

COMMITTEE INFORMATION (required):

mmittee Name:	
:	
if filing as a candidate committee):	
☐ Office:	☐ District (if applicable):
	ative report for the election cycle. Also, select appropriate reporting period des the start date for the reporting period selected below):
,	ommittee Name: or if filing as a candidate committee): Office: the candidate committee's first, cumula

REPORTING PERIOD (check one):

REPORTING PERIOD	REPORT DUE
2020 4 th Quarter Report: October 18, 2020 to December 31, 2020	January 1, 2021 to January 15, 2021
2021 1st Quarter Report: January 1, 2021 to March 31, 2021	April 1, 2021 to April 15, 2021
2021 2 nd Quarter Report: April 1, 2021 to June 30, 2021	July 1, 2021 to July 15, 2021
2021 3 rd Quarter Report: July 1, 2021 to September 30, 2021	October 1, 2021 to October 15, 2021
2021 4 th Quarter Report: October 1, 2021 to December 31, 2021	January 1, 2022 to January 15, 2022
2022 1st Quarter Report: January 1, 2022 to March 31, 2022	April 1, 2022 to April 15, 2022
2022 2 nd Quarter Report: April 1, 2022 to June 30, 2022	July 1, 2022 to July 15, 2022
2022 July Pre-Election Report: July 1, 2022 to July 16, 2022	July 17, 2022 to July 23, 2022
2022 3 rd Quarter Report: July 17, 2022 to September 30, 2022	October 1, 2022 to October 15, 2022
2022 October Pre-Election Report: October 1, 2022 to October 22, 2022	October 23, 2022 to October 29, 2022
2022 4th Quarter Report: October 23, 2022 to December 31, 2022	January 1, 2023 to January 17, 2023*
Final Campaign Finance Report Prior to Committee Termination Reporting Period: to to	Prior to Termination

FINANCIAL SUMMARY (required):

	Activity	Cash Activity This Reporting Period	Election Cycle to Date
(a)	Committee value at the beginning of this reporting period (<i>i.e.</i> ending balance from the previous reporting period)		
(b)	+ Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)		
(c)	- Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)		
(d)	= Balance at close of reporting period		
□ C	heck here if <u>no</u> financial activity during the reporting period. Lines (a) through (d) must signature page need to be filed.	still be completed, but only	this cover page and

Committees with financial activity <u>must</u> file the cover page, summary of receipts, summary of disbursements, and any schedules that contain financial activity. All reports are deemed to be filed under penalty of perjury by the committee treasurer (all committees) and candidate (candidate committees only).



Under A.R.S. § 16-926(B)(5), a campaign finance report must be certified by the committee treasurer under penalty of perjury that the contents of the report are true and correct.

By filing this report, you certify that, under penalty of perjury, you have examined the contents of this report, and the contents are true and correct.

Printed Name of Committee Treasurer	Signature of Committee Treasurer	Date

SUMMARY OF RECEIPTS (Schedule A):

	Receipts Monetary Contributions Received (a) Individuals - More than \$100 (b) Individuals - \$100 or Less (Aggregate)	Cash	Equity
	(a) Individuals - More than \$100 (b) Individuals - \$100 or Less (Aggregate)		
	(b) Individuals - \$100 or Less (Aggregate)		
	(c) Candidate Committees		
	(d) Political Action Committees		
	(e) Political Parties		
	(f) Partnerships		
	(g) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
-	(h) Labor Organizations (PACs & Political Parties Only)		
	(i) Candidate's Personal Monies (Candidate Committees Only)		
	(j) Monetary Contributions Subtotal (add 1(a) through 1(i))		
	(k) Refunds Given Back to Contributors		
	(I) Net Monetary Contributions (subtract 1(k) from 1(j))		
	Loans		
	(a) Loans Received		
	(b) Forgiveness on Loans Received		
	(c) Repayment on Loans Made		
	(d) Interest Accrued on Loans Made		
	(e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))		
3.	Rebates and Refunds Received		
4.	Interest Accrued on Committee Monies		
5.	In-Kind Contributions Received		
	(a) Individuals - More than \$100		
	(b) Individuals - \$100 or Less (Aggregate)		
	(c) Candidate Committees		
	(d) Political Action Committees		
	(e) Political Parties		
	(f) Partnerships		
	(g) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(h) Labor Organizations (PACs & Political Parties Only)		
	(i) Candidate's Personal Assets or Property (Candidate Committees Only)		
	(j) In-Kind Contributions Subtotal (equity: add 5(a) through 5(i))		
	In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
7.	Extensions of Credit		
	(a) Extensions of Credit Received		
	(b) Payments on Extensions of Credit Received		
	(c) Net Extensions of Credit (subtract 7(b) from 7(a))		
8.	Joint Fundraising / Shared Expense Payments Received		
9.	Payments Received for Goods / Services		
10.	Outstanding Accounts Receivable / Debts Owed to Committee		
11.	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
12.	Miscellaneous Receipts		
13.	Total Receipts (cash: add 1(l), 2(e), 3-4, 8-9, 11-12; equity: add 2(b), 5(j), 6-7, 10-12)		

SUMMARY OF DISBURSEMENTS (Schedule B):

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



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

SCHEDULE A(1)(a)

	Individ	dual Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer				

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

Schedule A(1)(a), page ___of ___

COMMITTEE ID NUMBER

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

SCHEDULE A(1)(b)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Cumulative 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(1)(a), do not include them on Schedule A(1)(b).



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(c)

/	Candidate Committ	ee Contributor Info	ormation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1		.	1			
•	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	ved			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	ved			
	Committee Name					
	Street Address					
3	City	State	ZIP	_		
	Committee ID Number	Date Contribution Receiv	ved .	_		
		J Number Date Contribution Received				
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	ved			
	Enter total only if last page of schedul	e		1		
	(transfer the total received this period to "Summary of Receig					

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(d)

	ttee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Receive	I d			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number Date Contribution Received					
Committee Name					
Street Address			1		
City	State	ZIP			
Committee ID Number	Date Contribution Receive	ed			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number Date Contribution Received					
Committee Name					
Street Address					
City	State	ZIP			
	1	1		ĺ	
	Committee Name Street Address City Committee ID Number Committee Name Street Address City Committee ID Number Committee Name Street Address City Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number Committee ID Number Committee Name Street Address City Committee Name Committee Name	Committee Name Street Address City State Committee ID Number Date Contribution Receive Committee ID Number Date Contribution Receive City State Committee ID Number Date Contribution Receive Committee Name Street Address City State Committee ID Number Date Contribution Receive Committee Name Street Address City State Committee ID Number Date Contribution Receive Committee ID Number Date Contribution Receive Committee ID Number Date Contribution Receive Committee ID Number Date Contribution Receive	Street Address City State ZIP Committee ID Number Date Contribution Received Street Address City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received	Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received City State ZIP Committee ID Number Date Contribution Received City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Street Address City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received	Political Action Committee Contributor Information Amount Received Amount this Reporting Period Committee ID Number Date Contribution Received Committee ID Number Date Cont

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(e)

Political Party Cor	ntributor Informati			Cumulative	Cumulative
		ion	Amount Received	Amount this Reporting Period	Amount this Election Cycle
Committee Name					•
Street Address			_		
City	State	ZIP			
Committee ID Number	Date Contribution Received	d			
Committee Name					
Street Address			_		
City	State	ZIP	_		
Committee ID Number	Date Contribution Receive	ed	_		
Committee Name					
Street Address			_		
City	State	ZIP	_		
Committee ID Number	Date Contribution Receive	ed	_		
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Received				
Committee Name					
Street Address			-		
City	State	ZIP	-		
Committee ID Number	Date Contribution Receive	ed	_		
	Street Address City Committee ID Number Committee Name Street Address City Committee ID Number	City State Committee ID Number Date Contribution Receive Committee Name Street Address City State Committee Name Street Address City State Committee Name Street Address City State Committee ID Number Date Contribution Receive Committee ID Number Date Contribution Receive Committee ID Number Date Contribution Receive Committee Name Street Address City State Committee ID Number Date Contribution Receive Street Address City State Committee ID Number Date Contribution Receive Street Address City State	City State ZIP Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received Street Address City State ZIP Committee Name Street Address	Committee ID Number Date Contribution Received Committee Name Street Address City State ZiP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received City State ZiP Committee ID Number Date Contribution Received Committee Name Street Address City State ZiP Committee Name Street Address City State ZiP Committee ID Number Date Contribution Received Committee Name Street Address City State ZiP Committee ID Number Date Contribution Received	Committee ID Number Date Contribution Received Committee ID Number Street Address City State ZIP Committee ID Number Committee ID Number Street Address City State ZIP Committee ID Number Committee ID Number Street Address City State ZIP Committee ID Number Date Contribution Received

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MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(f)

				ļ <u>.</u>	Cumulative	Cumulative
/	Partnership Con	tributor Information	Amount Received	Amount this Reporting Period	Amount this Election Cycle	
	Partnership Name				у тор оттор	
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	d .			
F	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
-	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	l				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Received				
	Enter total only if last page of schedule	<u> </u>		l		
、∟	(transfer the total received this period to "Summary of Receipts."	' line 1(f))				

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MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(g)

/				ı		1 1	
/	Corporation /	LLC Contributor Info	rmation		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 Rec	eived				
	Corporation/LLC Name	I					
	Street Address						
2	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Rec	eived				
_	Corporation/LLC Name						
	Street Address						
3	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Rec	eived				
	Corporation/LLC Name						
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number Date Contribution Received						
	Corporation/LLC Name						
	Street Address						
5	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Rec	eived				
	Enter total only if last page of scho						

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MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(h)

/	Lahor Organi	zation Contributor Inf	formation	Amount Receive	Cumulative ed Amount this	Cumulative Amount this	
	Labor Organization Name	Zation Contributor in	omation	Amount Necess	Reporting Period	Election Cycle	
	Eabor Organization Wante						
	Street Address						
1	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Re	ceived				
	Labor Organization Name						
	Street Address						
2	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Re	eceived				
	Labor Organization Name						
	Street Address						
3	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Re	eceived				
	Labor Organization Name						
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Re	eceived				
	Labor Organization Name						
	Street Address	et Address					
5	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Re	eceived				
	Enter total only if last page of sch						

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MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(i)

/					Cumulative	Cumulative
,	Candidate	Information		Amount Received	Amount this Reporting Period	Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address			_		
1	City	State	ZIP	_		
	Occupation	Employer				
	Name		Date Contribution Received			
_	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name	I	Date Contribution Received			
	Street Address			_		
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP	_		
	Oity	State	Z.II			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address		1			
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page of schedule					
	(transfer the total received this period to "Summary of Receipts,"	line 1(i))				

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(k)

	Contribute	or Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Name				
	Street Address					
1	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address			1		
2	City	State	ZIP	_		
	ID Number (if applicable)		Date of Original Contribution	_		
	Name		Date Contribution Refunded			
	Street Address			1		
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			
5	treet Address					
J	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts,		•	•		

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



LOANS RECEIVED: SCHEDULE A(2)(a)

	Lender I	nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Lender Name	Date Loan Received						
	Street Address							
1	City	State	ZIP					
	Guarantor/Endorser Name	Non-Electoral Purpose?	(PACs and Political Parties Only)					
	Lender Name	Date Loan Received						
	Street Address							
2								
2	City	State	ZIP					
	Guarantor/Endorser Name		(PACs and Political Parties Only)					
	Lender Name	Date Loan Received						
	Street Address							
3		т	T	_				
	City	State	ZIP					
	Guarantor/Endorser Name	Non-Electoral Purpose?	(PACs and Political Parties Only)					
	Lender Name	Date Loan Received						
	Street Address			_				
	Silver Address							
4	City	State	ZIP	_				
	City	State	ZIF					
	Guarantor/Endorser Name	Non-Electoral Purpose?	(PACs and Political Parties Only)	_				
	Guarantor/Endoiser Name		(Too and Tonasa Tanasa Ciny)					
	Lender Name							
	Lender Name	Date Loan Received						
	Street Address			-				
	On Cot Audit 655							
5	City	State	ZIP	\dashv				
		Clair						
	Guarantor/Endorser Name	Non-Electoral Purpose?	(PACs and Political Parties Only)	\dashv				
	Subranto/Lituolise Inditte		(
		-		1				
	Enter total only if last page of schedule							
	(transfer the total received this period to "Summary of Receipts,"	line 2(a))						

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



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

/	Lender I	nformation		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Forgiveness Received		Troporting Ferrou	Licotion Cycle
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	1			
	Lender Name		Date Forgiveness Received			
	Street Address		-			
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	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					
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	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 "Summary of Receipts."	line 2(b))				

Maricopa County Elections Revision 01/12/21 (fillable format)

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		<u> </u>	-		
1	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding	<u> </u>	-		
	Borrower Name		Date Repayment Received			
	Street Address			-		
2	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Borrower Name		Date Repayment Received			
	Street Address			-		
3	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		_		
	Borrower Name		Date Repayment Received			
	Street Address					
4	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address			-		
5	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		_		
	Enter total only if last page of schedule					
	(transfer the total received this period to "Summary of Receipts."	line 2(c))				

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

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

	Borrower	Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Interest Accrued			
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	1			
	Borrower Name		Date Interest Accrued			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	,			
	Borrower Name		Date Interest Accrued			
	Street Address		,			
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Interest Accrued			
	Street Address		1			
4	City	State	ZIP			
	Original Amount Borrowed Amount Still Outstanding					
	Borrower Name	'	Date Interest Accrued			
	Street Address		1			
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	1			
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts."	line 2(d))		1		
		= =(0))				

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

REBATES AND REFUNDS RECEIVED:

SCHEDULE A(3)

/		nformation		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Payor Name		Date Rebate/Refund Received			
	Street Address					
1	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	<u> </u> e			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
2	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	e			
\dashv	Payor Name		Date Rebate/Refund Received			
	Street Address					
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	e			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
4	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate				
	Payor Name		Date Rebate/Refund Received			
	Street Address					
5	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	e			
	Enter total only if last page of schedule					
	(transfer the total received this period to "Summary of Receipts."					

Schedule A(3), page ____ of

COMMITTEE ID NUMBER

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

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

Schedule A(4), page ____ of ____



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

SCHEDULE A(5)(a)

	Individual Conti	ibutor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address		L	-		
1	City	State	ZIP	-		
	Occupation	Employer	L	-		
	Name		Date In-Kind Contribution Received			
	Street Address			-		
2	City	State	ZIP	_		
	Occupation	Employer		_		
	Name		Date In-Kind Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
4	City	State	ZIP	_		
	Occupation	Employer		_		
	Name		Date In-Kind Contribution Received			
	Street Address	Street Address				
5	City	State	ZIP			
	Occupation	Employer		-		
	Enter total only if last page of schedule					
	(transfer the total received this period to "Summary of Receipts,"	line 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).

Schedule A(5), page ____ of

COMMITTEE ID NUMBER

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

SCHEDULE A(5)(b)

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

*If contributions of more than \$100 are listed on Schedule A(5)(a), do not include them on Schedule A(5)(b).

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



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(c)

	Candidate Committee	e Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name	l				
	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			
\vdash	Committee Name					
	Street Address	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 "Summary of Receipts,"	' line 5(c))				

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(d)

/	Political Action	Committee Contributo	r Information	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address	Street Address				
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	ution Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
-	Committee ID Number	Date In-Kind Contrib	ution Received			
	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Received			
	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Received			
	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	urtion Pacaivad			

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(e)

	Political Party Co	ntributor Informat	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					-
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name	l				
	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			

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(f)

_	Partnership Con	tributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution I	Received			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule					
	(transfer the total received this period to "Summary of Receipts."	line 5(f))				

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



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(g)

/					Cumulative	Cumulative
	Corporation / L	LC Contributor Info	ormation	Amount Receive	d Amount this Reporting Period	Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	0'	0	7/0			
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	tion Received			
	Corporation/LLC Name					
	Street Address					
	City	State	ZIP			
	City	State	ZIF			
	Corporation Commission File Number	Date In-Kind Contribu	ution Received			
	Corporation/LLC Name	I				
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	ution Received			
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	ution Received			
	Corporation/LLC Name					
	Street Address					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	ution Received			
_	Enter total only if last page of sched					

Schedule A(5)(g), page ____ of ___



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(h)

	Labor Organization (Contributor Inforn	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name			•		
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
3	City					
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
4		T	T			
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
_	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number Date In-Kind Contribution Received					
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts."	[in 5/h])		ı		

Schedule A(5)(h), page ____ of ___



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

SCHEDULE A(5)(i)

	Candidate	e Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received		-	
	Street Address	_				
1	City	State	ZIP	_		
	Oily	State	211			
	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					
3	City	State	ZIP			
	Asset or Property Contributed		_			
_	Name					
	Name		Date In-Kind Contribution Received			
	Street Address					
4	City	State	ZIP	-		
	Asset or Property Contributed			_		
	1.,,					
	Name		Date In-Kind Contribution Received			
	Street Address	Street Address				
5	City	State	ZIP	_		
	Asset or Property Contributed					
	Enter total only if last page of schedule			1		
L	(transfer the total received this period to "Summary of Receipts,"	line 5(i))				

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



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

SCHEDULE A(6)

	Source I	nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Donation Received			
	Street Address			_		
1	City	State	ZIP	-		
	Type of Item Donated	l	1			
	Name		Date In-Kind Donation Received			
	Street Address		1			
2	City	State	ZIP			
	Type of Item Donated					
	Name	Date In-Kind Donation Received				
	Street Address					
3	City	State	ZIP			
	Type of Item Donated		=			
	Name		Date In-Kind Donation Received			
	Street Address		1			
4	City	State	ZIP			
	Type of Item Donated	1				
	Name		Date In-Kind Donation Received			
	Street Address	l				
5	City	State	ZIP			
	Type of Item Donated	<u>I</u>	l			
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts,"	line 5(e))		1		
		-1-11				

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



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

	Creditor	Information		Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Name				
	Street Address					
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	State	ZIP			
	Services or Goods Provided on Credit	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					
5	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit	-		
H	Enter total only if last page of schedule					
L	(transfer the total received this period to "Summary of Receipts."	line 7(a))				

Schedule A(7)(a), page___ of ___



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

	Creditor	Information		Payment Amount on Credit	Amount this	Cumulative Amount this
	Name			Extended	Reporting Period	Election Cycle
	Street Address			 		
	Greek Address					
1	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit	-		
	Name					
	Street Address			-		
2	City	State	ZIP	-		
	Services or Goods Originally Provided on Credit Date of Original Extension of Credit			-		
	Name					
	Street Address	-				
3	City	State	ZIP	_		
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit	_		
	Name					
	Street Address					
4	City	State	ZIP	_		
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit	-		
	Name					
	Street Address			_		
5	City			-		
	Services or Goods Originally Provided on Credit		ZIP Date of Original Extension of Credit	-		
			23 or original Extension of offult			
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts."	line 7(b))				

Schedule A(7)(b), page ____ of ___



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

/	Payor C	ommittee Informa	ation	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 Ex	xpense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	xpense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	xpense (if applicable)			
	Committee Name		Payment Date			
	Street Address	Street Address				
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	xpense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	xpense (if applicable)			
_	Enter total only if last page of sched					

Schedule A(8), page ____ of ___



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

	Payor Ir	nformation		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name				Roporting Ferrod	Ziedion Gydie
	Street Address			-		
1	City	State	ZIP	_		
	Services or Goods Purchased		Payment Date	 		
	COVINCES OF COCCUST WIGHTAGE	T aymen bace				
	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	-		
	Services or Goods Purchased	Payment Date	-			
	Enter total only if last page of schedule					
	(transfer the total received this period to "Summary of Receipts."	line 9)				

Schedule A(9), page ____ of ___



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

	Info	mation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
1	Street Address					
	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
2	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
3	Street Address					
	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
4	Street Address					
	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
<u></u>	Name					
5	Street Address					
	Unity	State	ZIP			
	Type of Account Receivable or Debt Owed	Date that Debt Accrued				
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receiots."					

COMMITTEE ID NUMBER

TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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

Schedule A(11), page ____ of ____



MISCELLANEOUS RECEIPTS: SCHEDULE A(12)

/					Cumulative	Cumulative
	Source I	nformation		Amount	Amount this Reporting Period	Amount this Election Cycle
	Name					
	Street Address		_			
1	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address	_				
2	City	State	ZIP	_		
	Receipt Type		Receipt Date	_		
	Name	Name				
	Street Address			_		
3	City	State	ZIP	_		
	Receipt Type		Receipt Date	_		
	Name		·			
1	Street Address					
4	City	State	ZIP			
	Receipt Type	Receipt Date				
	Name		1			
	Street Address		1			
5	City	State	ZIP			
	Receipt Type		Receipt Date	_		
	Enter total only if last page of schedule					

Schedule A(12), page ____ of ___



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

reet Address Ty pe of Operating Expense Paid	Disbursement Date State Non-Electoral Purpose?	ZIP			
pe of Operating Expense Paid		ZIP			
pe of Operating Expense Paid		ZIP			
	Non-Electoral Purpose?				
me		(PACs and Political Parties Only)	☐ Cash ☐ Credit		
	Disbursement Date				
reet Address					
y	State ZIP				
pe of Operating Expense Paid		(PACs and Political Parties Only)	□ Cash □ Credit		
me	Disbursement Date				
reet Address			_		
.y	State	ZIP			
	Non-Flectoral Purpose?	(PACs and Political Parties Only)	☐ Cash		
	Non-Electoral Purpose? (PACs and Political Parties Only)		- Credit		
me	Disbursement Date				
reet Address					
y	State	ZIP	□ Cook		
pe of Operating Expense Paid		L (PACs and Political Parties Only)	☐ Cash		
ume	Disbursement Date				
Street Address					
ny	State	ZIP	 □ Cash		
pe of Operating Expense Paid		(PACs and Political Parties Only)	_ □ Credit		
p p in	e of Operating Expense Paid ne et Address e of Operating Expense Paid ne	e of Operating Expense Paid Non-Electoral Purpose? Disbursement Date State of Operating Expense Paid Non-Electoral Purpose? Disbursement Date Pet Address State Of Operating Expense Paid Non-Electoral Purpose? Disbursement Date Pet Address State State Of Operating Expense Paid Non-Electoral Purpose? Disbursement Date Pet Address State Of Operating Expense Paid Non-Electoral Purpose? Disbursement Date Pet Address Of Operating Expense Paid Non-Electoral Purpose? Disbursement Date Pet Address Of Operating Expense Paid Non-Electoral Purpose? Disbursement Date	e of Operating Expense Paid Non-Electoral Purpose? (PACs and Political Parties Only) Disbursement Date State ZIP Non-Electoral Purpose? (PACs and Political Parties Only) Disbursement Date State ZIP Disbursement Date State ZIP Disbursement Date Disbursement Date State ZIP Disbursement Date State ZIP Disbursement Date State ZIP Non-Electoral Purpose? (PACs and Political Parties Only) Disbursement Date State ZIP Non-Electoral Purpose? (PACs and Political Parties Only) Disbursement Date State ZIP Disbursement Date State ZIP Non-Electoral Purpose? (PACs and Political Parties Only) Disbursement Date	e of Operating Expense Paid Non-Electoral Purpose? (PACs and Political Parties Only) The Disbursement Date State State ZIP Cash Credit Credit Credit Credit Cash Credit Credit Credit Credit Cash Credit Credit Credit Credit Cash Credit Credit Credit Credit Cash Credit Credit Cash Credit Credit Credit Cash Credit Credit	e of Operating Expense Paid Cash Credit

Schedule B(1), page ____ of ___



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	Candidate Committee	e Recipient Inforr	mation	Amount	Cumulative Amount this	Cumulative Amount this
	Committee Name			Contributed	Reporting Period	Election Cycle
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address		_			
2	City					
	Oily	State	ZIP	☐ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address			-		
3	City	State	ZIP	_		
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Committee Name					
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Committee Name	Committee Name				
	Street Address	Street Address				
5			T	_		
Ĭ	City	State	ZIP	☐ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Enter total only if last page of schedule	The Control of the Co		I		
	(transfer the total disbursed this period to "Summary of Disburser	ments," line 2(a))				



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

	tee Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name					
Street Address					
City	State	ZIP	☐ Cash		
Committee ID Number	Date Contribution Made		□ Credit		
Committee Name					
Street Address					
City	State	ZIP	□ Cash		
Committee ID Number	☐ Credit				
Committee Name	Committee Name				
Street Address					
City	State	ZIP	□ Cash		
Committee ID Number	Date Contribution Made	I	□ Credit		
Committee Name					
Street Address	Street Address				
City	State	ZIP	□ Cash		
Committee ID Number	Date Contribution Made	l	□ Credit		
Committee Name	Committee Name				
Street Address					
City	State	ZIP	☐ Cash		
Committee ID Number	Date Contribution Made	I	☐ Credit		
Enter total only if last page of schedule			L		
	Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number Committee Name Street Address City Committee ID Number Street Address City Committee ID Number Committee ID Number Committee ID Number Committee ID Number Street Address City Committee Name Street Address City Committee ID Number	Committee Name Street Address City State Committee ID Number Date Contribution Made Street Address City State Committee ID Number Date Contribution Made Committee Name Street Address City State Committee ID Number Date Contribution Made Street Address City State Committee ID Number Date Contribution Made Committee ID Number Date Contribution Made Committee Name Street Address City State Committee ID Number Date Contribution Made Street Address City State Committee ID Number Date Contribution Made Street Address City State Committee ID Number Date Contribution Made	Street Address City State ZIP Committee ID Number Date Contribution Made Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date Contribution Made Committee ID Number Date Contribution Made Committee ID Number Date Contribution Made	Contributed Committee Name Street Address City State Date Contribution Made Committee ID Number Date Contribution Made Committee ID Number Date Contribution Made Committee ID Number Committee ID Number Date Contribution Made Committee ID Number Committee ID Number Date Contribution Made Committee ID Number Committee ID Number Date Contribution Made Committee ID Number Committee ID Number Date Contribution Made Committee ID Number Committee ID Number Date Contribution Made Committee ID Number Committee ID Number Date Contribution Made Committee ID Number Committee ID Number Date Contribution Made Committee ID Number Committee ID Number Date Contribution Made Committee ID Number Committee ID Number Date Contribution Made Committee ID Number Committee ID Number Date Contribution Made	Political Action Committee Recipient Information Contributed Amount this Reporting Period Contributed Street Address City State Committee Name Street Address City State Committee ID Number Date Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date Contribution Made ZIP Committee ID Number Date Contribution Made Committee ID Number Date Contribution Made



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Poli	itical Party Recipient Informa	tion	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	9	☐ Cash☐ Credit		
	Committee Name	L				
3	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made	e	☐ Cash☐ Credit		
	Committee Name					
	Street Address					
4						
	City	State	ZIP	☐ Cash☐ Credit		
	Committee ID Number	Committee ID Number Date Contribution Made				
	Committee Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	I	☐ Credit		
_	Enter total only if last page	of schedule				



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	ship Recipient Inform	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name		, ,			
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution N	Made	☐ Credit		
	Partnership Name	•				
	Street Address					
2	City	State	ZIP	E Out		
	Corporation Commission File Number	Date Contribution I	Made	☐ Cash☐ Credit		
	Partnership Name	Partnership Name				
3	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution I	Made	☐ Cash☐ Credit		
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution I	Made	□ Cash □ Credit		
	Partnership Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution I	Made	□ Cash □ Credit		
_	Enter total only if last page of sci	hedule				



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

/	Corporation	n / LLC Recipient Infor	mation	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 Mad	de	□ Credit			
	Corporation/LLC Name						
	Street Address						
2	City	State	ZIP	□ Cook			
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit	☐ Cash☐ Credit		
	Corporation/LLC Name						
3	Street Address						
	City	State	ZIP	□ Cash			
	Corporation Commission File Number	Date Contribution Ma	Date Contribution Made				
	Corporation/LLC Name						
	Street Address						
4	City	State	ZIP	□ Cash			
	Corporation Commission File Number	Date Contribution Ma	Date Contribution Made				
	Corporation/LLC Name						
	Street Address						
5	City	State	ZIP	□ Cash			
	Corporation Commission File Number	Date Contribution Ma	de	□ Credit			
-	Enter total only if last page of sch (transfer the total disbursed this period to "Summary			<u> </u>			



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

Labor Organization Name Street Address 1 City Corporation Commission File Number Labor Organization Name Street Address 2 City Corporation Commission File Number Labor Organization Name Street Address 3 City Corporation Commission File Number Labor Organization Name Street Address 4 City Corporation Commission File Number Labor Organization Name	State Date Contribution M				Contributor	Reporting Period	Flaction Cycle
City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation File Number							Election Cycle
Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Street Address City Corporation Name				Street Address			
Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Street Address City Corporation Name			State ZIP				
Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address Labor Organization Name Street Address City Corporation Commission File Number Street Address	Date Contribution M.				□ Cash		
Street Address 2 City Corporation Commission File Number Labor Organization Name Street Address 3 City Corporation Commission File Number Labor Organization Name Street Address 4 City Corporation Commission File Number	<u> </u>	ission File Number	ution Made		□ Credit		
2 City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address 4 City Corporation Commission File Number		Labor Organization Name					
Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address 4 City Corporation Commission File Number	Street Address						
Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number	State						
Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number	Date Contribution N	ission File Number	oution Made		☐ Cash☐ Credit		
Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number							
City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number		Name					
City Corporation Commission File Number Labor Organization Name Street Address 4 City Corporation Commission File Number							
Labor Organization Name Street Address City Corporation Commission File Number	State						
Street Address City Corporation Commission File Number	Date Contribution N	ission File Number	oution Made		☐ Cash☐ Credit		
4 City Corporation Commission File Number		Name			_		
City Corporation Commission File Number							
Corporation Commission File Number	State						
					☐ Cash		
Labor Organization Name	Date Contribution N	ission File Number	oution Made		☐ Credit		
	Labor Organization Name						
Street Address	Street Address						
5 City							
Corporation Commission File Number	State	ission File Number	oution Made		☐ Cash☐ Credit		
Enter total only if last pa	State Date Contribution M						

Schedule B(2)(f), page ____ of ___



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

/	Contributo	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name	Committee Name				
	Street Address		1			
1	City	State	ZIP	-		
	Committee ID Number		Date of Original Contribution	-		
	Committee Name		Date Refund Received			
	Street Address		-			
2	City	State	ZIP	<u>-</u>		
	Committee ID Number		Date of Original Contribution	-		
	Committee Name	Date Refund Received				
	Street Address		-			
3	City	State	ZIP	-		
	Committee ID Number		Date of Original Contribution	-		
	Committee Name		Date Refund Received			
	Street Address			_		
4	City	State	ZIP	_		
	Committee ID Number		Date of Original Contribution	_		
	Committee Name		Date Refund Received			
	Street Address			-		
5	City	State	ZIP	-		
	Committee ID Number		Date of Original Contribution	-		
	Enter total only if last page of schedule					

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



LOANS MADE: SCHEDULE B(3)(a)

/	Bori	rower Information			Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name						
	Street Address	Street Address					
1	City	State	ZIP				
	Guarantor/Endorser Name	Date Loan Made					
	Borrower Name						
	Street Address						
2	City	State	ZIP				
	Guarantor/Endorser Name	Date Loan Made					
	Borrower Name						
3	Street Address						
	City	State	ZIP				
	Guarantor/Endorser Name	Date Loan Made					
	Borrower Name						
	Street Address						
	City	State	ZIP				
	Guarantor/Endorser Name	Date Loan Made					
	Borrower Name						
	Street Address						
		T _{au}	Tario				
	City	State	ZIP				
	Guarantor/Endorser Name	Date Loan Made					
	Enter total only if last page of sche						

Schedule B(3)(a), page ____ of ____



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

	Guarantor Information			Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Guarantor Name						
reet Address						
y	State	ZIP				
rrower Name	Date Loan Guaranteed	1				
uarantor Name	<u> </u>					
Street Address						
ty	State	ZIP				
rrower Name	Date Loan Guarantee	d				
Guarantor Name						
reet Address						
у	State	ZIP				
orrower Name	Date Loan Guarantee	d				
uarantor Name						
reet Address						
ty	State	ZIP				
orrower Name	Date Loan Guarantee	d				
Guarantor Name						
Street Address						
у	State	ZIP				
prower Name	Date Loan Guarantee	d				
nter total only if last page of s		chedule		chedule	chedule	chedule

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



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

	Borrov	wer 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	1	-			
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	1			
	Borrower Name		Date Forgiveness Made			
	Street Address			_		
3	City	State	ZIP	_		
	Original Amount of Loan	Amount Still Outstanding		_		
	Borrower Name		Date Forgiveness Made			
	Street Address			_		
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address			-		
5	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding		-		
	Enter total only if last page of schedu					

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



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

	Lender I	nformation		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Repayment Made			
	Street Address		<u> </u>			
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name	l	Date Repayment Made			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name	<u>I</u>	Date Repayment Made			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	l			
	Lender Name		Date Repayment Made			
	Street Address		<u> </u>			
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	<u> </u>			
	Lender Name	l	Date Repayment Made			
	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 "Summary of Disburse	ments," line 3(d))			į.	/

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



INTEREST ACCRUED ON LOANS RECEIVED:

SCHEDULE B(3)(e)

	Lender	nformation		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Interest Accrued			
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name	ı	Date Interest Accrued			
	Street Address	Street Address				
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Interest Accrued			
	Street Address	Street Address				
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Interest Accrued			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name	1	Date Interest Accrued			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	<u> </u>			
	Enter total only if last page of schedule					
	(transfer the total disbursed this period to "Summary of Disburse	ments." line 3(e))				

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

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

Schedule B(4), page ____ of



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/	1	ttee Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name	l				
	Street Address	eet Address				
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Made			
	Enter total only if last page of schedul	e				
	(transfer the total disbursed this period to "Summary of Disb					

Maricopa County Elections Revision 01/12/21 (fillable format)

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

/	Political Action	n Committee Recipient	Information	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	ution Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	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	Committee Name				
	Street Address	Street Address				
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Made			
_	Enter total only if last page of so	chedule				
_	(transfer the total disbursed this period to "Summa					

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

	Political F	Party Recipient Inform	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	tion Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	ution Made			
	Committee Name					
ŧ	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	ution Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	ution Made			
	Committee Name					
	Street Address					
,	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	ution Made			

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



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

	Partners	ship Recipient Inform	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	bution Made			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ribution Made		-	
-	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ribution Made			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ribution Made			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Made			

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

	Corporation /	LLC Recipient Inform	ation	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 In-Kind Contribution	n Made	_		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made	_		
	Corporation/LLC Name					
	Street Address			_		
4	City	State	ZIP	_		
	Corporation Commission File Number	Date In-Kind Contribution	n Made	_		
	Corporation/LLC 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	dule				
Щ	(transfer the total disbursed this period to "Summary of	Disbursements," line 5(e))				

Schedule B(5)(e), page ____ of ___



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

/	Labor Organ	nization Recipient In	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name				, , , , , , , , , , , , , , , , , , ,	
	Street Address	Street Address				
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	bution Made			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ribution Made			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ribution Made			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ribution Made			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Made			
_	Enter total only if last page of sch					

Schedule B(5)(f), page ____ of ___



INDEPENDENT EXPENDITURES MADE: SCHEDULE B(6)

		Recipient Informa	1	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	Lictuding % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
2	City	State	ZIP			
•	Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % supported)		cluding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	Licluding % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
4	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (including % opposed)		☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ □ Credit		
_	Enter total only if last page of schedul	1				

Schedule B(6), page ____ of ____



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

	Expenditure l	Recipient Informatio	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(including % opposed)	□ Cash		
	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	-		
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(including % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	ublication, Display, Delivery, or Broadcast Election Month/Year		□ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(including % opposed)	_		
	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	-		
	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 schedul	e e				
	(transfer the total disbursed this period to "Summary of Disb					

Schedule B(7), page ____ of ____



RECALL EXPENDITURES MADE: SCHEDULE B(8)

/	Expenditure	Recipient Informati	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Re	ecalled	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		□ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
2	City	State	ZIP	-		
	Supporting or Opposing Issuance of Recall Order?	sing Issuance of Recall Order? Candidate Sought to be Re		_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Office Held			_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP	-		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Re	ecalled	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address	Street Address				
4	City	State	ZIP			
•	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Re	ecalled	☐ Cash		
		Office Held		☐ Credit		

Schedule B(8), page ____ of ____



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

	Benefit	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	1			
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address			-		
2	City	State	ZIP	-		
	Type of Benefit Provided	<u> </u>		-		
	Notes:			-		
	Candidate Name		Date Benefit Provided			
	Street Address			-		
3	City	State	ZIP	-		
	Type of Benefit Provided	<u> </u>		-		
	Notes:			-		
	Candidate Name		Date Benefit Provided			
	Street Address			-		
4	City	State	ZIP	-		
	Type of Benefit Provided			-		
	Notes:			-		
	Enter total only if last page of schedul					
	(transfer the total disbursed this period to "Summary of Disbu	rsements," line 9)				

Schedule B(9), page ____ of ____



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

	Recipient	Committee Inform	mation	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address					
1	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)	□ Casii		
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)	☐ Cash☐ Credit		
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)	☐ Cash☐ Credit		
	Committee Name	Payment Date				
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)	☐ Cash☐ Credit		
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)	☐ Cash☐ Credit		
	Enter total only if last page of schedule					
	(transfer the total disbursed this period to "Summary of D					



REIMBURSEMENTS MADE: SCHEDULE B(11)

		Recipient Information	า	Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					İ
1	City	State	ZIP	☐ Cash		
	Services or Goods Reimbursed		Reimbursement Date	☐ Credit		
	Name			1		
_	Street Address			İ		
2	City	State	ZIP	□ Cash		İ
	Services or Goods Reimbursed	<u> </u>	Reimbursement Date	☐ Credit		İ
	Name					
	Street Address			1		
3	City	State	ZIP	□ Cash		1
	Services or Goods Reimbursed	l	Reimbursement Date	□ Credit		1
	Name					
	Street Address				1	
4	City	State	ZIP	□ Cook		1
	Services or Goods Reimbursed	I	Reimbursement Date	☐ Cash☐ Credit		1
	Name					
	Street Address					1
5	City	State	ZIP			1
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		1
	Enter total only if last page of s					

Schedule B(11), page ____ of ___



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

_	Debt Ir	formation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address	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					
	Street Address					
3	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued	_		
	Name					
	Street Address					
4	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
5	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued	_		
	Enter total only if last page of schedule					
	(transfer the total received this period to "Summary of Receipts,"	line 12)				

Schedule B(12), page ____ of ___

COMMITTEE ID NUMBER

TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Total (transfer the total disbursed this period to "Summary of Disbursements," line 14)		

Schedule A(13), page ____ of ____



MISCELLANEOUS DISBURSEMENTS: SCHEDULE B(14)

/	Recipient	Information		Amount	Cumulative Amount this	Cumulative Amount this
	Name			7 tillount	Reporting Period	Election Cycle
	Street Address					
1	Sileet Address	T				
'	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Credit		
	Name					
	Street Address					
2	City		ZIP			
	Disbursement Type		Disbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address					
3	City		ZIP			
	Dishursement Tyne		Disbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address					
4	City		ZIP	□ Cook		
	Disbursement Type		Disbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address					
5	City	State	ZIP			
	Disbursement Type Disbursement Date		Disbursement Date	☐ Cash☐ Credit		
	Enter total only if last page of schedule					

Schedule B(12), page ____ of ___