

Committee Name:

STATE OF ARIZONA COMMITTEE CAMPAIGN

FINANCE REPORT

Committee Information:

CANDIDATE INFORMATION (only if filing as a candidate committee):

Office Sought.	Statewide Office:	State Legislature:
x	County Office:	□ City/Town Office:

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 1 st 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 3rd 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 1 st 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
$\overline{\ }$	*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>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).



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.			
	(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		- 1
2.	Contributions Made		
2.			
	(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		
	Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)		
	Miscellaneous Disbursements		
	Aggregate of Disbursements - \$250 or Less		
	Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(j), & 12-15)		



/					Cumulative	Cumulative
	Individual Cont	tributor Informat	ion	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	<u> </u>	Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
5	City	State	ZIP	-		
	Occupation	Employer		_		
	Enter total only if last page of schedule					

*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).

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



SCHEDULE A(1)(c)

MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

Candidate Committee	e Contributor Infor	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name Street Address					
Street Address					
	State	ZIP	•		
nmittee ID Number	Date Contribution Receive	ed			
nmittee Name					
et Address					
	State	ZIP			
nmittee ID Number	Date Contribution Receive	ed			
Committee Name					
Street Address					
	State	ZIP			
nmittee ID Number	Date Contribution Receive	ed			
Committee Name					
Street Address					
	State	ZIP			
nmittee ID Number	Date Contribution Receive	ed			
Committee Name					
Street Address					
	State	ZIP			
nmittee ID Number	Date Contribution Receive	ed			
nmittee ID	I only if last page of schedule	Number Date Contribution Receive	Number Date Contribution Received Il only if last page of schedule Il only if last page of schedule	Number Date Contribution Received Il only if last page of schedule	Number Date Contribution Received Il only if last page of schedule

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



SCHEDULE A(1)(d)

MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

/	Political Action Com	mittee 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 Received					
	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	ed			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	ed			
	Enter total only if last page of schedu	lle		<u> </u>		
	(transfer the total received this period to "Summary of Rece	eipts," line 1(d))				

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



SCHEDULE A(1)(e)

MONETARY	CONTRIBU	ITIONS	FROM	POI IT	ICAI	PARTIES:
	001111000	110110	1110101		10/12	/EO.

	Political Party C	Contributor Informat	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
		State	ZIP	-		
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address	-				
2	City	State	ZIP	-		
	Committee ID Number	Date Contribution Receive	ed	-		
	Committee Name					
	Street Address			-		
3	City	State	ZIP	_		
	Committee ID Number	Date Contribution Receive	ed	-		
	Committee Name					
	Street Address			-		
4	City	State	ZIP	-		
	Committee ID Number	Date Contribution Receiv	ed	-		
	Committee Name					
	Street Address			-		
5	City	State	ZIP	-		
	Committee ID Number	Date Contribution Receive	ed	-		
	Enter total only if last page of schedule	<u> </u>				



SCHEDULE A(1)(f)

		nip Contributor Informa	nformation Amount Received Amount this Reporting Period			Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Rec	eived			
	Partnership Name	Partnership Name				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Rec	zeived			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Received				
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Rec	seived			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Rec	ceived			
	Enter total only if last page of sch	nedule				



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(g)

	/						
_	/	Corporation / LLC C	Contributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	-	Corporation/LLC Name Street Address			-		
1	1	City	State	ZIP			
		Corporation Commission File Number Corporation/LLC Name					
		Street Address					
2		City Corporation Commission File Number	State Date Contribution Receive	ZIP			
		Corporation/LLC Name					
3	3	Street Address City State ZIP					
		Corporation Commission File Number	Date Contribution Receive				
		Corporation/LLC Name	-				
4	1	Street Address City	State	ZIP	-		
		Corporation Commission File Number	Date Contribution Receive	ed	-		
	-	Corporation/LLC Name Street Address			-		
5	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(q))				
		Enter total only if last page of schedule	line 1(q))	ed edule A(1)(g), page o	f		



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(h)

	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	Received			
	Labor Organization Name					
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	n 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 scl	nedule				

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(i)

/				I	I	
	Candida	te Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address		1			
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address			_		
4	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address			_		
5	City	State	ZIP			
	Occupation	Employer		_		

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A	(1))(K)	ł

	Contribute	or Information	1	Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Name	Date Contribution Refunded				
	Street Address			-		
1	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address	Street Address		_		
2	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution	_		
_	Name		Date Contribution Refunded			
	Street Address			_		
	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 schedule					

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



LOANS RECEIVED:

/						
	Lende	r 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?	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?	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address					
4	City	State	ZIP			
				_		
	Guarantor/Endorser Name	Non-Electoral Purpose?	(PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address			-		
5	City	State	ZIP	-		
	Guarantor/Endorser Name		(PACs and Political Parties Only)	-		

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

SCHEDULE A(2)(a)



FORGIVENESS ON LOANS RECEIVED:

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

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

SCHEDULE A(2)(b)



REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

	Borro	wer Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Repayment Received			
	Street Address			_		
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstand	ding			
	Borrower Name		Date Repayment Received			
	Street Address			_		
2	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstand	ding			
	Borrower Name		Date Repayment Received			
	Street Address					
2						
	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstand	ding			
	Borrower Name		Date Repayment Received			
ĺ	Street Address					
4	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstand	ding			
	Borrower Name		Date Repayment Received			
	Street Address			_		
5	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstand	ding	-		
_	Enter total only if last page of schedu					

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



SCHEDULE A(2)(d)

INTEREST ACCRUED ON LOANS MADE:

/		rower Information	1	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 Outstan	ding			
	Borrower Name		Date Interest Accrued			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstan	ding			
	Borrower Name		Date Interest Accrued			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstan	ding			
	Borrower Name	3orrower Name				
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstan	ding			
	Borrower Name		Date Interest Accrued			
	Street Address		[
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstan	ding			
	Enter total only if last page of sche					

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

REBATES	RFF	UNDS	RECEI	
		01000	NLOLI	VLD.



COMMITTEE ID NUMBER

SCHEDULE A(3)

/		ayor Information	Data Robate/R-fund D-aning	Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Payor Name		Date Rebate/Refund Received	_		
	Street Address					
1	City	State	ЧIZ			
	Original Purchase Amount	Reason for Refund/Rel	pate			
	Borrower Name		Date Rebate/Refund Received			
	Street Address		-			
1	City	State	ZIP	-		
	Original Purchase Amount	Reason for Refund/Rel	pate	-		
	Borrower Name		Date Rebate/Refund Received			
	Street Address			-		
3	City	State	ZIP	_		
	Original Purchase Amount	inal Purchase Amount Reason for Refund/Rebate				
	Borrower Name	I	Date Rebate/Refund Received			
	Street Address	Street Address				
4	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rel	pate	-		
	Borrower Name		Date Rebate/Refund Received			
	Street Address			1		
5	City	State	ZIP	-		
	Original Purchase Amount	Reason for Refund/Rel	pate	-		

Schedule A(3), page ____ of



COMMITTEE ID NUMBER

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

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

Schedule A(4), page ____ of ____



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

SCHEDULE A(5)(a)

/		Individual Contributor Information	on	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				
	Enter total only if last p	page of schedule d 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).

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



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(c)

/	Candidate Com	mittee Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
-	Street Address					
1	City	State	PIZ	-		
Ī	Committee ID Number	Date In-Kind Contribution	Received	-		
	Committee Name					
ſ	Street Address	-				
2	City	State ZIP	ZIP	-		
-	Committee ID Number	Date In-Kind Contribution	Received	-		
	Committee Name					
	Street Address	eet 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	I				
-	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(d)

	Political Actio	n Committee Contribut	or 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 Contr	bution Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ibution Received			
	Committee Name					
5	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ibution Received			
_	Committee Name					
4	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ibution Received			
	Committee Name	·				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ibution Received			
_	Enter total only if last page of a	schedule				

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(e)

	Political	Party Contributor Infor	mation	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 In-Kind Contrib	ution Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Received		-	
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	oution Received			
	Committee Name					
	Street Address					
4						
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Received			
	Committee Name					
_	Street Address	Street Address				
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Received			
	Enter total only if last page of s	schedule		I		



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(f)

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



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(g)

/	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 In-Kind Contribution I	Received			
	Corporation/LLC Name					
2	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
3	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
5	Street Address					
0	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(q))				
		Sche	edule A(5)(g), page of	f		



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(h)

	Labor Organi	zation Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Labor Organization Name					
	Street Address					l
-	City	State	ZIP			l
-	Corporation Commission File Number	Date In-Kind Contrib	ution Received			l
	Labor Organization Name					
-	Street Address					l
2	City	State	ZIP			l
-	Corporation Commission File Number	Date In-Kind Contril	pution Received			l
	Labor Organization Name					
-	Street Address				1	
	City	State	ZIP			1
-	Corporation Commission File Number	Date In-Kind Contril	bution Received			1
	Labor Organization Name					
ľ	Street Address					1
	City	State	ZIP			1
-	Corporation Commission File Number	Date In-Kind Contril	pution Received			l
ł	Labor Organization Name					
-	Street Address					l
	City	State	ZIP			l
	Corporation Commission File Number	Date In-Kind Contril	bution Received			l
	Enter total only if last page of sch	edule				

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



COMMITTEE ID NUMBER

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			-		
	Name		Date In-Kind Contribution Received			
	Street Address			-		
4				_		
	City	State	ZIP	_		
	Asset or Property Contributed		_			
	Name		Date In-Kind Contribution Received			
	Street Address					
5	City	State	ZIP			
	Asset or Property Contributed]		
	Enter total only if last page of schedule			1		

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



COMMITTEE ID NUMBER

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		I			
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					
ļ	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)				

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



COMMITTEE ID NUMBER

EXTENSIONS OF CREDIT RECEIVED:

Cumulative Cumulative Amount of Credit **Creditor Information** Amount this Amount this Extended Election Cycle **Reporting Period** Name Street Address 1 City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address 2 City ZIP State Services or Goods Provided on Credit Date of Extension of Credit Name Street Address 3 City ZIP State Services or Goods Provided on Credit Date of Extension of Credit Name Street Address 4 City State ZIP Date of Extension of Credit Services or Goods Provided on Credit Name Street Address 5 City State ZIP Date of Extension of Credit Services or Goods Provided on Credit Enter total only if last page of schedule ransfer the total received this period to "Summarv of Receipts." line 7(a))

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

SCHEDULE A(7)(a)



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

/	Credito	r Information		Payment Amount on Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					l
1	City	State	ZIP			l
	Services or Goods Originally Provided on Credit	-	Date of Original Extension of Credit	-		
	Name					
	Street Address			-		l
2	City	State	ZIP	-		l
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit	-		l
	Name					
	Street Address		-		l	
3	City	State	ZIP	-		l
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit	-		
	Name					
	Street Address			-		l
4	City	State	ZIP	-		l
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit	-		l
	Name					
	Street Address			-		l
5	City	State	ZIP	-		l
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			l
	Enter total only if last page of schedule (transfer the total received this period to "Summarv of Received			<u> </u>		
	transier the total received this benod to Summary of Receipt	s. line 7(b))				

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COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor Committee Information			Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address					
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)			
	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					
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 sched					

Schedule A(8), page ____ of ____



COMMITTEE ID NUMBER

PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

		Payor Information		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Street Address					
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	I	Payment Date			
	Name					
	Street Address					
ŀ	City	State	ZIP			
	Services or Goods Purchased	I	Payment Date			
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Purchased	1	Payment Date			
_	Enter total only if last page of s					

Schedule A(9), page ____ of ____



COMMITTEE ID NUMBER

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	Street Address				
1	City	State	ZIP	_		
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
2	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address			-		
3	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					
5	Street Address					
	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued	-		
	Enter total only if last page of sche					

Schedule A(10), page ____ of ____



TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

	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 ____

SCHEDULE A(11)



MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

	Source	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl		
	Name Street Address	_				
1	City	_				
l			Dessist Data	_		
	Receipt Type		Receipt Date			
	Name					
Ī	Street Address					
2	City	State	ZIP	_		
-	Receipt Type		Receipt Date	_		
_	Name					
-	Street Address			_		
°.				_		
	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	1	Receipt Date	1		
_	Enter total only if last page of schedule					

Schedule A(12), page ____ of ____



COMMITTEE ID NUMBER

DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/	Red	cipient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Disbursement Date	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				
ļ	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	? (PACs and Political Parties Only)			
	Name	Disbursement Date				
	Street Address	I		-		
4	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose	PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date				
	Street Address			-		
	City	State	ZIP	□ Cash □ Credit		
	Type of Operating Expense Paid	Non-Electoral Purpose	on-Electoral Purpose? (PACs and Political Parties Only)			

Schedule B(1), page ____ of ____



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/		Committee Recipient Info	ormation	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 Mad	e			
	Committee Name					
	Street Address					
2	City State ZIP					
	Committee ID Number	Date Contribution Mac	de	□ Cash □ Credit		
	Committee Name					
3-	Street Address					
	City					
		State	ZIP	□ Cash □ Credit		
	Committee ID Number	Committee ID Number Date Contribution Made				
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Mac	de	□ Cash □ Credit		
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Mac	de	□ Cash □ Credit		

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



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

/ -		tion Committee Recipient I	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Committee Name Street Address						
1	City	State	ZIP	□ Cash			
	Committee ID Number	Credit					
	Committee Name						
	Street Address						
2	City	State	ZIP				
	Committee ID Number	Date Contribution Mac	le	□ Cash □ Credit	□ Cash □ Credit		
2	Committee Name						
	Street Address						
	City	State	ZIP				
	Committee ID Number	Date Contribution Mac	de	□ Cash □ Credit			
	Committee Name						
	Street Address						
4	City	State	ZIP				
	Committee ID Number	Date Contribution Mac	le	□ Cash □ Credit			
	Committee Name						
	Street Address	Street Address					
5	City	State	ZIP				
	Committee ID Number	Date Contribution Mac	le	□ Cash □ Credit			
┥	Enter total only if last page of schedule						

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



COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Polit	ical Party Recipient Infor	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Number Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution	Made	□ Cash □ Credit	□ Cash □ Credit	
	Committee Name					
3	Street Address					
	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution	Date Contribution Made			
	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	nter total only if last page of schedule				



COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

/ Partnership Recipient Information				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					
-	Partnership Name					
	Street Address					
2	City State ZIP					
	Corporation Commission File Number	Date Contribution Ma	ade	□ Cash □ Credit		
-	Partnership Name					
3 -	Street Address					
	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Ma	Date Contribution Made			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	ade	□ Cash □ Credit		
_	Partnership Name					
	Street Address					
5	City	State	ZIP	 □ Cash		
	Corporation Commission File Number Date Contribution Made					
	Enter total only if last page of sch			1		



COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

Corporation / LLC Recipient Information				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	□ Cash □ Credit						
	Corporation/LLC Name							
	Street Address							
2	City	State	ZIP					
	Corporation Commission File Number	Date Contribution N	lade	□ Cash □ Credit				
	Corporation/LLC Name							
	Street Address							
3	City	State	ZIP					
	Corporation Commission File Number	Date Contribution N		□ Cash □ Credit				
	Corporation/LLC Name							
1	Street Address							
4	City	State	ZIP	□ Cash				
	Corporation Commission File Number	Date Contribution N	<i>l</i> ade	Credit				
	Corporation/LLC Name							
	Street Address							
5	City	State	ZIP	□ Cash				
	Corporation Commission File Number	Date Contribution N	lade		□ Cash □ Credit			
			I					



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

Labor Organization Recipient Information				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	Made	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
2	City State ZIP					
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit	□ Cash □ Credit	
	Labor Organization Name					
3 _	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number Date Contribution Made			□ Cash	□ Cash □ Credit	
	nter total only if last page of schedule					

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



COMMITTEE ID NUMBER

CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

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

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

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SCHEDULE B(3)(a)

LOANS MADE:

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

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



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

/	Guara	Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Guarantor Name					
	Street Address					
1	City	State	ZIP			
ĺ	Borrower Name	Date Loan Guarante	2ed			
	Guarantor Name					
	Street Address					
2	City	State	ZIP			
	Borrower Name	Date Loan Guarante	eed			
	Guarantor Name					
	Street Address					
3	City	State	ZIP			
	Borrower Name	Date Loan Guarant	eed			
_	Guarantor Name					
	Street Address					
1	City	State	ZIP			
	Borrower Name	Date Loan Guarant	eed			
_	Guarantor Name					
	Street Address					
5	City	State	ZIP			
	Borrower Name	Date Loan Guarant	eed			

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



FORGIVENESS ON LOANS MADE:

/	Borrower	Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Forgiveness Made			
	Street Address	Street Address				
1		1	T			
'	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address					
~						
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	I			
	Borrower Name		Date Forgiveness Made			
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address					
5	City State		ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Enter total only if last page of schedule	monto " line 2(-1)				
	(transfer the total disbursed this period to "Summary of Disburse	ments, line 3(C))			1	

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

SCHEDULE B(3)(c)



SCHEDULE B(3)(d)

REPAYMENT ON LOANS RECEIVED:

	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	<u> </u>				
	Lender Name	I	Date Repayment Made				
2	Street Address						
	City	State	ZIP				
	Original Amount Borrowed						
	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 Disburser	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			
	Street Address			-		
1	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Lender Name		Date Interest Accrued			
	Street Address			-		
	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			-		
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		4		
	-					

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			-		
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		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					

Schedule B(4), page ____ of



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/		ittee Recipient Inforr	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
-	Street Address			-		
2	City	State	ZIP			
-	Committee ID Number Date In-Kind Contribution Made		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	-		
ŀ	Committee ID Number	Committee ID Number Date In-Kind Contribution Made				
	Committee Name					
-	Street Address					
5	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Made			

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



SCHEDULE B(5)(b)

IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

/	Political Action Com	nittee Recipient Inf	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	l 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		-		
			IVIQUE			
	Enter total only if last page of schedule					

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

	Political	Party Recipient Inform	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Committee Name						
	Street Address						
1	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribut	ion Made				
	Committee Name						
	Street Address						
2	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribu	tion Made		-		
	Committee Name						
	Street Address						
3	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribu	tion Made				
	Committee Name						
	Street Address						
4	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribu	tion Made				
	Committee Name						
	Street Address						
5							
		State	ZIP				
	Committee ID Number	Date In-Kind Contribu	tion Made				
	Enter total only if last page of sc (transfer the total disbursed this period to "Summar						



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

	Partners	hip Recipient Informa	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 Contribu	tion Made			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	ution Made			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	ution Made			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	ution Made			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	ution Made			
	Enter total only if last page of sch	nedule				



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

	Corporation	/ LLC Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	ution Made			
	Corporation/LLC Name					
Street Address						
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	pution Made		_	
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	oution Made			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	bution Made			
	Corporation/LLC Name					
	Street Address					
	City	State	ZIP			
5		1				
5	Corporation Commission File Number	Date In-Kind Contril	pution Made			



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

	Labor Orga	nization Recipient Inf	ormation	Amount Contributed	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 Contrib	ution Made				
	Labor Organization Name						
ľ	Street Address						
2	City	State	ZIP				
ľ	Corporation Commission File Number	Date In-Kind Contrit	oution Made				
	Labor Organization Name						
ľ	Street Address						
3	City	State	ZIP				
-	Corporation Commission File Number	Date In-Kind Contrit	oution Made				
	Labor Organization Name						
ľ	Street Address						
4	City	State	ZIP				
-	Corporation Commission File Number	Date In-Kind Contrib	oution Made				
	Labor Organization Name						
ľ	Street Address	Street Address					
5	City	State	ZIP				
ŀ	Corporation Commission File Number	Date In-Kind Contrib	oution Made				
	Enter total only if last page of sch	nedule		<u> </u>			

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



COMMITTEE ID NUMBER

INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6	5)
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/	1	Recipient Informati	-	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 (incl	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 (incl	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			-		
3	City	State	ZIP	-		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (incl	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					
4	City	State	ZIP	1		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (incl	Luding % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	Credit		
	Enter total only if last page of schedu					
	(transfer the total disbursed this period to "Summary of Disb	ursements," line 6)				

Schedule B(6), page ____ of ____



COMMITTEE ID NUMBER

BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

	1	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			-		
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 □ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year				
	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 □ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year				
	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 □ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year				
	Enter total only if last page of schedul (transfer the total disbursed this period to "Summary of Disb					
						<i>/</i>

Schedule B(7), page ____ of ____



RECALL EXPENDITURES MADE:

SCHEDULE B(8)

/	Expenditure	Recipient Informatio	n	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 Reca	alled	□ 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 Recalled		□ Cash □ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held				
	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 Reca	alled	□ Cash □ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held				
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		•	1		
4	City	State	ZIP	1		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Reca	alled	□ Cash □ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held				
	Enter total only if last page of schedu			1		
	(transfer the total disbursed this period to "Summary of Disb	ursements," line 8)				

Schedule B(8), page ____ of ____



SCHEDULE B(9)

SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

/	Benefitted Candidate			Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Candidate Name		Date Benefit Provided			
	Street Address		1			
1	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address		1			
2	City	State	ZIP			
	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					
4	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Enter total only if last page of schedul			1		
	(transfer the total disbursed this period to "Summary of Disbu	Irsements," line 9)				

Schedule B(9), page ____ of ____



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

/	Recipient Cor	nmittee Information	ו	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address	I				
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			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (if applicable)	□ Cash □ Credit		
	Committee Name	Payment Date				
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
5	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (if applicable)	□ Cash □ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbur					

Schedule B(10), page ____ of ____



SCHEDULE B(11)

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

Schedule B(11), page ____ of ____



SCHEDULE B(12)

/	Debt Information			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	1	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					
1	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
5	Street Address	_				
	City	State	ZIP	_		
	Type of Account Payable or Debt Owed		Date that Debt Accrued			

Schedule B(12), page ____ of ____



TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

*	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 ____

SCHEDULE B(13)



MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

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

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Schedule B(12), page ____ of ____