

COMMITTEE	INFORMATION	(required):
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	Committee Information:	Committee Name:	
CANE	DIDATE INFORMATION (only if fi	ling as a candidate committee):	
	Office Sought.	☐ Statewide Office:	☐ State Legislature:
		☐ County Office:	☐ City/Town Office:
DEDC	ADTING DEDICE (sheet and)		

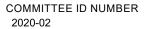
REPORTING PERIOD (check one):

REPORTING PERIOD	REPORT DUE
2018 4 th Quarter Report: October 21, 2018 to December 31, 2018	January 1, 2019 to January 15, 2019
2019 March Pre-Election Report (Local Only): January 1, 2019 to February 23, 2019	February 24, 2019 to March 4, 2019*
2019 1st Quarter Report (Local Only): February 24, 2019 to March 31, 2019	April 1, 2019 to April 15, 2019
2019 1st Quarter Report: January 1, 2019 to March 31, 2019	April 1, 2019 to April 15, 2019
2019 May Pre-Election Report (Local Only): April 1, 2017 to May 4, 2019	May 5, 2019 to May 13, 2019*
2019 2 nd Quarter Report (Local Only): May 5, 2019 to June 30, 2019	July 1, 2019 to July 15, 2019
2019 2 nd Quarter Report: April 1, 2019 to June 30, 2019	July 1, 2019 to July 15, 2019
2019 August Pre-Election Report (Local Only): July 1, 2019 to August 10, 2019	August 11, 2019 to August 19, 2019*
2019 3 rd Quarter Report (Local Only): August 11, 2019 to September 30, 2019	October 1, 2019 to October 15, 2019
2019 3 rd Quarter Report: July 1, 2019 to September 30, 2019	October 1, 2019 to October 15, 2019
2019 October Pre-Election Report (Local Only): October 1, 2019 to October 19, 2019	October 20, 2019 to October 28, 2019*
2019 4th Quarter Report (Local Only): October 20, 2019 to December 31, 2019	January 1, 2020 to January 15, 2020
2019 4th Quarter Report: October 1, 2019 to December 31, 2019	January 1, 2020 to January 15, 2020
2020 March Pre-Election Report (Local Only): January 1, 2020 to February 22, 2020	February 23, 2020 to March 2, 2020*
2020 1st Quarter Report (Local Only): February 23, 2020 to March 31, 2020	April 1, 2020 to April 15, 2020
2020 1st Quarter Report: January 1, 2020 to March 31, 2020	April 1, 2020 to April 15, 2020
2020 May Pre-Election Report (Local Only): April 1, 2020 to May 2, 2020	May 3, 2020 to May 11, 2020*
2020 2 nd Quarter Report (Local Only): May 3, 2020 to June 30, 2020	July 1, 2020 to July 15, 2020
2020 2 nd Quarter Report: April 1, 2020 to June 30, 2020	July 1, 2020 to July 15, 2020
2020 August Pre-Primary Election Report: July 1, 2020 to August 8, 2020	August 9, 2020 to August 17, 2020*
2020 3 rd Quarter Election Report: August 9, 2020 to September 30, 2020	October 1, 2020 to October 15, 2020
2020 Pre-General Election Report: October 1, 2020 to October 17, 2020	October 18, 2020 to October 26, 2020*
2020 4 th Quarter Report: October 18, 2020 to December 31, 2020	January 1, 2021 to January 15, 2021
Final Campaign Finance Report Prior to Committee Termination	End of Previous Period through Today's Date

*Effective April 15, 2018, 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.e. ending balance from the previous reporting period)		
(b)	+ Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)		
(c)	- Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)		
(d)	= Balance at close of reporting period		
	Check here if no financial activity during the reporting period. Lines (a)-(d) still must be co	mpleted, but only this co	ver page need be filed.





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.

Christopher Bown	Christopher Bown Digitally signed by Cl Date: 2020.07.15 13:		
Printed Name of Committee Treasurer	Signature of Committee Tr	easurer 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))		
2.	Loans		
	(a) Loans Received		
	(b) Forgiveness on Loans Received		
	(c) Repayment on Loans Made		
	(d) Interest Accrued on Loans Made		
	(e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))		
3.	Rebates and Refunds Received		
4.	Interest Accrued on Committee Monies		
5.	In-Kind Contributions Received		
	(a) 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		1
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		
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		
<u> </u>	(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.			
12.	Outstanding Accounts Payable / Debts Owed by Committee		
13.	Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)		
14.			
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:*

SCHEDULE A(1)(a)

	Individual Conti	ributor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address			-		
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	reunc		Date continuation 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			
	Over A Library			-		
_	Street Address					
5	City	State	ZIP			
	Occupation	Employer	•			
	Enter total only if last page of schedule	l		l		
1	(transfer the total received this period to "Summary of Receipts,"	line 1(a))			l l	

 * 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 ____

COMMITTEE ID NUMBER

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).



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(c)

	Candidate Committe	ee 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 Contribution Receiv	ved			
	Committee Name	<u> </u>				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	red			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	red			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
	Committee Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	red			
	Enter total only if last page of schedule					

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(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 Contribution Receive	ed			
	Committee Name					
	Street Address			-		
2	City	State	ZIP	_		
	Committee ID Number	Date Contribution Receiv	ed	_		
	Committee Name					
	Street Address					
3	City	State	ZIP	-		
	Committee ID Number	Date Contribution Receiv	ed			
	Committee Name					
	Street Address					
4	City	State	ZIP	-		
	Committee ID Number	Date Contribution Receiv	L ed	-		
	Committee Name	_1				
	Street Address		-			
5	City	State	ZIP	-		
	Committee ID Number	Date Contribution Receiv	ed	_		
	Enter total only if last page of schedule					
_	(transfer the total received this period to "Summary of Receipt					

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(e)

,							
/	Politic	al Party Contributor Info	mation	,	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name						
1	Street Address						
	City	State	ZIP				
	Committee ID Number	Date Contribution R	eceived				
	Committee Name	<u>.</u>					
	Street Address						
2	City	State	ZIP				
	Committee ID Number	Date Contribution F	Received				
	Committee Name						
	Street Address						
3	City	State	ZIP				
	Committee ID Number	Date Contribution F	Received		-		
	Committee Name						
	Street Address						
4	City	State	ZIP				
	Committee ID Number	Date Contribution F	Date Contribution Received				
	Committee Name						
	Street Address	Street Address					
5	City	State	ZIP				
	Committee ID Number	Date Contribution F	Received				
	Enter total only if last page or	f schedule					
	(transfer the total received this period to "Sum						

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(f)

,						
	Partnership Con	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	d			
	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 Received				
	Partnership 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."	line 1(f))				

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



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(g)

			1	1	
Corporation /	LLC Contributor Infor	mation	Amount Receive	d Amount this	Cumulative Amount this Election Cycle
Corporation/LLC Name				1 3	,
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date Contribution Recei	ved			
Corporation/LLC Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date Contribution Rece	ived			
Corporation/LLC Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date Contribution Rece	ived			
Corporation/LLC Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date Contribution Rece	ived			
Corporation/LLC Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date Contribution Rece	<u> </u>			
	Corporation/LLC Name Street Address City Corporation Commission File Number Street Address City Corporation Commission File Number Corporation Commission File Number Corporation/LLC Name Street Address City Corporation Commission File Number Corporation Commission File Number Corporation Commission File Number Corporation Commission File Number Corporation/LLC Name Street Address City Corporation Commission File Number	Corporation/LLC Name Street Address City State Corporation Commission File Number Date Contribution Recei Corporation/LLC Name Street Address City State Corporation Commission File Number Date Contribution Recei Street Address City State Corporation Commission File Number Date Contribution Recei Corporation Commission File Number Date Contribution Recei Corporation/LLC Name Street Address City State Corporation Commission File Number Date Contribution Recei Street Address Street Address	Street Address City State ZIP Corporation Commission File Number Date Contribution Received Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address City Date Contribution Received Corporation/LLC Name Street Address Street Address Street Address Street Address	Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Oate Contribution Received City State ZIP Corporation Commission File Number Oate Contribution Received City State ZIP Corporation LLC Name Street Address City State ZIP Corporation Commission File Number Oate Contribution Received Corporation Commission File Number Oate Contribution Received City State ZIP Corporation Commission File Number Oate Contribution Received City State ZIP Corporation Commission File Number Oate Contribution Received Corporation Commission File Number Oate Contribution Received Corporation Commission File Number Oate Contribution Received City State ZIP Corporation Commission File Number Oate Contribution Received City State ZIP Corporation Commission File Number Oate Contribution Received Corporation LLC Name Street Address	Reporting Period Corporation LLC Name Street Address City State Corporation Commission File Number Date Contribution Received Corporation LLC Name Street Address City State City State State City State State City State Sta

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(h)

	Labor Organization	Contributor Inform	nation	Amount Received	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 Contribution Receive	I ed			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Received				
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Enter total only if last page of schedule					
	(transfer the total received this period to "Summary of Receipts."	' line 1(h))				

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



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		Date Contribution Received			
	Street Address			_		
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP	_		
	Ony		2.1			
	Occupation Employer					
	Name		Date 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 1(i))				

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(k)

/	Con	stributor Informatio	n	Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Refunded			
	Street Address					
1	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
2	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
:	Street Address					
3	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
1	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
5	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Enter total only if last page of sche	edule				
	(transfer the total received this period to "Summary of					

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



LOANS RECEIVED: SCHEDULE A(2)(a)

				•		
	Lender	Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name	Date Loan Received				
	Street Address	<u> </u>		-		
1	City	State	ZIP	-		
	Guarantor/Endorser Name	Non-Electoral Purpose?	I (PACs and Political Parties Only)	-		
	Lender Name	Date Loan Received				
	Street Address					
2	City	State	ZIP	-		
	Guarantor/Endorser Name	Non-Electoral Purpose?	PACs and Political Parties Only)	-		
	Lender Name	Date Loan Received				
	Street Address		-			
3	City	State	ZIP	-		
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)		-		
	Lender Name	Date Loan Received				
	Street Address			<u> </u> 		
4	City	State	ZIP	_		
	Guarantor/Endorser Name	Non-Electoral Purpose?	(PACs and Political Parties Only)	_		
		Non-Electoral Purpose? (PACs and Political Parties Only)				
	Lender Name	Date Loan Received				
	Street Address		-			
5	City	State	ZIP	-		
	Guarantor/Endorser Name	Non-Electoral Purpose?	(PACs and Political Parties Only)			

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



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

Lender	Information	,	Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Lender Name		Date Forgiveness Received			
Street Address					
City	State	ZIP			
Original Amount of Loan	Amount Still Outstanding	1			
Lender Name	I.	Date Forgiveness Received			
Street Address			-		
City	State	ZIP			
Original Amount of Loan	Amount Still Outstanding		-		
Lender Name		Date Forgiveness Received			
Street Address			-		
City	State	ZIP			
Original Amount of Loan	Amount Still Outstanding				
Lender Name		Date Forgiveness Received			
Street Address			-		
City	State	ZIP	_		
Original Amount of Loan	Amount Still Outstanding		_		
Lender Name		Date Forgiveness Received			
Street Address			-		
City	State	ZIP	_		
Original Amount of Loan	Amount Still Outstanding		_		
	Lender Name Street Address City Original Amount of Loan Lender Name Street Address City Original Amount of Loan Lender Name Street Address City Original Amount of Loan Lender Name Street Address City Original Amount of Loan Lender Name Street Address City Street Address City Original Amount of Loan	Street Address City State Original Amount of Loan Amount Still Outstanding Lender Name Street Address City State Original Amount of Loan Amount Still Outstanding Lender Name Street Address City State Original Amount of Loan Amount Still Outstanding Lender Name Street Address City State Original Amount of Loan Amount Still Outstanding Lender Name Street Address City State Original Amount of Loan Amount Still Outstanding	Lender Name Date Forgiveness Received Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Lender Name Date Forgiveness Received Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Lender Name Date Forgiveness Received Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Lender Name Date Forgiveness Received Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Lender Name Date Forgiveness Received Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Lender Name Date Forgiveness Received	Lender Name Date Forgiveness Received Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Lender Name Date Forgiveness Received City State ZIP Original Amount of Loan Amount Still Outstanding Lender Name Date Forgiveness Received Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Lender Name Date Forgiveness Received Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Lender Name Date Forgiveness Received Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Lender Name Date Forgiveness Received Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Lender Name Date Forgiveness Received	Lender Information Amount Forgiven Amount this Reporting Period Lender Name Date Pergiveness Received Street Address City State ZIP Crignal Amount of Loan Amount Still Outstanding Lender Name Date Furgiveness Received Street Address City State ZIP Crignal Amount of Loan Amount Still Outstanding Lender Name Date Furgiveness Received Street Address City State ZIP Crignal Amount of Loan Amount Still Outstanding Lender Name Date Furgiveness Received Street Address City State ZIP Crignal Amount of Loan Amount Still Outstanding Lender Name Date Furgiveness Received Street Address City State ZIP Crignal Amount of Loan Amount Still Outstanding Lender Name Date Furgiveness Received Street Address City State ZIP Crignal Amount of Loan Amount Still Outstanding Lender Name Date Furgiveness Received Street Address Date Furgiveness Received

Arizona Secretary of State Revision 4/10/18

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

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

REBATES AND REFUNDS RECEIVED:

SCHEDULE A(3)

	Payor Ir	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	e			
	Borrower Name	l	Date Rebate/Refund Received			
	Street Address					
2	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	9			
	Borrower Name		Date Rebate/Refund Received			
	Street Address					
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	<u> </u>			
	Borrower Name	l	Date Rebate/Refund Received			
	Street Address					
4	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	<u> </u>			
	Borrower Name		Date Rebate/Refund Received			
	Street Address		<u> </u>			
5	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	<u> </u>			
	Enter total only if last page of schedule					
	(transfer the total received this period to "Summary of Receipts."	line 3)				

Schedule A(3), page ____ of

COMMITTEE ID NUMBER

SCHEDULE A(4)

INTEREST ACCRUED ON COMMITTEE MONIES:

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Account with Interest Earned (Bank Name / Type of Account)		
ccount 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)		
Fotal 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 \$50 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					
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 \$50 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 - \$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).

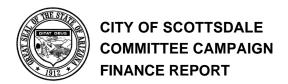


IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

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	1				
	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(c))				

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(d)

	T	Committee Contributor	Information	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	tion Received			
	Committee Name					
	Street 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					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	Date In-Kind Contribution Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	ution Received			
	Enter total only if last page of so					

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(e)

Τ,	Political Party Cor	ntributor Informati	on	Amount Received	Cumulative Amount this	Cumulative Amount this
	Committee Name				Reporting Period	Election Cycle
Ş	Street Address					
1 ,	City	State	ZIP			
(Committee ID Number	Date In-Kind Contribution F	Received			
(Committee Name					
*	Street Address					
(City	State	ZIP			
(Committee ID Number Date In-Kind Contribution Received					
(Committee Name					
5	Street Address					
(City	State	ZIP			
(Committee ID Number	Date In-Kind Contribution	Received			
(Committee Name					
Ş	Street Address					
	City	State	ZIP			
(Committee ID Number	Date In-Kind Contribution Received				
(Committee Name					
Ş	Street Address					
(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	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					
5		Street Address				
	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 /	LLC Contributor Info	ormation	Amount Receive	d Amount this Reporting Period	Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1						
•	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	ution Received			
	Corporation/LLC Name					
	Street Address					
2	Cir.	Chata	ZIP			
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	ution Received			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	ution Received			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	ution Received			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	ution Received			

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	propration Commission File Number Date In-Kind Contribution Received				
	Labor Organization Name	r Organization Name				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
4	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					

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	_		
	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	l	-			
	Name		Date In-Kind Contribution Received			
	Street Address		I	-		
4	City	State	ZIP	-		
	Asset or Property Contributed	I	-			
	Name		Date In-Kind Contribution Received			
	Street Address			-		
5	City	State	ZIP	1		
	Asset or Property Contributed	Asset or Property Contributed				
	Enter total only if last page of schedule					
<u></u>	(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) (PACs AND POLITICAL PARTIES ONLY):

SCHEDULE A(5)(e)

	Source	e 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	Type of Item Donated				
	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	Street Address				
3	City	State	ZIP	4		
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address			_		
4			1			
	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address	Street Address				
5	City	State	ZIP			
	Type of Item Donated	l		1		
	Enter total only if last page of schedule	<u> </u>				

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					,
Street Address	reet Address				
City	State	ZIP			
Services or Goods Provided on Credit		Date of Extension of Credit			
Name					
Street Address					
City	State	ZIP			
Services or Goods Provided on Credit		Date of Extension of Credit	_		
Name					
Street Address					
	T				
	State				
Services or Goods Provided on Credit		Date of Extension of Credit			
Name					
Street Address					
City	State	ZIP			
Services or Goods Provided on Credit		Date of Extension of Credit			
Name					
Street Address					
City	State	ZIP			
Services or Goods Provided on Credit		Date of Extension of Credit			
Enter total only if last page of schedule					
	Street Address City Services or Goods Provided on Credit Name Street Address City Services or Goods Provided on Credit Name Street Address City Services or Goods Provided on Credit Name Street Address City Services or Goods Provided on Credit Name Street Address City Services or Goods Provided on Credit Name Street Address City Services or Goods Provided on Credit Name Street Address City Services or Goods Provided on Credit	Street Address City State Services or Goods Provided on Credit Name Street Address City State Services or Goods Provided on Credit Name Street Address City State Services or Goods Provided on Credit Name Street Address City State Services or Goods Provided on Credit Name Street Address City State Street Address City State Services or Goods Provided on Credit Name Street Address City State Services or Goods Provided on Credit Name Street Address City State	Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Date of Extension of Credit Date of Extension of Credit Date of Extension of Credit Date of Extension of Credit Date of Extension of Credit Date of Extension of Credit Date of Extension of Credit Date of Extension of Credit Date of Extension of Credit Date of Extension of Credit	Name Street Address City Services or Goods Provided on Credit Name Services or Goods Provided on Credit Date of Extension of Credit Name Services or Goods Provided on Credit Date of Extension of Credit	Creditor Information



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

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

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



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

/	Payor C	ommittee Informati	on	Payment Amount	Cumulative Amount this	Cumulative Amount this
	Committee Name	ommittee mioimati	1	1 ayment Amount	Reporting Period	Election Cycle
	Committee Name		Payment Date			
	Street Address					
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)			
	Committee Name		Payment Date			
			,			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)			
	Enter total only if last page of sche					

Schedule A(8), page ____ of ___



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

	Payor Ir	nformation		Payment Amount	Cumulative Amount this	Cumulative Amount this
	Name				Reporting Period	Election Cycle
	Street Address					
١,						
1	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
2				_		
	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
3						
	City	State	ZIP			
	Services or Goods Purchased Payment Date					
	Name					
	Street Address					
4	City	State	ZIP	_		
				_		
	Services or Goods Purchased Payment Date		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)				



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

	Infor	mation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address			_		
1	City	State	ZIP			
	Only	State				
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
2			T			
	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address			_		
3	I I			_		
	City	State	ZIP			
	Type of Account Receivable or Debt Owed Date that Debt Accrued					
	Name					
	Street Address					
4	City	State	ZIP	_		
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address			_		
5	City	State	ZIP	1		
	Type of Account Passivable or Daht Oward		Date that Debt Accrued			
	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 Receipts."					
\ <u> </u>	production are total received this belied to Summary of Receibts."	inic IUI			1	/

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)

	Source I	nformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Receipt Type	<u> </u>	Receipt Date			
	Name					
	Street Address					
2	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address	Street Address				
3	City	State	ZIP			
	Receipt Type Receipt Date					
	Name					
	Street Address					
4	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
5	City	State	ZIP			
	Receipt Type		Receipt Date			
	Enter total only if last page of schedule					
	(transfer the total received this period to "Summary of Receipts."	line 12)				

Schedule A(12), page ____ of ___



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/	R	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		? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date	Disbursement Date			
	Street Address			_		
2	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose	e? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date				
	Street Address	eet Address				
3		1_	T			
	City	State	ZIP	☐ Cash☐ Credit		
	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			_		
5	City	State	ZIP	 □ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpose	? (PACs and Political Parties Only)	☐ Credit		

Schedule B(1), page ____ of ___



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

	Candidate Committee	e Recipient Inform	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		☐ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
3	Street Address					
	City	State	ZIP	☐ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP	☐ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name	•				
	Street Address					
5	City	State	ZIP	□ Cash		
	Committee ID Number Date Contribution Made			☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disburse	ments," line 2(a))				
		Sche	edule B(2)(a), page of	f		



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

	Political Ac	tion Committee Recipient	Information	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Ma	ade	□ Cash □ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution M	ade	□ Cash □ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution M	ade	□ Cash □ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP			
				□ Cash □ Credit		
		Committee ID Number Date Contribution Made				
	Committee Name					
5	Street Address					
J	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution M	ade	☐ Credit		
	Enter total only if last page of	of schedule		•		

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



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Politic	cal Party Recipient Inform	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name	Committee Name				Election Cycle
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Ma	ade	☐ Cash☐ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution M		☐ Cash☐ Credit		
	Committee Name					
3	Street Address					
3	City	State	ZIP	☐ Cash		
	Committee ID Number	Date Contribution M	ade	☐ Credit		
	Committee Name					
	Street Address	Street Address				
4	City	State	ZIP			
	Committee ID Number	Date Contribution M	ade	☐ Cash☐ Credit		
	Committee Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Committee ID Number	Date Contribution M	ade	☐ Cash☐ Credit		
<u> </u>	Enter total only if last page of					



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	ship Recipient Informat	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Partnership Name		1 0			
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mad	e	☐ Cash☐ Credit		
	Partnership Name					
	Street Address					
-	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mad	le	☐ Cash☐ Credit		
	Partnership Name					
S	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mad	le	☐ Cash☐ Credit		
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mad	le	☐ Cash☐ Credit		
	Partnership Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mad	le	☐ Cash☐ Credit		
_	Enter total only if last page of sch	nedule				



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	n / 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	□ Cook			
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit			
	Corporation/LLC Name						
	Street Address						
2	City	State	ZIP	□ Cash			
	Corporation Commission File Number	Date Contribution Ma	ade	□ Casii	☐ Credit		
	Corporation/LLC Name	I					
	Street Address						
3	City	State	ZIP	□ Cash			
	Corporation Commission File Number	Date Contribution Ma	ade	□ Credit			
	Corporation/LLC Name						
	Street Address	Street Address					
4	City	State	ZIP	□ Cash			
	Corporation Commission File Number	Date Contribution Ma	ade	□ Casii			
_	Corporation/LLC Name						
	Street Address						
5	City	State	ZIP	□ Cash			
	Corporation Commission File Number	Date Contribution Ma	ade	□ Cash			
	Enter total only if last page of sch	l		L			



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

1		Recipient Informa	ation	Amount Contributor	Cumulative Amount this	Cumulative Amount this
1	Labor Organization Name			Contributor	Reporting Period	Election Cycle
1	Street Address			_		
	Street Address					
	City	State	ZIP	☐ Cash		
(Corporation Commission File Number	Date Contribution Made		☐ Cash ☐ Credit		
ı	Labor Organization Name					
Ş	Street Address			-		
2	City	State	ZIP			
(Corporation Commission File Number	Date Contribution Made		☐ Cash☐ Credit		
-	Labor Organization Name					
\$	Street Address			_		
3	City	State	ZIP	_		
(Corporation Commission File Number	Date Contribution Made		☐ Cash☐ Credit		
ı	Labor Organization Name					
\$	Street Address			_		
4	City	State	ZIP	_		
(Corporation Commission File Number	Date Contribution Made		☐ Cash☐ Credit		
l	Labor Organization Name					
5	Street Address			-		
5	City	State	ZIP	-		
(Corporation Commission File Number	Date Contribution Made		☐ Cash☐ Credit		
-	Enter total only if last page of schedule					

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	Date Refund Received				
	Street Address	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			
	Committee Name		Date Refund Received			
	Street Address		_			
3	City	State	ZIP	_		
	Committee ID Number		Date of Original Contribution	_		
	Committee Name	Committee Name				
	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					
	(transfer the total disbursed this period to "Summary of Disburse	ments," line 2(h))				

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



LOANS MADE: SCHEDULE B(3)(a)

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

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



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

	tor Information		Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
City	State	ZIP			
Borrower Name	Date Loan Guaranteed				
Guarantor Name	•				
Street Address					
City	State	ZIP			
Borrower Name	Date Loan Guaranteed				
Guarantor Name					
Street Address					
City	State	ZIP			
Borrower Name	Date Loan Guaranteed				
Guarantor Name					
Street Address					
City	State	ZIP			
Borrower Name	Date Loan Guaranteed				
Guarantor Name					
Street Address					
City	State	ZIP			
	Date Loan Guaranteed		4		
	Guarantor Name Street Address City Borrower Name Guarantor Name Street Address City Borrower Name Street Address City Borrower Name Street Address City Borrower Name Guarantor Name Street Address City Borrower Name Guarantor Name Street Address Street Address Street Address	Street Address City State Borrower Name Date Loan Guaranteed Guarantor Name Street Address City State Borrower Name Date Loan Guaranteed City State Borrower Name Date Loan Guaranteed City State City State Borrower Name Date Loan Guaranteed City State Borrower Name Date Loan Guaranteed City State City State Guarantor Name City State City Date Loan Guaranteed Guarantor Name Street Address City State Cit	Guarantor Name Street Address City State ZIP Borrower Name Date Loan Guaranteed Street Address City State ZIP Borrower Name Date Loan Guaranteed Street Address City State ZIP Borrower Name Date Loan Guaranteed Guarantor Name Street Address City State ZIP State ZIP City State ZIP Borrower Name Date Loan Guaranteed City State ZIP Borrower Name Date Loan Guaranteed City State ZIP Borrower Name Date Loan Guaranteed City State ZIP City State ZIP City Date Loan Guaranteed City State ZIP City Date Loan Guaranteed City State ZIP City	Guaranter Name Street Address Street Address City State City State Street Address City State Street Address	Guarantor Information Amount this Reporting Period Guaranter Name Street Address City State City City State City City City State City City

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



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

Borrowe	. 1 (Cumulative	Cumulativa
	rinformation		Amount Forgiven	Amount this Reporting Period	Cumulative Amount this Election Cycle
Borrower Name		Date Forgiveness Made			
Street Address			-		
City	State	ZIP	-		
Original Amount of Loan	Amount Still Outstanding		-		
Borrower Name	1	Date Forgiveness Made			
Street Address			-		
City	State	ZIP	-		
Original Amount of Loan	Amount Still Outstanding				
Borrower Name		Date Forgiveness Made			
Street Address		-			
City	State	ZIP	-		
Original Amount of Loan	Amount Still Outstanding		_		
Borrower Name		Date Forgiveness Made			
Street Address			_		
City	State	ZIP			
Original Amount of Loan	Amount Still Outstanding		-		
Borrower Name		Date Forgiveness Made			
Street Address			-		
City	State	ZIP	_		
Original Amount of Loan	Amount Still Outstanding		_		
	Street Address City Original Amount of Loan Borrower Name Street Address City Original Amount of Loan Borrower Name Street Address City Original Amount of Loan Borrower Name Street Address City Original Amount of Loan Borrower Name Street Address City Original Amount of Loan Borrower Name Street Address City Original Amount of Loan Borrower Name Street Address City Original Amount of Loan	Street Address City State Original Amount of Loan Amount Still Outstanding Borrower Name Street Address City State Original Amount of Loan Amount Still Outstanding Borrower Name Street Address City State Original Amount of Loan Amount Still Outstanding Borrower Name Street Address City State Original Amount of Loan Amount Still Outstanding Borrower Name Street Address City State Original Amount of Loan Amount Still Outstanding Borrower Name Street Address City State Original Amount of Loan Amount Still Outstanding	Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made	Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made	State Address City State Date Forgheriess Made Street Address City State Date Forgheriess Made Date Forgheriess Made Service Address City State Date Forgheriess Made Service Address City State Date Forgheriess Made Service Address City State ZiP City State ZiP

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	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name	I	Date Repayment Made			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed Amount Still Outstanding					
	Lender Name		Date Repayment Made			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		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))				

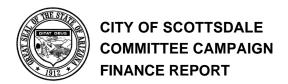
Schedule B(3)(d), page ____ of



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			
1	Street Address			-		
	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding				
_	Lender Name	<u> </u>	Date Interest Accrued			
2	Street Address	<u> </u>	-			
	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Interest Accrued			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding		-		
	Lender Name		Date Interest Accrued			
	Street Address	Street Address				
4	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Interest Accrued			
	Street Address			-		
5	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disburse					

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

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

Schedule B(4), page ____ of



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

	e Recipient Inforr	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this
Street Address				Troporting i enou	Election Cycle
		Committee Name			
City		Street Address			
	State	ZIP			
Committee ID Number	Date In-Kind Contribution I	Made			
Committee Name					
Street Address					
Dity	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Made			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Made			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Made			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Made			
	Committee ID Number Committee Name Street Address Committee ID Number Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number Committee ID Number Committee Name Committee Name Committee ID Number Committee ID Number Committee ID Number Committee ID Number	Committee ID Number Date In-Kind Contribution Committee Name Street Address State Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution Committee Name Street Address State Date In-Kind Contribution Committee Name Street Address State Date In-Kind Contribution Date In-Kind Contribution	Committee ID Number Date In-Kind Contribution Made Committee Name Street Address Street ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee Name Street Address Street Address State ZIP Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee Name Street Address Street Address Street Address Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made	State ZIP Committee ID Number Date In-Kind Contribution Made Street Address State ZIP Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made	Committee ID Number Date In-Kind Contribution Made Committee Name Committee ID Number State ZIP Committee Name Committee Name Committee Name Committee Name Committee Name Committee Name Committee ID Number Date In-Kind Contribution Made Committee Name City State ZIP Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee Name Committee Name Committee Name Committee ID Number Date In-Kind Contribution Made

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

	Political Action Commi	ttee 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	<u> </u> Made	_		
	Committee Name					
	Street Address			_		
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address	Street Address				
3	City	State	ZIP	_		
	Committee ID Number	Date In-Kind Contribution	Made	_		
	Committee Name					
	Street Address			_		
4	City	State	ZIP	_		
	Committee ID Number	Date In-Kind Contribution	Made	_		
	Committee Name					
	Street Address			-		
5	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule					
	(transfer the total disbursed this period to "Summary of Disburse	ements," line 5(b))				

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

/						
	Political Party Re	ecipient Information	on	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	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	ments." line 5(c))				

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	n / LLC Recipient Inform	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributio	n Made			
	Corporation/LLC Name	I				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Made			
	Corporation/LLC Name					
	Street Address	Street Address				
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Made			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Made			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Made			
	Enter total only if last page of sch	nedule				
<u> </u>	(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 Inf	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name				37 2 3 2 2 2	
	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	ibution Made			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Made			
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution 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 schedule					

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



INDEPENDENT EXPENDITURES MADE: SCHEDULE B(6)

	Expenditure	Recipient Information	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (inclu	uding % 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	_		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (inclu	uding % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
	Recipient Name	<u> </u>	Mode of Advertising (TV, mail, etc)			
	Street Address	<u> </u>				
3	City	State	ZIP	_		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (inclu	uding % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
	Recipient Name	l	Mode of Advertising (TV, mail, etc)			
	Street Address					
4	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (inclu	Luding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ □ Credit		
	Enter total only if last page of schedule					
	(transfer the total disbursed this period to "Summary of Disb	ursements," line 6)				

Schedule B(6), page ____ of ____



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

	Expenditure l	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	ı	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		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		<u> </u>		
	(transfer the total disbursed this period to "Summary of Disb					

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?	Candidate Sought to be Rec	called	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		☐ Credit		
_	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
2	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	called	☐ 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 Rec	called	☐ 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			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Recalled		☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		☐ Credit		
-	Enter total only if last page of schedu	<u> </u>				
	(transfer the total disbursed this period to "Summary of Disb					

Schedule B(8), page ____ of ____



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

	Benefit	ted Candidate		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Candidate Name		Date Benefit Provided			
	Street Address			-		
1	City	State	ZIP	-		
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address		L	-		
2	City	State	ZIP	-		
	Type of Benefit Provided	l	<u>I</u>	-		
	Notes:			-		
	Candidate Name		Date Benefit Provided			
	Street Address		L	-		
3	City	State	ZIP	-		
	Type of Benefit Provided	L	L	-		
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address		L	-		
4	City	State	ZIP	-		
	Type of Benefit Provided			1		
	Notes:			-		
	Enter total only if last page of schedule			l		
	(transfer the total disbursed this period to "Summary of Disbu					

Schedule B(9), page ____ of ____



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

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

Schedule B(10), page ____ of ___



REIMBURSEMENTS MADE: SCHEDULE B(11)

	Recipier	nt Information		Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Name				,
1	Street Address					
	City	State	ZIP	☐ Cash		
	Services or Goods Reimbursed	1	Reimbursement Date	☐ Credit		
	Name		1			
	Street Address					
2	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
_	Enter total only if last page of schedule					

Schedule B(11), page ____ of ___



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

	Debt In	formation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	ZIP				
	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		<u> </u>			
	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	l				
L	(transfer the total received this period to "Summary of Receipts,"	line 12)				



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	1	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Name				
	Street Address					
1	City		ZIP	☐ Cash		
	Disbursement Type		Disbursement Date	☐ Credit		
	Name					
	Street Address					
2	City		ZIP	□ Cash		
	Disbursement Type	•	Disbursement Date	☐ Credit		
	Name					
	Street Address					
3	City		ZIP	□ Cash		
	Disbursement Type	I	Disbursement Date	□ Casii		
	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		
		of schedule				

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