

COMMITTEE ID NUMBER
CAN2020-02

COM	MITTEE INFORMATION (required):			DECEMEN
	Committee Information:	Committee Name:	Stephen Sparks		RECEIVED By Lisa Anderson at 12:42 pm, Jul 03,
CAND	IDATE INFORMATION (only if file	ng as a candidate comm	nittee):		
(Office Sought:	□ County Office:			☐ Special District Office:
		☑ City/Town Office	City Council		☐ School Board District:
	Cumulative Report:				
	☐ Check here if this is the	candidate committee's f	irst, cumulative report for	the elec	ction cycle. Also select appropriate Reporting Period below.
	Cumulative reporting perio	d start date (which supe	ersedes the start date for	the Re	porting Period selected below):
REPO	ORTING PERIOD (check one):				

/	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 va	alue at the beginning of this reporting period (i.e. ending balance from the ing period)	\$ 1,981.23	
(b) + Total receip	ots (from "Summary of Receipts," line 13 (cash column) for this reporting period)	\$ 0.00	
(c) - Total disbur	sements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)	\$ 0.00	
(d) = Balance at	close of reporting period	\$ 1,981.23	
	filing no financial activity during the reporting period. Lines (a)-(d) still mu e need to be filed.	st be completed, but only this c	over 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.

Stephen Sparks	Stephen Sparks Digitally signed by Stephen Sparks Date: 2024.07.03 11:56:35 -07'00'	07/03/2024
Printed Name of Committee Treasurer	Signature of Committee Treasurer	Date

SUMMARY OF RECEIPTS (Schedule A):

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	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(I) from 1(k))		
2.	Loans (a) Loans Bassing d		
	(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.	Outstanding Accounts Receivable / Debts Owed to Committee		
11.	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
	Miscellaneous Receipts (use cash and/or equity asapplicable)		
	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)		



SUMMARY OF DISBURSEMENTS (Schedule B):

			_
/	Disbursements	Cash	Equity
1.	Disbursements for Operating Expenses		
2.	Contributions Made		
	(a) Candidate Committees		
	(b) Political Action Committees		
	(c) Political Parties		
	(d) Partnerships		
	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		
	(f) Labor Organizations (PAC & Political Parties Only)		
	(g) Monetary Contributions Subtotal (add 2(a) through 2(f))		
	(h) Contribution Refunds Provided to the Reporting Committee		
	(i) Monetary Contributions Total (subtract 2(h) from 2(g))		
3.	Loans		
	(a) Loans Made		
	(b) Loan Guarantees Made		
	(c) Forgiveness on Loans Made		
	(d) Repayment of Loans Received		
	(e) Accrued Interest on Loans Received		
	(f) Total Loans (cash: add 3(a), 3(d) & 3(e); equity: add 2(b) & 2(c))		
4.	Rebates and Refunds Made (Non-Contributions)		
5.	Value of In-Kind Contributions Provided		
	(a) Candidate Committees		
	(b) Political Action Committees		
	(c) Political Parties		
	(d) Partnerships		
	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		
	(f) Labor Organizations (PAC & Political Parties Only)		
	(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		
15.	Aggregate of Disbursements - \$250 or Less		
16.	Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15)		



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

SCHEDULE A(1)(a)

	Individual Contr	ibutor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
1	Street Address					
	City	State	ZIP			
	Occupation	Employer	l			
	Name	I	Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer	I			
	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 "Sum			<u> </u>		
	(transfer the total received this period to "Sum	mary of Receipts," l	line 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 ____

COMMITTEE ID NUMBER

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.

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



MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

	Individual Conti	ributor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address			1		
1	City	State	ZIP	1		
	Occupation	Employer		-		
	Name	l	Date Contribution Received			
	Street Address			1		
2	City	State	ZIP	_		
	Occupation	Employer	<u> </u>	1		
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP	_		
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address			-		
4	City	State	ZIP			
	Occupation	Employer	1	1		
	Name		Date Contribution Received			
	Street Address			1		
5	City	State	ZIP	1		
	Occupation	Employer	1	1		
	Enter total only if last page of schedule (transfer the total received this period to "Sum		En - 4(-)			
	transier the total received this period to "Sum	mary of Receipts,"	line 1(c))			/

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



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

/	Candidate Committee	· Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
H	Committee Name					
	Street Address					
2	City	State	ZIP			
		Date Contribution Receive				
	Committee ID Number	Date Contribution Receive	ea			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	ber Date Contribution Received				
\vdash	Committee Name					
	Street Address					
4	City	State	ZIP			
8						
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	I ed	1		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 1(d))	I		

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

	Political Action Committ	ee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	d			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	I ed	-		
\dashv	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	Date Contribution Received				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	I ed			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mony of Passints "1	ino 1(a))			
	(transfer the total received this period to Sun	inary or receipts, i	ine i(e))			

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

	Political Party Co	ntributor Informat	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committe	Committee Name					
Street A	Address					
City		State	ZIP			
Committe	tee ID Number	Date Contribution Receive	I d			
Committe	tee Name					
Street A	Address					
City		State	ZIP			
Committe	tee ID Number	Date Contribution Receive	<u>I</u> ed			
Committe	Committee Name					
Street A	Street Address					
City		State	ZIP			
Committe	tee ID Number	Date Contribution Receive	ed			
Committe	tee Name					
Street A	Address					
City		State	ZIP			
Committe	tee ID Number	Date Contribution Received				
Committe	Committee Name					
Street A	Street Address					
City		State	ZIP			
Committe	tee ID Number	Date Contribution Receive	ed	-		
Enter (transf	total only if last page of schedule fer the total received this period to "Sumi	mary of Receipts," I	ine 1(f))			

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

	Partnership Con	tributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP			
2	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
\vdash	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
H	Partnership Name					
	Street Address					
4	City	State	ZIP			
i	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	<u>l</u> ed			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 1(g))	I		

Schedule A(1)(g), page___ of ___



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

Corporation / LLC Contributor Information Amount Received Amount this Amount the							
Street Address		Corporation / LLC	Contributor Inform	nation	Amount Received	Amount this	Cumulative Amount this Election Cycle
1 City Soale ZIP Corporation Commission File Number Date Contribution Received Distreat Address 2 City State ZIP Corporation Commission File Number Date Contribution Received Date Contribution Received Corporation Commission File Number Date Contribution Received Distreat Address 3 City State ZIP Corporation Commission File Number Date Contribution Received		Corporation/LLC Name					
Corporation/LLC Name Steed Address 2 City State ZIP Cooperation/LLC Name Date Contribution Received Date Contribution Received 2 City State Steed Address 3 City State Date Contribution Received Date Contribution Received Cooperation/LLC Name Steed Address 4 City State Steed Address Date Contribution Received Cooperation/LLC Name Steed Address 4 City State Steed Address 5 City State State Steed Address 5 City State Steed Address 5 City State State ZIP		Street Address					
Corporation Commission File Number Defe Contribution Received Corporation Commission File Number Date Contribution Received 2 City Corporation Commission File Number Date Contribution Received 3 City State 2P Corporation Commission File Number Date Contribution Received Corporation Commission File Number Date Contribution Received				,			
Carporation/LLC Name Street Address 2 City State ZIP Corporation Commission File Number Date Contribution Received Corporation Commission File Number Street Address 3 City State ZIP Corporation Commission File Number Date Contribution Received Corporation Commission File Number Date Contribution Received Corporation/LLC Name Street Address 4 City State ZIP Corporation/LLC Name Date Contribution Received Corporation/LLC Name Street Address 5 City State ZIP Corporation/LC Name		City	State	ZIP			
Street Address 2 City State ZiP Corporation Commission File Number Date Contribution Received 3 City State ZIP Corporation Commission File Number Date Contribution Received 4 City State ZIP Corporation Commission File Number Date Contribution Received 5 Treet Address 4 City State ZIP Corporation Commission File Number Date Contribution Received Corporation Commission File Number Date Contribution Received 5 Treet Address 5 City State ZIP		Corporation Commission File Number	Date Contribution Receive	d			
2 City State ZIP Corporation Commission File Number Date Contribution Received Corporation LLC Name Street Address 3 City State ZIP Corporation Commission File Number Date Contribution Received Corporation LC Name Street Address 4 City State ZIP Corporation Commission File Number Date Contribution Received		Corporation/LLC Name	1				
Corporation Commission File Number Date Contribution Received Corporation*LLC Name Street Address Cuty State ZiP Corporation*LLC Name Street Address Corporation*LLC Name Street Address Liste ZiP Corporation*LLC Name Street Address	3	Street Address					
Corporation/LLC Name Street Address	2	City	State	ZIP			
Street Address City State ZIP Corporation Commission File Number Date Contribution Received Corporation/LLC Name Street Address 4 City State ZIP Corporation Commission File Number Date Contribution Received Corporation Commission File Number Date Contribution Received Corporation/LLC Name Street Address 5 City State ZIP		Corporation Commission File Number	Date Contribution Receive	ed	-		
Corporation Commission File Number Date Contribution Received		Corporation/LLC Name					
Corporation/LLC Name Street Address 4 City State ZIP Corporation/LLC Name Date Contribution Received Corporation Commission File Number Date Contribution Received Corporation Commission File Number Date Contribution Received Street Address 5 City State ZIP		Street Address					
Corporation/LLC Name Street Address 4 City State ZIP Corporation Commission File Number Date Contribution Received Corporation/LLC Name Street Address 5 City State ZIP	3	City	State	ZIP	-		
Street Address 4 City State ZIP Corporation Commission File Number Date Contribution Received Corporation/LLC Name Street Address 5 City State ZIP		Corporation Commission File Number Date Contribution Received					
Corporation Commission File Number Date Contribution Received Corporation/LLC Name Street Address City State ZIP ZIP		Corporation/LLC Name					
Corporation Commission File Number Date Contribution Received Corporation/LLC Name Street Address City State ZIP	5	Street Address			-		
Corporation/LLC Name Street Address City State ZIP	4	City	State	ZIP	-		
Street Address 5 City State ZIP		Corporation Commission File Number Date Contribution Received					
5 City State ZIP	H	Corporation/LLC Name					
City State ZIP		Street Address					
Corporation Commission File Number Date Contribution Received	5	City	State	ZIP	1		
		Corporation Commission File Number	Date Contribution Receive	ed	-		

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

	Labor Organization	Contributor Inforn	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name				1 0	,
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			-
	Labor Organization Name	I				
	Street Address			•		
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	<u>I</u> ed	-		
	Labor Organization Name	I				
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	I ed	1		
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	I ed			
	Labor Organization Name					
	Street Address			1		
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	I ed			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	I mary of Receipts," I	line 1(i))	<u> </u>		

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

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

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

Reporting Period Election Cycle	/				1	Cumulative	Cumulative
Street Address 1 City State 2IP Diver of registration (registration) Nerre Date of Original Contribution Street Address 2 City State 2IP Diver of Original Contribution (Refunded) Street Address 3 City State 2IP Diver of Original Contribution (Refunded) Street Address 4 City State 2IP Diver of Original Contribution (Refunded) Street Address Street Address 5 City State 2IP Diver of Original Contribution Diver of Original Contribution Diver of Original Contribution Street Address 5 City State 2IP Diver of Original Contribution Diver of Original Contribution Street Address Street Address 5 City State 2IP State 2IP State 2IP State 2IP State 3IP Stat		Contributo	r Information		Amount Refunded		Amount this Election Cycle
Date of Original Contribution Refunded		Name		Date Contribution Refunded			
Determination of Contribution Refunded Name Date of Original Contribution Date Contribution Refunded Seed Address City State 2IP Date of Original Contribution Refunded Seed Address Date Contribution Refunded Seed Address Date of Original Contribution Refunded Date of Original Contribution Refunded Seed Address Seed Address Date Contribution Refunded Date of Original Contribution Refunded Seed Address Date of Original Contribution Refunded		Street Address					
Name Date Contribution Refunded Street Address ZiP District (flagsficable) Date of Original Contribution Name Date Contribution Date of Original Contribution	1	City	State	ZIP			
Street Address City State ZIP Distribution Refunded Street Address City State ZIP Distribution Refunded Date Contribution Refunded Date Contribution Refunded Street Address To Number (if applicable) Date Contribution Refunded Street Address City State ZIP Distribution Refunded Street Address City State ZIP Distribution Refunded Street Address City State ZIP Date of Original Contribution Date Contribution Refunded Street Address City State ZIP Date of Original Contribution Date Contribution Refunded Street Address City State ZIP		ID Number (if applicable)		Date of Original Contribution			
22 City State ZIP ID Number (if applicable) Date of Original Contribution Name Date Contribution Refunded Street Address City State ZIP ID Number (if applicable) Date of Original Contribution Name Date Contribution Refunded Street Address 4 City State ZIP ID Number (if applicable) Date of Original Contribution Date of Original Contribution Date of Original Contribution Average Date of Original Contribution Name Date of Original Contribution Street Address 4 City State ZIP ID Number (if applicable) Date of Original Contribution Name Date of Original Contribution		Name		Date Contribution Refunded			
ID Number (if applicable) Date of Original Contribution Name Date Contribution Refunded Street Address City ID Number (if applicable) Date of Original Contribution Date of Original Contribution Date of Original Contribution Name Date Contribution Refunded Street Address City Street Address Date of Original Contribution Date of Original Contribution Date of Original Contribution Date of Original Contribution Street Address Date of Original Contribution Date of Original Contribution Street Address Street Address Street Address Street Address		Street Address		<u> </u>			
Name Date Contribution Refunded Street Address City State ZIP ID Number (if applicable) Date of Original Contribution Name Date Contribution Refunded Street Address City State ZIP Date of Original Contribution Date of Original Contribution Name Date of Original Contribution Street Address City State ZIP Date of Original Contribution Street Address City State ZIP	2	City	State	ZIP			
Street Address City		ID Number (if applicable)		Date of Original Contribution			
State ZIP Date of Original Contribution		Name		Date Contribution Refunded			
ID Number (if applicable) Date of Original Contribution Name Date Contribution Refunded Street Address City State ID Number (if applicable) Date of Original Contribution Date of Original Contribution Date of Original Contribution Street Address Date Contribution Refunded Street Address Tip		Street Address			-		
Name Date Contribution Refunded Street Address Gity State ZIP ID Number (if applicable) Date of Original Contribution Name Date Contribution Refunded Street Address Gity State ZIP Date of Original Contribution Name Date Contribution Refunded	3	City	State	ZIP	-		
Street Address City State ZIP ID Number (if applicable) Date of Original Contribution Name Date Contribution Refunded Street Address Tity State ZIP		ID Number (if applicable)		Date of Original Contribution	-		
4 City State ZIP ID Number (if applicable) Date of Original Contribution Name Date Contribution Refunded Street Address City State ZIP		Name		Date Contribution Refunded			
ID Number (if applicable) Date of Original Contribution Name Date Contribution Refunded Street Address City State ZIP		Street Address			\dashv		
Name Date Contribution Refunded Street Address City State ZIP	4	City	State	ZIP	\dashv		
Street Address City State ZIP		ID Number (if applicable)		Date of Original Contribution	\dashv		
5 City State ZIP		Name		Date Contribution Refunded			
City State ZIP		Street Address		<u> </u>	-		
ID Number (if applicable) Date of Original Contribution	5	City	State	ZIP	-		
		ID Number (if applicable)		Date of Original Contribution	\dashv		

Schedule A(1)(I), page____ of___



LOANS RECEIVED: SCHEDULE A(2)(a)

	Lender I	nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name	Date Loan Received				
	Street Address			-		
1	City	State	ZIP	-		
	Guarantor/Endorser Name	Non-Electoral Purpose? (I PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address			-		
2	City	State	ZIP	-		
	Guarantor/Endorser Name	Non-Electoral Purpose? (I PACs and Political Parties Only)	-		
	Lender Name	Date Loan Received				
	Street Address					
3	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)		-		
	Lender Name	Date Loan Received				
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)		-		
	Lender Name	Date Loan Received				
	Street Address			_		
5	City	State	ZIP	_		
	Guarantor/Endorser Name		PACs and Political Parties Only)			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 2(a))			

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



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

/	T	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	<u> </u>	Date Forgiveness Received			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address					
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Enter total only if last page of schedule					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," l	ine 2(b))			

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



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

,						
	Borrower	Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Repayment Received			-
	Street Address		<u> </u>			
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	l			
	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			-		
City	State	ZIP	-		
Original Amount Borrowed	Amount Still Outstanding	L	1		
Borrower Name		Date Interest Accrued			
Street Address					
City	State	ZIP	_		
Original Amount Borrowed	Amount Still Outstanding	<u> </u>	-		
Borrower Name		Date Interest Accrued			
Street Address	_				
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding		_		
Borrower Name		Date Interest Accrued			
Street Address			_		
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding		_		
Borrower Name		Date Interest Accrued			
Street Address					
City	State	ZIP	+		
Original Amount Borrowed	Amount Still Outstanding		_		
			1		
	Borrower Name Street Address City Original Amount Borrowed Borrower Name Street Address City Original Amount Borrowed Borrower Name Street Address City Original Amount Borrowed Street Address City Original Amount Borrowed Borrower Name Street Address City Original Amount Borrowed Borrower Name Street Address City Original Amount Borrowed Borrower Name Street Address City Original Amount Borrowed	Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address Street Address	Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding City State ZIP Original Amount Borrowed Amount Still Outstanding City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address Street Address Street Address Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Date Interest Accrued Street Address Street Address Street Address Street Address	Borrower Name Street Address City State Original Amount Borrowed Amount Still Outstanding City State City State	Borrower Name Street Address City Street Addre

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



STATE OF ARIZONA

COMMITTEE ID NUMBER

A(3)

/	/	Payor Information		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Payor Name		Date Rebate/Refund Received			
	Street Address					
1	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/	Rebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
2	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/	Rebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address		-			
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/	Rebate			
	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					
5			I			
	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/	Rebate			

Schedule A(3), page____ of ___

COMMITTEE ID NUMBER

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

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

Schedule A(4), page____ of ____



IN-KIND CONTRIBUTIONS RECEIVED FROM 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
me		Date In-Kind Contribution Received			-
eet Address		<u> </u>	-		
у	State	ZIP	-		
cupation	Employer				
me	<u>I</u>	Date In-Kind Contribution Received			
eet Address		<u>I</u>			
у	State	ZIP			
cupation	Employer				
Name		Date In-Kind Contribution Received			
Street Address					
у	State	ZIP			
cupation	Employer				
me		Date In-Kind Contribution Received			
eet Address					
у	State	ZIP			
cupation	Employer		-		
me		Date In-Kind Contribution Received			
reet Address					
у	State	ZIP			
cupation	Employer				
cupation	al only if last page of schedule he total received this period to "Sum	Employer		Employer	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____ of ___

COMMITTEE ID NUMBER

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).

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



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

SCHEDULE A(5)(c)

/	Candidate Committee	e Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	 Received			
	Committee Name	l				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	mmittee 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	I Received			
	Committee Name	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 "Sum	mary of Receipts " I	ine 5(d))	l		

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



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

/	Candidate Committee	Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
8	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
3	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					
3	Street Address					
5	City	State	ZIP			
3	Committee ID Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	many of Rossints " !	ine 5(d))	<u> </u>		

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

	Political Action Committ	ee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	I Received			
	Committee Name	I				
	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	<u> </u>				
	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 "Sum					
	(transfer the total received this period to "Sum	mary of Receipts," I	ine 5(e))			

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

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

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

Partnership Contributor Information Amount Received Amount this Amo							
Particerable Name Steed Address 1 City State ZiP Corporation Commission File Number Date In-Kind Contribution Received Particerable Name Steed Address 2 City State ZiP Corporation Commission File Number Date In-Kind Contribution Received Particerable Name Steed Address 3 City State ZiP Corporation Commission File Number Date In-Kind Contribution Received Particerable Name Steed Address 3 City State ZiP Corporation Commission File Number Date In-Kind Contribution Received Particerable Name Steed Address 4 City State ZiP Corporation Commission File Number Date In-Kind Contribution Received Particerable Name Steed Address Steed Address Steed Address Steed Address Steed Number Date In-Kind Contribution Received		Partnership Cor	ntributor Informatio	on	Amount Received	Amount this	Cumulative Amount this
Street Address 1 City State Corporation Commission File Number Date In-Kind Contribution Received Pattership Name Street Address 2 City State Corporation Commission File Number Date In-Kind Contribution Received Pattership Name Street Address 3 City State Corporation Commission File Number Date In-Kind Contribution Received 2 City Corporation Commission File Number Date In-Kind Contribution Received 2 City Corporation Commission File Number Date In-Kind Contribution Received 2 City Corporation Commission File Number Date In-Kind Contribution Received 2 City Corporation Commission File Number Date In-Kind Contribution Received Date In-Kind Contribution Received Date In-Kind Contribution Received						Reporting Period	Election Cycle
Corporation Commission File Number Date in-Kind Contribution Received Partnership Name Sireet Address ZiP Corporation Commission File Number Date in-Kind Contribution Received ZiP Corporation Commission File Number Date in-Kind Contribution Received Partnership Name Sireet Address 3 City State ZiP Corporation Commission File Number Date in-Kind Contribution Received Address Sireet Address Sireet Address 4 City Corporation Commission File Number Date in-Kind Contribution Received Partnership Name Sireet Address 4 City Corporation Commission File Number Date in-Kind Contribution Received		rainteisnip Name					
Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address: City State Zip Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address 3 City State Zip Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address Street Address Street Address Street Address 4 City State Zip Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address 4 City State Zip Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address Factorial in Name Street Address Factorial in Name Street Address		Street Address					
Corporation Commission File Number Date In-Kind Contribution Received Partoreship Name Street Address Zip Corporation Commission File Number Date In-Kind Contribution Received Date In-Kind Contribution Received Partoreship Name Street Address Zip Corporation Commission File Number Date In-Kind Contribution Received Date In-Kind Contribution Received Partoreship Name Street Address Zip Corporation Commission File Number Date In-Kind Contribution Received Partoreship Name Street Address A Dity State Zip Corporation Commission File Number Date In-Kind Contribution Received Partoreship Name Street Address File Number Date In-Kind Contribution Received	1	City	State	7IP	_		
Fathership Name Street Address 2 City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Pattership Name Street Address 3 City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Corporation Commission File Number Date In-Kind Contribution Received Pattership Name Street Address 4 City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Pattership Name Street Address 4 City State ZIP Corporation Commission File Number Date In-Kind Contribution Received		City	State	211			
Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received		Corporation Commission File Number	Date In-Kind Contribution	Received			
City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address Street Address		Partnership Name					
Corporation Commission File Number Date In-Kind Contribution Received Street Address Gity State ZIP Corporation Commission File Number Date In-Kind Contribution Received Fantnership Name Street Address Gity State ZIP Corporation Commission File Number Date In-Kind Contribution Received Fantnership Name Street Address Gity State ZIP Corporation Commission File Number Date In-Kind Contribution Received		Street Address			_		
Corporation Commission File Number Date In-Kind Contribution Received Street Address Gity State ZIP Corporation Commission File Number Date In-Kind Contribution Received Fantnership Name Street Address Gity State ZIP Corporation Commission File Number Date In-Kind Contribution Received Fantnership Name Street Address Gity State ZIP Corporation Commission File Number Date In-Kind Contribution Received)		_				
Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received	-	City	State	ZIP			
Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Street Address Street Address		Corporation Commission File Number Date In-Kind Contribution Received			_		
City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address Street Address		Partnership Name					
Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address Street Address		Street Address		1			
Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address	3	City	State	ZIP	_		
Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address		Corporation Commission File Number Date In-Kind Contribution Received			_		
City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address		Partnership Name					
City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address		Street Address			_		
City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address	1		1	1	_		
Partnership Name Street Address	•	City	State	ZIP			
Street Address		Corporation Commission File Number Date In-Kind Contribution Received					
		Partnership Name					
City State ZIP		Street Address	_				
	5	City	State	ZIP			
Corporation Commission File Number Date In-Kind Contribution Received		Corporation Commission File Number	Date In-Kind Contribution	Received	_		

Schedule A(5)(g), page___ of ___



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

	Corporation /	LLC Contributor Inforn	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name			·		
	Street Address			-		
1	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	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					
8	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 sche (transfer the total received this period to	edule	line 5(h))			
	(addictor and total received this period to	5 Cammary of Necespts,	J(11))			

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

	Labor Organization	Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name				1 3	
	Street Address					
1	City	State	ZIP			
,	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address	_				
	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received	_		
	Labor Organization Name					
	Street Address		-			
3	City	State	ZIP	\dashv		
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
	Labor Organization Name					
	Street Address			\dashv		
	City	State	ZIP	\dashv		
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
	Labor Organization Name					
	Street Address			_		
	City	State	ZIP	\dashv		
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
-	Enter total only if last page of schedule (transfer the total received this period to "Sum					

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		l			
1	1	City	State	ZIP			
		Asset or Property Contributed					
		Name		Date In-Kind Contribution Received			
		Street Address					
2	2	City	State	ZIP			
		Asset or Property Contributed					
L		Name		Date In-Kind Contribution Received			
		Street Address					
3	3	City	State	ZIP			
		Asset or Property Contributed					
-		Name		Date In-Kind Contribution Received			
		Street Address					
4	4	011	0.4	Taun			
		City	State	ZIP			
		Asset or Property Contributed					
F		Name		Date In-Kind Contribution Received			
		Street Address					
	5	City	State	ZIP			
		Asset or Property Contributed					
L							
L		Enter total only if last page of schedule (transfer the total received this period to "Sumr	mary of Receipts," I	line 5(j))			
/			Sch	edule A(5)(j), page of			7



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

SCHEDULE A(6)

	Source	Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Donation Received			
	Street Address		.L	1		
1	City	State	ZIP			
	Type of Item Donated	1		1		
	Name		Date In-Kind Donation Received			
	Street Address			1		
2	City	State	ZIP	1		
	Type of Item Donated	<u> </u>		-		
	Name	Name				
	Street Address	<u> </u>	1			
3	City	State	ZIP	-		
	Type of Item Donated			1		
	Name		Date In-Kind Donation Received			
	Street Address			-		
4	City	State	ZIP	-		
	Type of Item Donated	<u> </u>		1		
	Name	Date In-Kind Donation Received				
	Street Address			1		
5	City	State	ZIP	1		
	Type of Item Donated			1		
	Enter total only if last page of schedule (transfer the total received this period to "Sun					

Schedule A(6), page_____ of ____



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

	Creditor	Information		Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address	street Address				
1	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Provided on Credit	Date of Extension of Credit				
	Name	<u>I</u>				
	Street Address					
3	City	State	ZIP			
	Services or Goods Provided on Credit Date of Extension of Credit					
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
5	Street Address					
	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 7(a))	<u> </u>		

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					
	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			
T	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Originally Provided on Credit Date of Original Extension of Cred		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		Date of Original Extension of Credit			
	Enter total only if last page of schedule (transfer the total received this period to "Sum					

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



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor Committee Information			Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			j
1	Street Address	1				
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)			
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	_		
	Committee Name		Payment Date			
5	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)			
H	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)			
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)			
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 8)					
	(transfer the total received this period to "Su					

Schedule A(8), page____ of ____



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

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

Schedule A(9), page____ of ____



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

/				1	1	
	Info	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	L	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 "Sum					

Schedule A(10), page____ of ____

COMMITTEE ID NUMBER

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		Receipt Date			
	Name					
2	Street Address	I	T			
	City Receipt Type	State	ZIP Receipt Date			
	Name					
	Street Address					
3	City	State	ZIP			
	Receipt Type	Receipt Date				
	Name					
	Street Address					
4	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name Street Address	Name Stroot Address				
5		State	ZIP			
	Receipt Type		Receipt Date			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 12)			

Schedule A(12), page____ of ____



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

_	Recipie	nt Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Disbursement Date				
	Street Address					
1	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)	☐ Cash ☐ Credit		
	Name					
	Street Address					
2	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)	☐ Cash ☐ Credit		
	Name	Disbursement Date				
	Street Address					
3	City	State	ZIP	 □ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)	☐ Credit		
	Name	Disbursement Date				
	Street Address					
4	City	State	ZIP	□ Cook		
	Type of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date				
	Street Address					
5	City	State	ZIP	☐ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)	□ Credit		
_	Enter total only if last page of schedule (transfer the total disbursed this period to "S					

Schedule B(1), page____ of ____



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	Candidate Committee	e Recipient Inforr	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name				Reporting Feriod	Liection Cycle
	Street Address	-				
1	City	State	ZIP	. □ Cook		
3	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
T	Committee Name	<u> </u>				
	Street Address					
2	City	State	ZIP	□ Cash		
8	Committee ID Number	Imber Date Contribution Made		☐ Credit		
	Committee Name					
3	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made				
	Committee Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
5	Street Address					
3	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 "Sur	mmary of Disbursen	nents," line 2(a))			
\		Scho	edule B(2)(a), page of			/



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

	Political Action Commi	ttee Recipient Inf	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Committee ID Number Date Contribution Made			□ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		□ Credit		
	Committee Name					
	Street Address	Street Address				
4	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	•	□ Credit		
	Committee Name	1				
	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 "Su	mmary of Disbursen	nents," line 2(b))	•		
	(transfer the total disbursed this period to "Sur		nents," line 2(b)) edule B(2)(b), page	of		



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Politi	cal Party Recipient Inform	nation	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 Ma	ade	□ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution M	ade	□ Cash □ Credit		
	Committee Name	Committee Name				
3	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution M	ade	□ Cash □ Credit		
	Committee Name	Committee Name				
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution M	ade	□ Cash □ Credit		
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution M	ade	□ Cash □ Credit		
_	Enter total only if last page o (transfer the total disbursed this p	f schedule				



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	ship Recipient Informa	tion	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP	ПОсть		
	Corporation Commission File Number	Date Contribution Mad	de	□ Cash □ Credit		
	Partnership Name					
	Street Address					
2	City	State	ZIP	ПСоок		
	Corporation Commission File Number	Date Contribution Ma	l de	□ Cash □ Credit		
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit		
	Partnership Name					
	Street Address					
4	City	State	ZIP	- Cook		
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit		
	Partnership Name	1				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit		
_	Enter total only if last page of scl (transfer the total disbursed this period	nedule		<u> </u>		



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

/	Corporation	n / LLC Recipient In	formation	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 Contribution	Made	□ Cash □ Credit			
	Corporation/LLC Name	I					
	Street Address						
2	City	State	ZIP				
	Corporation Commission File Number	Date Contribution	n Made		□ Cash □ Credit		
	Corporation/LLC Name						
	Street Address						
3	City	State	ZIP				
	Corporation Commission File Number	Date Contribution	n Made	□ Cash □ Credit			
	Corporation/LLC Name						
	Street Address						
4	City	State	ZIP	E Out			
	Corporation Commission File Number	Date Contribution	n Made	□ Cash □ Credit			
	Corporation/LLC Name	l					
	Street Address						
5	City	State	ZIP	E Octob			
	Corporation Commission File Number	Date Contribution) Made	□ Cash □ Credit			
	Enter total only if last page of sol (transfer the total disbursed this period					 	



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

/		Labor Organization	Recipient Inform	nation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative ` Amount this Election Cycle
		Labor Organization Name					
		Street Address					
1	1	City	State	ZIP	□ Cook		
		Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
		Labor Organization Name	<u>I</u>				
		Street Address					
2	2	City	State	ZIP	□ Cook		
		Corporation Commission File Number	Date Contribution Made	1	□ Cash □ Credit		
		Labor Organization Name					
	•	Street Address					
3	3	City	State	ZIP	□ Cash		
		Corporation Commission File Number Date Contribution Made			☐ Credit		
		Labor Organization Name					
		Street Address					
4	4	City	State	ZIP	□ Cash		
		Corporation Commission File Number	Date Contribution Made		☐ Credit		
		Labor Organization Name	ı				
		Street Address					
5	5	City	State	ZIP	□ Cash		
		Corporation Commission File Number	Date Contribution Made	•	☐ Credit		
		Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	1				



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

		Contributor Informatio	n	Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Date Refund Received			
	Street Address					
1	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
2	City	State	ZIP			
	Committee ID Number	L	Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address			7		
3	City	State	ZIP			
	Committee ID Number	I	Date of Original Contribution	7		
	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			_		
5	City	State	ZIP	-		
	Committee ID Number		Date of Original Contribution	-		
_	Enter total only if last page o	f schedule	L			
	Enter total only if last page o (transfer the total disbursed this p	f schedule period to "Summary of Disb	oursements," line 2(h))			

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



LOANS MADE: SCHEDULE B(3)(a)

	Borrower	Information		Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Borrower Name Street Address						
	Olleet 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	I				
	Borrower Name						
	Street Address						
3	City	State	ZIP				
	Guarantor/Endorser Name	Date Loan Made	I				
	Borrower Name						
	Street Address						
4	City	State	ZIP				
	Guarantor/Endorser Name	Date Loan Made	L				
	Borrower Name	<u> </u>					
	Borrower Name Street Address						
5	City	State	ZIP				
	Guarantor/Endorser Name	Date Loan Made	I				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 3(a))				

Schedule B(3)(a), page___of ___



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

/		. In farms of		Amount	Cumulative	Cumulative
	Guarantoi	Information		Guaranteed	Amount this Reporting Period	Amount this Election Cycle
	Guarantor Name				,p	
	Street Address					
1	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed	L			
	Guarantor Name					
	Street Address	Street Address				
2	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address					
3	City	State	ZIP			
8	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				
7	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts " li	ine 3(b))			

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



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

				1	, ,	
	Borrower	Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Forgiveness Made			
	Street Address		I			
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					Ì
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address					Ì
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	l			
	Borrower Name		Date Forgiveness Made			
	Street Address		I			
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	<u>I</u>			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	I nmary of Disbursen	nents," line 3(c))	I		

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



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

Lender I	nformation		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
ler Name		Date Repayment Made			
Street Address					
	State	ZIP			
inal Amount Borrowed	Amount Still Outstanding				
ler Name		Date Repayment Made			
et Address					
	State	ZIP			
inal Amount Borrowed	Amount Still Outstanding				
Lender Name		Date Repayment Made			
et Address					
	State	ZIP			
inal Amount Borrowed	Amount Still Outstanding				
ler Name		Date Repayment Made			
et Address					
	State	ZIP			
inal Amount Borrowed	Amount Still Outstanding				
der Name		Date Repayment Made			
Street Address					
	State	ZIP			
inal Amount Borrowed	Amount Still Outstanding				
et Ad	dress	dress State Amount Borrowed Amount Still Outstanding	dress State ZIP	dress State ZIP Amount Borrowed Amount Still Outstanding	dress State ZIP Amount Borrowed Amount Still Outstanding

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



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

	Lender I	nformation		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Interest Accrued			-
	Street Address		L	-		
1	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Interest Accrued			
	Street Address			1		
2	City	State	ZIP	1		
	Original Amount Borrowed	Amount Still Outstanding		1		
	Lender Name		Date Interest Accrued			
	Street Address			1		
3	City	State	ZIP	<u> </u> 		
	Original Amount Borrowed	Amount Still Outstanding		1		
	Lender Name		Date Interest Accrued			
	Street Address			-		
4	City	State	ZIP	1		
	Original Amount Borrowed	Amount Still Outstanding		1		
	Lender Name		Date Interest Accrued			
	Street Address					
5	City			-		
		State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding				
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	mmary of Disbursen	nents," line 3(e))			

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

/	Rev	cipient Information		Amount Rebated /	Cumulative Amount this	Cumulative Amount this
	Name of Original Payor	Spicit information	Date Rebate/Refund Made	Refunded	Reporting Period	Election Cycle
	Ivalie of Original Fayor		Date Nebate/Neturiu Wade			
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address			_		
4	City	State	ZIP	_		
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	(ii applicable)		. tamo or originari ayor			

Schedule B(4), page____ of ____



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

	Candidate Committe	e Recipient Inforr	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
5	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 5(a))			

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

Political Action Committee Recipient Information Amount this Amount the						
Store Address Stor		Political Action Commi	ttee Recipient Info	ormation	Amount this	
The committee ID Number Date In Kind Certification Mode		Committee Name				
Committee ID Number		Street Address				
Committee Name Street Address 2 Cay State ZIP Committee ID Number Date in-Kind Contribution Mode Committee Name Street Address 3 City State ZIP Committee ID Number Date in-Kind Contribution Mode Committee Name Street Address 4 City State ZIP Committee Name Street Address 5 Street Address 5 Street Address 5 City State ZIP Committee Name Street Address 5 City State ZIP Committee ID Number Date in-Kind Contribution Mode	1	City	State	ZIP		
Street Address ZIP		Committee ID Number	Date In-Kind Contribution	I Made		
2 City State ZIP Committee ID Number Date In-Kind Contribution Meds Street Address 3 City State ZIP Committee ID Number Date In-Kind Contribution Mede Committee ID Number Date In-Kind Contribution Mede Street Address 4 City State ZIP Committee ID Number Date In-Kind Contribution Mede Committee ID Number Date In-Kind Contribution Mede		Committee Name	J			
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 Committee Name Street Address City State ZIP Committee Name Street Address Committee ID Number Date In-Kind Contribution Made		Street Address				
Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made	2	City	State	ZIP		
Street Address Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City Committee ID Number Date In-Kind Contribution Made ZIP Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made		Committee ID Number	Date In-Kind Contribution	Made		
State ZIP		Committee Name				
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 Tup Committee Name Street Address Tup Committee Name Street Address Tup Committee ID Number Date In-Kind Contribution Made		Street Address				
Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee Name Date In-Kind Contribution Made	3	City	State	ZIP		
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		
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	ı			
Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made		Street Address				
Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made	4	City	State	ZIP		
Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made		Committee ID Number	Date In-Kind Contribution Made			
City State ZIP Committee ID Number Date In-Kind Contribution Made		Committee Name	<u> </u>			
Committee ID Number Date In-Kind Contribution Made		Street Address				
	5	City	State	ZIP		
Enter total only if last page of schedule		Committee ID Number	Date In-Kind Contribution	Made		
		Enter total only if last page of schedule				

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

/						
	Political Party Re	ecipient Informati	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name				1 0	,
	Street Address	Street Address				
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	I Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name	<u> </u>				
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name	<u> </u>				
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur					

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



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

/						
	Partnership Re	ecipient Informatio	n	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name				1 3	
	Street Address			_		
1	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Made	-		
	Partnership Name					
	Street Address			-		
2	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Made	-		
	Partnership Name					
	Street Address			-		
3	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Made	_		
	Partnership Name					
	Street Address			-		
4	City	State	ZIP	1		
	Corporation Commission File Number	Date In-Kind Contribution	Made	1		
	Partnership Name					
	Street Address			-		
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made	-		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su					
	(transfer the total disbursed this period to "Su	ımmary of Disburser	nents," line 5(d))			

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

	Corporation /	LLC Recipient Infor	mation	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 Contribut	I ion Made			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	tion Made			
	Corporation/LLC Name					
	Street Address					
3	City State ZIP					
	City	State				
	Corporation Commission File Number	Date In-Kind Contribu	tion Made			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	Date In-Kind Contribution Made			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	tion Made			
	Enter total only if last page of sche	dule				
	(transfer the total disbursed this period	to "Summary of Disburs	ements," line 5(e))			

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



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

/	Labor Organi	zation Recipient Infor	mation	Amor Contrib	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	n Made			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Made			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Made			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Made			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Made			
	Enter total only if last page of sche	dule				
	Enter total only if last page of sche (transfer the total disbursed this period	to "Summary of Disburse	ements," line 5(f))			

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



INDEPENDENT EXPENDITURES MADE: SCHEDULE B(6)

				1	1	
/	Expenditure	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			_		
1	City	State	ZIP	-		
•	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	ncluding % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		□ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			_		
2	City	State	ZIP	_		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	ncluding % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
3	City	State	ZIP	-		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	 ncluding % opposed)	_ ☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
4	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	_ □ Credit		

Schedule B(6), page____ of ____



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

	Expenditure	Recipient Info	ormation	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)		
	Street Address					
1	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s)	Opposed (including % opposed)	 □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Ye	ear	— □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
2	City	State	ZIP			
			Opposed (including % opposed)	 □ Cash	☐ Cash	
	Date of First Publication, Display, Delivery, or Broadcast Election Month/Year		ar	□ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s)	Opposed (including % opposed)	 □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Yea	ar	□ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
4	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s)	Opposed (including % opposed)	 □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Yea	ar	□ Credit		
_	Enter total only if last page of schedul					

Schedule B(7), page____ of ____



RECALL EXPENDITURES MADE: SCHEDULE B(8)

Expenditure	Recipient Informatio	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
nt Name		Mode of Advertising (TV, mail, etc)			
Address		1	1		
	State	ZIP	1		
ting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	called	_ │		
First Publication, Display, Delivery, or Broadcast	Office Held		- ☐ Credit		
nt Name		Mode of Advertising (TV, mail, etc)			
Address		I	1		
	State	ZIP			
ting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	called	☐ Cash		
Date of First Publication, Display, Delivery, or Broadcast Office Held			_ □ Credit		
nt Name		Mode of Advertising (TV, mail, etc)			
Address		I	-		
	State	ZIP	1		
ting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	called	☐ Cash		
First Publication, Display, Delivery, or Broadcast	Office Held		☐ Credit		
nt Name	I	Mode of Advertising (TV, mail, etc)			
Address		1	1		
	State	ZIP	1		
ting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	Licalled	☐ Cash		
First Publication, Display, Delivery, or Broadcast	Office Held		_ Li Credit		
total on	ly if last page of schedul	lly if last page of schedule		lion, Display, Delivery, or Broadcast Office Held	ition, Display, Delivery, or Broadcast Office Held

Schedule B(8), page____ of ____



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

// Benefit	ted Candidate		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Candidate Name		Date Benefit Provided			
Street Address					
City	State	ZIP			
Type of Benefit Provided					
Notes:					
Candidate Name		Date Benefit Provided			
Street Address					
City	State	ZIP			
Type of Benefit Provided	l				
Notes:					
Candidate Name		Date Benefit Provided			
Street Address					
City	State	ZIP			
Type of Benefit Provided	I				
Notes:					
Candidate Name		Date Benefit Provided			
Street Address					
City	State	ZIP			
Type of Benefit Provided	l	l			
Notes:					
Enter total only if last page of schedule (transfer the total disbursed this period to "S	e Summary of Disbursen	nents," line 9)			
	Candidate Name Street Address City Type of Benefit Provided Notes: Candidate Name Street Address City Type of Benefit Provided Notes: Candidate Name Street Address City Type of Benefit Provided Notes: Candidate Name Street Address City Type of Benefit Provided Notes: Candidate Name Street Address City Type of Benefit Provided	Street Address City State Type of Benefit Provided Notes: Candidate Name Street Address City State Type of Benefit Provided Notes: Candidate Name Street Address City State Type of Benefit Provided Notes: City State Type of Benefit Provided Notes: City State Type of Benefit Provided Notes:	Candidate Name Date Benefit Provided Street Address City State ZiP Type of Benefit Provided Notes: Candidate Name Date Benefit Provided Street Address City State ZiP Type of Benefit Provided Notes: Candidate Name Date Benefit Provided Notes: Candidate Name Date Benefit Provided Notes: Candidate Name Date Benefit Provided Street Address City State ZiP Type of Benefit Provided Notes: Candidate Name Date Benefit Provided Street Address City State ZiP Type of Benefit Provided	Candidate Name Date Benefit Provided Street Address City State ZIP Type of Benefit Provided Notes: Candidate Name Date Benefit Provided Street Address City State ZIP Type of Benefit Provided Notes: Candidate Name Date Benefit Provided Notes: Candidate Name Date Benefit Provided Notes: Candidate Name Date Benefit Provided Street Address City State ZIP Type of Benefit Provided Notes: Street Address City State ZIP Type of Benefit Provided Notes: Street Address Candidate Name Date Benefit Provided Notes:	Benefitted Candidate Amount Amount this Reporting Period Street Address City State Candidate Name Date Benefit Provided Street Address Candidate Name Date Benefit Provided Notes: Candidate Name Date Benefit Provided Notes:

Schedule B(9), page____ of ____

COMMITTEE	ID NUMBER
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JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

/	Recipient Co	mmittee Informatio	n	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date		. 0	·
1	Street Address	.				
1	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	☐ Credit		
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	☐ Credit		
	Committee Name	e Payment Date				
	Street Address					
3	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	☐ Casii		
	Committee Name		Payment Date			
	Street Address		<u> </u>			
4	City	State	ZIP	II Cook		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address	Street Address				
5	5 City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "S	e ummary of Disburser	nents " line 10)			

Schedule B(10), page____ of ____



REIMBURSEMENTS MADE: SCHEDULE B(11)

/	R	ecipient Informatior	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					1
	Street Address					1
2	City	State	ZIP	□ Cash		1
	Services or Goods Reimbursed		Reimbursement Date	□ Credit		1
	Name					
	Street Address					1
3	City	State	ZIP	T Out		1
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		1
	Name					
	Street Address					1
4	City	State	ZIP	T Out		1
	Services or Goods Reimbursed	<u> </u>	Reimbursement Date	□ Cash □ Credit		1
	Name					<u> </u>
	Street Address					1
5	City	State	ZIP			
	Services or Goods Reimbursed Reimbursement Date			□ Cash □ Credit		l
_	Enter total only if last page of sci (transfer the total disbursed this perio					



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

	Debt In	formation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Type of Account Payable or Debt Owed	I	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			<u> </u>		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 12)			

Schedule B(12), page____ of ____

COMMITTEE ID NUMBER

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 A(13), page____ of ____



MISCELLANEOUS DISBURSEMENTS: SCHEDULE B(14)

/	1	ecipient Information	n	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Street Address					
1	City		ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
2	City		ZIP	☐ Cash		
	Disbursement Type		Disbursement Date	☐ Credit		
	Name Street Address	Name				
3	City		ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
4	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	☐ Credit		
	Name Street Address					
5	City	State	ZIP	_		
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Enter total only if last page of sci (transfer the total disbursed this perio	hedule	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

COMMITTEE ID NUMBER

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