

2024

СОММІ	TTEE INFORMATION (require	d):		RECEIVED
	Committee Information:	Committee Name:	Committee to Elect Eddie Levins	By Lisa Anderson at 12:39 pm, Jul 15,
CANDI	DATE INFORMATION (only if fi	ling as a candidate com	mittee):	27 2100 7 1100 1001 at 12:00 pm, car 10,
ſ	Office Sought.	☐ County Office:		☐ Special District Office:
		City/Town Offic	e:mayor	CJ School Board District:
	Cumulative Report:			
	E Check here if this is th	e candidate committee's	first, cumulative report for the election	n cycle. Also select appropriate Reporting Period below.
	Cumulative reporting peri	od start date (which sup	ersedes the start date for the Repor	ting Period selected below):
REPO	RTING PERIOD (chariconal)			

	REPORTING PERIOD	REPORT DUE
	2023 March Pre-Election Report (Local Only): January 1, 2023 to February 25, 2023	February 26, 2023 to March 4, 2023
	2023 March Post-Election (Q1) Report (Local Only): February 26, 2023 to March 31, 2023	April 1, 2023 to April 15, 2023
	2023 Quarter 1 Report: January 1, 2023 to March 31, 2023	April 1, 2023 to April 17, 2023
	2023 May Pre-Election Report (Local Only): April 1, 2023 to April 29, 2023	April 30, 2023 to May 6, 2023
	2023 May Post-Election (Q2) Report (Local Only): April 30, 2023 to June 30, 2023	July 1, 2023 to July 15, 2023
	2023 Quarter 2 Report; April 1, 2023 to June 30, 2023	July 1, 2023 to July 17, 2023
	2023 August Pre-Election Report (Local Only): July 1, 2023 to July 15, 2023	July 16, 2023 to July 22, 2023
	2023 August Post-Election (Q3) Report (Local Only): July 16, 2023 to September 30, 2023	October 1, 2023 to October 16, 2023*
	2023 Quarter 3 Report: July 1, 2023 to September 30, 2023	October 1, 2023 to October 16, 2023*
	2023 November Pre-Election Report (Local Only): October 1, 2023 to October 21, 2023	October 22, 2023 to October 28, 2023
	2023 November Post-Election (Q4) Report (Local Only): October 22, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
	2023 Quarter 4 Report: October 1, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
	2024 March Pre-Election Report (Local Only): January 1, 2024 to February 24, 2024	February 25, 2024 to March 2, 2024
	2024 March Post-Election (Q1) Report (Local Only): February 25, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
	2024 Quarter 1 Report: January 1, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
	2024 May Pre-Election Report (Local Only): April 1, 2024 to May 4, 2024	May 5, 2024 to May 11, 2024
	2024 May Post-Election (Q2) Report (Local Only): May 5, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
~	2024 Quarter 2 Report: April 1, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
	2024 August Pre-Primary Election Report: July 1, 2024 to July 20, 2024	July 21, 2024 to July 27, 2024
	2024 August Post-Primary Election (Q3) Report: July 21, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
	2024 Quarter 3 Report: July 1, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
	2024 November Pre-General Election Report: October 1, 2024 to October 19, 2024	October 20, 2024 to October 26, 2024
	2024 November Post-General Election (Q4) Report: October 20, 2024 to December 31, 2024	January 1, 2025 to January 15, 2025
	Final Campaign Finance Report Prior to Committee Termination: End of Previous Period through Today's Date	Same Date of Termination
_	"Reporting deadline extended to next business day if deadline date is a holiday or Sunday, A.R.S. §§§ 1-24	3(A), 1-301 and 1-303.

FINANCIAL SUMMARY (required):

Activity	Cash Activity This Reporting Period	Election Cycle to Date
(a) Committee value at the beginning of this reporting period (i.e. ending balance from the previous reporting period)	2150	
(b) + Total receipts (from "Summary of Receipts." line 13 (cash column) for this reporting period)	2150	2150
(c) - Total disbursements (from "Summary of Diabursements," line 16 (cash oxiumn) for this reporting period)	1983.49	1983.49
(d) = Balance at close of reporting period	166.51	



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.

Eddie Levins	Ε	d	ď	ie	L	8	٧		n	s	
--------------	---	---	---	----	---	---	---	--	---	---	--

Printed Name of Committee Treasurer

07/15/2024

Date

SUMMARY OF RECEIPTS (Schedule A):

	Receipts	Cash	Equity
1.	Monetary Contributions Received		
	(a) In-State Individuals - More than \$100	800	
	(b) In-State Individuals - \$100 or Less (Aggregate)		
	(c) Out-of-State Individuals	550	
	(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)	800	
_	(k) Monetary Contributions Subtotal (add 1(a) through 1(j))	2150	
	(I) Refunds Given Back to Contributors	0	
	(m) Net Monetary Contributions (subtract 1(l) from 1(k))	2150	
2.	Loans	2130	
	(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		
١.	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))		
	In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
•6	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))		
_	Joint Fundralsing / Shared Expense Payments Received		
	Payments Received for Goods / Services		
0.	Outstanding Accounts Receivable / Debts Owed to Committee		
1.	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
	Miscellaneous Receipts (use cash and/or equity asapplicable)		

SUMMARY OF DISBURSEMENTS (Schedule B):

10	Disbursements	Cash	Equity
1.	Disbursements for Operating Expenses	1983.49	
2.	Contributions Made		
-	(a) Candidate Committees		
	(b) Political Action Committees		
	(c) Political Parties		
	(d) Partnerships		
	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		
	(f) Labor Organizations (PAC & Political Parties Only)		
	(g) Monetary Contributions Subtotal (sdd 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	_ 1	
	(b) Political Action Committees		
	(c) Political Parties		
Т	(d) Partnerships		
	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		
	(f) Labor Organizations (PAC & Political Parties Only)		
_	(g) Contributions Subtotal (add 5(a) through 5(f))		
6.	Independent Expenditures Made		
7.	Ballot Measure Expenditures Made		
3.	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.			
_	Aggregate of Disbursements - \$250 or Less		
-	Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15)	1983.49	

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

SCHEDULE A(1)(a)

Individual (Contributor Infon	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
Name Larritine Levins		Date Contribution Received 10/16/23	500		
Street Address 1460 N. 62nd Street					
c _{Ry} Mesa	State AZ	ZIP 85205			
Occupation Nurse	Employer Naphcare				
Name Kevin Blackwell		Date Contribution Received 9/20123	300		
Street Address					
Caty	State	ZIP			
Occupation	Employer		1		
Name		Date Contribution Received			
Street Address			1		
Chy	State	ZIP	1		
Occupation	Employer		1		
Name		Date Contribution Received			
Street Address					
Оху	State	ZIP	1		
Occupation	Employer				
Name		Date Contribution Received			
Street Address			1		
City	State	ZIP			
City State ZIP Occupation Employer				1	
	Name Larritine Levins Street Address 1460 N. 62nd Street City Mesa Occupation Nurse Name Kevin Blackwell Street Address City Occupation Name Street Address City Occupation Name Street Address City Occupation Name Street Address Street Address City Occupation Name Street Address	Name Larritine Levins Street Address 1460 N. 62nd Street City Mesa AZ Occupation Nurse Naphcare Name Kevin Blackwell Street Address City State City Cocupation	Larritine Levins	Name Larritine Levins Street Address 1460 N. 62nd Street Cty Mesa AZ State AZ Stat	Individual Contributor Information Name Larritine Levins Data Constitution Received 10/16/23 500 500 500 500 500 500 500 5

*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 5 of 69



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.

MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

_	Individual	Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name David Levins		Date Contribution Received 9/29/23	500		
	Street Address 6 Rivanna Road					
1	New Castle	DE State	7IP 19720			
	Bus Driver	DART				
	Name		Date Contribution Received			
	Street Address					
2	City State		ZIP			
	Occupation Employer					
	Name	•	Date Contribution Received			
	Street Address					
3	Сму	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
į	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page of scheo (transfer the total received this period to	lule "Summary of Recei	ots," line 1(c))			



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

/	Candidate Comm	nittee Contributor Info	ormation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Recei	Ned			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Recei	hved			
-	Committee Name					
	Street Address					
3	ON .	State	ZIP	1		
	Committee ID Number	Date Contribution Received				
	Committee Name					
	1					
	Street Address			-		
4	Street Address City	State	ZIP			
1		State Date Contribution Receive		-		
1	Ску					
4	City Committee ID Number					
	City Committee ID Number Committee Name					

Schedule A(1)(d), page 8 of 69



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

						1
/	Political Action Com	mittee Contributor Ir	nformation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cyc
	Committee Name					
	Street Address					
1	cay	State	ZIP			
	Committee ID Number	Date Contribution Receiv	ed			
	Committee Name		=		-	
	Street Address					
2	City	State	ZIP	1 1		
	Committee ID Number Date Contribution Received			1		
	Committee Name					
	Street Address	76		1		
3	Oby	State	ZIP	1		
	Committee ID Number	Date Contribution Receiv	red	1		
	Committee Name		= = =			-
	Street Address			1		
4	City	State	ZIP	1		
	Committee ID Number	Date Contribution Receiv	ed .	1 1		
J	Committee Name					
	State Committee of the					
	Street Address			-		
5	Street Address City	State	ZIP			

Schedule A(1)(e), page 9 of 69



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

/				Ĭ	1 -	
	Politic	al Party Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cyc
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contributio	n Received			
	Committee Name					
	Street Address					
2	Cay	State	ZIP			
	Committee ID Number	Date Contributio	on Received	-		
	Committee Name					
	Street Address					
3	City	State	ZIP		Le.	
	Committee ID Number	Date Contributio	n Received			
	Committee Name					
	Street Address					
4	Cay	State	ZIP			
	Committee ID Number	Date Contribution	n Received			
	Committee Name	Committee Name				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution	n Received			
					1	

Schedule A(1)(f), page 10 of 69



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

	Partnersh	ip Contributor Infor	mation	Amount Rece	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
	Partnership Name					
	Street Address					
	City	State	ZIP			à
	Corporation Commission File Number					
	Partnership Name					
	Street Address					
	Сву	State	ZIP			
	Corporation Commission File Number	oration Commission File Number Date Contribution Received				
	Partnership Name					
	Street Address					
	City	State	ZIP			
Ì	Corporation Commission File Number	on File Number Date Contribution Received				
	Partnership Name	- 1				
١	Street Address					
	City	State	ZIP			
I	Corporation Commission File Number	Date Contribution	Received			

Schedule A(1)(g), page 11 of 69

MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

	Corporation	/ LLC Contributor I	nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cycl
	Corporation/LLC Name						
	Street Address						
1	City	State	ZIP				
	Corporation Commission File Number	Date Contribution	stution Received				
	Corporation/LIC Name						
	Street Address				1		
2	Chy	State	ZIP	<u>.</u>			
	Corporation Commission File Number	Date Contributio	n Received				
	Corporation/LLC Name						
	Street Address	1					
3	ON:	State	ZIP		1		
	Corporation Commission File Number Date Contribution Rec		n Received				
	Corporation/LLC Name						
	Street Address				1		
4	ON .	State	ZIP		_		
	Corporation Commission File Number	Date Contribution	n Received		1		
	Corporation/LLC Name						
	Street Address						
5	Cay	State	ZIP		1		
	Corporation Commission File Number	Date Contribution	n Received		1		

Schedule A(1)(h), page 12 of 69

MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

	Labor Organization	Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Labor Organization Name		Reporting Feriod	Liconori Oyo		
	Street Address					
	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receive	d			
	Labor Organization Name					
	Street Address			1		
2000	City	Sare	ZIP	-		
	Corporation Commission File Number	Date Contribution Received				
1	Labor Organization Name					
2000	Street Address		1			
	Cay	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed	1		
	Labor Organization Name					
1	Street Address			1		
ı	City	State	ZIP	1		
	Corporation Commission File Number Date Contribution Received					
0.000	Corporation Commission File Number	Date Contribution Receive	bed			
	Corporation Commission File Number Labor Organization Name	Date Contribution Receive	L sid			
		Date Contribution Receive	ad			
	Labor Organization Name	Date Contribution Receive	ziP			

Schedule A(1)(i), page 13 of 69

MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

_		andidate Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Eddie Levins		Date Contribution Received 9/20/2023	800		
	Street Address 1460 N 62nd Street					
1	Cay Mesa	State AZ	zip 85205			
	Occupation Educator	Employee LIS Group				
	Name		Date Contribution Received			
	Street Address					
2	Oby	State	ZIP			
	Occupation	Employer		-		
	Name		Date Contribution Received			
	Street Address					
3	Оку	State	ZIP			
	Occupation	Employer				
	Næme		Date Contribution Received			
	Street Address					
١	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
ŀ	Street Address	Street Address			. 1	
ŀ	City	State	ZIP			
-	Occupation	Employer		-		

Schedule A(1)(j), page 14 of 69

REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

8	Contributo	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Refunded		Treporting Feriou	Liection Cycle
	Street Address					
1	Cay	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution	-		
	Name		Date Contribution Refunded			
	Street Address					
2	City City	State	ZIP	-		
	ID Number (# applicable)		Date of Original Contribution	_		
	Name	Date Contribution Refunded				
	arne creek Address					
3		I				
~	CRy	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution		A 500	
	Name		Date Contribution Refunded			
	Street Address					
4	Chy	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
1	Name		Date Contribution Refunded			
	Street Address			-		
5	City	State	ZIP	-		
	ID Number (if applicable)		Date of Original Contribution	-		
\Box				1		

Schedule A(1)(I), page 15 of 69



LOANS RECEIVED:

SCHEDULE A(2)(a)

		Lender Information		Amount Received	Cumulative Amount this Reporting Period	Cumulativ Amount th Election Cy
	Lander Name	Date Loan Received	3			
	Street Address			1		
1	Caty	State	State ZIP			
	Custantin Entires Name	Non-Electoral Purpo	ee? (PACs and Political Parties Only)	1		
	Lender Name	Date Loan Receive	đ			
	Street Artifrons			1		
2	Chy	State	ZIP	1		
	Quaranter Enterior Name	Part Lot	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name		Date Loan Received			
	Steel Attima		1			
3	Ob;	State	ZIP	1		
	Guerantor/Endoner Name	Non-Electoral Purpose? (PACs and Political Parties Only)		1		
	Lender Name	Date Loan Received	1			
	Street Address			1		
4	Cay	State	ZIP	1		
	Guaranto/Endorser Name	Non-Electoral Purpos	Non-Electoral Purpose? (PACs and Political Parties Only)			
1	Lender Name	Date Loan Received				
	Street Address			1		
5	Cey	State	ZIP	-		
	GuarantoofEndorser Name	Non-Electoral Purpose	e? (PACs and Political Parties Only)			

Schedule A(2)(a), page 16 of 69



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

/	Lender	Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Forgiveness Received			
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address			1		
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address			1		
5	City	State	ZIP	1		
				J		

Schedule A(2)(b), page 17 of 69



REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

,						
/	Вогго	wer Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Repayment Received			
	Street Address					
1	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding)			
	Borrower Name		Date Repayment Received			
			Delia (Tapayinan (Tacairaa			
	Street Address	86				
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	1			
-	Borrower Name		Date Repayment Received	-		
	Street Address					
3						
~	Cay	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			
۱		-1	1	1		

INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

		rrower 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 Outsta	inding			
	Borrower Name		Date Interest Accrued			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	inding			
	Borrower Name		Date Interest Accrued			
	Street Address					
3	ONY	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	nding			
	Borrower Name		Date Interest Accrued			
	Street Address			_		
4	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outsta	nding			
+	Borrower Name		Date Interest Accrued			
	Street Address					
5	City	State	ZIP			
-	Original Amount Borrowed	Amount Still Outsta	nding			

Schedule A(2)(d), page 19 of 69



COMMITTEE ID NUMBER

STATE OF ARIZONA

_	P	ayor Information		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Payor Name		Date Rebate/Refund Received			
	Street Address			1		
1	City	State	ZIP	_		
	Original Purchase Amount	Reason for Refund/R	tebate	1		
	Payor Name		Date Rebate/Refund Received			
	Street Address					
2	Caty	State	ZIP			
	Original Purchase Amount	Reason for Refund/R	iebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address			1 1		
3	City	State	ZIP	1		
	Original Purchase Amount	Reason for Refund/Re	ebate	-		
	Payor Name		Date Rebate/Refund Received			
	Street Address	****				
4	City	State	ZIP	-		
	Original Purchase Amount	Reason for Refund/Re	ebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address	*				
5	City	State	ZIP	1		
	Original Purchase Amount	Reason for Refund/Re	bate	†		
_	Enter total only if last page of scheo (transfer the total received this period to	dule				

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 (Sunk Name / Type of Account)		
Account with Interest Elemed (Sank Name / Type of Account)		
Total (transfer the total received this period to "Summary of Receipts," line 4)		

Schedule A(4), page 21 of 69

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

SCHEDULE A(5)(a)

/	Indivi	dual Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address			1		
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP	1		
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
3	Oxy	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
4	City	State	ZIP	1		
	Occupation	Employer		-		
1	Name		Date In-Kind Contribution Received			
	Street Address			1		
5	City	State	ZIP			
- 1	Occupation	Employer		-		

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

Schedule A(5), page 22 of 69

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 1(b))		

^{*}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)

	/				î	1 - 1		
_	_	Candidate Committee	Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	\
	Con	nmittee Name						,
	Stre	eet Address						
1	City	,	State	ZIP				
1	Con	nmittee ID Number	Date In-Kind Contribution	Received				
r	Con	mmittee Name						
	Stre	eet Address						
	L							
2	Cay		State	ZIP				
	Con	mnittee ID Number	Date In-Kind Contribution	Received				
	Con	nmittee Name						
	Stre	eet Address						
	ASSES							
3	ON		State	ZIP				
	Con	mmittee ID Number	Date In-Kind Contribution	Received	4 0			
Γ	Con	mmittee Name						
		eet Address						
4	City		State	ZIP				
	Con	nmittee ID Number	Date In-Kind Contribution	Received				
	Con	nmittee Name		7.				
		eet Address						
5	City		State	ZIP				
	Con	mmittee ID Number						
Ĺ	En (tra	iter total only if last page of schedule ansfer the total received this period to "Sumr	mary of Receipts," li	ine 5(d))				,
/	\		Sche	24 69 edule A(5)(c), page of)		/	/

IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

/	Candidate	Committee Contributor	Information	Amount Received	Cumulative Amount this	Cumulative Amount this
	Committee Name				Reporting Period	Election Cycle
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contri				
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ribution Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number					
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Committee ID Number Date In-Kind Contribution Received				

Schedule A(5)(d), page 25 of 69

IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

•	Political Action (Committee Contributo	r Information	Amount Received	Cumulative Amount this	Cumulative Amount this
1	Committee Name			Reporting Period	Election Cycle	
-	Street Address					
	CU VIII. ACLI 1998					
1	Chy	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Received			
	Committee Nume					
	Street Autoresa					
2	City City	State	ZIP			
	Committee ID Number	Date In-Kind Contri	bution Received			
	Committee Name					
•	Street Address					
3	ON:	State	ZIP			
	Committee ID Number	Date in-Kind Contril				
	Committee Name					
	Street Address					i
4	Cay	State	ZIP			
	Committee ID Number	Date In-Kind Contri	bution Received			
	Committee Name				-	
5	Street Address		1			
J	Сву	State	ZIP			
	Committee ID Number	Date In-Kind Contri	bution Received			

Schedule A(5)(e), page 26 of 69

IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

/						
•	Political Party (Contributor Informa	tion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name				Troporumg r ones	
	Street Address			-		
1	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
_	Committee Name					
	Street Address			-		
3	City City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Received	-		
	Committee Name					
	Street Address			-		
4	City	State	ZIP			
	City	Date In-Kind Contribution				
	Committee ID Number					
	Committee Name					
	Street Address					
	City	State	ZIP]		
5		1				

Schedule A(5)(f), page 27 of 69



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

	Partnersh	nip Contributor Info	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount thin Election Cyc	
	Partnership Name	40				
	Street Address					
ı	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cor	stribution Received			
	Partnership Name					
	Street Address					
2	Cay .	State	ZIP			
ı	Corporation Commission File Number	Date In-Kind Co	ntribution Received			
	Partnership Name	4			=	
	Street Address					
3	CRY	State	ZIP			
	Corporation Commission File Number	Date In-Kind Co	ntribution Received			
	Partnership Name		=			
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cor	stribution Received			
	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cor	Iribution Received			

Schedule A(5)(g), page 28 of 69

IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

_	Corporation / LLC	Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	ску	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
3	Street Address					
2	City	State	ZIP			
30000	Corporation Commission File Number	Date In-Kind Contribution	n Received			
	Corporation/LLC Name					
l	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	n Received			
-	Corporation/LLC Name					
	Street Address					
٠	City	State	ZIP			
- 1						
	Corporation Commission File Number Enter total only if last page of schedule (transfer the total received this period to "Su	Date In-Kind Contribution				

IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

	Labor Organ	ization Contributor	Information	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	Саху	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Received			
	Labor Organization Name					
	Street Address					
2	Cay	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cor	tribution Received			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP	y		
	Corporation Commission File Number	Date In-Kind Cor	tribution Received			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Received			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Received			

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

SCHEDULE A(5)(j)

		te Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount thin Election Cyc
	Name		Date In-Kind Contribution Received			
	Street Address					
ı	City	State	ZIP	-		
200	Asset or Property Contributed					
	rade a Property consecutor					
	Name		Date In-Kind Contribution Received			
	Street Address			1		
0.00	City	State	ZIP	1		
	Asset or Property Contributed			- 1		
	Name	Date In-Kind Contribution Received				
				1 1		
	Street Address					
	City	State	ZIP			
	Asset or Property Contributed		1			
	Name		Date In-Kind Contribution Received			
	Street Address			1		
	City	State	ŽIP	1 1		
	Asset or Property Contributed			- 1	1	
1	Name		Date In-Kind Contribution Received			
			Pate IPPORT CONTIDUTION Received]		
	Street Address					
	City	State	ZIP]		
l	Asset or Property Contributed	1		1		
+	Enter total only if last page of schedule (transfer the total received this period to "Sur					



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

SCHEDULE A(6)

	Source		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Name	Date In-Kind Donation Received				
	Street Address					
1	Cay	State	ZIP	1		
	Type of Item Donated	1	N 1 P			
	Name		Date In-Kind Donation Received			
100	Street Actionss			-		
2	City	State	ZIP	-		
	Type of Item Donated			-		
	Name	Date In-Kind Donation Received				
	Street Address	L	1			
3	Cay	State	ZIP	-		
	Type of Item Donated		1			
+	Name	Date In-Kind Donation Received				
	Street Address			1		
4	City	State	ZIP	- 1		
	Type of Item Donated			_		
			Date In-Kind Donation Received			
		Name Date In-Kind Donation				
	Street Address	,				
	City	State	ZIP]		
	Type of Item Donated					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 6)			



EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

_	Creditor Info	ormation		Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Street Address					
1						
•	City	ite	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address					
2	City		ZIP	-		
	Services or Goods Provided on Credit	- 0	Date of Extension of Credit	-		
+	Name					
	Street Address			_		
3	City Sta	te	ZIP	-		
	Services or Goods Provided on Credit	Date of Extension of Credit	-			
	Name					
	Street Address			-		
4	City State	ie .	ZIP	-		
	Services or Goods Provided on Credit		Date of Extension of Credit			
_	Name					
	The state of the s	_				
5	Street Address		_	1		
100	City	0	ZIP	_		
	Services or Goods Provided on Credit		Date of Extension of Credit			

Schedule A(7)(a), page 33 of 69

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
Г	Name				,	
	Street Address					
1	City	State	ZIP			
	Continue Control Original Production					
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
Г	Name					
	Street Address					
2	City	State	ZIP			
			a.			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
Г	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
Г	Name		i a			
	Street Address					
4	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address					
5	-	Live two	I			
	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
H	Enter total only if last page of schedule (transfer the total received this period to "Sum		L			
	(transfer the total received this period to "Sum	mary of Recelpts," I	ine 7(b))			

Schedule A(7)(b), page 34 of 69

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

Payor Committee Information			i	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Committee Name		Payment Date			
	Street Address					
1	City	State	ZIP			
	Date of Joint Fundraising Event (If applicable)	Type of Shared Expens	e (if applicable)			
_	Committee Name		Payment Date			
	Street Address					
2	Сту	State	ZIP			
	Date of Joint Fundraising Event (Fapplicable)	Type of Shared Expens	e (if applicable)			
	Committee Name		Payment Date			
	Street Address		_			
3	Ску	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expens	e (if applicable)		0.1	
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	e (if applicable)			
	Committee Name		Payment Date			
	Street Address	-				
5	City	State	ZIP		k)	
1	Date of Joint Fundralsing Event (if applicable)	Type of Shared Expense	(if applicable)	_		

Schedule A(8), page_35_ of_69

PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

_	Payor		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Name					
	Street Address					
1	Ску	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
2		L				
	Oky .	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
3	Oky	State	ZIP			
	Services or Goods Purchased		Payment Date			
_	Name					
	Street Address		_			
4						
~	Сау	State	ZIP			
	Services or Goods Purchased	Payment Date				
	Name	,				
	Street Address					
5	Cay	State	ZIP			
	Services or Goods Purchased	Payment Date				
	Enter total only if last page of schedule (transfer the total received this period to "Sun					

Schedule A(9), page___ of ___

OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

_	li	nformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP	1		
	Type of Account Receivable or Debt Owed	Date that Debt Accrued	-			
	Name					
	Street Address			-		
2	Cay	State	ZIP	1		
	Type of Account Receivable or Debt Owed		Date that Debt Accrued	- ,		
	Name	-				
	Street Address			-		
3	Oky	State	ZIP	-		
	Type of Account Receivable or Debt Owed		Date that Debt Accrued	-		
	Name					
4	Street Address					
7	City	State	ZIP			
	Type of Account Receivable or Debt Owed Date that Debt Accrued					
	Name	Name				
	Street Address					
5	City	State	ZIP			
	Type of Account Receivable or Debt Owed Date that Debt Accrued			1		

Schedule A(10), page 37 of 69

TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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

Schedule A(11), page ____ of ___



MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

	Source I	nformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
-	Name					
	Street Address					
1	City	State	ZIP			
	Receipt Type	A	Receipt Date			
	Name					
	Street Address					
2	cay	State	ZIP			
	Receipt Type	l .	Receipt Date			
	Name					
	Street Address					
3	Оху	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
4	City	State	ZIP			
	Receipt Type		Receipt Date	_		
	Name					
	Street Address					
5	City	State	ZIP			
	Receipt Type		Receipt Date	-		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	many of Bassints *1	lnn 12)			
-	(transier the total received this period to Suri	mary of Receipts,	ine 12)			



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

_		ipient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Disbursament Dal	e	800		
	Marion Owens	10/5/23				
	Street Address					
1	City	State	ZIP			
	Type of Operating Expense Paid	Non-Startural Dum	nee2 (DACs and Dolltind Darling Oak)	☑ Cash	1	
	Website	Non-Electronal Purpose? (PACs and Political Parties Only)		☐ Credit		
	Name	Disbursement Da	te	400		
	Phx Women's Conference	10/7/23		400		
	Street Address					
2	City	State ZIP		-		
				☑ Cash		
	Type of Operating Expense Paid	Non-Bectoral Purpose? (PACs and Political Parties Only)		□ Credit	1	
	Name Knuckle Sandwiches	Disbursement Da	le	132.87		
		10/27/23		_		
	Street Address 1140 N. Higley Road, Suite 103					
3	City	State	ZIP			
	Mesa	AZ	85205	☑ Cash		
	Type of Operating Expense Paid Canvassing Event	Non-Bectoral Purp	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Name	Disbursement Date	te	93.91		
	Knucle Sandwiches	11/18/23		95.91		
	Street Address					
4	1140 N. Higley Road, Suite 103					
•	city Mesa	State AZ	85205			
				☑ Cash		
	Type of Operating Expense Paid Canvassing Event		ose? (PACs and Political Partles Only)	☐ Credit	1	
	Nama	Disbursement Dat				
	Walmart	10/27/23	0	123.40		
	Street Address	1,5,12,1,12		-		
	4505 E. McKellips Road					
5	City	State	ZIP	_		
	Mesa	AZ	95205	☑ Cash □ Credit		
	Type of Operating Expense Paid	Non-Electoral Purp	pse? (PACs and Political Parties Only)	- Crodit		
	Campaign Materials					

Schedule B(1), page____ of ___



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

_	Candidate Committe	e Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
1	Street Address					
•	City	State	ZIP	□ Cash		
	Committee ID Number	☐ Credit				
	Committee Name					
,	Street Address					
2	Caty	State	ZIP	□ Cash		
	Committee ID Number Date Contribution Made			□ Credit		
	Committee Name					
	Street Address					
3	Cay	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address					
4	Cay	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	•	□ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sun	nmary of Disbursen	nents,* line 2(a))			
			edule B(2)(a), page	41 69		

MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

	Political Action Commi	ttee Recipient Inf	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative ` Amount this Election Cycle
	Committee Name					
ŀ	Street Address					
1	Cay	State	ZIP	□ Cash		
Ì	Committee ID Number Date Contribution Made			□ Credit		
l	Committee Name	V II		2 - 7 -	-	
ŀ	Street Ackiness					
ŀ	City State ZIP		ZIP			
ŀ	Committee ID Number Date Contribution Made			□ Cash □ Credit		
	Committee Name	L			=	
ŀ	Street Address					
ŀ	ску	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
1	Committee Name					
-	Street Address					
1	personal responsibility of the second					
	City	State	ZIP	□ Cash		
١	Committee ID Number	Date Contribution Made		☐ Credit		
Ī	Committee Name					
ŀ	Street Address					
ŀ	City	State		□ Cash		
1	Committee ID Number	Date Contribution Made		□ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(b))					

MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

				Amount	Cumulative	Cumulative
	Political Party Re	ecipient Informati	on	Contributed	Amount this Reporting Period	Amount this Election Cycle
	Committee Name					
0.000	Street Address		1			
1	City	State	ZIP	1		
1				□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
2000	Street Address					
2	City State Ziji		ZIP	1.		
		Clare	Zi-	☐ Cash		
	Committee ID Number Date Contribution Made			☐ Credit		
	Committee Name					
	Street Address			+		
3						
J	Oty .	State	ZIP	☐ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
_	Committee Name	<u> </u>				
	Street Address					
2	Sures: Augress					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash ☐ Credit		
-	Committee Name					
			·			
	Street Address	Street Address				
5	City	State	ZIP			
1	Committee ID Number	Date Contribution Made		☐ Cash ☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sun	nmary of Disbursen	nents," line 2(c))			
		0-1-	edule B(2)(c), page_43_ o	. 69		



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partnership R	ecipient Information	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Partnership Name					
Ì	Street Address					
l	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made		☐ Credit		
1	Partnership Name					
ŀ	Street Address					
ŀ	City State z		ZIP			
Ì	Corporation Commission File Number Date Contribution Made			☐ Cash☐ Credit		
ł	Partnership Name					
	Street Address					
l	Сву	State	ZIP	□ Cash		
Ì	coration Commission File Number Date Contribution Made		□ Credit			
l	Partnership Name					
ŀ	Street Address					
Ì	City	State	ZIP	□ Cash		
İ	Corporation Commission File Number	Date Contribution Made		☐ Credit		
t	Partnership Name					
ŀ	Street Address					
Ì	City	State	ZIP	□ Cash		
1	Corporation Commission File Number Dete Contribution Made			☐ Credit		
ŀ	Enter total only if last page of schedule transfer the total disbursed this period to "Summary of Disbursements," line 2(d))					

MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

/				1	Cumulative	Cumulative
	Corporation / LLC	Recipient Informa	ation	Amount Contributed	Amount this Reporting Period	Amount this
	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					
	Corporation Commission File Number	☐ Cash☐ Credit				
	Corporation/LLC Name					
	Street Address			1		
3	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Made		☐ Cash☐ Credit		
	Corporation/LLC Name		the state of the s			
				1		
4	300-Aeronic (10-00-00-00-00-00-00-00-00-00-00-00-00-0	Street Address				
•	City	State	ZIP	_ □ Cash		
	Corporation Commission File Number	Date Contribution Made		☐ Credit		
	Corporation/LLC Name					
	Street Address			1		
5	Сіту	State	ZIP	7		
	Corporation Commission File Number	Date Contribution Made	l	□ Cash □ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 2(e))			
\	No. 10 to 10		45 hedule B(2)(e), page	69 of		



COMMITTEE ID NUMBER
Can2024-06

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

′	Labor Organization	on Recipient Infon	mation	Amount Contributor	Cumulative Amount this	Cumulative Amount this
	Labor Organization Name				Reporting Period	Election Cycle
	Street Address					
1	Сау	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
2	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Made	!	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number Date Contribution Made		□ Cash □ Credit			
	Labor Organization Name					
İ	Street Address					
1	Cay	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
t	Labor Organization Name					
ı	Street Address					
-	City	State	ZIP			
1	Corporation Commission File Number Date Contribution Made		□ Cash □ Credit			
E (I	Enter total only if last page of schedule transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 2(f))			
			and the second s			

CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

/	Contributo	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Date Refund Received			
	Street Address					
1	City	State	ZIP		9	
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date of Original Contribution				
1	Committee Name		Date Refund Received			
	Street Address		<u> </u>	-		
3	City	State	ZIP	1		
	Committee ID Number		Date of Original Contribution	1		
	Committee Name		Date Refund Received			
	Street Address			-		
4	City	State	ZIP	-		
	Committee ID Number		Date of Original Contribution			
-	Committee Name		Date Refund Received			
	Street Address					
5	City	State	ZIP	-		

Schedule B(2)(h), page 47 of 69

LOANS MADE: SCHEDULE B(3)(a)

	Воггоме	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				
1	Borrower Name					
	Street Address					
2	City	State	ZIP			
	Guaranton/Endonser Name Date Loan Made					
	Borrower Name	1				
	Street Address					
3	ску	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name	1				
	Street Address					
4	Сту	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
200	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				

Schedule B(3)(a), page____of ___



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

/	Guara	ntor Information		Amount	Cumulative Amount this	Cumulative Amount this
_	Guarantor Name			Guaranteed	Reporting Period	Election Cycle
	Street Address	Medical Displace Mari				
1	1 City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address	Street Address				
2	2 City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name	Guarantor Name				
	Street Address					
3	3 cay	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name	Guarantor Name				
	Street Address	Street Address				
4	4 City	State	ZIP			
	Borrower Name	Date Loan Guaranteed			i.	
	Guarantor Name					
	Street Address					
5	5 City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Enter total only if last page of schedu (transfer the total received this period to "S	e ummary of Receipts " I	line 3(b))			
	transfer the total received this period to "S	e ummary of Receipts," I	line 3(b))			

FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

/		Sorrower Information	1	Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cycl
0.00	Borrower Name		Date Forgiveness Made		The state of the s	
	Street Address					
1	City	State	ZIP			
Section of the second	Original Amount of Loan	Amount Still Out	standing			
	Borrower Name		Date Forgiveness Made			
	Street Activess					
2	City	State	ZIP			
	Original Amount of Loan Amount Still Outstan		standing			
	Sonowor Name		Date Forgiveness Made			
	Street Address					
	City	State	ZIP			
	Onginal Amount of Loan	Amount Still Outs	standing			
	Borrower Name		Date Forgiveness Made		=	
	Street Ackinss					
	City	State	ZIP			
	Original Amount of Loan	Amount Sta Outs	standing			
1	Borrower Name	Borrower Name		1		
	Street Address					
ŀ	City	State	ZIP			
ŀ	Original Amount of Loan Amount Still Outstanding		tanding			
ł	Enter total only if last page of sc (transfer the total disbursed this perio	hedule	Date of Association			

Arizona Secretary of State Revision 9/28/23



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

_	Lende	er Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Repayment Made			
	Street Address					
١	Cay	State	ZIP			
	Original Amount Borrowed	Amount Still Outstan	nding	-,		
	ender Name Date Repayment Made					
	Street Address					
2	City	State	ZIP			
	Original Amount Sorrowed	Amount Still Outsta	inding			
	Lender Name		Date Repayment Made			
	Street Address					
	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstan	inding			
	Lender Name		Date Repayment Made			
	Street Address					
1	City	State	ZIP			
l	Original Amount Borrowed	Amount Still Outstan	nding		-	
1	Lender Name		Date Repayment Made			
	Street Address	-				
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstar	nding			
1	Enter total only if last page of schedul (transfer the total disbursed this period to "	е				

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

ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

						/
Cumulative Amount this Election Cycle	Cumulative Amount this Reporting Period	Amount of Interest Accrued		Information	Lender	
			Date Interest Accrued	Lender Name		Lenc
				Street Address		
			ZIP	State	City	
			ii 🗆	Amount Still Outstanding	al Amount Borrowed	Orig
			Date Interest Accrued		r Name	Len
					Street Address	
			ZIP	State		cay
				Amount Still Outstanding	al Amount Borrowed	Orig
			Date Interest Accrued		r Name	Len
				Street Address		
			ZIP	State		City
			X	Amount Still Outstanding	al Amount Borrowed	Orig
			Date Interest Accrued		r Name	Len
					Address	Stre
			ZIP	State		City
				Amount Still Outstanding	al Amount Borrowed	Orig
			Date Interest Accrued		r Name	Lens
				Street Address		
			ZIP	State		City
		-		Amount Still Outstanding	al Amount Borrowed	Orig
			ments," line 3(e))	ummary of Disburse	er total only if last page of schedule sfer the total disbursed this period to "Su	Ent

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

REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

/		cipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number (# applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number (Fapplicable)	Original Payment Amount	Date of Original Payment	-		
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address	Street Address				
3	City	Starte	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor	Name of Original Payor				
	Street Address			-		
5	City	State	ZIP	-		
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor	_		

Schedule B(4), page ____ of ___

IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/	Candidate Com	mittee Recipient	Information	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
1	Street Address					
1	City State ZIP					
	Committee ID Number	Date In-Kind Cor	ntribution Made			
	Committee Name					
	Street Address					
2	City State ZIP					
	Committee ID Number	Date In-Kind Co	intribution Made			
	Committee Name					
	Street Address					
3	Cay	State	ZIP			
	Committee ID Number	Date In-Kind Co	ntribution Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
1	Committee ID Number	Date In-Kind Co	ntribution Made			
1	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
+	Enter total only if last page of scheo (transfer the total disbursed this period to	fule				

IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

	Political Ac	ction Committee Recipier	nt Information	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address				:	
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ribution Made			
	Committee Name					
	Street Address			Decl. 1		
2	City State ZIP					
	Committee ID Number Date In-Kind Contribution Made					
	Committee Name					
	Screet Address					
3	оху	State	ZIP			
	Committee ID Number	Date In-Kind Con	tribution Made	7		
	Committee Name			3		
	Street Address					
4	Cay	State	ZIP			
	Committee ID Number	Date In-Kind Con	inbution Made			
	Committee Name	Committee Name				
	Street Address	Street Address				
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ribution Made			
	A CONTRACTOR OF THE CONTRACTOR	I				

IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

		Recipient Informati	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Made			
	Committee Name					
	Street Address					
3		State	ZIP			
	CSy					
	Committee ID Number	Date In-Kind Contribution	n Made			
	Consmittee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address			-		
5	City	State	ZIP	1		
	Committee ID Number	Date In-Kind Contribution	Made	-		
4	Enter total only if last page of schedul (transfer the total disbursed this period to "S	1				

Arizona Secretary of State Revision 9/28/23

IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

/				1	Cumulative	Cumulative
	Partners	hip Recipient Inform	Amount Contributed	Amount this Reporting Period	Amount this	
	Partnership Name					
	Street Address					
1	City	State	ZIP			
1000	Corporation Commission File Number	Date In-Kind Contri	bution Made			
	Partnership Name					
	Street Address					
2	Спу	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	bution Made			
	Partnership Name					
	Street Address					
3	Ĉ\$	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Made			
	Partnership Name					
	Street Address					
4	Cey	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Made			
	Parinership Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Made			
					1	I .

IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

8	Corporation / L	LC Recipient Inform	ation	Amount	Cumulative Amount this	Cumulative Amount this
	Corporation/LLC Name			Contributed	Reporting Period	Election Cycle
	Street Address			0		
1						
•	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made	1		
	Corporation/LLC Name					
	Street Address	-				
2	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Corporation/LLC Name	Corporation LLC Name				
	Street Address			1		
3	City	State	ZIP	1		
	Corporation Commission File Number	Date In-Kind Contribution Made				
	Corporation/LLC Name	Corporation/LLC Name				
	Street Address			*		
4			I			
	Сау	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Corporation/LLC Name					
	Street Address	1				
5	City State ZIP		1			
	Corporation Commission File Number	Commission File Number Date In-Kind Contribution Made				
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 5(e))					



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

	Labor Organ	nization Recipient Ir	nformation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name		, and a			
	Street Address					
1	City	State	ZIP			
32	Corporation Commission File Number	Corporation Commission File Number Date In-Kind Contribution Made				
	Labor Organization Name					
	Street Address					
2	City State ZIP					
	Corporation Commission File Number Date In-Kind Contribution Made					
	Labor Organization Name					
	Street Address	Street Address				
3	Ony	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Made			
	Labor Organization Name	Labor Organization Name				
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Made			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
100	Corporation Commission File Number	Date In-Kind Conf	tribution Made			
	Enter total only if last page of sch (transfer the total disbursed this period					



INDEPENDENT EXPENDITURES MADE: SCHEDULE B(6)

	Expenditure	Recipient Informa	ation	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	1		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (i	noluting % apposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		- □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
Ì	Street Address		<u> </u>	1		
I	City	State	ZIP]		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (i	including % opposed)	☐ Cash☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		oreak		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
l	Street Address		-	1		
Ì	Cty	State	ZIP	1		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (ii	including % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit		
-	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
-	Street Address			1		
	City	State	ZIP	1		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	ncluding % opposed)	□ Cash		
-	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	☐ Credit		
E (Enter total only if last page of schedul transfer the total disbursed this period to "S	e Summary of Disburs	sements," line 6)			



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

	Expenditure I	Recipient Informa	tion	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			
	Balict Measure(s) Supported (Including % supported)	Ballot Measure(s) Opposi	ed (including % apposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Stoadcast	Dection Month Year		□ Credit		
1	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
2	City	State	ZIP	-		
	Saliot Measure(s) Supported (including % supported)	Ballot Measure(s) Oppos	ed (including % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit		
1	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			1		
3	City	State	ZIP	1		
I	Balkot Measure(s) Supported (including % supported)	Ballot Measure(s) Oppose	ed (including % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit		
1	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
-	Street Address					
-	City	State	ZIP	-		
L	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Oppose	ed (including % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit		
1	Enter total only if last page of schedule transfer the total disbursed this period to "S	B	omente * line 7\			



RECALL EXPENDITURES MADE:

SCHEDULE B(8)

_	Expenditure F	Recipient Informatio	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
1	City	State	ZIP	-		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	☐ Cash		
	Date of First Publication, Display, Delivery, or Stoadcast	Office Held		□ Credit		
	Racipient Name	-	Mode of Advertising (TV, mail, etc)			
	Street Address					
2	City	State	ZIP			
1000	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	□ Cash		
1000	Date of First Publication, Display, Delivery, or Broadcast	Office Held		. □ Credit		
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address					
3	Cay	State	ZIP			
200	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
4	City	State	ZIP	1		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Reco	alled	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		□ Credit		
1	Enter total only if last page of schedule (transfer the total disbursed this period to "S					

Schedule B(8), page____ of ____



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

_	Ben	efitted Candida	te	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
9	Candidate Name	Date Benefit Provided				
	Street Address					
ľ	City	State	ZIP			
	Type of Benefit Provided		Δ.			
1	iotes.		-			
1	Candidate Name		Date Benefit Provided			
	Screet Address					
1	Oty	State	ZIP			
Ī	Type of Senefit Provided					
-	ictes					
	Candidate Name		Date Benefit Provided			
	Street Address			-		
ŀ	Ску	State	ZIP			
-	Type of Benefit Provided					
7	ictes:					
,	Candidate Name		Date Benefit Provided			
-	Street Address					
-	Ону	State	ZIP			
L	Type of Benefit Provided					
7	loles:					
E	Enter total only if last page of sched transfer the total disbursed this period t	dule o "Summary of Dir	sbursements," line 9)	1		

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

	Recipient Co	ommittee Informa	ation	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
I	Committee Name		Payment Date			
	Street Address					
	City	State	ZIP	II Cook		
	Date of Joint Fundraising Event (If applicable)	Type of Shared Exp	ense (if applicable)	□ Cash □ Credit		
1	Committee Name		Payment Date			
	Street Astress	- 1				
2	City	State	ZIP			
	Date of Joint Fundressing Event (if applicable)	Type of Shared Exp	ense (if applicable)	□ Cash □ Credit		
1	Committee Name		Payment Date			
	Street Address					
	Oby	State	ZIP	E Ot-		
	Date of Joint Fundraising Event (if applicable) Type of Shared Expens		ense (if applicable)	□ Cash □ Credit		
	Committee Name		Payment Data			
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)	☐ Cash☐ Credit		
1	Committee Name		Payment Date			
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)			□ Cash □ Credit		
	Enter total only if last page of schedu (transfer the total disbursed this period to "	le Summary of Disbu	rsements," line 10)			
	Enter total only if last page of schedu (transfer the total disbursed this period to "	le Summary of Disbu	rsements," line 10)			



REIMBURSEMENTS MADE:

SCHEDULE B(11)

	Recipien	t Information		Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	Сту	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	☐ Credit		
	Name					
	Street Address					
2	Oby	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					-
	Street Address					
3	City	State	ZIP			
	Services or Goods Reimbursed	1	Reimbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Reimbursed	L	Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
	Enter total only if last page of schodule					
	Enter total only if last page of schedule (transfer the total disbursed this period to *Su	mmary of Disburse	ments," line 11)			

OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

_		formation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Street Address					
1 7	Oky	State	ZIP			
7	ype of Account Payable or Debt Owed	- 10	Date that Debt Accrued			
1	Name			- 111		
	Street Address					
1	Oly	State	ZIP			
7	Type of Account Payable or Debt Owed		Date that Debt Accrued			
ľ	Name		-	-		
	Street Address					
L	Оку	State	ZIP			
	type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name Street Address					
	City	State	ZIP	_		
	ype of Account Payable or Debt Owed		Date that Debt Accrued	-		
1	Name					
	Street Address			-		
,	City	State	ZIP			
7	Type of Account Payable or Debt Owed		Date that Debt Accrued	-		
E	Enter total only if last page of schedule transfer the total received this period to "Sumr	mary of Receipts,"	line 12)			



TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Dect		
Recipient of Surplus Monies / Source of Transferred Debt	-	
Total (transfer the total disbursed this period to "Summary of Disbursements," line 13)		

Schedule A(13), page____ of ____



MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

_		Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Staples			433.72	Y	
1	Street Address 4535 E. McKellips Road					
1	c _{ity} Mesa	AZ	ZIP 85215	☑ Cash		
	Disbursement Type Payment for services		Disbursement Date	☐ Credit		
	Name					
	Street Address			-		
2	City		ZIP			
	Disbursement Type		Disbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address					
3	City		ZIP			
	Disbursement Type	l-	Disbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address		1			
4	City		ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
1	Namo		1.			
	Street Address		1			
5	City	State	ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbur	sements," line 14)			



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		
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 69