

COMMITTEE INFORMATION (required):

Committee Information: Committee Name:

□ Statewide Office

CANDIDATE INFORMATION	(only if	filing as a	candidate	committee)

Office Sought:

County Office:

City/Town Office:

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):

\langle		REPORTING PERIOD	REPORT DUE		
	2020 4 th Quar	ter Report: October 18, 2020 to December 31, 2020	January 1, 2021 to January 15, 2021		
	2021 March F	Pre-Election Report (Local Only): January 1, 2021 to February 20, 2021	February 21, 2021 to February 27, 2021		
	2021 March P	Post-Election (Q1) Report (Local Only): February 21, 2021 to March 31, 2021	April 1, 2021 to April 15, 2021		
	2021 Quarter	1: January 1, 2021 to March 31, 2021	April 1, 2021 to April 15, 2021		
	2021 May Pre	e-Election Report (Local Only): April 1, 2021 to May 1, 2021	May 2, 2021 to May 8, 2021		
	2021 May Pos	st-Election (Q2) Report (Local Only): May 2, 2021 to June 30, 2021	July 1, 2021 to July 15, 2021		
	2021 Quarter	2 Report: April 1, 2021 to June 30, 2021	July 1, 2021 to July 15, 2021		
	2021 August	Pre-Election Report (Local Only): July 1, 2021 to July 17, 2021	July 18, 2021 to July 24, 2021		
	2021 August F	Post-Election (Q3) Report (Local Only): July 18, 2021 to September 30, 2021	October 1, 2021 to October 15, 2021		
	2021 Quarter	3 Report: July 1, 2021 to September 30, 2021	October 1, 2021 to October 15, 2021		
	2021 Novemb	ber Pre-Election Report (Local Only): October 1, 2021 to October 16, 2021	October 17, 2021 to October 23, 2021		
	2021 Novembe	er Post-Election (Q4) Report (Local Only): October 17, 2021 to December 31, 2021	January 1, 2022 to January 15, 2022		
	2021 Quarter	4 Report: October 1, 2021 to December 31, 2021	January 1, 2022 to January 15, 2022		
	2022 March F	Pre-Election Report (Local Only): January 1, 2022 to February 19, 2022	February 20, 2022 to February 26, 2022		
	2022 March P	ost-Election (Q1) Report (Local Only): February 20, 2022 to March 31, 2022	April 1, 2022 to April 15, 2022		
	2022 Quarter	1 Report: January 1, 2022 to March 31, 2022	April 1, 2022 to April 15, 2022		
	2022 May Pre	e-Election Report (Local Only): April 1, 2022 to April 30, 2022	May 1, 2022 to May 7, 2022		
	2022 May Pos	st-Election (Q2) Report (Local Only): May 1, 2022 to June 30, 2022	July 1, 2022 to July 15, 2022		
	2022 Quarter	2 Report: April 1, 2022 to June 30, 2022	July 1, 2022 to July 15, 2022		
	2022 Pre-Prin	nary Election Report: July 1, 2022 to July 16, 2022	July 17, 2022 to July 23, 2022		
	2022 Post-Pri	imary (Q3) Report: July 17, 2022 to September 30, 2022	October 1, 2022 to October 15, 2022		
	2022 Pre-Ger	neral Election Report: October 1, 2022 to October 22, 2022	October 23, 2022 to October 29, 2022		
	2022 Post-Ge	eneral (Q4) Report: October 23, 2022 to December 31, 2022	January 1, 2023 to January 17, 2023*		
	Final Campai	gn Finance Report Prior to Committee Termination	End of Previous Period through Today's Dat		
\leq		*Reporting deadline extended to next business day. A.R.S. §§ 1-243(A) and 1-303.	/		

FINANCIAL SUMMARY (required):

Activity	Cash Activity This Reporting Period	Election Cycle to Date	
(a) Committee value at the beginning of this reporting period (<i>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			
□ Check here if <u>no</u> financial activity during the reporting period. Lines (a)-(d) still must be co	mpleted, but only this co	ver page need be filed.	

Committees with financial activity must 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). Arizona Secretary of State Revision 02/11/21 (fillable format)

COMMITTEE ID NUMBER



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

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

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

Printed Name of Committee Treasurer

Signature of Committee Treasurer

Date



SUMMARY OF RECEIPTS (Schedule A):

	Receipts	Cash	Equity
1.	Monetary Contributions Received		
	(a) Individuals - More than \$50		
	(b) Individuals - \$50 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))		
Ζ.	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 \$50		
	(b) Individuals - \$50 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))		
6.	In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
7.	Extensions of Credit		
	(a) Extensions of Credit Received		
	(b) Payments on Extensions of Credit Received		
	(c) Net Extensions of Credit (subtract 7(b) from 7(a))		
8.	Joint Fundraising / Shared Expense Payments Received		
9.	Payments Received for Goods / Services		
10.	Outstanding Accounts Receivable / Debts Owed to Committee		
11.	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
12.	Miscellaneous Receipts		
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
1.	Disbursements for Operating Expenses		Equity
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.	Joint Fundraising / Shared Expense Payments Made		
11.	Reimbursements Made		
12.	Outstanding Accounts Payable / Debts Owed by Committee		
13.	Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)		
14.	Miscellaneous Disbursements		
15.	Aggregate of Disbursements - \$250 or Less		
16.	Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(j), & 12-15)		



MONETARY CONTRIBUTIONS RECEIVED FROM INDIVIDUALS - MORE THAN \$50 DURING ELECTION CYCLE:*

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

SCHEDULE A(1)(a)

/	Inc	dividual Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Name		Date Contribution Received			
	Street Address		I			
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	1			
	Name	I	Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer	[_		
	Enter total only if last page					

*If contributions of \$50 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 INDIVIDUALS - \$50 OR LESS (AGGREGATE):*

SCHEDULE A(1)(b)

/		Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Cumulative Contributions from Individuals - \$50 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 \$50 are listed on Schedule A(1)(a), do not include them on Schedule A(1)(b).

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





SCHEDULE A(1)(c)

/						
/	Candidate Committee	Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
C	committee Name					
St	treet Address	ddress				
1 _{ci}	Sity	State	ZIP			
C	Committee ID Number	Date Contribution Receive	ed			
C	Committee Name					
SI	treet Address					
2						
² Ci	Xity	State	ZIP			
C	committee ID Number	Date Contribution Receive	ed			
C	Committee Name					
St	Street Address					
3 _{ci}	ity	State	ZIP			
C	committee ID Number	Date Contribution Receive	ed			
C	Committee Name					
St	treet Address					
4 _{ci}	ity	State	ZIP			
Ci	Committee ID Number	Date Contribution Receive	ed			
C	Committee Name					
St	Street Address					
5 _{ci}	Sity	State	ZIP			
C	Committee ID Number	Date Contribution Receive	ed			
\vdash	intertetal only if least page of echodule	1		1		
	nter total only if last page of schedule ransfer the total received this period to "Summary of Receipts,"					

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





MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(d)

/	/	Political Action Committe	ee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	C	Committee Name					
	5	Street Address					
1	1	City	State	ZIP			
	C	Committee ID Number	Date Contribution Receive	d			
	C	Committee Name					
		Street Address					
2	2	City	State	ZIP			
	C	Committee ID Number	Date Contribution Receive	ed			
	C	Committee Name					
		Street Address					
3	3	City	State	ZIP			
	C	Committee ID Number	mmittee ID Number Date Contribution Received				
	C	Committee Name					
		Street Address					
2	4	City	State	ZIP			
	C	Committee ID Number	Date Contribution Receive	ed			
Γ	C	Committee Name					
		Street Address					
5	5	City	State	ZIP	1		
	C	Committee ID Number	Date Contribution Received				
		Enter total only if last page of schedule transfer the total received this period to "Summary of Receipts."	line 1(d))				
			Saha	edule A(1)(d), page of	f		
	1		00110		·		



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(e)

	Politic	Amount Receive	d Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution R	eceived			
	Committee Name					
-	Street Address	Street Address				
2	City	State	ZIP			
	Committee ID Number	Date Contribution R	eceived			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution R	eceived			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution R	eceived			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution R	eceived			
	Enter total only if last page o	f schedule				



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(f)

	Partnersh	Amount Receive	d Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Partnership Name	artnership Name				
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution I	Received			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	ssion File Number Date Contribution Received				
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
	Enter total only if last page of sch	nedule				



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(g)

	/						\sim
/		Corporation / LLC	Contributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	(Corporation/LLC Name					
		Street Address					
1	(City	State	ZIP			
	(Corporation Commission File Number	Date Contribution Receive	ed			
	(Corporation/LLC Name					
		Street Address			-		
2	(City	State	ZIP	-		
	(Corporation Commission File Number	Date Contribution Receive	ed	-		
	(Corporation/LLC Name					
		Street Address	-				
3	(City	State	ZIP	-		
	(Corporation Commission File Number	Date Contribution Receive	ed	-		
	(Corporation/LLC Name					
		Street Address			-		
4	(City	State	ZIP	-		
	(Corporation Commission File Number	Date Contribution Receive	ed	-		
	'	Corporation/LLC Name					
		Street Address			-		
5	(City	State	ZIP	-		
	(Corporation Commission File Number	Date Contribution Receive	ed			
-		Enter total only if last page of schedule transfer the total received this period to "Summary of Receipts.	" lies 4(=))		1		





SCHEDULE A(1)(h)

MONETARY CONTRIBUTIONS FROM	M LABOR ORGANIZATIONS:
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	Labor Organ	ization Contributor I	nformation	Amount Receive	d Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution F	Received			
	Labor Organization Name	I				
	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	Received			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
	Enter total only if last page of sch	nedule				

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





MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(i)

	Candida	te Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP	_		
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer		_		
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name	1	Date Contribution Received			
	Street Address			_		
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page of schedule	<u> </u>				

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(k)

	• • •			1		• • • • •
	Contr	ibutor Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
N	Name		Date Contribution Refunded			
s	Street Address					
1 _	City	State	ZIP	—		
10	D Number (if applicable)		Date of Original Contribution			
٢	Name		Date Contribution Refunded			
٤	Street Address			_		
2 0	City	State	ZIP	_		
П	ID Number (if applicable)		Date of Original Contribution	_		
٨	Name		Date Contribution Refunded			
ະ	Street Address			_		
3 0	City	State	ZIP	_		
I	D Number (if applicable)		Date of Original Contribution	_		
٦	Name		Date Contribution Refunded			
ຮ	Street Address			-		
4 .	City	State	ZIP	_		
Iſ	D Number (if applicable)		Date of Original Contribution	_		
٨	Name		Date Contribution Refunded			
٤	Street Address			-		
5 0	City	State	ZIP			
П	D Number (if applicable)		Date of Original Contribution	-		
	Enter total only if last page of sched	lule				

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

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LOANS RECEIVED:

/	Lender	Information		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	City	State	ZIP	-		
	Guarantor/Endorser Name	Non-Electoral Purpose?	(PACs and Political Parties Only)	-		
	Lender Name	Date Loan Received				
	Street Address			-		
3	City	State	ZIP	-		
	Guarantor/Endorser Name	Non-Electoral Purpose?	(PACs and Political Parties Only)	-		
	Lender Name	Date Loan Received				
	Street Address			-		
4	City	State	ZIP	-		
	Guarantor/Endorser Name	Non-Electoral Purpose?	(PACs and Political Parties Only)	-		
	Lender Name	Date Loan Received				
	Street Address	1		-		
5	City	State	ZIP	-		
	Guarantor/Endorser Name	Non-Electoral Purpose?	(PACs and Political Parties Only)	-		
-	Enter total only if last page of schedule	1-		1		
	(transfer the total received this period to "Summary of Receipts	s," line 2(a))				

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

SCHEDULE A(2)(a)



SCHEDULE A(2)(b)

FORGIVENESS ON LOANS RECEIVED:

Lender Name

Street Address

Original Amount of Loan

Lender Name

Street Address

1 City

2

Lender li	nformation		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
		Date Forgiveness Received				
	State	ZIP				
	Amount Still Outstanding					
		Date Forgiveness Received				
	State	ZIP				
	Amount Still Outstanding					
		Date Forgiveness Received				
	State	ZIP				
	Amount Still Outstanding					
		Date Forgiveness Received				
		1				
	State	ZIP	1			

2	City	State	ZIP		
	Original Amount of Loan	Amount Still Outstanding			
	Lender Name		Date Forgiveness Received		
	Street Address				
3		1	ſ		
5	City	State	ZIP		
	Original Amount of Loan	Amount Still Outstanding			
			1		
	Lender Name		Date Forgiveness Received		
	<u></u>				
	Street Address				
4	City	State	ZIP		
	Uniy	State			
	Original Amount of Loan	Amount Still Outstanding			
		, i i i i i i i i i i i i i i i i i i i			
	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				
L	(transfer the total received this period to "Summary of Receipts."	line 2(b))			

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



REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

	Borrower	Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Borrower Name		Date Repayment Received			
	Street Address					
1	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		_		
	Borrower Name		Date Repayment Received			
	Street Address			_		
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address			-		
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding		_		
	Borrower Name		Date Repayment Received			
	Street Address	treet Address				
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name	1	Date Repayment Received			
	Street Address		1	1		
5	City	State	ZIP	1		
	Original Amount Borrowed	Amount Still Outstanding	1	1		
_	Enter total only if last page of schedule					

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



SCHEDULE A(2)(d)

INTEREST ACCRUED ON LOANS MADE:

						\sim
/	Borrowe	r Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Borrower Name		Date Interest Accrued			
	Street Address		1	-		
1	City	State	ZIP	-		
-	Original Amount Borrowed	Amount Still Outstanding				
_	Borrower Name		Date Interest Accrued			
-	Street Address			-		
2	City	State	ZIP			
-	Original Amount Borrowed	Amount Still Outstanding		_		
	Borrower Name		Date Interest Accrued			
-	Street Address	Street Address		-		
3	City	State	ZIP	-		
-	Original Amount Borrowed	Amount Still Outstanding		-		
_	Borrower Name		Date Interest Accrued			
-	Street Address			-		
1			1	_		
	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Interest Accrued			
	Street Address		1			
5	City	State	ZIP	1		
	Original Amount Borrowed	Amount Still Outstanding	1	1		
+	Enter total only if last page of schedule					

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

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REBATES AND REFUNDS RECEIVED:



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

SCHEDULE A(3)

/		or 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/Re	bate	-		
_	Payor Name		Date Rebate/Refund Received			
-	Street Address			-		
2	City	State	ZIP	-		
-	Original Purchase Amount	Reason for Refund/Re	bate	-		
	Payor Name		Date Rebate/Refund Received			
-	Street Address			-		
3	City	State	ZIP	-		
	Original Purchase Amount	Reason for Refund/Re	bate	_		
	Payor Name		Date Rebate/Refund Received			
	Street Address					
4	City	State	ZIP			
-	Original Purchase Amount	Reason for Refund/Re	bate	-		
	Payor Name		Date Rebate/Refund Received			
ŀ	Street Address			-		
5	City	State	ZIP	-		
ŀ	Original Purchase Amount	Reason for Refund/Re	bate	-		

Schedule A(3), page ____ of



INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Account with Interest Earned (Bank Name / Type of Account)		
Account with Interest Earned (Bank Name / Type of Account)		
Account with Interest 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 ____





SCHEDULE A(5)(a)

/	/ Individual Co	ontributor Informat	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address					
1	City	State	ZIP	-		
	Occupation	Employer		-		
	Name		Date In-Kind Contribution Received			
	Street Address			-		
2	City	State	ZIP	-		
	Occupation	Employer		-		
	Name		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			-		
5	City	State	ZIP	-		
	Occupation	Employer		-		

*If in-kind contributions of \$50 or less are listed on Schedule A(5)(b), do not include them on Schedule A(5)(a).

Schedule A(5), page ____ of



IN-KIND CONTRIBUTIONS RECEIVED FROM INDIVIDUALS - \$50 OR LESS (AGGREGATE):*

SCHEDULE A(5)(b)

/		Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Cumulative In-Kind Contributions from Individuals - \$50 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 \$50 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 C	Committee Contributor Ir	oformation	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 Contribu	tion Received				
	Committee Name						
	Street Address	ad Address					
2	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribu	ution Received				
	Committee Name						
	Street Address						
3	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribu	ution Received				
	Committee Name						
	Street Address						
4	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribu	ution Received				
	Committee Name						
	Street Address						
5	City	State	ZIP				
	Committee ID Number		tion Received				
	Committee ID Number	Date In-Kind Contribu					
	Enter total only if last page of s						
	(transfer the total received this period to "Summa	ry of Receipts," line 5(c))					

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





IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(d)

/	Political Action Commi	ttee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received	-		
	Committee Name					
	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	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(d))		1		
		. .	edule 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					
	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	Date In-Kind Contribution	Received	-		
	Committee Name					
	Street Address			-		
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received	-		
	Committee Name					
	Street Address			-		
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received	-		
	Enter total only if last page of schedule					



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(f)

	Partnersl	nip Contributor Inforr	Amount Receive	d Cumulative Amount this	Cumulative Amount this	
	Partnership Name			Reporting Period	Election Cycle	
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contril	bution Received			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	ibution Received			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	ibution Received			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	ibution Received			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	ibution Received			
	Enter total only if last page of sch	nedule				



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(g)

Corporation / LI	C Contributor Inform			Cumulative	
		nation	Amount Received	Amount this Reporting Period	Cumulative Amount this Election Cycle
Corporation/LLC Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	Received			
Corporation/LLC Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	Received			
Corporation/LLC Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	Received			
Corporation/LLC Name		4			
		-			
			-		
	Date In-Kind Contribution	Received			
			-		
Street Address		Τ	-		
			-		
		Received			
	Corporation/LLC Name Street Address City Corporation Commission File Number Corporation/LLC Name Street Address City Corporation/LLC Name Corporation/LLC Name Street Address City Corporation/LLC Name	Corporation Commission File Number Date In-Kind Contribution Corporation/LLC Name Street Address City State Corporation/LLC Name Date In-Kind Contribution Corporation Commission File Number Date In-Kind Contribution Corporation/LLC Name Date In-Kind Contribution Corporation/LLC Name State City State Corporation Commission File Number Date In-Kind Contribution Corporation Commission File Number Date In-Kind Contribution Corporation/LLC Name State City State Corporation/LLC Name Date In-Kind Contribution Corporation/LLC Name Date In-Kind Contribution Corporation Commission File Number Date In-Kind Contribution Corporation/LLC Name State Corporation/LLC Name State Corporation/LLC Name Date In-Kind Contribution Corporation Commission File Numb	Corporation Commission File Number Date In-Kind Contribution Received Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Date In-Kind Contribution Received Corporation/LIC Name City State ZIP Corporation/LLC Name Date In-Kind Contribution Received Corporation/LIC Name Street Address State ZIP Corporation/LLC Name State ZIP Corporation/LLC Name Date In-Kind Contribution Received Corporation/LIC Name Street Address City State ZIP Corporation/LLC Name Date In-Kind Contribution Received Corporation/LIC Name Street Address City State ZIP Corporation/LLC Name Date In-Kind Contribution Received Corporation/LIC Name Street Address City State ZIP City State ZIP Corporation/LIC Name Street Address City State ZIP Corporation/LIC Name Date In-Kind Contribution Received Corporation/LIC Name Street Address City State Z	Corporation Commission File Number Date In-Kind Contribution Received Direct Address ZIP Corporation LLC Name Date In-Kind Contribution Received Corporation Commission File Number Date In-Kind Contribution Received Corporation LLC Name ZIP Corporation LLC Name Date In-Kind Contribution Received Corporation LLC Name Date In-Kind Contribution Received Corporation LLC Name ZIP Corporation Commission File Number Date In-Kind Contribution Received Corporation LLC Name ZIP Corporation Commission File Number Date In-Kind Contribution Received Corporation Commission File Number Date In-Kind Contribution Received	Corporation Commission File Number Date In-Kind Contribution Received Corporation LLC Name ZP Chy State Corporation LLC Name ZP Corporation Commission File Number Date In-Kind Contribution Received Corporation LLC Name ZP Corporation Currentisation File Number Date In-Kind Contribution Received Corporation Currentisation File Number Date In-Kind Contribution Received



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(h)

	Labor Organ	ization Contributor Ir	nformation	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 Contri	bution Received			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Received			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Received			
	Labor Organization Name	I				
ľ	Street Address					
ŀ	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Received			
	Labor Organization Name					
	Street Address					
;	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Received			
	Enter total only if last page of sch	nedule		I		

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





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

SCHEDULE A(5)(i)

	Candidat	e Informatior	ו 	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Re	seived		
	Street Address					
1	City	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Re	zeived		
	Street Address					
2	City	State	ZIP			
	Asset or Property Contributed	sset or Property Contributed				
	Name		Date In-Kind Contribution Re	ceived		
	Street Address					
3	City	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Re	ceived		
	Street Address					
4	City	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Re	ceived		
	Street Address					
5	City	State	ZIP			
	Asset or Property Contributed	<u> </u>	I			
	Enter total only if last page of schedule					

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





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
	Name		Date In-Kind Donation Received			
	Street Address			-		
1	City	State	ZIP			
	Type of Item Donated			-		
	Name		Date In-Kind Donation Received			
	Street Address			-		
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					
4	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address					
5	City	State	ZIP			
	Type of Item Donated					
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts,	" line 5(e))				



EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

/	C	Creditor Information		Amount of Credit	Cumulative Amount this	Cumulative Amount this
	Name			Extended	Reporting Period	Election Cycle
	Street Address					
1	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address			_		
2	City	State	ZIP	_		
		State				
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name		·			
	Street Address			_		
3	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
4	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			
	Enter total only if last page of scl	nedule				
	(transfer the total received this period to "Summary					

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



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

	Credit	or Information		Payment Amount on Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address	_				
1	City	State	ZIP	_		
	Services or Goods Originally Provided on Credit		Date of Original Extension of Cre	dit		
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Cre	dit		
	Name					
	Street Address	-				
3	City	State	ZIP	-		
	Services or Goods Originally Provided on Credit	Date of Original Extension of Cre	dit			
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Cre	dit		
	Name					
	Street Address					
5	City	State	ZIP	_		
	Services or Goods Originally Provided on Credit Date of Original Exte			dit		
	Enter total only if last page of schedul					
	(transfer the total received this period to "Summarv of Recei	ots." line 7(b))				L





JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor C	committee Informa	ation	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address					
1	City	State	ZIP			1
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	xpense (if applicable)			l
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	xpense (if applicable)			1
	Committee Name		Payment Date			
	Street Address					l
3	City	State	ZIP			l
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	xpense (if applicable)			l
	Committee Name		Payment Date			
	Street Address					1
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	xpense (if applicable)			1
	Committee Name		Payment Date			
5	Street Address					
	City	State	ZIP			1
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	xpense (if applicable)			l
	Enter total only if last page of sche					

Schedule A(8), page ____ of ____



COMMITTEE ID NUMBER

PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

		nformation		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Purchased	I	Payment Date			
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
_	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Enter total only if last page of schedule					
	(transfer the total received this period to "Summarv of Receipts."	line 9)				

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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	I	Date that Debt Accrued			
	Name					
	Street Address	_				
2	City	State	ZIP	_		
	Type of Account Receivable or Debt Owed		Date that Debt Accrued	_		
	Name					
	Street Address	_				
3	City	State	ZIP	_		
	Type of Account Receivable or Debt Owed	I	Date that Debt Accrued	_		
	Name					
	Street Address	_				
1	City	State	ZIP	_		
	Type of Account Receivable or Debt Owed		Date that Debt Accrued	_		
\neg	Name					
	Street Address	1				
	City	State	ZIP	-		
	Type of Account Receivable or Debt Owed	1	Date that Debt Accrued	-		
	Enter total only if last page of sche	edule				
	(transfer the total received this period to "Summary of	Receipts." line 10)				

Schedule A(10), page ____ of ____



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)

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

Schedule A(12), page ____ of ____



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/		ecipient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Disbursement Date				
	Street Address					
1	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose	? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date				
	Street Address					
2	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose	? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date				
	Street Address					
3	City	State	ZIP	□ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpose	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Name	Disbursement Date				
	Street Address					
4	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose	? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date				
	Street Address	I				
5	City	State	ZIP	 □ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpose	PACs and Political Parties Only)	Credit		
	Enter total only if last page of sc			l		

Schedule B(1), page ____ of ____





MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

Recipient Inforr	ZIP	Amount Contributed	d Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
e Contribution Made	ZIP	□ Credit		
e Contribution Made	ZIP	□ Credit		
e Contribution Made	ZIP	□ Credit		
tte te Contribution Made		□ Credit		
te Contribution Made				
te Contribution Made				
te Contribution Made				
ite	ZIP			
	ZIP			
	ZIP			
	ZIP			
te Contribution Made		□ Cash		
Committee ID Number Date Contribution Made				
ite	ZIP			
Date Contribution Made		□ Cash		
ate	ZIP			
te Contribution Made		□ Cash □ Credit		
		1		
te	e Contribution Made	e Contribution Made	e Contribution Made	e Contribution Made

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





MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

/ _		tion Committee Recipient	Information	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Committee Name Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Mac	de			
	Committee Name					
	Street Address					
	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Ma	de			
	Committee Name					
ľ	Street Address					
3	City	State	ZIP	□ Cash		
ł	Committee ID Number Date Contribution Made					
	Committee Name					
	Street Address					
	City	State	ZIP	□ Cash		
ľ	Committee ID Number	Date Contribution Made				
	Committee Name	I				
ŀ	Street Address					
	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Ma	de	□ Cash □ Credit		
+	Enter total only if last page of	I schedule				

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



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Politi	cal Party Recipient Infor	mation	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			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution	Made	□ Cash □ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution	Made	□ Cash □ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution	Made	□ Cash □ Credit		
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution	Made	□ Cash □ Credit		
	Enter total only if last page o	f schedule		I		



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

		hip Recipient Informa	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Partnership Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Ma	ade			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	ade	□ Cash □ Credit		
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number Date Contribution Made			□ Cash □ Credit		
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	ade	□ Cash □ Credit		
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	ade	□ Cash □ Credit		



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	/ LLC Recipient Info	rmation	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	Corporation Commission File Number Date Contribution Made		□ Cash □ Credit			
	Corporation/LLC Name						
	Street Address						
2	City	State	ZIP				
	Corporation Commission File Number	Date Contribution M	ade	□ Cash □ Credit			
	Corporation/LLC Name						
	Street Address						
3	City	State	ZIP				
	Corporation Commission File Number Date Contribution Made			□ Cash □ Credit			
	Corporation/LLC Name						
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number	Date Contribution M	lade	□ Cash □ Credit			
_	Corporation/LLC Name						
	Street Address						
5	City	State	ZIP				
	Corporation Commission File Number	Date Contribution M	ade	□ Cash □ Credit			
_	Enter total only if last page of sch	edule					



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Organ	nization Recipient Info	ormation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	ade	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	ade	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	ade	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	ade	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	ade	□ Cash □ Credit		
	Enter total only if last page of sch (transfer the total disbursed this period to "Summarv			I		
_						



CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

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

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



LOANS MADE:

1

2

3

4

5

Borrowe	r Information		Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Borrower Name					
Street Address					
City	State	ZIP			
Guarantor/Endorser Name	Date Loan Made	I			
Borrower Name					
Street Address					
City	State	ZIP			
Guarantor/Endorser Name	Reporting Period Election Cycle State ZIP Date Loan Made				
Borrower Name					
Street Address					
City	State	ZIP			
Guarantor/Endorser Name	Date Loan Made				
Borrower Name					
Street Address					
City	State	ZIP			
Guarantor/Endorser Name	Date Loan Made				
Borrower Name	1				
Street Address					
City	State	ZIP			
Guarantor/Endorser Name	Date Loan Made				
Enter total only if last page of schedule	<u> </u>				
transfer the total received this period to "Summarv of Receipts	." line 3)				/

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

SCHEDULE B(3)(a)



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

/	Gua	arantor Information		Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Guarantor Name					
	Street Address					
1	City	State	ZIP			l
	Borrower Name	Date Loan Guaranteed	1			l
	Guarantor Name					
	Street Address					l
2	City	State	ZIP			l
	3orrower Name Date Loan Guaranteed				l	
	Guarantor Name					
	Street Address					l
3	City	State	ZIP			l
	Borrower Name	Date Loan Guarantee	d			
		Jarantor Name				
4	Street Address					
+	City	State	ZIP			
	Borrower Name	orrower Name Date Loan Guaranteed				l
	Guarantor Name	1				
	Street Address					
5	City	State	ZIP			
	Borrower Name	Date Loan Guarantee	d			
	Enter total only if last page of sche					

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



FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

/		orrower Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Borrower Name		Date Forgiveness Made			
•	Street Address					
1	City	State	ZIP			
-	Original Amount of Loan	Amount Still Outstand	ling			
	Borrower Name		Date Forgiveness Made			
-	Street Address					
2	City	State				
-	Original Amount of Loan Amount Still Outstand		ling			
_	Borrower Name		Date Forgiveness Made			
-	Street Address					
3	City	State	ZIP	_		
	Original Amount of Loan	Amount Still Outstand				
	Borrower Name		Date Forgiveness Made			
	Street Address					
4	City	State	ZIP			
-	Original Amount of Loan	Amount Still Outstand	ling			
+	Borrower Name		Date Forgiveness Made			
-	Street Address			_		
5	City	State	ZIP	_		
-	Original Amount of Loan	Amount Still Outstand	ling	_		

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



REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

	Lender I	nformation		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Repayment Made			
	Street Address		1	-		
1	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Lender Name		Date Repayment Made			
	Street Address			_		
2	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		_		
	Lender Name		Date Repayment Made			
	Street Address			_		
3	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		_		
		Amount out outstanding	1			
	Lender Name		Date Repayment Made	_		
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	·			
	Lender Name		Date Repayment Made			
	Street Address	Street Address				
5	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		_		
	Enter total only if last page of schedule					

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



INTEREST ACCRUED ON LOANS RECEIVED:

SCHEDULE B(3)(e)

		Lender Information		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 Outs	tanding			
	Lender Name		Date Interest Accrued			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outs	tanding			
	Lender Name		Date Interest Accrued			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outs	tanding			
	Lender Name		Date Interest Accrued			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outs	tanding			
	Lender Name		Date Interest Accrued			
	Street Address	Street Address				
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outs	tanding			
	Enter total only if last page of schedule					

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

	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			_		
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			_		
City	State	ZIP	_		
Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment	_		
lame of Original Payor		Date Rebate/Refund Made			
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			_		
City	State	ZIP	_		
Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Street Address City Street Address City Street Address City Street Address City	Street Address State City State Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor State City State City State Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Original Payment Amount Street Address Original Payment Amount Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor State City State Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor State City State City State Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor State City State Name of Original Payor State Street Address Street Address City State	Name of Orignal Payor Date Rebate/Refund Made Street Address City State ZIP Corporation Commission File Number (if applicable) Orignal Payment Amount Date of Orignal Payment Name of Orignal Payor Date Rebate/Refund Made Street Address City State ZIP City State ZIP Corporation Commission File Number (if applicable) Orignal Payment Amount Date Rebate/Refund Made Street Address City State ZIP Corporation Commission File Number (if applicable) Orignal Payment Amount Date of Orignal Payment Name of Orignal Payor Date Rebate/Refund Made Street Address City State ZIP Corporation Commission File Number (if applicable) Orignal Payment Amount Date of Original Payment Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Date of Original Payment Name of Original Payor Date of Original Payment Date of Original Payment Street Address ZIP State ZIP City conginal Payor Date of Original Payment Date of Original Payment Name of Origina	Refunded Refunded Name of Orgenal Payor Date Rebate/Refund Made Street Address 21P City State Corporation Commission File Number (if applicable) Dignal Payment Amount Date of Orgenal Payor Date of Orgenal Payment Street Address 21P City State Ci	Recipient Information Amount His Reporting Period Name of Dignal Payor Date ReductRefund Made Refunded Amount His Reporting Period Street Address 2/P Compared Payor Date ReductRefund Made Image: Compared Payor Image: Compared Payor Image: Compared Payor Date ReductRefund Made Image: Compared Payor Image: Compared Payor

Schedule B(4), page ____ of



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/	Candidate Co	ommittee Recipient Ir	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Committee Name						
-	Street Address						
1	City	State	ZIP				
	Committee ID Number	Date In-Kind Contrib	ution Made				
	Committee Name						
-	Street Address						
2	City	State	ZIP				
	Committee ID Number	Date In-Kind Contrit	pution Made		_		
	Committee Name						
-	Street Address						
2							
	City	State	ZIP				
	Committee ID Number	Date In-Kind Contrit	bution Made				
	Committee Name						
	Street Address						
4	City	State	ZIP				
	Committee ID Number	Date In-Kind Contrib	bution Made		-		
+	Committee Name						
-	Street Address						
5	City	State	ZIP				
-	Committee ID Number	Date In-Kind Contrit	pution Made				
+	Enter total only if last page of sch						
		a dula					

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





IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

/				I		
/	Political Action Comn	nittee Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
-	Street Address			-		
2	City	State	ZIP	-		
-	Committee ID Number	Date In-Kind Contribution	Made			
_	Committee Name					
-	Street Address			-		
3				-		
-	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
4	City	State	ZIP	-		
-	Committee ID Number	Date In-Kind Contribution	Made	-		
	Committee Name					
-	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
				1		

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

	Political Party Re	ecipient Informatio	on	Amount	Cumulative Amount this	Cumulative Amount this
	Committee Name		Contributed	Reporting Period	Election Cycle	
	Street Address	treet Address				
1	_					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address	reet Address				
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made	-		
	Committee Name					
	Street Address			-		
3		Γ				
0	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name	Committee Name				
	Street Address					
4	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Made	-		
	Committee Name					
	Street Address			-		
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disburse					



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

	Partners	ship Recipient Inform	Amount Contributed	Cumulative Amount this	Cumulative Amount this	
	Partnership Name			Reporting Period	Election Cycle	
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Made			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Made			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Made			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Made			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Made			
_	Enter total only if last page of sch	nedule				



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

		/ LLC Recipient In	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Corporation/LLC Name						
	Street Address						
1	City	State	ZIP				
	Corporation Commission File Number						
	Corporation/LLC Name						
	Street Address						
2	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Con	tribution Made				
	Corporation/LLC Name						
	Street Address						
3	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Con	tribution Made				
	Corporation/LLC Name						
	Street Address						
Ļ	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Con	tribution Made				
-	Corporation/LLC Name	I					
	Street Address						
	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Con	tribution Made				
	Enter total only if last page of sch	1			+		



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

	Labor Organ	nization Recipient In	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl		
	Labor Organization Name						
-	Street Address						
1	City	State ZIP					
ľ	Corporation Commission File Number						
	Labor Organization Name						
ľ	Street Address						
2	City	State	ZIP				
F	Corporation Commission File Number	Date In-Kind Conti	ibution Made				
	Labor Organization Name						
ŀ	Street Address						
3	City	State	ZIP				
ŀ	Corporation Commission File Number	Date In-Kind Contr	ibution Made				
	Labor Organization Name						
ľ	Street Address						
4	City	State	ZIP				
ľ	Corporation Commission File Number	Date In-Kind Contr	ibution Made				
	Labor Organization Name						
ŀ	Street Address						
5	City	State	ZIP				
ŀ	Corporation Commission File Number	er Date In-Kind Contribution Made					
+	Enter total only if last page of sch	nedule					

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



INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

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

Schedule B(6), page ____ of ____



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

/	Expenditure	Recipient Informatic	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address	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	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)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		Credit		
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address		1	-		
	City	State	ZIP	1		
4						
4	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(including % opposed)	□ Cash □ Credit		

Schedule B(7), page ____ of ____



RECALL EXPENDITURES MADE:

SCHEDULE B(8)

	Expenditure	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			
	Supporting or Opposing Issuance of Recall Order?	porting or Opposing Issuance of Recall Order? Candidate Sought to be Re		□ Cash □ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held				
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
2	City	State	ZIP	-		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		1			
3	City	State	ZIP	1		
	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					
4	City	State	ZIP	1		
	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		l
	Enter total only if last page of schedul			1		

Schedule B(8), page ____ of ____





SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

/	/	Benefitt	ed Candidate		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Candidate Name Street Address		Date Benefit Provided	-		
	1	City	State	ZIP			
		Type of Benefit Provided Notes:			-		
		Candidate Name	Date Benefit Provided				
		Street Address City	State	ZIP			
	2	Type of Benefit Provided			-		
		Notes: Candidate Name		Date Benefit Provided			
		Street Address			-		
	3	City	State	ZIP			
		Type of Benefit Provided Notes:			-		
-		Candidate Name	Date Benefit Provided				
		Street Address City	ZIP				
	4	Type of Benefit Provided		-			
		Notes:					
		Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbur					/

Schedule B(9), page ____ of ____





JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

/	Recipient C	Committee Informatio	n	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name	Payment Date				
	Street Address	1				
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
	Committee Name	Payment Date				
	Street Address					
2	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)			
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable) Type of Shared Expense ((if applicable)			
	Committee Name	Payment Date				
	Street Address					
4	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)			
	Committee Name	Payment Date				
	Street Address					
5	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)			
-	Enter total only if last page of schedule			I		
	(transfer the total disbursed this period to "Summary of Di	sbursements," line 10)				

Schedule B(10), page ____ of ____



REIMBURSEMENTS MADE:

SCHEDULE B(11)

	Recipient	Information		Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
ĺ	Street Address					
1	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
2	City	State	ZIP			
			Reimbursement Date	□ Cash □ Credit		
	Services or Goods Reimbursed Reimbursement Date					
	Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	Credit		
	Name	_				
	Street Address					
4	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
_	Name					
	Street Address					
5	City	State	ZIP			
				□ Cash □ Credit		
	Services or Goods Reimbursed Reimbursement Date					

Schedule B(11), page ____ of ____





OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

/					1	
		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Name					
	Street Address			_		
1	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address			_		
2	City	State	ZIP			
	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	<u></u>	2011	ZIP			
	City	State				
	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 sc	hedule				
	(transfer the total received this period to "Summary					

Schedule B(12), page ____ of ____

COMMITTEE ID NUMBER

TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
ecipient of Surplus Monies / Source of Transferred Debt		
ecipient of Surplus Monies / Source of Transferred Debt		
ecipient of Surplus Monies / Source of Transferred Debt		
ecipient of Surplus Monies / Source of Transferred Debt		
ecipient of Surplus Monies / Source of Transferred Debt		
otal		

Schedule A(13), page ____ of ____

SCHEDULE B(13)



MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

	Γ	Recipient Information	ſ	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	Credit		
	Name					
	Street Address					
2	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date			
	Name					
	Street Address					
3	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date			
	Name					
	Street Address					
4	City		ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
5	City	State	ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Enter total only if last page of	<u> </u>				

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