			
	Committee ID Number	Date Contribution Receiv	red			
	Committee Name		- Full-		8	
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	red			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
	Committee Name					
	Street Address		90	,		
4	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
1	Street Address					
5	City	State	ZIP			5
	Committee ID Number	Date Contribution Receive	nd			
1	Enter total only if last page of schedule (transfer the total received this period to "Sur	nman, of Possints " li	ino 1/a))	1		

MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

	Political Party Con	tributor Information	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
1	treet Address					
1	City	State	ZIP			4
Ì	Committee ID Number	Date Contribution Received				
	Committee Name					
ŀ	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	d			
1	Committee Name		-			
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ad			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name			6		
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Data Contribution Receiv	ved			
-	Enter total only if last page of schedule (transfer the total received this period to "Sun	I Secretary	Enc. 4(9)			



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

/	Partnership (Contributor Informati	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	red			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name					
	Street Address	71146				
5	City	State	ZIP			
	Corporation Commission File Number	Data Contribution Receive	ad .			
	Enter total only if last page of schedule (transfer the total received this period to "Su	e Immany of Paceints " li	ino 1/a)\	L		



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

	Corporation / LLC	Contributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name	Corporation/LLC Name				
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	d			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	red			
	Corporation/LLC Name			1		
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Recei	ved			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number Date Contribution Received				1	

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

		i)		n	io 91	
/	Candidate	Information	5-	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Amber Lierman Street Address		Date Contribution Received			
1		Cordo	r. Rd	381.60	387,60	381.60
	Mari Caro	AZ Employer	85139			
_	Courseles	muso	Date Contribution Received			
	Street Address			-		1
2	City	State	ZIP	-		-
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP	1		
	Occupation	Employer		1		
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
5	Street Address		_			
J	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	nmary of Receipts,"	line 1(j))			

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

	Labor Organ	ization Contributor Inf	formation	Amount Re	eceived	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name						
	Street Address						
1	City State ZIP		ZIP				
	Corporation Commission File Number	Date Contribution Re	ceived				ŀ
	Labor Organization Nama	<u>l</u>					
ĺ	Street Address		····				
2	City State ZIP						
	Corporation Commission File Number Date Contribution Received						
	Labor Organization Name						
	Street Address						
3	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Re	oceived				
	Labor Organization Name						
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Re	celved				
	Labor Organization Name						
	Street Address						
5	City	State ZIP					
	Corporation Commission File Number Date Contribution Received						
1	Enter total only if last page of sch (transfer the total received this period	edule to "Summary of Receipts	s," line 1(i))				

REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

-				4		
/	Contribu	utor 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			
Î	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		
4	City	State	ZIP	1		
ŀ	ID Number (If applicable)		Date of Original Contribution			
1	Name		Date Contribution Refunded			
- 45	Street Address		1			
-	City	State	ZIP	-		
i	D Number (if applicable)		Date of Original Contribution	-		
+	Enter total only if last page of schedule transfer the total received this period to "Sur					

Schedule A(1)(I), page____ of___



LOANS RECEIVED;

SCHEDULE A(2)(a)

		Lender Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
L	ender Name	Date Loan Received	i			
8	Street Address					
1	City	State	ZIP			
-	Guarantor/Endorser Name	0.1	se? (PACs and Political Parties Only)			
-	Lender Name	Date Loan Receive	ad			
	Street Address					
,		la.	Z!P			
	City	State				
	Guarantor/Endorser Name	Non-Electoral Purp	ose? (PACs and Political Parties Only)			
1	Lender Name	Date Loan Receiv	ed			
ŀ	Street Address					
3	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purp	ose? (PACs and Political Parties Only			
	Lender Name	Date Loan Recelv	red			
	Street Address					
4	City	State	ZíP			
	Guerantor/Endorser Name	Non-Electoral Pur	pose? (PACs and Political Parties Only		,	
	Lender Name	Date Loan Recei	ved			
	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	1	pose? (PACs and Political Parties Only)		

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

FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

			£			
/		der Information		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></u>	Date Forgiveness Received			
	Street Address		L			
2	City		ZIP	-		
	Original Amount of Loan	Amount Still Outstanding		1		
	Lender Name		Date Forgiveness Received			
	Street Address	Street Address				
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name	ender Name				
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Streel Address					
5		- Charles	710			
1	City	State	ZIP			
	Original Amount of Loan Amount Still Outstanding					
	Enter total only if last page of schedul- (transfer the total received this period to "St	e ummary of Receipts," li	ine 2(b))			

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



REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

	Вогтоwег	Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
В	Sorrower Name	Date Repayment Received				
9	Street Address					
	City	State	ZIP			
-	Original Amount Borrowed	Amount Still Outstanding				
E	Borrower Name		Date Repayment Received			
-	Street Address			7		
	City ,	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
1	Borrower Name		Date Repayment Received			
	Street Address					
	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	9			
	Borrower Name	521	Date Repayment Received			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed Amount Still Outstanding		g			
	Enter total only if last page of schedule (transfer the total received this period to "Sur	nmary of Receints	" line 2(c))			

INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

		Borrower Informatio	n	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 Out	standing			
	Borrower Name		Date Interest Accrued			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed Amount Still Outstandin		standing			
	Borrower Name		Date Interest Accrued			
	Street Address		<u> </u>			
3	City	State	ZIP			
111	Original Amount Borrowed	Amount Still Outs	standing			
	Borrower Name	JL:	Date Interest Accrued			
	Street Address					
	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outs	tanding			
	Borrower Name	<u> </u>	Date Interest Accrued			
	Street Address					
1	City	State	ZIP			
-	Original Amount Borrowed	Amount Still Outs	tending			
1	Enter total only if last page of (transfer the total received this pe	schedule	into II line O(d))			



STATE OF ARIZONA FRANCE REPORTPAIGN

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					
1	City	State	ZIP			
	Original Purchase Amount	Reason for Refund	/Rebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
2	City	State	ZIP			
	Original Purchase Amount	Reason for Refund	/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 Refun	d/Rebate			
ľ	Payor Name		Date Rebate/Refund Received			
	Street Address	Street Address				
5	City	State	ZIP			
	Original Purchase Amount	Reason for Refur	nd/Rebate			
_	Enter total only if last page of su (transfer the total received this period	chedule				

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

SCHEDULE A(5)(a)

3						
	Individual Contri	butor Information	١	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Na	ame		Date In-Kind Contribution Received			
Str	reet Address					
1 Cit	ty	State	ZIP			
00	ccupation	Employer				
Na	ame		Date In-Kind Contribution Received			
Str	reet Address		L:			
2	ity	State	ZIP			
00	ccupation	Employer				
Na	ame	Date In-Kind Contribution Received			4	
St	treet Address					
3	ity	State	ZIP		9	
Oc	ccupation	Employer				
Na	ame		Date In-Kind Contribution Received			
St	treet Address			-		
4 ci	ity	State	ZIP	-		
Oc	ccupation	Employer				
Ne	ame		Date In-Kind Contribution Received			
St	Street Address					
5 a	ity	State	ZIP	-		
0	eccupation	Employer				
E (tr	inter total only if last page of schedule ransfer the total received this period to "Sumi	mary of Receipts,"	line 5(a))			

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

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 (Benk 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 OUT-OF-STATE INDIVIDUALS:

SCHEDULE A(5)(c)

/	Candidate	Committee Contributor	Information	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 Contri	ibution Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ribution Received			
	Committee Name					
	Street Address					
	Gilda Nadi Geo					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	tribution Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			1
	Committee ID Number	Date In-Kind Con	tribution Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date in-Kind Cor	ntribution Received			
		f achadula			-	
	Enter total only if last page of (transfer the total received this p	oried to "Summany of Rece	sinte " line 5(d))			

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))		

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

^{*}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)

/	Candida	te Committee Contributor	Information	Amount Receive	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contri	bution Received			
	Committee Name					
	Street Address					
2	City	State	ZIP	3.00 <u>-</u> 0		
1	Committee ID Number	Date In-Kind Contr	ibution Received			
	Committee Name					
	Street Address	_				
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contri	button Received			
	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contril	outlon Received			
1	Committee Name					
-	Street Address					
6	City	State	ZIP			
-	Committee ID Number	Date In-Kind Contrib	outlon Received			
E	Enter total only if last page o transfer the total received this pe	f schedule				

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

	Political Action	on Committee Contribute	or Information	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
C	ommittee Name			63		
s	treet Address					
c	City	State	ZIP			
5	Committee ID Number	Date In-Kind Contr	ibution Received			
1	Committee Name		,			
9	Street Address					
	City	State	ZIP			
-	Committee ID Number	Date In-Kind Con	tribution Received			
+	Committee Name					
-	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Cor	ntribution Received			
1	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Co	ntribution Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Cammittee ID Number	Date In-Kind Co	ontribution Received			
		of schedule period to "Summary of Rec	1/2			



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

Ô	Political Party Co	ontributor Informa	tion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Troporarig F diloc	Elocion oyulo		
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address	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	Dale in-Kind Contribution	Received			
	Committee Name					
	Street Address					
4	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Received	_		
+	Committee Name					
-	Street Address	ži.				
5	City	State	ZIP	\dashv		
-	Committee ID Number	Date In-Kind Contribution i	Received			
1	Enter total only if last page of schedule transfer the total received this period to "Sumr					



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

	Partnership Cont	ributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
ŀ	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution I	Received			
	Parinership Neme					
	Street Address					h
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	1				
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Corporation Commission File Number Date In-Kind Contribution Received				
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number Date In-Kind Contribution Received					
	Enter total only if last page of schedule (transfer the total received this period to "Sur	mmany of Peceints	line 5(a))			



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

/	Corporation / LLC	Contributor Inforn	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name				Reporting Period	Election Cycle
	Street Address					
1	1 City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
	Street Address					
2	2 city	State	ZIP	1		
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
	Corporation/LLC Name					
	Street Address					
3	Glty	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received	1		
	Corporation/LLC Name	L				
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
1	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	orporation Commission File Number Date In-Kind Contribution Received				
	Enter total only if last page of schedule (transfer the total received this period to "Sumr	mary of Receipts," li	ne 5(h))			

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

IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

	Labor Organization	Contributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Labor Organization Name					
-	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
Ì	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Received			
	Labor Organization Name	1				
	Street Address	x				
	City	State	ZIP			
4		1				
4	Corporation Commission File Number	Date In-Kind Contribution	n Received			
4		Date In-Kind Contribution	n Received			
4	Corporation Commission File Number	Date In-Kind Contribution	n Received			
5	Corporation Commission File Number Labor Organization Name Street Address	Date In-Kind Contribution	n Received			

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

SCHEDULE A(5)(j)

_	Candida	ite Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address		11.	<u>-</u> :		
1	City	Slate	ZIP			
	Asset or Property Contributed					
_	Name		Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address	1				
3	City	State	ZIP			
	Asset or Property Contributed					
	result of Freporty Commodes					
	Name		Date In-Kind Contribution Received			===
	Street Address					
4	City	State	ZIP			
	Asset or Property Contributed					
-	Name		Date In-Kind Contribution Received			
	Street Address					
5		Е	,			
J	City	State	ZIP			
	Asset or Property Contributed					
	Enter total only if last page of schedule (transfer the total received this period to "Sun					



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

SCHEDULE A(6)

	Source	Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
١	Name	Date In-Kind Donation Received				
Street Address						
-	City	State	ZIP			
7	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address					ľ
2	City	Stale	ZIP			
	Type of Item Donated					
1	Name		Data In-Kind Donation Received			
	Street Address			-		
3	City	State	ZIP	_		
	Type of Item Donated					
	Name		Date In-Kind Denation Received			
	Street Address		-			
4	City	ZIP	-			
	Type of Item Donated					
	Name		1			
5	Street Address		ZIP			
	City	State	- 11			
	Type of Item Donated					
	Enter total only if last page of schedul (transfer the total received this period to "Si	e ummary of Rece				

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	Name				
	Street Address					
1	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address	Street Address				
2	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit	3		
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Addrass					
4	City	State	ZIP			
	Services or Goods Provided on Credit	N	Date of Extension of Credit			
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Enter total only if last page of sch (transfer the total received this period					

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

COMMITTEE	ID NUMBER
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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
1	Name					
1	Street Address					
-	City	State	ZIP			
-	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
1	Name					
	Street Address					
2	City	State	ZIP	-		
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit	1		
	Neme					
	Street Address		-			
3	City	State	ZIP	1		
	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 Credi	t ii		
	Name					
	Street Address					
5	City	State	ZIP	+		
	Services or Goods Originally Provided on Credit		Date of Original Extension of Cred	lt l		
	Enter total only if last page of schedule (transfer the total received this period to "Su	<u> </u>				

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



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

<u></u>	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	nse (if applicable)			
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundralsing Event (if applicable)	Type of Shared Expe	nse (If applicable)			
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
10000	Date of Joint Fundraising Event (if applicable)	Type of Shared Exper	nse (If applicable)			
	Committee Name	Payment Date				
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable) Type of Shared Expense		use (If applicable)			
1	Committee Name		Payment Date			
1	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expen	se (if applicable)			
1	Enter total only if last page of schedu (transfer the total received this period to "					

PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

/	Payor In	formation		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
1	Street Address					
1	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name		116			in
	Street Address					
2	City	State	ZIP			
	Services or Goods Purchased		Payment Dale			
	Name					
	Street Address					
3	City	State	ZJP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Purchased	1,	Payment Date			
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Purchased	Payment Date				
-	Enter total only if last page of schedule (transfer the total received this period to "Sur					

Schedule A(9), page____ of ____

OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

	Information			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	7		
	Name					
	Street Address					
3	City	State	ZIP	7		
	Type of Account Receivable or Debt Owed	Date that Debt Accrued				
	Name					
	Street Address					
4	City	State	ZIP			
5	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
1	Street Address					
5	Dity	State	ZIP			
7	ype 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 "Sum	mary of Receipts,"	line 10)			



TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
ource of Surplus Monies / Reciplent of Transferred Debt		
Source of Surplus Monies / Recipient of Transferred Debt		
Source of Surplus Monles / Recipient of Transferred Debt		
Source of Surplus Monles / 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)		

MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

/	Sauran	Information		Amount	Cumulative	Cumulative
	300100	Amount	Amount this Reporting Period	Amount this Election Cycle		
1	Street Address City Receipt Type CLCTONIC	TState AZ	ZIP 8 51 39 Receipt Date	387,60	387.60	387.60
	Name Street Address					
2	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name			:8		
3	Street Address					
J	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name	20				
	Street Address					
4	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
1	Street Address					
1	City	State	ZIP			
İ	Receipt Type		Receipt Date	1		

Schedule A(12), page of



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

	Re	ecipient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
ŀ	Name Disbursement Date					
-	Street Address					
	City	State	ZIP	☐ Cash		
	Type of Operating Expense Pald	Non-Electoral Purpose	? (PACs and Political Parties Only)	☐ Credit		
	Name	Disbursement Date				
	Street Address					17
2	City	State	ZIP	□ Cash		
	Type of Operating Expense Paid	Non-Electoral Purposi	a? (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	□ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpox	se? (PACs and Political Partles Only)	☐ Credit		
_	Name	Disbursement Date				
	Street Address					
5	City	State	ZIP	☐ Cash☐ Credit		
	Type of Operating Expense Paid	Non-Electoral Purpo	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Enter total only if last page of s (transfer the total disbursed this per		rsements," line 1)			
_	The same and an analysis and particular and particu	nn-varie (1007				

MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	Candida	ate Committee Recipient Info	rmation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		□ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
	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					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Committee ID Number Date Contribution Made		□ Cash □ Credit		
	Enter total only if last page of (transfer the total disbursed this p	f schedule	conto II line O/->>			
1	(transier the total dispursed this p	benod to Summary of Disbursen	nents," line 2(a))			

COMMITTEE	D	NUMBER
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MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

9	Political Action Comm	ittee Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
0	Committee Name					
07	Street Address					
(City	State	ZIP	□ Cash		
-	Committee ID Number	Date Contribution Made	A	☐ Credit		
1	Committee Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		□ Cash		
	Committee Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address					
4	City	Slate	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	В	☐ Credit		
	Committee Name					
Street Address						
5	City	State ZIP		□ Cash		
	Committee ID Number	Date Contribution Mada		☐ Credit		
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(b))						



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Political P	arty Recipient Informa	tion	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name				- saparang sinos	Liouidi, Oydio
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Mede		☐ Credit		
	Committee Name					
2	Street Address					
	City State ZIP		ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Committee Name	<u> </u>				
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number Date Contribution Made		☐ Credit			
		Committee Name			III Alla	
	Committee Name					
	Committee Name Street Address					
4		State	ZIP	[] Cach		
4	Street Address	State Date Contribution Made	ZIP	□ Cash		
4	Street Address		ZIP			
4	Street Address City Committee ID Number		ZIP			
4	Street Address City Committee ID Number Committee Name		ZIP	□ Credit		
4	Street Address City Committee ID Number Committee Name	Date Contribution Made				

COMMITTE	E ID N	UMBER
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MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partnership Re	cipient Information	n	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
F	Partnership Name					
-	Street Address					
1	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	ion Commission File Number Date Contribution Made				
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		☐ Cash☐ Credit		
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Med	8	☐ Cash☐ Credit		
-	Enter total only if last page of schedul (transfer the total disbursed this period to "5"	e				

COMMITTEE ID NUMBER	

MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

0	Corporatio	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Med	e	□ Credit		
	Corporation/LLC Name	——————————————————————————————————————				i i
	Street Address					
2	City	State	ZIP	rei -		
	Corporation Commission File Number Date Contribution Made		□ Cash □ Credit			
	Corporation/LLC Name				e 2	
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Med	е	☐ Cash☐ Credit		
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
l	Corporation Commission File Number	Date Contribution Made	<u> </u>	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
5	City	State ZIP				
1	Corporation Commission File Number	Date Contribution Mede		□ Cash □ Credit		
E	Enter total only if last page of schedule transfer the total disbursed this period to "Summary of Disbursements," line 2(e))					



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Organ	ization Recipient Inf	ormation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
L	abor Organization Name					
8	Street Address					
(City	State	ZIP	é □ Cash		
-	Corporation Commission File Number	Date Contribution N	Aade	☐ Credit		
	Labor Organization Name					
-	Street Address					
2	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution	Made	□ Credit		
1	Labor Organization Name					
	Street Address					
3	City	State	ZIP	☐ Cash		
	Corporation Commission File Number	Date Contribution Mede		☐ Credit		
	Labor Organization Name					
	Street Address	Street Address				
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution	n Made	☐ 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))					Į.



CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

/	Contribut	or Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name	Date Refund Received		Troporting Forloa	Licoton bythe	
	Street Address					
1	City	State	ZIP	ary	1	
	Committee ID Number		Date of Original Contribution			
-	Committee Name		Date Refund Received			
	Street Address					
2	City	State	ZIP			
	Committee ID Number		Date of Original Contribution	_		
1	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			-		
	City	State	ZIP			
	Committee ID Number		Date of Original Contribution	_		
+	Committee Name		Date Refund Received			
	Street Address		Para Landin Landiaga			
ľ	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
E (Enter total only if last page of schedule transfer the total disbursed this period to "Sun	nmary of Disbursen	nents," line 2(h))			
						/



LOANS MADE:

SCHEDULE B(3)(a)

_		Information		Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
В	orrower Name					
s	Street Address					¥5
1 0	City	State ZIP				
G	Guarantor/Endorser Name	Date Loan Made				
E	Borrower Name					
8	Street Address					
2	City State		ZIP			
į	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
3	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made	100			
	Bortower Nama					
	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Enter total only if last page of schedul (transfer the total received this period to "S	 e				

Schedule B(3)(a), page___of ___

LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

_	w	Guarantor Information	1		ount anteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Guarantor Name						
	Street Address			1 2			
1	City	State	Z!P				
	Borrower Name	Date Loan Guaran	teed				
_	Guarantor Name						
	Street Address						
2	City	State	ZIP				
	Borrower Name	Date Loan Gueran	teed				
	uarantor Name				11		
	Street Address						
3	City	State	ZIP				
İ	Borrower Name	Date Loan Guarant	Date Loan Guaranteed				
	Guarantor Name						
	Street Address						
+	City	State	ZIP				
	Зопоwer Name	Date Loan Guaranti	eed				
-	Guarantor Name						
5	Street Address						
-	City	State	State ZIP				
E	Sorrower Name	Date Loan Guarante	eed				
E	Enter total only if last page of schedule transfer the total received this period to "Summary of Receipts," line 3(b))						

Schedule B(3)(b), page___ of ___



FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

/	В	orrower Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
E	Borrower Name		Date Forgiveness Made			
	Street Address		\			
-	City	State	ZIP			
ŀ	Original Amount of Loan	Amount Still Outsta	inding			
1	Borrower Name		Date Forgiveness Made			
	Street Address					
+	City	State	ZIP			
	Original Amount of Loan	Amount Still Outst	anding			
	Borrower Name		Date Forgiveness Made			
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outst	anding			
	Borrower Name		Date Forgiveness Made			
177	Street Address					
4	City	State	ZIP			
	Original Amount of Loan Amount Still Outstands		atanding			
	Borrower Name		Date Forgiveness Made			
	Street Address					
5	City	State	ZIP		V	
	Original Amount of Loan	Amount Still Outs	standing			
_	Enter total only if last page of s (transfer the total disbursed this per	abadula.				

REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

/	Le	ender Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Repayment Made		reporting 1 cried	Election Cycle
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstandi	ing			
	Lender Name		Date Repayment Made			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstandi	ing			
	Lender Name		Date Repayment Made			
	Street Address	reet Address				
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstandin	ng			
	Lender Name		Date Repayment Made			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstandin	ng			
	Lender Name		Date Repayment Made			
I	Street Address			2		
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstandin	9		,	_
1	Enter total only if last page of sched (transfer the total disbursed this period to	ule				

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

ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

	Lender	nformation		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Interest Accrued	58		
	Street Address					
	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	9	_		
	Lender Name		Date Interest Accrued			
3	Street Address			3		
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	g			
	Lender Name		Date Interest Accrued			
-	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstandin	ng	-		
_	Lander Name		Date Interest Accrued			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstandin	ng			
_	Lender Name		Date Interest Accrued			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstand	Ing			

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

REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

/	Re	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 (ff applicable)	Original Payment Amount	Date of Original Payment			
_	Name of Original Payor		Date Rebata/Refund Made			
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor	I	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	1		
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
1	Enter total only if last page of sche					
	(transfer the total disbursed this period	to "Summary of Disburse	ements," line 4)			

Schedule B(4), page____ of ___



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/	Candidate Committee	e Recipient Inform	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name					
-	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution I	Made			
1	Committee Name					
Ì	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Mede			
1	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	n Made			
	Committee Name					
	Street Address			====		5
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Made	<u> </u>		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Si					

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

COMM	IITTEE	ID NU	JMBER

IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

	Political A	Action Committee Recipie	nt 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 Cont	tribution Made			
	Committee Name					
	Street Address). 				
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	Date In-Kind Contribution Made			
_	Committee Name					
_	Street Address	20				
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	Date In-Kind Contribution Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ribution Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Made	_		
	Enter total only if last page of (transfer the total disbursed this	of schedule period to "Summary of Disbu	ursements," line 5(b))			

IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

	Politic	al Party Recipient Info	rmation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
1	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Conf	tribution Made			
1	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Cor	ntribution Made			
	Committee Name					
	Street Address			-		
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Cox	ntribution Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Co	ntribution Mede			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	mmittee ID Number Date In-Kind Contribution Made					

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

COMMIT	TEE ID	NUMBER
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IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

•	Partners	hip Recipient Informa	A Cor	mount ntributed	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 Contribut	lon Made				
	Partnership Name						
	Street Address						
2	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contribut	lon Made			01	
	Partnership Name						
	Street Address						
3	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contributi	on Made				
	Partnership Name						
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contribute	on Made				
	Partnership Name						
	Street Address						
5	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contribution	n Made				
	Enter total only if last page of sche (transfer the total disbursed this period	dule					



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
Ī	Corporation/LLC Name					
	Street Address					
	City	State	ZIP			
Ī	Corporation Commission File Number	Date In-Kind Contri	bution Made			
1	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ribulion Made			
1	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Conti	ribution Made			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	Date In-Kind Contribution Made			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Made			
	Enter total only if last page of sc (transfer the total disbursed this period					

COMMITTEE ID NUM

IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

/				1	Cumulative	Cumulativa
	Labor Organization	n Recipient Inform	nation	Amount Contributed	Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name	1				
	Street Address			-		
2	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name					
	Street Address		-			
3	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Made	-		
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
Ì	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name					
	Street Address					
5	Oity	State	ZIP			
0	Corporation Commission File Number Date In-Kind Contribution Made					
E	Enter total only if last page of schedule transfer the total disbursed this period to "Su	l.				

COMMIT	TEE	ID	NUMBER	

INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

_	Expenditure F	Recipient Information	on	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			
	Cendidate(s) Supported (including % supported)	Candidate(s) Opposed (Inci	uding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		- □ Credit		
	Recipient Nama		Mode of Advertising (TV, mail, etc)			
	Street Address			1		
2	City	State	ZIP			
	Cendidate(s) Supported (Including % supported) Candidate(s) Opposed (Including % supported)		luding % apposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (inc	luding % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
4	City	State	ZIP			
	Candidate(s) Supported (including % supported)	andidate(s) Supported (including % supported) Candidate(s) Opposed (inc		☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ □ Credit		
	Enter total only if last page of schedu (transfer the total disbursed this period to "	le Summary of Disburse	ements," line 6)	1		



COMMITTEE ID NUMBER	

BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

/	Expenditure	Recipient Information	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					ĺ
1	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(including % appased)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
2	City	State	ZIP	-		
	Baliot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(Including % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Election Month/Year			_ □ Credit	51	
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
3	City	State	ZIP	1		
	Ballot Measure(s) Supported (Including % supported) Ballot Measure(s) Opposed (Including % supported)		Including % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast		□ Credit			
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			•		
4	City	State	ZIP			
ļ	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed (Including % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 7)			7		St



RECALL EXPENDITURES MADE:

SCHEDULE B(8)

/	Expenditure !	Recipient Informatio	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Reciplent Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		□ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
2	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		Credit			
	Recipient Name	.	Mode of Advertising (TV, mail, etc)			
	Street Address					
3	3 City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	called	☐ Cash☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		Great		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
4	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Recalled		☐ Cash ☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		_ L Great		
	Enter total only if last page of schedu (transfer the total disbursed this period to '	le Summary of Disburse	ments," line 8)	*)		

SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

/	r	Benefitted Can	didate	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	1				
3	City	State	ZIP			
	Type of Benefit Provided		7			
	Notes:					
	Candklate Name	ti	Date Benefit Provided			
	Street Address					
1	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 9)					



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

	Recipient C	ommittee Informa	ition	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address					
1	City	State	ZIP	□ Cash		
İ	Date of Joint Fundraising Event (If applicable)	Type of Shered Expe	ense (If applicable)	☐ Credit		
1	Committee Name	Payment Date				
	Street Address					
2	City	State	ZIP	□ Cash		
	Date of Joint Fundralsing Event (if applicable)	Type of Shared Expe	ense (if applicable)	□ Credit		
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (If applicable)	Type of Shared Exp	ense (if applicable)	☐ Credit		
	Committee Name Payment Date					
	Street Address					
4	City	State	ZIP	□ Cook		
	Date of Joint Fundralsing Event (if applicable)	Type of Shared Exp	vense (if applicable)	□ Cash □ Credit		
	Committee Name Payment Date		Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (if applicable)		□ Cash □ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 10)					

COMMITTEE	ID NUMBER
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REIMBURSEMENTS MADE:

SCHEDULE B(11)

/	Recipien	t Information		Reimbursement Amount	Cumulative Amount this	Cumulative Amount this
	Name				Reporting Period	Election Cycle
	Street Address					
1	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
2	City	State	ZIP	<u> </u>		
	Services or Goods Relmbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
3	City	State	ZIP			25
	Services or Goods Relimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	☐ Credit		
	Name					
	Street Address				~	
5	City	State	ZIP	□ Cash		
	ervices or Goods Reimbursed Reimbursement Date			☐ Credit		
E	nter total only if last page of schedule ansfer the total disbursed this period to "Summary of Disbursements," line 11)			11		



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

Debt Information				Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
,	iame					
-	Street Address					
1	City	Stale	ZIP			
5	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address			1		
2	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address	1				
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 "Sun					

Schedule B(12), page____ of ____

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)		

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