

COMMI	TTEE INFORMATION (required	d):			DECENTED
	Committee Information:	Committee Name:	Chris Glover for Mesa 2024		RECEIVED By Holly Moseley at 5:24 pm, Aug 07, 2023
CANDID	DATE INFORMATION (only if fi	ling as a candidate comr	nittee):		
	Office Sought. □ County Office:				ecial District Office:
		☐ City/Town Office	e: Mesa Mayor	□ Sc	hool Board District:
	Cumulative Report:	e candidate committee's	first. cumulative report for the electio	n cvcle. Also	select appropriate Reporting Period below.
REPOR			ersedes the start date for the Repor	•	

	REPORTING PERIOD	REPORT DUE
	2020 4th Quarter Report: October 18, 2020 to December 31, 2020	January 1, 2021 to January 15, 2021
	2021 March Pre-Election Report (Local Only): January 1, 2021 to February 20, 2021	February 21, 2021 to February 27, 2021
	2021 March Post-Election (Q1) Report (Local Only): February 21 to March 31, 2021	April 1, 2021 to April 15, 2021
	2021 Quarter 1 Report: January 1, 2021 to March 31, 2021	April 1, 2021 to April 15, 2021
	2021 May Pre-Election Report (Local Only): April 1, 2021 to May 1, 2021	May 2, 2021 to May 8, 2021*
	2021 May Post-Election (Q2) Report (Local Only): May 2, 2021 to June 30, 2021	July 1, 2021 to July 15, 2021
	2021 Quarter 2 Report: April 1, 2021 to June 30, 2021	July 1, 2021 to July 15, 2021
	2021 August Pre-Election Report (Local Only): July 1, 2021 to July 17, 2021	July 18, 2021 to July 24, 2021
	2021 August Post-Election (Q3) Report (Local Only): July 18, 2021 to September 30, 2021	October 1, 2021 to October 15, 2021
	2021 Quarter 3 Report: July 1, 2021 to September 30, 2021	October 1, 2021 to October 15, 2021
	2021 November Pre-Election Report (Local Only): October 1, 2021 to October 16, 2021	October 17, 2021 to October 23, 2021
	2021 November Post-Election (Q4) Report (Local Only): October 17, 2021 to December 31, 2021	January 1, 2022 to January 15, 2022
	2021 Quarter 4 Report: October 1, 2021 to December 31, 2021	January 1, 2022 to January 15, 2022
	2022 March Pre-Election Report (Local Only): January 1, 2022 to February 19, 2022	February 20, 2021 to February 26, 2022
	2022 March Post-Election (Q1) Report (Local Only): February 20, 2022 to March 31, 2022	April 1, 2022 to April 15, 2022
	2022 Quarter 1 Report: January 1, 2022 to March 31, 2022	April 1, 2022 to April 15, 2022
	2022 May Pre-Election Report (Local Only): April 1, 2022 to April 30, 2022	May 1, 2022 to May 7, 2022
	2022 May Post-Election (Q2) Report (Local Only): May 1, 2022 to June 30, 2022	July 1, 2022 to July 15, 2022
	2022 Quarter 2 Report: April 1, 2022 to June 30, 2022	July 1, 2022 to July 15, 2022
	2022 Pre-Primary Election Report: July 1, 2022 to July 16, 2022	July 17, 2022 to July 23, 2022
	2022 Post-Primary Election (Q3) Report: July 17, 2022 to September 30, 2022	October 1, 2022 to October 15, 2022
	2022 Quarter 3 Report: July 1, 2022 to September 30, 2022	October 1, 2022 to October 15, 2022
	2022 Pre-General Election Report: October 1, 2022 to October 22, 2022	October 23, 2021 to October 29, 2022
~	2022 Post-General Election (Q4) Report: October 23, 2022 to December 31, 2022	January 1, 2023 to January 15, 2023
~	Final Campaign Finance Report Prior to Committee Termination: End of Previous Period through Today's Date	Same Date of Termination

FINANCIAL SUMMARY (required):

Activity	Cash Activity This Reporting Period	Election Cycle to Date
(a) Committee value at the beginning of this reporting period (i.e. ending balance from the previous reporting period)	\$ 21,552.08	
(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)	\$ 21,552.08	\$ 21,552.08
(d) = Balance at close of reporting period	\$ 0.00	
☐ Check here if filing <u>no</u> financial activity during the reporting period. Lines (a)-(d) still must following page need to be filed.	be completed, but only this	cover page and the

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

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

Christopher Glover	Chrisighm J. Glom	8/7/21	
Printed Name of Committee Treasurer	Signature of Committee Treasurer	Date	

SUMMARY OF RECEIPTS (Schedule A):

	Receipts	Cash	Equity
1.	Monetary Contributions Received		
	(a) In-State Individuals - More than \$100		
	(b) In-State Individuals - \$100 or Less (Aggregate)		
	(c) Out-of-State Individuals		
	(d) Candidate Committees		
	(e) Political Action Committees		
	(f) Political Parties		
	(g) Partnerships		
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(i) Labor Organizations (PACs & Political Parties Only)		
	(j) Candidate's Personal Monies (Candidate Committees Only)		
	(k) Monetary Contributions Subtotal (add 1(a) through 1(j))		
	(I) Refunds Given Back to Contributors		
	(m) Net Monetary Contributions (subtract 1(l) from 1(k))		
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) In-State Individuals - More than \$100		
	(b) In-State Individuals - \$100 or Less (Aggregate)		
	(c) Out-of-State Individuals		
	(d) Candidate Committees		
	(e) Political Action Committees		
	(f) Political Parties		
	(g) Partnerships		
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(i) Labor Organizations (PACs & Political Parties Only)		
	(j) Candidate's Personal Assets or Property (Candidate Committees Only)		
	(k) In-Kind Contributions Subtotal (equity: add 5(a) through 5(j))		
6.	In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
7.	Extensions of Credit		
	(a) Extensions of Credit Received		
	(b) Payments on Extensions of Credit Received		
	(c) Net Extensions of Credit (subtract 7(b) from 7(a))		
8.	Joint Fundraising / Shared Expense Payments Received		
9.	Payments Received for Goods / Services		
10.			
	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
	Miscellaneous Receipts (use cash and/or equity as applicable)		
-	Total Receipts (cash: add 1(m), 2(e), 3-4, 8-9, 11-12; equity: add 2(b), 5(k), 6-7(c), 10-12)		
	1 - 124 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		<u> </u>



SUMMARY OF DISBURSEMENTS (Schedule B):

	Disbursements	Cash	Equity	
1.	Disbursements for Operating Expenses	18161.55		
2.	Contributions Made			
	(a) Candidate Committees			
	(b) Political Action Committees			
	(c) Political Parties			
	(d) Partnerships			
<u> </u>	(e) Corporations & Limited Liability Companies (PACs & Political Parties Only)			
	(f) Labor Organizations (PACs & 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 (PACs & Political Parties Only)			
-	(f) Labor Organizations (PACs & Political Parties Only)			
	(g) Contributions Subtotal (add 5(a) through 5(f))			
6.	Independent Expenditures Made			
7.	Ballot Measure Expenditures Made			
8.	Recall Expenditures Made			
9.	Support Provided to Party Nominees (Political Parties Only)			
10.	Joint Fundraising / Shared Expense Payments Made			
11.	Reimbursements Made			
12.	Outstanding Accounts Payable / Debts Owed by Committee			
13.	Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)			
14.	Miscellaneous Disbursements (use cash and/or equity as applicable)	3390.75		
15.	Aggregate of Disbursements - \$250 or Less (use cash and/or equity as applicable)			
16.	Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15)	21550.08		

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

SCHEDULE A(1)(a)

	Individual Contributor Information			Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received		, ,	•
	Street Address			-		
1	City	State	ZIP			
	Occupation	Employer		-		
	Name		Date Contribution Received			
	Street Address			-		
2	City	State	ZIP	-		
	Occupation	Employer		_		
	Name		Date Contribution Received			
	Street Address			-		
3	City	State	ZIP	-		
	Occupation	Employer		-		
	Name		Date Contribution Received			
	Street Address			_		
4	City	State	ZIP	-		
	Occupation	Employer		<u> </u> -		
	Name		Date Contribution Received			
	Street Address			<u> </u> -		
5		State	7/0	_		
	City	State	ZIP	_		
	Occupation	Employer				_
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	nary of Receipts," li	ine 1(a))			

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

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



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

SCHEDULE A(1)(b)

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

^{*}If in-state individual contributions of more than \$100 are listed on Schedule A(1)(a), do not include them on Schedule A(1)(b).

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

MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

	Individual Co	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Name	Date Contribution Received				
	Street Address					
1	City	State	ZIP			
	Occupation	Employer	1			
	Name		Date Contribution Received			
	Street Address		1			
2	City	State	ZIP			
	Occupation	Employer	I			
	Name	<u> </u>	Date Contribution Received			
	Street Address		1			
3	City	State	ZIP			
	Occupation	Employer	1			
	Name		Date Contribution Received			
	Street Address		1			
4	City	State	ZIP			
	Occupation	Employer	1			
	Name	1	Date Contribution Received			
	Street Address		1			
5	City	State	ZIP			
	Occupation	Employer	1			
	Enter total only if last page of schedule (transfer the total received this period to "Su		()			
	(transfer the total received this period to "Su	mmary of Receipts,"	line 1(c))			

Schedule A(1)(c), page____ of _

MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

	Candidate Committee	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			
r	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	<u>l</u>			
H	Committee Name	l				
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
F	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	nmittee ID Number Date Contribution Received				
	Committee Name	<u> </u>				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	d			
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receipts " li	ne 1(d))	<u>l</u>		

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

MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

			_		
Political Actio	n Committee Contributo	or Information	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Re	eceived			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution R	Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution R	Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution R	Date Contribution Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution R	Received			
	Street Address City Committee ID Number Committee Name Street Address City Committee Name Street Address City Committee Name Street Address City Committee ID Number City Committee ID Number Committee ID Number Committee Name Street Address City Committee Name Committee Name Committee Name City Committee Name City Committee ID Number	Street Address City State Committee ID Number Date Contribution R Street Address City State Committee Name Street Address City State Committee Name Street Address City State Committee ID Number Date Contribution F Street Address City State Committee ID Number Date Contribution F Committee ID Number Date Contribution F Committee ID Number Date Contribution F Street Address City State Committee ID Number Date Contribution F Committee ID Number Date Contribution F Committee ID Number Date Contribution F Committee Name Street Address	Street Address City State ZIP Committee ID Number Date Contribution Received Street Address City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received Street Address City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee Name Street Address Street Address	Street Address City State Date Contribution Received Committee ID Number Date Contribution Received Street Address City State Zip Committee Name Street Address City State Zip Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee Name Street Address City State Zip Committee Name Street Address City State Zip Committee ID Number Date Contribution Received Committee ID Number Street Address Street Address Street Address	Street Address Chry State ZiP Committee ID Number Deter Contribution Received Street Address Chry State ZiP Committee ID Number Determine Name Street Address Chry State ZiP Committee ID Number Determine Name Street Address Chry State ZiP Committee Name Street Address Chy State ZiP Committee ID Number Determine Name Street Address Chy State ZiP Committee Name Street Address Chy State ZiP Committee Name Street Address Chy State ZiP Committee ID Number Determine Name Street Address Chy State ZiP Committee ID Number Determine Name Street Address Street Address Street Address Street Address Street Address Street Address

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

MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

	/						
	,	Political Party Co	ntributor Informati	on	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 Received	1			
		Committee Name	I				
		Street Address					
	2	City	State	ZIP			
		Committee ID Number	Date Contribution Receive	I d			
-		Committee Name					
		Street Address					
;	3	City	State	ZIP			
		Committee ID Number Date Contribution Received					
		Committee Name					
		Street Address					
	4	City	State	ZIP			
		Committee ID Number	ee ID Number Date Contribution Received				
		Committee Name					
		Street Address					
	5	City	State	ZIP			
		Committee ID Number	Date Contribution Receive	I d			
		Enter total only if last page of schedule (transfer the total received this period to "Sumi	I mary of Receipts," li	ne 1(f))	<u>I</u>		

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MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

,							
		Partnership Cont	tributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partn	nership Name					
	Stree	et Address					
1	City		State	ZIP	_		
	Corp	poration Commission File Number	Date Contribution Received	d			
	Partn	nership Name					
	Stree	et Address					
2	City		State	ZIP			
	Corpo	oration Commission File Number	Date Contribution Receive	ed			
	Partn	nership Name					
	Stree	Street Address					
3	<u> </u>		-				
	City		State	ZIP			
	Corpo	Corporation Commission File Number Date Contribution Received					
	Partn	nership Name					
	Stree	et Address					
4	City		State	ZIP			
	Corpo	oration Commission File Number	Date Contribution Receive	ed			
	Partn	nership Name					
	Stree	Street Address					
5	City		State	ZIP			
	Corpo	oration Commission File Number	Date Contribution Receive	ed			
\vdash	Ent	er total only if last page of schedule					
	(trar	er total only if last page of schedule nsfer the total received this period to "Sumn	nary of Receipts," li	ne 1(g))			

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MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

	Corporation / LLC (Contributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					·
	Street Address					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	<u>I</u>			
	Corporation/LLC Name					
	Street Address					
2			T			
-	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Corporation/LLC Name					
	Street Address					
3						
	City	State	ZIP			
	Corporation Commission File Number					
	Corporation/LLC Name					
	Street Address					
4		T_	T			
	City	State	ZIP			
	Corporation Commission File Number					
	Corporation/LLC Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
-	Entertail colored					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," li	ine 1(h))			

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

MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

	Labor Organization	Contributor Inform	nation	Amount Received	Cumulative Amount this	Cumulative Amount this
	Labor Organization Name				Reporting Period	Election Cycle
	Street Address					
1	City	State	ZIP			
	,					
	Corporation Commission File Number	Date Contribution Received	d			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed.			
	Sopouloi Sommodon no tumbo					
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Labor Organization Name					
	Street Address					
١.	Sitest Audiess					
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 "Sumi	many of Receipts " li	ne 1(i))	ı		
	triansier the total received this period to Sumi	nary or receipts, II	IIIG I(I))			

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MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

	Candidate	e Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received		1 3	,
	Street Address					
1	City	State	ZIP	_		
	Occupation	Employer		-		
	Name	<u> </u>	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		_		
_	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receipts." I	ine 1(i))			

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

	Contributo	or Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Refunded			
	Street Address					
1	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	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					
4	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 (transfer the total received this period to "Sumr	nary of Receints " li	ne 1(l))			

Schedule A(1)(I), page ____of___

LOANS RECEIVED: SCHEDULE A(2)(a)

Le	ender Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Lender Name	Lender Name Date Loan Received				
Street Address	I				
City	State	ZIP			
Guarantor/Endorser Name		P (PACs and Political Parties Only)			
Lender Name	Date Loan Received				
Street Address					
City	State	ZIP			
Guarantor/Endorser Name	Non-Electoral Purpose?	P (PACs and Political Parties Only)			
Lender Name	Date Loan Received				
Street Address					
City	State	ZIP			
Guarantor/Endorser Name	Non-Electoral Purpose?	P (PACs and Political Parties Only)			
Lender Name	Date Loan Received				
Street Address	I				
City	State	ZIP			
Guarantor/Endorser Name	•	Non-Electoral Purpose? (PACs and Political Parties Only)			
Lender Name	Date Loan Received				
Street Address					
City	State	ZIP			
Guarantor/Endorser Name	Non-Electoral Purpose?	P (PACs and Political Parties Only)	\dashv		
	Lender Name Street Address City Guarantor/Endorser Name Lender Name Street Address City Guarantor/Endorser Name Lender Name Street Address City Guarantor/Endorser Name Street Address City Guarantor/Endorser Name Lender Name Lender Name Street Address City Guarantor/Endorser Name	Street Address City State Guarantor/Endorser Name Non-Electoral Purposer Lender Name Date Loan Received Street Address City State Lender Name Non-Electoral Purposer Lender Name Date Loan Received Street Address City State City State City State City State City State Cuarantor/Endorser Name Non-Electoral Purposer Lender Name Date Loan Received Street Address City State Lender Name Non-Electoral Purposer City State Lender Name Date Loan Received Street Address City State Ci	Lender Name Date Loan Received	Carder Name	Lender Information Amount Received Amount this Reporting Period Lender Name Date Loan Received Street Address City State ZP Cuarantor/Endorser Name Date Loan Received Street Address City State ZP Cuarantor/Endorser Name Date Loan Received Street Address City State ZP Cuarantor/Endorser Name Date Loan Received Street Address City State ZP Cuarantor/Endorser Name Date Loan Received Street Address City State ZP Cuarantor/Endorser Name Date Loan Received Street Address City State ZP Cuarantor/Endorser Name Date Loan Received Street Address City State ZP Cuarantor/Endorser Name Date Loan Received Street Address City State ZP Cuarantor/Endorser Name Date Loan Received Street Address City State ZP Cuarantor/Endorser Name Date Loan Received Street Address Street Address City State ZP Cuarantor/Endorser Name Date Loan Received Street Address Street Address Street Address City State ZP Cuarantor/Endorser Name Date Loan Received Street Address Street Address

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FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

		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	l			
	Lender Name		Date Forgiveness Received			
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	<u> </u>			
	Lender Name	<u> </u>	Date Forgiveness Received			
	Street Address		<u>l</u>			
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Enter total only if last page of schedule (transfer the total received this period to "Sumr	(5	24.))			

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

REPAYMENT ON LOANS MADE: SCHEDULE A(2)(c)

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

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	<u> </u>	Date Interest Accrued			
	Street Address		<u> </u>			
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Enter total only if last page of schedule	(5	0(1)			
	(transfer the total received this period to "Sumr	nary or Receipts," II	ne ∠(u))			

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

REBATES AND REFUNDS RECEIVED: SCHEDULE A(3)

	Payor I	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)			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
2	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	3	1		
	Payor Name		Date Rebate/Refund Received			
	Street Address					
3	City	State	ZIP	1		
	Original Purchase Amount	Reason for Refund/Rebate	3			
	Payor Name		Date Rebate/Refund Received			
	Street Address		,			
4	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate				
	Payor Name		Date Rebate/Refund Received			
	Street Address		'	1		
5	City	State	ZIP]		
	Original Purchase Amount	Reason for Refund/Rebate				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts." li	ine 3)	l		
\	<u>r</u>	, , , ,	,			

Schedule A(3), page ____ of ____



INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

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

Schedule A(4), page____ of ____

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

SCHEDULE A(5)(a)

	Individual Cont	ributor Informatio	n	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	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				
_	Entertated only if lock name of only dis-					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," l	ine 5(a))			

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

Schedule A(5)(a), page____of __



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

SCHEDULE A(5)(b)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Cumulative In-Kind Contributions from Individuals - \$100 or Less		
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5(b))		

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

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

IN-KIND CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(5)(c)

/		ributor Informatio	n	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	L	Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer	1			
	Name	ı	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 "Sum	mary of Receipts," I	ine 5(c))	•		
<u>_</u>	•	<u> </u>			<u> </u>	

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

IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

_		Candidate Committee	Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Comm	nittee Name					
	Street	t Address					
1	City		State	ZIP			
	Comm	mittee ID Number	Date In-Kind Contribution F	Received			
	Comm	nittee Name					
	Street	t Address					
2	City		State	ZIP			
	Comm	nittee ID Number					
	Comm	nittee Name					
	Street	t Address					
3	City		State	ZIP			
	Comm	mittee ID Number	Date In-Kind Contribution	Received			
	Comm	mittee Name					
	Street	t Address					
4	City		State	ZIP			
	Comm	Committee ID Number Date In-Kind Contribution Received					
	Comm	nittee Name					
	Street	t Address					
5	City		State	ZIP			
	Comm	mittee ID Number	Date In-Kind Contribution	I. Received			
	Ente	er total only if last page of schedule sfer the total received this period to "Summ	nary of Receipts," lin	ne 5(d))	<u> </u>		

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

IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

Political Action Committee Contributor Information Amount Received Amount this Amount this							
Street Address Committee Name Committee Name Street Address Committee ID Number Date in Kind Contribution Received		Political Actio	n Committee Contributor	· Information	Amount Received	Amount this	Cumulative Amount this Election Cycle
Committee ID Number Committee ID Number Committee ID Number Committee ID Number Date in Kind Contribution Received Description Received Committee ID Number Date in Kind Contribution Received Committee ID Number Committee ID Number		Committee Name					
Committee Name Committee Name Street Address Committee Name Street Address Committee Name Street Address Committee Name Street Address Committee ID Number Date In-Kind Contribution Received Date In-Kind Contribution Received Committee Name Street Address Committee ID Number Date In-Kind Contribution Received Committee Name Street Address Street Address Committee Name Street Address Street Address Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received		Street Address					
Committee Name Sincer Address Committee ID Number Date In-Kind Contribution Received Committee Name Sincer Address Committee ID Number Date In-Kind Contribution Received Committee Name Sincer Address Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received	1	City	State	ZIP			
Street Address 2		Committee ID Number	Date In-Kind Contribu	tion Received			
Committee ID Number Date In-Kind Contribution Received Committee Name Street Address Gry State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received		Committee Name					
Committee ID Number Date In-Kind Contribution Received Committee Name Street Address Cty Committee Name Date In-Kind Contribution Received Committee Name Street Address Street Address Committee Name Street Address Freet Address Committee Name Street Address Cty State ZiP Committee Name Street Address		Street Address					
Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Street Address Committee ID Number Date In-Kind Contribution Received Street Address Street Address Street Address	2	City	State	ZIP			
Street Address Street Address ZIP		Committee ID Number	Date In-Kind Contribu	ution Received			
Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address Time the Name Street Address Time the Name ZIP		Committee Name					
Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Street Address Street Address		Street Address					
Committee Name Street Address A City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP	3	City	State	ZIP			
Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP		Committee ID Number	Date In-Kind Contribu	ution Received			
City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP		Committee Name					
Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Date In-Kind Contribution Received		Street Address					
Committee Name Street Address City State ZIP	4	City	State	ZIP			
Street Address City State ZIP		Committee ID Number	Date In-Kind Contribu	ution Received			
5 City State ZIP		Committee Name					
City State ZIF		Street Address					
Committee ID Number Date In-Kind Contribution Received	5	City	State	ZIP			
		Committee ID Number	Date In-Kind Contribu	ution Received			

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

IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

/						
	Political Party Co	ntributor Informati	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name				-	-
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution I	I Received			
	Committee Name	l				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number Date In-Kind Contribution Received					
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number Date In-Kind Contribution Received					
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sumr	nary of Receipts," li	ne 5(f))	l		

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

IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

	/						
		Partnership Con	tributor Informatic	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Partnership Name					
		Street Address					
	1	City	State	ZIP			
		Corporation Commission File Number	Date In-Kind Contribution I	Received			
ŀ		Partnership Name					
		Street Address					
	2	City	State	ZIP			
		Corporation Commission File Number	Date In-Kind Contribution	Received			
F		Partnership Name					
		Street Address					
	3	City	State	ZIP			
		Corporation Commission File Number	Date In-Kind Contribution	Received			
ŀ		Partnership Name					
		Street Address					
	4	City	State	ZIP			
	•	Corporation Commission File Number Date In-Kind Contribution Received					
-		Partnership Name					
		Street Address					
	5	City	State	ZIP			
		Corporation Commission File Number	Date In-Kind Contribution	Received			
ŀ		Enter total only if last page of schedule (transfer the total received this period to "Sumi	I mary of Receipts," li	ne 5(g))			

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

IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

/				Ī	Cumulative	Cumulative
	Corporation / LL	C Contributor Inform	nation	Amount Received	Amount this Reporting Period	Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received	=		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Received			
	Corporation/LLC Name					
	Street Address			_		
3	City	State	ZIP	_		
	Corporation Commission File Number	Date In-Kind Contribution	n Received	_		
	Corporation/LLC Name					
	Street Address			_		
4	City	State	ZIP	_		
	Corporation Commission File Number Date In-Kind Contribution Received			_		
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	n Received	-		
_	Enter total only if last page of schedu (transfer the total received this period to "S	le	ino E/h))			

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

IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

/					Cumulative	Cumulativa
	Labor Organ	ization Contributor Ir	nformation	Amount Received		Cumulative Amount the Election Cycl
	Labor Organization Name				. 5	
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Corporation Commission File Number Date In-Kind Contribution Received				
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Received			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Received			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Received			
	Labor Organization Name					
	Street Address					
5	City	State ZIP				
	Corporation Commission File Number	Date In-Kind Contr	ibution Received			
						I

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

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

SCHEDULE A(5)(j)

/	/						
		Candidate	Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Name		Date In-Kind Contribution Received			
		Street Address		<u> </u>	-		
-	1	City	State	ZIP			
		Asset or Property Contributed			-		
L		Name		Date In-Kind Contribution Received			
		Hallo		Date III Nino Contabation Received			
		Street Address					
2	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	4	City	State	ZIP	-		
	•	Asset or Property Contributed			-		
-		Name Date		Date In-Kind Contribution Received			
					<u> </u>		
ı	5	Street Address					
	J	City	State	ZIP			
		Asset or Property Contributed					
		Enter total only if last page of schedule (transfer the total received this period to "Sumr	nary of Receipts " li	ne 5(i))	1		
\ <u></u>		, and the second			:	<u> </u>	

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

SCHEDULE A(6)

				1	l I	
,	Source I	nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Donation Received			
	Street Address					
1	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address					
2	City	State	ZIP			
	Type of Item Donated		-			
	Name	Date In-Kind Donation Received				
	Street Address					
3	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address					
4	City	State	ZIP			
	Type of Item Donated		1			
	Name		Date In-Kind Donation Received			
	Street Address					
5	City	State	ZIP			
	Type of Item Donated					
	Enter total only if last page of schedule (transfer the total received this period to "Sumn	nary of Receipts," li	ine 6)	<u> </u>		

Schedule A(6), page_____ of ____

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

			Amount of Credit	Cumulative	Cumulative
Creditor	Creditor Information				Amount this Election Cycle
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		l			
Street Address					
City	State	ZIP			
Services or Goods Provided on Credit	Date of Extension of Credit				
Name					
Street Address	Street Address				
City	State	ZIP			
Services or Goods Provided on Credit	Gervices or Goods Provided on Credit				
Name					
Street Address					
City	State	ZIP			
Services or Goods Provided on Credit		Date of Extension of 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 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 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 Street Address	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 Name	Name Street Address City Services or Goods Provided on Credit Name Services or Goods Provided on Credit 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 Date of Extension of Credit Name Street Address City Services or Goods Provided on Credit Date of Extension of Credit Services or Goods Provided on Credit Servi	Creditor Information Sincet Address Sincet Address City State Sincet Address Sincet Addres

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

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	ame				
	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	Date of Original Extension of Credit				
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address					
5	City	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 "Sumi	mary of Receipts " li	ne 7(h))			
<u> </u>	Transist the rotal received this belied to Sulli	nary or recomplet, II				/

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

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

/				1		
Payor Committee Information			n	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 Exper	ise (if applicable)			
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exper	ise (if applicable)			
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exper	ise (if applicable)			
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exper	ise (if applicable)			
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exper	ise (if applicable)			
_	Enter total only if last page of schedu (transfer the total received this period to "S					

Schedule A(8), page____ of ____

PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

1 0 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Payor Ir Name Street Address City Services or Goods Purchased	nformation		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1 0 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Street Address City	State				
1 0 8	City	State		_		
2 - 3		State				
2 0	Services or Goods Purchased		ZIP			
2 0			Payment Date			
2 0		,				
2 c	Name					
s	Street Address					
	City	State	ZIP	_		
	Services or Goods Purchased		Payment Date			
, ,	No.					
	Name					
S	Street Address					
3	City	State	ZIP			
s	Services or Goods Purchased		Payment Date			
H,	Name					
	Street Address					
4	City	State	ZIP			
s	Services or Goods Purchased		Payment Date	_		
1	Name					
	Street Address					
	Street Address					
5	City	State	ZIP			
s	Services or Goods Purchased	Payment Date				
F	Enter total only if last page of schedule (transfer the total received this period to "Sumr					

Schedule A(9), page____ of ____

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			
	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					
	Street Address					
5	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receints " li	ine 10)			

Schedule A(10), page____ of ____

Arizona Secretary of State Revision 02/11/21 (fillable format)



TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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

Schedule A(11), page____ of ____

MISCELLANEOUS RECEIPTS: SCHEDULE A(12)

Source	e Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Name					
Street Address					
City	State	ZIP			
Receipt Type		Receipt Date			
Name		<u> </u>			
Street Address					
City	State	ZIP			
Receipt Type		Receipt Date			
Name					
Street Address					
City	State	ZIP			
Receipt Type		Receipt Date			
Name					
Street Address					
City	State	ZIP			
Receipt Type		Receipt Date			
Name					
Street Address					
City	State	ZIP			
Receipt Type		Receipt Date			
	Name Street Address City Receipt Type Name Street Address	Street Address City State Receipt Type Name Street Address City State Receipt Type Name Street Address City State State	Name Street Address City State ZIP Receipt Type Receipt Date Name Street Address City State ZIP Receipt Date Receipt Date State ZIP Receipt Date Receipt Type Receipt Date Street Address City State ZIP Receipt Type Receipt Date Street Address City State ZIP Receipt Type Receipt Type Receipt Date Name Street Address Street Address Street Address City State ZIP Receipt Type Receipt Date Name Street Address Street Address	Name Street Address City State ZIP Receipt Type Receipt Date Name Street Address City State ZIP Receipt Date Receipt Date Street Address City State ZIP Receipt Date Name Street Address City State ZIP Receipt Date Street Address City State ZIP Receipt Date Receipt Date Name Street Address City State ZIP Receipt Date Name Street Address City State ZIP Receipt Date Name Street Address City State ZIP Receipt Date Name Street Address Street Address Street Address Street Address	Source Information Amount in Amount in Reporting Period Nerre Street Address City State ZP Receipt Type Receipt Date Street Address City State ZP Street Address City State ZP Receipt Type Receipt Date Street Address City State ZP Receipt Type Receipt Date Street Address City State ZP Receipt Type Receipt Date Street Address City State ZP Receipt Type Receipt Type Receipt Date Street Address Street Address

DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/		ent Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Disbursement Date		161.55	161.55	161.55
	Wells Fargo					
	Street Address					
1	City	State	ZIP	☐ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)	☐ Casii		
	Banking					
	Name Go Daddy	Disbursement Date		15000.00	15000.00	15000.00
	Street Address					
2	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)	☐ Cash ☐ Credit		
	Domain Acquisition		,	L Groun		
	Name	Disbursement Date		0000.00	0000 00	0000.00
	Go Daddy			3000.00	3000.00	3000.00
	Street Address					
3	City	State	ZIP	- Cook		
	Type of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)	☐ Cash ☐ Credit		
	Website and Domain expenses					
	Name	Disbursement Date				
	Street Address					
4	City	State	ZIP			
	Type of Operating Expense Paid		(PACs and Political Parties Only)	☐ Cash☐ Credit		
	Name	Disbursement Date				
	Street Address	- 1				
		Over	ZIP	-		
5	City	State	ZIF	☐ Cash		
5	City Type of Operating Expense Paid		(PACs and Political Parties Only)	☐ Cash ☐ Credit		

Schedule B(1), page____ of ____

MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

<u></u>	Candidate Commit	tee Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash ☐ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP	 □ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP	□ Cook		
	Committee ID Number	Date Contribution Made	- I	□ Cash □ Credit		
	Committee Name	<u> </u>				
	Street Address					
5	City	State	ZIP	- Cook		
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "S	ummary of Disburser	nents," line 2(a))			
\		Cah	edule B(2)(a), page	of.		/
		SCH	edule b(z)(a), page	OI		

MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

	Political Action Com	mittee Recipient Int	formation	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	Cook		
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP	G Cook		
	Committee ID Number	Date Contribution Made	<u> </u>	☐ Cash☐ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP	T Out		
	Committee ID Number	Date Contribution Made	I	☐ Cash☐ Credit		
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Made	I	☐ Cash☐ Credit		
_	Enter total only if last page of schedule (transfer the total disbursed this period to "S	<u> </u>				

MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Political Party Re	ecipient Information	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name				Reporting Feriod	Liection Cycle
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Committee Name					
3 –	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Committee Name					
	Street Address					
5	City					
	Committee ID Number	Date Contribution Made	_	☐ Cash☐ Credit		
				Li Oledit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sun	nmary of Disbursem	nents," line 2(c))			

MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partnersh	ip Recipient Informat	iion	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name				Reporting Feriod	Liection Cycle
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made	9	□ Cash □ Credit		
	Partnership Name					
	Street Address					
2	City State ZIP					
	Corporation Commission File Number	Date Contribution Mad	le	☐ Cash☐ Credit		
	Partnership Name					
	Street Address					
3	City State ZIP					
	Corporation Commission File Number	Date Contribution Mad		☐ Cash☐ Credit		
		Date Contribution wad	e	Li Gredit		
	Partnership Name					
1	Street Address					
4	City	State	ZIP	☐ Cash		
	Corporation Commission File Number	Date Contribution Mad	le	☐ Credit		
	Partnership Name					
	Street Address					
5	City	State	ZIP	ПСоор		
	Corporation Commission File Number	Date Contribution Mad	I le	□ Cash □ Credit		
_	Enter total only if last page of sche (transfer the total disbursed this period t	dule				

MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation / L	LC Recipient Inform	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name	Corporation/LLC Name				
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
•	prporation Commission File Number Date Contribution Made		☐ Cash☐ Credit			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made	•	☐ Cash☐ Credit		
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		☐ Cash☐ Credit		
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP	- Cook		
	Corporation Commission File Number	Date Contribution Made	•	□ Cash □ Credit		
					1	

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Orgar	nization Recipient Infor	mation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP	□ Cook		
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
2	City	State	ZIP	☐ Cash		
	Corporation Commission File Number	Date Contribution Made		☐ Credit		
	Labor Organization Name	I				
	Street Address					
3	City	State	ZIP	☐ Cash		
	Corporation Commission File Number	Date Contribution Made	9	□ Credit		
	Labor Organization Name	l				
	Street Address					
4	City	State	ZIP	☐ Cash		
	Corporation Commission File Number	Date Contribution Made	9	□ Credit		
	Labor Organization Name	I				
	Street Address					
5	City	State	ZIP	☐ Cash		
	Corporation Commission File Number	Date Contribution Made	9	□ Credit		
	Enter total only if last page of sch (transfer the total disbursed this period	nedule	ements " line 2/f))	l		

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

Contribute	or Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name		Date Refund Received			-
Street Address					
City	State	ZIP	-		
Committee ID Number		Date of Original Contribution	-		
Committee Name		Date Refund Received			
Street Address		1			
City	State	ZIP			
Committee ID Number		Date of Original Contribution			
Committee Name	Date Refund Received				
Street Address	ı				
City	State	ZIP			
Committee ID Number	Date of Original Contribution				
Committee Name		Date Refund Received			
Street Address		1			
City	State	ZIP			
Committee ID Number		Date of Original Contribution			
Committee Name		Date Refund Received			
Street Address		1			
City	State	ZIP			
Committee ID Number	<u> </u>	Date of Original Contribution	-		
	Committee Name Street Address City Committee ID Number Street Address City Committee ID Number Committee Name Street Address City Committee ID Number Street Address City Committee ID Number Committee ID Number Street Address City Committee ID Number Street Address City Committee Name Street Address City Committee ID Number	Street Address City State Committee ID Number Committee Name Street Address City State Committee Name Street Address City State Committee ID Number Committee Name Street Address City State Committee ID Number Street Address City State Committee ID Number Committee ID Number Street Address City State	Date Refund Received	Committee Name Date Refund Received	Contributor Information Date Refund Received

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

LOANS MADE: SCHEDULE B(3)(a)

	Borrowe	r Information		Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name					
	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					
_	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				
_	Borrower Name					
_	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 "Sumi	mary of Disbursomer	nto "line 2(a))			

Schedule B(3)(a), page____of ____

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

	Guara	ntor Information		Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Guarantor Name					
	Street Address	treet Address				
1	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address	Street Address				
2	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
-	Street Address					
3	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address					
4	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address					
5	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
_	Enter total only if last page of schedul (transfer the total received this period to "So					

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

FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

_		Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Forgiveness Made			
	Street Address	Street Address				
1	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				
	Borrower Name		Date Forgiveness Made			
	Street Address	Street Address				
3	Gity 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	1			
	Borrower Name		Date Forgiveness Made			
	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 disbursed this period to "Sum	mary of Disbursem	ents," line 3(c))			

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

REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

	Lender	Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Repayment Made			·
	Street Address		I			
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	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 "Sui					

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

ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

	Lender	nformation		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Interest Accrued		. 0	·
	Street Address	Street Address				
1	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name	I	Date Interest Accrued			
	Street Address			_		
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	<u> </u>			
	Lender Name	Lender Name Date Interest Accrued				
	Street Address	Street Address				
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Interest Accrued			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Interest Accrued			
	Street Address			_		
5	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding	<u> </u>	-		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sun	<u> </u>				

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

REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

Recipient Information Amount this Amount							
Street Address Corporation Ceremission File Number (#applicable) Original Payment Amount Date of Original Payment Date of Original Payment Date of Original Payment Street Address City State ZP Corporation Corrmission File Number (#applicable) Original Payment Amount Date of Original Payment Name of Original Payor Date Rebose/Refund Mode Street Address Ory State ZP Corporation Corrmission File Number (#applicable) Original Payment Amount Neme of Original Payment Neme of Original Payment Amount Neme of Original Payment	/	Re	cipient Information			Amount this	Cumulative Amount this Election Cycle
Copyright Copyright Copyright Copyright Copyright Payment Copyright Copyri		Name of Original Payor		Date Rebate/Refund Made			
Corporation Commission File Number (if applicable) Original Payment Amount Date of Original Payment Date of Original Payment Date Original Payment Date of Original Payment Date of Original Payment Street Address Copy Corporation Commission File Number (if applicable) Original Payment Amount Date of Original Payment Date of Original Payment Date of Original Payment Date Original Payment Date Original Payment Name of Original Payment Date Rebate/Berlund Made Street Addresse Zip Corporation Commission File Number (if applicable) Original Payment Amount Date Rebate/Berlund Made Date Rebate/Berlund Made Street Addresse Zip Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payment Date Rebate/Berlund Made Street Addresse Zip Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payment Name of Original Payment Date Rebate/Berlund Made Zip Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payment Name of Original Payment Name of Original Payment Name of Original Payment Date Rebate/Berlund Made		Street Address					
Name of Original Payor Date Rebate/Refund Mode Street Address Zip Corporation Commission File Number (flagsficable) Original Payment Amount Date of Original Payment Date Rebate/Refund Mode Street Address Zip Corporation Commission File Number (flagsficable) Original Payment Amount Name of Original Payor Name of Original Payor Date Rebate/Refund Mode Zip Corporation Commission File Number (flagsficable) Original Payment Amount Name of Original Payor Date Rebate/Refund Mode Street Address Zip Corporation Commission File Number (flagsficable) Original Payment Amount Name of Original Payor Date Rebate/Refund Mode Street Address A Dity Corporation Commission File Number (flagsficable) Original Payment Amount Name of Original Payor Date Rebate/Refund Mode Street Address Street Address Tip Outer Rebate/Refund Mode	1	City	State	ZIP			
Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Date of Original Payment Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Name of Original Payor Date Rebate/Refund Made Street Address 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 Times of Original Payor Date Rebate/Refund Made Street Address Times of Original Payor Date Rebate/Refund Made		Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
2 Cry 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 Aman of Original Payor Date Rebate/Refund Made Street Address Cry 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 Cry State ZiP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made Street Address Street Address Street Address Date Rebate/Refund Made		Name of Original Payor		Date Rebate/Refund Made			
Corporation Commission File Number (if applicable) Name of Original Payor Date Rebate/Refund Made Street Address Coporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made ZIP Coporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP Coporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made Street Address Original Payor Date Rebate/Refund Made		Street Address					
Name of Original Payor Date Rebate/Refund Made Street Address Chy 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 Chy State ZiP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made Street Address Toporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Name of Original Payor Date Rebate/Refund Made Street Address Street Address	2	City	State	ZIP			
Street Address Street Address Corporation Commission File Number (if applicable) Name of Original Payor Date Rebate/Refund Made Street Address Cay State ZiP Zip Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made Zip Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made Street Address Typ State Zip Name of Original Payor Date Rebate/Refund Made		Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
Street Address Stre		Name of Original Payor		Date Rebate/Refund Made			
Corporation Commission File Number (if applicable) Name of Original Payor Name of Original Payor Date Rebate/Refund Made Street Address 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 Street Address ZIP		Street Address	Street Address				
Name of Original Payor Date Rebate/Refund Made Street Address 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 City State ZIP	3	City	State	ZIP			
Street Address 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 Tireet Address State ZIP		Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
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 City State ZIP		Name of Original Payor		Date Rebate/Refund Made			
Corporation Commission File Number (if applicable) Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP		Street Address					
Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP	4	City	State	ZIP			
Street Address City State ZIP		Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
5 City State ZIP		Name of Original Payor		Date Rebate/Refund Made			
		Street Address					
Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor	5	City	State	ZIP			
		Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
Enter total only if last page of schedule	_	Enter total only if last page of sche	edule				

Schedule B(4), page____ of ____

Arizona Secretary of State Revision 02/11/21 (fillable format)

IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/	,	Committee Recipient In	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	ition Made			
	Committee Name	<u>.</u>				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Made			
	Enter total only if last page of	schedule eriod to "Summary of Disburs				

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

IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

/	Political Action	Committee Recipient	Information	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address	Street Address				
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribut	L tion Made			
	Committee Name					
	Street Address	Street Address				
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	ution Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	ution Made			
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	L ution Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	ution Made			
_	Enter total only if last page of sch	nedule				

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					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution N	I Made			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	I 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	I Made			
	City Committee ID Number Committee Name Street Address City Committee ID Number Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number Committee Name Street Address City Committee Name Street Address City Committee ID Number City Committee ID Number City Committee ID Number	Street Address City State Committee ID Number Date In-Kind Contribution in Date In-Kind Contribution in Street Address City State Committee ID Number Date In-Kind Contribution in Date In	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 Date In-Kind Contribution Made	Street Address City State Committee Name Street Address City State Street Address City State 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 ID Number 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 ID Number Date In-Kind Contribution Made

Schedule B(5)(c), page of

IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

/	Partners	hip Recipient Informat	tion	Amount Contributed	Cumulative Amount this	Cumulative Amount this
	Partnership Name		Contributed	Reporting Period	Election Cycle	
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributi	on Made			
	Partnership Name					
	Street Address					
2						
_	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribut	tion Made			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribut	tion Made			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	tion Made			
	Partnership Name					
5	Street Address					
	City	State	ZIP			
	Corporation Commission File Number Date In-Kind Contribution Made					
	Enter total only if last page of scholtransfer the total disbursed this period	edule		•		

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

IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

_	Corporation	n / LLC Recipient Info	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 Contril	bution Made			
	Corporation/LLC Name					
-	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contril	oution Made			
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contril	bution Made			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contril	bution Made			
_	Enter total only if last page of sch (transfer the total disbursed this perior					

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

IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

	Labor Organizatio	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 Contribution	I Made			
	Labor Organization Name					
	Street Address					
•	City	State	ZIP			
•	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
_	Enter total only if last page of schedule					

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

INDEPENDENT EXPENDITURES MADE: SCHEDULE B(6)

·	Recipient Informa	1	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Recipient Name		Mode of Advertising (TV, mail, etc)			
Street Address					
City	State	ZIP	_		
Constitute (s) Consended (includion () supported)	Condidate (a) Consend (in aboding 0/ annual b			
Canadate(s) Supported (including % supported)	Candidate(s) Opposed (i	including % opposed)	□ Cash		
Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	- Li Credit		
Recipient Name		Mode of Advertising (TV, mail, etc)			
Street Address			_		
City	State	ZIP			
Candidate(s) Supported (including % supported)	Candidate(s) Opposed (i	including % opposed)	- Cook		
Date of First Publication Display Delivery or Broadcast	Election Month/Year	Office Sought	☐ Cash ☐ Credit		
Sale of the translation, Stephay, Sales of the Sales of t	Listaion morale real				
Recipient Name		Mode of Advertising (TV, mail, etc)			
Street Address		L			
City	State	ZIP			
Candidate(s) Supported (including % supported)	Candidate(s) Opposed (i	including % opposed)	_		
Canada (c) Capponed (modeling / Capponed)	Garialisato(s) Opposso (☐ Cash☐ Credit		
Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought			
Recipient Name		Mode of Advertising (TV, mail, etc)			
Street Address					
City	State	ZIP	_		
Candidate(s) Supported (including % supported)	Candidate(s) Opposed (including % opposed)		□ Cash		
Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought			
Enter total only if last page of schedul (transfer the total disbursed this period to "S	e Summary of Disburs	sements," line 6)			
	Recipient Name Street Address City Candidate(s) Supported (including % supported) Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City Candidate(s) Supported (including % supported) Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City Candidate(s) Supported (including % supported) Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City Candidate(s) Supported (including % supported) Date of First Publication, Display, Delivery, or Broadcast City Candidate(s) Supported (including % supported) Date of First Publication, Display, Delivery, or Broadcast	Recipient Name Street Address City State Candidate(s) Supported (including % supported) Candidate(s) Opposed (Date of First Publication, Display, Delivery, or Broadcast Election Month/Year Recipient Name Street Address City State Candidate(s) Supported (including % supported) Candidate(s) Opposed (Date of First Publication, Display, Delivery, or Broadcast Election Month/Year Recipient Name Street Address City State Candidate(s) Supported (including % supported) Candidate(s) Opposed (Date of First Publication, Display, Delivery, or Broadcast Election Month/Year Recipient Name Street Address City State Candidate(s) Supported (including % supported) Candidate(s) Opposed (Date of First Publication, Display, Delivery, or Broadcast Election Month/Year Recipient Name Street Address City State Candidate(s) Supported (including % supported) Candidate(s) Opposed (Date of First Publication, Display, Delivery, or Broadcast Election Month/Year Enter total only if last page of schedule	Street Address Cay State 2IP Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % opposed) Date of First Publication, Display, Delivery, or Broadcast Election Month/Year Office Sought Recipient Name Mode of Advertising (TV, mail, etc) Street Address City State 2IP Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % opposed) Date of First Publication, Display, Delivery, or Broadcast Election Month/Year Office Sought Recipient Name Mode of Advertising (TV, mail, etc) Street Address City State 2IP Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % opposed) Recipient Name Mode of Advertising (TV, mail, etc) Street Address City State 2IP Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % opposed) Recipient Name Mode of Advertising (TV, mail, etc) Street Address City State 2IP Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % opposed) Date of First Publication, Display, Delivery, or Broadcast Election Month/Year Office Sought Date of First Publication, Display, Delivery, or Broadcast Election Month/Year Office Sought Date of First Publication, Display, Delivery, or Broadcast Election Month/Year Office Sought Date of First Publication, Display, Delivery, or Broadcast Election Month/Year Office Sought Date of First Publication, Display, Delivery, or Broadcast Election Month/Year Office Sought	Recipient Name Mode of Advertising (TV, mail, etc)	Expenditure Recipient Information Expenditure Recipient Information Amount this Reporting Period

BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

	Expenditure	Recipient Informati	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	I (including % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		- □ Credit		
	Recipient Name	- I	Mode of Advertising (TV, mail, etc)			
	Street Address			_		
2	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	d (including % opposed)	☐ Cash☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ Credit		
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	d (including % opposed)	☐ Cash☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ L 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	I (including % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
	Enter total only if last page of schedul (transfer the total disbursed this period to "S	E Bummary of Disburser	ments," line 7)			

RECALL EXPENDITURES MADE: SCHEDULE B(8)

/		Recipient Informatio	T	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		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		- □ Credit		
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address					
2	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Reca	I. alled	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast		_ □ Credit			
	Recipient Name	l	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		
	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 Reca	I. alled	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		□ Credit		
_	Enter total only if last page of schedule (transfer the total disbursed this period to "S	e				

Schedule B(8), page____ of ____

SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

/	Benefi	tted Candidate		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Candidate Name		Date Benefit Provided			
	Street Address		I			
1	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
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	1	1			
	Notes:					
	Enter total only if last page of schedule (transfer the total disbursed this period to "S)	cente " line (1)			
	uransfer the total dispursed this period to "S	unmary of Disbursem	ienis, line 9)			

Schedule B(9), page____ of ____

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

	Recipient C	ommittee Informati	ion	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 Expens	se (if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expens	se (if applicable)	☐ Cash☐ Credit		
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expens	se (if applicable)	☐ Cash☐ Credit		
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expens	se (if applicable)	☐ Cash☐ Credit		
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expens	se (if applicable)	☐ Cash☐ Credit		
	Enter total only if last page of schedul	le Summon of Disk	properto "line 40"			
	(transfer the total disbursed this period to "	Summary of Disburse	ements," line 10)			



REIMBURSEMENTS MADE: SCHEDULE B(11)

	F	Recipient Information	1	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	□ Credit		
	Name					
_	Street Address					
2	City	State	ZIP	☐ Cash		
	Services or Goods Reimbursed	·	Reimbursement Date	☐ Credit		
	Name					
	Street Address	ress				
3	City	State	ZIP	☐ Cash		
	Services or Goods Reimbursed		Reimbursement Date	☐ Credit		
	Name					
	Street Address					
4	City	State	ZIP	☐ Cash		
	Services or Goods Reimbursed		Reimbursement Date	☐ Casn		
	Name					
	Street Address					
5	City	State	ZIP	☐ Cash		
	Services or Goods Reimbursed	<u> </u>	Reimbursement Date	☐ Cash		
	Enter total only if last page of so	hodulo	l			

Schedule B(11), page____ of ____

OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

/	Debt Ir	oformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name				Reporting Feriod	Liection Cycle
	Street Address					
1	City	State	ZIP	-		
	Type of Account Payable or Debt Owed		Date that Debt Accrued	-		
	Name					
	Street Address			-		
2	City	State	ZIP	_		
	Type of Account Payable or Debt Owed		Date that Debt Accrued	_		
	Name					
	Street Address			_		
3	City	State	ZIP	-		
	Type of Account Payable or Debt Owed		Date that Debt Accrued	_		
	Name					
	Street Address					
4	City	State	ZIP	_		
	Type of Account Payable or Debt Owed		Date that Debt Accrued	-		
	Name					
	Street Address			_		
5	City	State	ZIP	_		
	Type of Account Payable or Debt Owed		Date that Debt Accrued	_		
	Enter total only if last page of schedule (transfer the total received this period to "Sumr	nary of Disburseme	nts," line 12)			

Schedule B(12), page____ of ____



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 13)		

Schedule B(13), page____of ____

MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

	Re	ecipient Informatior	١	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Mesa Regional Foundation for A	1000.00	1000.00	1000.00		
	Street Address					
1	City Mesa	State AZ	ZIP 85201	□ Cash		
	Disbursement Type Donation	1	Disbursement Date 6-14-2023	□ Credit		
	Name Child Crisis Arizona			1000.00	1000.00	1000.00
	Street Address					
2	City Mesa	State AZ	^{ZIP} 85201	□ Cash		
	Disbursement Type Disbursement Date □ Credit Donation					
	Name Arizona Museum of Natural Histo	ory Foundation		1000.00	1000.00	1000.00
	Street Address					
3	City Mesa	State AZ	ZIP 85201	□ Cash		
	Disbursement Type	1	Disbursement Date 6-14-2023	□ Credit		
	Name i.d.e.a. Museum Foundation		390.75	390.75	390.75	
	Street Address					
4	City Mesa	State AZ	ZIP 85201	□ Cash		
	Disbursement Type Disbursement Date Donation 6-14-2023			□ Credit		
1	Name					
	Street Address					
5	City	State	ZIP			
	Disbursement Type	1	Disbursement Date	☐ Cash☐ Credit		
_	Enter total only if last page of sche (transfer the total disbursed this period				3390.75	3390.75

Schedule B(14), page____ of ___



AGGREGATE OF DISBURSEMENTS - \$250 OR LESS:

SCHEDULE B(15)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Cumulative of Disbursements - \$250 or Less (If disbursements of \$250 or less are listed on any of the other disbursement schedules, do not include them on Schedule B(15))		
Enter total only if last page of schedule (transfer the total received this period to "Summary of Disbursements," line 15)		

Schedule B(15), page____ of ____