



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

COMMITTEE INFORMATION (required):

Committee Information: Committee Name: Moses for Council

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

Office Sought: Statewide Office: _____ State Legislature: _____
 County Office: _____ City/Town Office: City Council

Cumulative Report:

Check here if this is the candidate committee's first, cumulative report for the election cycle. Also select appropriate Reporting Period below.
 Cumulative reporting period start date (which supersedes the start date for the Reporting Period selected below): 01-01-2020

REPORTING PERIOD (check one):

| | REPORTING PERIOD | REPORT DUE |
|-------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------|
| | 2018 4 th Quarter Report: October 21, 2018 to December 31, 2018 | January 1, 2019 to January 15, 2019 |
| | 2019 March Pre-Election Report (Local Only): January 1, 2019 to February 23, 2019 | February 24, 2019 to March 4, 2019* |
| | 2019 1 st Quarter Report (Local Only): February 24, 2019 to March 31, 2019 | April 1, 2019 to April 15, 2019 |
| | 2019 1 st Quarter Report: January 1, 2019 to March 31, 2019 | April 1, 2019 to April 15, 2019 |
| | 2019 May Pre-Election Report (Local Only): April 1, 2019 to May 4, 2019 | May 5, 2019 to May 13, 2019* |
| | 2019 2 nd Quarter Report (Local Only): May 5, 2019 to June 30, 2019 | July 1, 2019 to July 15, 2019 |
| | 2019 2 nd Quarter Report: April 1, 2019 to June 30, 2019 | July 1, 2019 to July 15, 2019 |
| | 2019 August Pre-Election Report (Local Only): July 1, 2019 to August 10, 2019 | August 11, 2019 to August 19, 2019* |
| | 2019 3 rd Quarter Report (Local Only): August 11, 2019 to September 30, 2019 | October 1, 2019 to October 15, 2019 |
| | 2019 3 rd Quarter Report: July 1, 2019 to September 30, 2019 | October 1, 2019 to October 15, 2019 |
| | 2019 October Pre-Election Report (Local Only): October 1, 2019 to October 19, 2019 | October 20, 2019 to October 28, 2019* |
| | 2019 4 th Quarter Report (Local Only): October 20, 2019 to December 31, 2019 | January 1, 2020 to January 15, 2020 |
| | 2019 4 th Quarter Report: October 1, 2019 to December 31, 2019 | January 1, 2020 to January 15, 2020 |
| <input checked="" type="checkbox"/> | 2020 March Pre-Election Report (Local Only): January 1, 2020 to February 22, 2020 | February 23, 2020 to March 2, 2020* |
| | 2020 1 st Quarter Report (Local Only): February 23, 2020 to March 31, 2020 | April 1, 2020 to April 15, 2020 |
| | 2020 1 st Quarter Report: January 1, 2020 to March 31, 2020 | April 1, 2020 to April 15, 2020 |
| | 2020 May Pre-Election Report (Local Only): April 1, 2020 to May 2, 2020 | May 3, 2020 to May 11, 2020* |
| | 2020 2 nd Quarter Report (Local Only): May 3, 2020 to June 30, 2020 | July 1, 2020 to July 15, 2020 |
| | 2020 2 nd Quarter Report: April 1, 2020 to June 30, 2020 | July 1, 2020 to July 15, 2020 |
| | 2020 July Pre-Election Report: July 1, 2020 to July 18, 2020 | July 19, 2020 to July 27, 2020* |
| | 2020 3 rd Quarter Report: July 19, 2020 to September 30, 2020 | October 1, 2020 to October 15, 2020 |
| | 2020 October Pre-Election Report: October 1, 2020 to October 17, 2020 | October 18, 2020 to October 26, 2020* |
| | 2020 4 th Quarter Report: October 18, 2020 to December 31, 2020 | January 1, 2021 to January 15, 2021 |
| | Final Campaign Finance Report Prior to Committee Termination | End of Previous Period through Today's Date |

*Reporting deadline extended to next business day A.R.S. §§ 1-243(A) and 1-303

FINANCIAL SUMMARY (required):

| Activity | Cash Activity This Reporting Period | Election Cycle to Date |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------|
| (a) Committee value at the beginning of this reporting period (i.e. ending balance from the previous reporting period) | 0.00 | 0.00 |
| (b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period) | 1,710.00 | 1,710.00 |
| (c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period) | 0.00 | 0.00 |
| (d) = Balance at close of reporting period | 1,710.00 | 1,710.00 |

Check here if no financial activity during the reporting period. Lines (a)-(d) still must be completed, but only this cover page need be filed.

Committees with financial activity must file the cover page, summary of receipts, summary of disbursements, and any schedules that contain financial activity. All reports are deemed to be filed under penalty of perjury by the committee treasurer (all committees) and candidate (candidate committees only).



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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.

WENDY MOORE

Printed Name of Committee Treasurer

Wendy Moore

Digitally signed by Wendy Moore
Date: 2020.03.02 09:55:03 -0700

Signature of Committee Treasurer

02-28-2020

Date



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SUMMARY OF RECEIPTS (Schedule A):

| Receipts | Cash | Equity |
|-------------------------------------------------------------------------------------------------------|-----------------|-----------------|
| 1. Monetary Contributions Received | | |
| (a) Individuals - More than \$50 | 600.00 | |
| (b) Individuals - \$50 or Less (Aggregate) | | |
| (c) Candidate Committees | | |
| (d) Political Action Committees | | |
| (e) Political Parties | | |
| (f) Partnerships | | |
| (g) Corporations & Limited Liability Companies (PACs & Political Parties Only) | | |
| (h) Labor Organizations (PACs & Political Parties Only) | | |
| (i) Candidate's Personal Monies (Candidate Committees Only) | 1,110.00 | |
| (j) Monetary Contributions Subtotal (add 1(a) through 1(i)) | | |
| (k) Refunds Given Back to Contributors | | |
| (l) Net Monetary Contributions (subtract 1(k) from 1(j)) | 1,710.00 | |
| 2. Loans | | |
| (a) Loans Received | | |
| (b) Forgiveness on Loans Received | | |
| (c) Repayment on Loans Made | | |
| (d) Interest Accrued on Loans Made | | |
| (e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d)) | | |
| 3. Rebates and Refunds Received | | |
| 4. Interest Accrued on Committee Monies | | |
| 5. In-Kind Contributions Received | | |
| (a) Individuals - More than \$50 | | 1,450.00 |
| (b) Individuals - \$50 or Less (Aggregate) | | |
| (c) Candidate Committees | | |
| (d) Political Action Committees | | |
| (e) Political Parties | | |
| (f) Partnerships | | |
| (g) Corporations & Limited Liability Companies (PACs & Political Parties Only) | | |
| (h) Labor Organizations (PACs & Political Parties Only) | | |
| (i) Candidate's Personal Assets or Property (Candidate Committees Only) | | |
| (j) In-Kind Contributions Subtotal (equity: add 5(a) through 5(i)) | | 1,450.00 |
| 6. In-Kind Donations Received (Non-Contributions) (Political Parties Only) | | |
| 7. Extensions of Credit | | |
| (a) Extensions of Credit Received | | |
| (b) Payments on Extensions of Credit Received | | |
| (c) Net Extensions of Credit (subtract 7(b) from 7(a)) | | |
| 8. Joint Fundraising / Shared Expense Payments Received | | |
| 9. Payments Received for Goods / Services | | |
| 10. Outstanding Accounts Receivable / Debts Owed to Committee | | |
| 11. Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable) | | |
| 12. Miscellaneous Receipts | | |
| 13. Total Receipts (cash: add 1(l), 2(e), 3-4, 8-9, 11-12; equity: add 2(b), 5(j), 6-7, 10-12) | 1,710.00 | 1,450.00 |



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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) | | |
| (j) Contributions Subtotal (add 5(a) through 5(f)) | | |
| 6. Independent Expenditures Made | | |
| 7. Ballot Measure Expenditures Made | | |
| 8. Recall Expenditures Made | | |
| 9. Support Provided to Party Nominees (Political Parties Only) | | |
| 10. Joint Fundraising / Shared Expense Payments Made | | |
| 11. Reimbursements Made | | |
| 12. Outstanding Accounts Payable / Debts Owed by Committee | | |
| 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(j), & 12-15) | 0.00 | 0.00 |



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

SCHEDULE A(1)(a)

| Individual Contributor Information | | | | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------|------------------------------------------------|-----------------|-----------------------------------------|---------------------------------------|
| 1 | Name Wendy Moore | | Date Contribution Received 1/8/2020 | 50.00 | 50.00 | 50.00 |
| | Street Address [REDACTED] | | | | | |
| | City Lake Havasu City | State AZ | ZIP 86404 | | | |
| | Occupation Accountant | Employer Self-Employed | | | | |
| 2 | Name Allan Atwell | | Date Contribution Received 1/30/2020 | 200.00 | 200.00 | 200.00 |
| | Street Address [REDACTED] | | | | | |
| | City Lake Havasu City | State AZ | ZIP 86406 | | | |
| | Occupation Manager | Employer | | | | |
| 3 | Name Brian Springberg | | Date Contribution Received 2/4/2020 | 250.00 | 250.00 | 250.00 |
| | Street Address [REDACTED] | | | | | |
| | City Lake Havasu City | State AZ | ZIP 86406 | | | |
| | Occupation Certified Financial Planner | Employer [REDACTED] | | | | |
| 4 | Name Gail Malay | | Date Contribution Received 2/5/2020 | 100.00 | 100.00 | 100.00 |
| | Street Address [REDACTED] | | | | | |
| | City Lake Havasu City | State AZ | ZIP 86406 | | | |
| | Occupation Retired Administrator | Employer | | | | |
| 5 | Name | | Date Contribution Received | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Occupation | Employer | | | | |
| Enter total only if last page of schedule <small>(transfer the total received this period to "Summary of Receipts," line 1(a))</small> | | | | 600.00 | 600.00 | |

*If contributions of \$50 or less are listed on Schedule A(1)(b), do not include them on Schedule A(1)(a).



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MONETARY CONTRIBUTIONS RECEIVED FROM INDIVIDUALS - \$50 OR LESS (AGGREGATE):*

SCHEDULE A(1)(b)

| | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| Cumulative Contributions from Individuals - \$50 or Less | | |
| Enter total only if last page of schedule <small>(transfer the total received this period to "Summary of Receipts," line 1(b))</small> | | |

*If contributions of more than \$50 are listed on Schedule A(1)(a), do not include them on Schedule A(1)(b).



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MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(c)

| Candidate Committee Contributor Information | | | | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------|-----|-----------------|-----------------------------------------|---------------------------------------|
| 1 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Received | | | | |
| 2 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Received | | | | |
| 3 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Received | | | | |
| 4 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Received | | | | |
| 5 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Received | | | | |
| Enter total only if last page of schedule <small>(transfer the total received this period to "Summary of Receipts," line 1(c))</small> | | | | | | |

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



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MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(d)

| Political Action Committee Contributor Information | | | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle | |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------|-----------------|-----------------------------------------|---------------------------------------|-----|
| 1 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Committee ID Number | Date Contribution Received | | | | |
| 2 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Committee ID Number | Date Contribution Received | | | | |
| 3 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Committee ID Number | Date Contribution Received | | | | |
| 4 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Committee ID Number | Date Contribution Received | | | | |
| 5 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Committee ID Number | Date Contribution Received | | | | |
| Enter total only if last page of schedule <small>(transfer the total received this period to "Summary of Receipts," line 1(d))</small> | | | | | | |

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



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MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(e)

| Political Party Contributor Information | | | | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------|-----|-----------------|-----------------------------------------|---------------------------------------|
| 1 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Received | | | | |
| 2 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Received | | | | |
| 3 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Received | | | | |
| 4 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Received | | | | |
| 5 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Received | | | | |
| Enter total only if last page of schedule <small>(transfer the total received this period to "Summary of Receipts," line 1(e))</small> | | | | | | |

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



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MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(f)

| Partnership Contributor Information | | | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle | |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------|-----------------|-----------------------------------------|---------------------------------------|-----|
| 1 | Partnership Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Corporation Commission File Number | Date Contribution Received | | | | |
| 2 | Partnership Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Corporation Commission File Number | Date Contribution Received | | | | |
| 3 | Partnership Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Corporation Commission File Number | Date Contribution Received | | | | |
| 4 | Partnership Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Corporation Commission File Number | Date Contribution Received | | | | |
| 5 | Partnership Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Corporation Commission File Number | Date Contribution Received | | | | |
| Enter total only if last page of schedule <small>(transfer the total received this period to "Summary of Receipts," line 1(f))</small> | | | | | | |

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



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MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(g)

| Corporation / LLC Contributor Information | | | | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---------------------------------------------------------------------------------------------|------------------------------------|----------------------------|-----|-----------------|-----------------------------------------|---------------------------------------|
| 1 | Corporation/LLC Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Received | | | | |
| 2 | Corporation/LLC Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Received | | | | |
| 3 | Corporation/LLC Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Received | | | | |
| 4 | Corporation/LLC Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Received | | | | |
| 5 | Corporation/LLC Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Received | | | | |
| Enter total only if last page of schedule | | | | | | |
| <small>(transfer the total received this period to "Summary of Receipts" line 1(g))</small> | | | | | | |



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MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(h)

| Labor Organization Contributor Information | | | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle | |
|----------------------------------------------------------------------------------------------|------------------------------------|----------------------------|-----------------|-----------------------------------------|---------------------------------------|-----|
| 1 | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Corporation Commission File Number | Date Contribution Received | | | | |
| 2 | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Corporation Commission File Number | Date Contribution Received | | | | |
| 3 | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Corporation Commission File Number | Date Contribution Received | | | | |
| 4 | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Corporation Commission File Number | Date Contribution Received | | | | |
| 5 | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Corporation Commission File Number | Date Contribution Received | | | | |
| Enter total only if last page of schedule | | | | | | |
| <small>(transfer the total received this period to "Summary of Receipts," line 1(h))</small> | | | | | | |



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MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(i)

| Candidate Information | | | | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------|-----------------------------------------------|-----------------|-----------------------------------------|---------------------------------------|
| 1 | Name Cameron Moses | | Date Contribution Received 1/8/2020 | 50.00 | 50.00 | 50.00 |
| | Street Address [REDACTED] | | | | | |
| | City Lake Havasu City | State AZ | ZIP 86406 | | | |
| | Occupation General Manager | Employer [REDACTED] | | | | |
| 2 | Name Cameron Moses | | Date Contribution Received 2/1/2020 | 60.00 | 110.00 | 110.00 |
| | Street Address [REDACTED] | | | | | |
| | City Lake Havasu City | State AZ | ZIP 86406 | | | |
| | Occupation General Manager | Employer [REDACTED] | | | | |
| 3 | Name Cameron Moses | | Date Contribution Received 2/5/2020 | 1,000.00 | 1,110.00 | 1,110.00 |
| | Street Address [REDACTED] | | | | | |
| | City Lake Havasu City | State AZ | ZIP 86406 | | | |
| | Occupation General Manager | Employer [REDACTED] | | | | |
| 4 | Name | | Date Contribution Received | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Occupation | Employer | | | | |
| 5 | Name | | Date Contribution Received | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Occupation | Employer | | | | |
| Enter total only if last page of schedule <small>(transfer the total received this period to "Summary of Receipts," line 10)</small> | | | | 1,110.00 | 1,110.00 | |



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REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(k)

| Contributor Information | | | | Amount Refunded | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle | |
|----------------------------------------------------------------------------------------------|---------------------------|-------|-------------------------------|-----------------|-----------------------------------------|---------------------------------------|--|
| 1 | Name | | Date Contribution Refunded | | | | |
| | Street Address | | | | | | |
| | City | State | ZIP | | | | |
| | ID Number (if applicable) | | Date of Original Contribution | | | | |
| 2 | Name | | Date Contribution Refunded | | | | |
| | Street Address | | | | | | |
| | City | State | ZIP | | | | |
| | ID Number (if applicable) | | Date of Original Contribution | | | | |
| 3 | Name | | Date Contribution Refunded | | | | |
| | Street Address | | | | | | |
| | City | State | ZIP | | | | |
| | ID Number (if applicable) | | Date of Original Contribution | | | | |
| 4 | Name | | Date Contribution Refunded | | | | |
| | Street Address | | | | | | |
| | City | State | ZIP | | | | |
| | ID Number (if applicable) | | Date of Original Contribution | | | | |
| 5 | Name | | Date Contribution Refunded | | | | |
| | Street Address | | | | | | |
| | City | State | ZIP | | | | |
| | ID Number (if applicable) | | Date of Original Contribution | | | | |
| Enter total only if last page of schedule | | | | | | | |
| <small>(transfer the total received this period to "Summary of Receipts," line 1(k))</small> | | | | | | | |



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LOANS RECEIVED:

SCHEDULE A(2)(a)

| Lender Information | | | | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------------------------------|-----|-----------------|-----------------------------------------|---------------------------------------|
| 1 | Lender Name | Date Loan Received | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Guarantor/Endorser Name | Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/> | | | | |
| 2 | Lender Name | Date Loan Received | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Guarantor/Endorser Name | Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/> | | | | |
| 3 | Lender Name | Date Loan Received | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Guarantor/Endorser Name | Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/> | | | | |
| 4 | Lender Name | Date Loan Received | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Guarantor/Endorser Name | Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/> | | | | |
| 5 | Lender Name | Date Loan Received | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Guarantor/Endorser Name | Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/> | | | | |
| Enter total only if last page of schedule <small>(transfer the total received this period to "Summary of Receipts," line 2(a))</small> | | | | | | |

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

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

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

| Borrower Information | | | | Amount Repaid | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------|--------------------------|---------------|-----------------------------------------|---------------------------------------|
| 1 | Borrower Name | | Date Repayment Received | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Original Amount Borrowed | | Amount Still Outstanding | | | |
| 2 | Borrower Name | | Date Repayment Received | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Original Amount Borrowed | | Amount Still Outstanding | | | |
| 3 | Borrower Name | | Date Repayment Received | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Original Amount Borrowed | | Amount Still Outstanding | | | |
| 4 | Borrower Name | | Date Repayment Received | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Original Amount Borrowed | | Amount Still Outstanding | | | |
| 5 | Borrower Name | | Date Repayment Received | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Original Amount Borrowed | | Amount Still Outstanding | | | |
| Enter total only if last page of schedule <small>(transfer the total received this period to "Summary of Receipts," line 2(c))</small> | | | | | | |

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

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 |
|----------------------------------------------------------------------------------------------|-----------------------|--------------------------|-------------------------------|-----------------------------------------------|---------------------------------------------|
| 1 | Borrower Name | | | | |
| | Date Interest Accrued | | | | |
| | Street Address | | | | |
| | City | State | | | |
| Original Amount Borrowed | | Amount Still Outstanding | | | |
| 2 | Borrower Name | | | | |
| | Date Interest Accrued | | | | |
| | Street Address | | | | |
| | City | State | | | |
| Original Amount Borrowed | | Amount Still Outstanding | | | |
| 3 | Borrower Name | | | | |
| | Date Interest Accrued | | | | |
| | Street Address | | | | |
| | City | State | | | |
| Original Amount Borrowed | | Amount Still Outstanding | | | |
| 4 | Borrower Name | | | | |
| | Date Interest Accrued | | | | |
| | Street Address | | | | |
| | City | State | | | |
| Original Amount Borrowed | | Amount Still Outstanding | | | |
| 5 | Borrower Name | | | | |
| | Date Interest Accrued | | | | |
| | Street Address | | | | |
| | City | State | | | |
| Original Amount Borrowed | | Amount Still Outstanding | | | |
| Enter total only if last page of schedule | | | | | |
| <small>(Transfer the total received this period to "Summary of Receipts," line 2(d))</small> | | | | | |

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
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COMMITTEE ID NUMBER
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REBATES AND REFUNDS RECEIVED:

SCHEDULE A(3)

| Payor Information | | | | Amount Rebated or Refunded | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle | |
|-------------------------------------------------------------------------------------------|--------------------------|--------------------------|-----------------------------|----------------------------|-----------------------------------------|---------------------------------------|--|
| 1 | Payor Name | | Date Rebate/Refund Received | | | | |
| | Street Address | | | | | | |
| | City | State | ZIP | | | | |
| | Original Purchase Amount | Reason for Refund/Rebate | | | | | |
| 2 | Payor Name | | Date Rebate/Refund Received | | | | |
| | Street Address | | | | | | |
| | City | State | ZIP | | | | |
| | Original Purchase Amount | Reason for Refund/Rebate | | | | | |
| 3 | Payor Name | | Date Rebate/Refund Received | | | | |
| | Street Address | | | | | | |
| | City | State | ZIP | | | | |
| | Original Purchase Amount | Reason for Refund/Rebate | | | | | |
| 4 | Payor Name | | Date Rebate/Refund Received | | | | |
| | Street Address | | | | | | |
| | City | State | ZIP | | | | |
| | Original Purchase Amount | Reason for Refund/Rebate | | | | | |
| 5 | Payor Name | | Date Rebate/Refund Received | | | | |
| | Street Address | | | | | | |
| | City | State | ZIP | | | | |
| | Original Purchase Amount | Reason for Refund/Rebate | | | | | |
| Enter total only if last page of schedule | | | | | | | |
| <small>(transfer the total received this period to "Summary of Receipts," line 3)</small> | | | | | | | |

Schedule A(3), page ___ of



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
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COMMITTEE ID NUMBER
20-NP-006

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) | | |



**STATE OF ARIZONA
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COMMITTEE ID NUMBER
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IN-KIND CONTRIBUTIONS RECEIVED FROM INDIVIDUALS - MORE THAN \$50 DURING ELECTION CYCLE:*

SCHEDULE A(5)(a)

| Individual Contributor Information | | | | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------|--------------------------------------------------------|-----------------|-----------------------------------------|---------------------------------------|
| 1 | Name Shaun Frank | | Date In-Kind Contribution Received 1/6/2020 | 500.00 | 500.00 | 500.00 |
| | Street Address [REDACTED] | | | | | |
| | City Lake Havasu City | State AZ | ZIP 86406 | | | |
| | Occupation Self Employed | Employer Self Employed | | | | |
| 2 | Name David Garcia | | Date In-Kind Contribution Received 1/12/2020 | 950.00 | 950.00 | 950.00 |
| | Street Address [REDACTED] | | | | | |
| | City Lake Havasu City | State AZ | ZIP 86403 | | | |
| | Occupation Self Employed | Employer Self Employed | | | | |
| 3 | Name | | Date In-Kind Contribution Received | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Occupation | Employer | | | | |
| 4 | Name | | Date In-Kind Contribution Received | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Occupation | Employer | | | | |
| 5 | Name | | Date In-Kind Contribution Received | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Occupation | Employer | | | | |
| Enter total only if last page of schedule <small>(transfer the total received this period to "Summary of Receipts," line 5(a))</small> | | | | 1,450.00 | 1,450.00 | |

*If in-kind contributions of \$50 or less are listed on Schedule A(5)(b), do not include them on Schedule A(5)(a).



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
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IN-KIND CONTRIBUTIONS RECEIVED FROM INDIVIDUALS - \$50 OR LESS (AGGREGATE):*

SCHEDULE A(5)(b)

| | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| Cumulative In-Kind Contributions from Individuals - \$50 or Less | | |
| Enter total only if last page of schedule <small>(transfer the total received this period to "Summary of Receipts," line 1(b))</small> | | |

*If contributions of more than \$50 are listed on Schedule A(5)(a), do not include them on Schedule A(5)(b).



**STATE OF ARIZONA
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COMMITTEE ID NUMBER
20-NP-006

IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(c)

| Candidate Committee Contributor Information | | | | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------|---------------------|------------------------------------|-----|-----------------|-----------------------------------------|---------------------------------------|
| 1 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution Received | | | | |
| 2 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution Received | | | | |
| 3 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution Received | | | | |
| 4 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution Received | | | | |
| 5 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution Received | | | | |
| Enter total only if last page of schedule | | | | | | |
| <small>(transfer the total received this period to "Summary of Receipts," line 5(c))</small> | | | | | | |

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
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IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(d)

| Political Action Committee Contributor Information | | | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle | |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------|-----------------|-----------------------------------------|---------------------------------------|-----|
| 1 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Committee ID Number | Date In-Kind Contribution Received | | | | |
| 2 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Committee ID Number | Date In-Kind Contribution Received | | | | |
| 3 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Committee ID Number | Date In-Kind Contribution Received | | | | |
| 4 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Committee ID Number | Date In-Kind Contribution Received | | | | |
| 5 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Committee ID Number | Date In-Kind Contribution Received | | | | |
| Enter total only if last page of schedule <small>(transfer the total received this period to "Summary of Receipts," line 5(d))</small> | | | | | | |



**STATE OF ARIZONA
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COMMITTEE ID NUMBER
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IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(e)

| Political Party Contributor Information | | | | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------|-----|-----------------|-----------------------------------------|---------------------------------------|
| 1 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution Received | | | | |
| 2 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution Received | | | | |
| 3 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution Received | | | | |
| 4 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution Received | | | | |
| 5 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution Received | | | | |
| Enter total only if last page of schedule <small>(transfer the total received this period to "Summary of Receipts," line 5(e))</small> | | | | | | |

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



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IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(f)

| Partnership Contributor Information | | | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle | |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------|-----------------|-----------------------------------------|---------------------------------------|-----|
| 1 | Partnership Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Corporation Commission File Number | Date In-Kind Contribution Received | | | | |
| 2 | Partnership Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Corporation Commission File Number | Date In-Kind Contribution Received | | | | |
| 3 | Partnership Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Corporation Commission File Number | Date In-Kind Contribution Received | | | | |
| 4 | Partnership Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Corporation Commission File Number | Date In-Kind Contribution Received | | | | |
| 5 | Partnership Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Corporation Commission File Number | Date In-Kind Contribution Received | | | | |
| Enter total only if last page of schedule <small>(transfer the total received this period to "Summary of Receipts," line 5(f))</small> | | | | | | |

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



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IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(g)

| Corporation / LLC Contributor Information | | | | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------|-----|-----------------|-----------------------------------------|---------------------------------------|
| 1 | Corporation/LLC Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution Received | | | | |
| 2 | Corporation/LLC Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution Received | | | | |
| 3 | Corporation/LLC Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution Received | | | | |
| 4 | Corporation/LLC Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution Received | | | | |
| 5 | Corporation/LLC Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution Received | | | | |
| Enter total only if last page of schedule <small>(transfer the total received this period to "Summary of Receipts," line 5(g))</small> | | | | | | |



**STATE OF ARIZONA
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IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(h)

| Labor Organization Contributor Information | | | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle | |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------|-----------------|-----------------------------------------|---------------------------------------|-----|
| 1 | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Corporation Commission File Number | Date In-Kind Contribution Received | | | | |
| 2 | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Corporation Commission File Number | Date In-Kind Contribution Received | | | | |
| 3 | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Corporation Commission File Number | Date In-Kind Contribution Received | | | | |
| 4 | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Corporation Commission File Number | Date In-Kind Contribution Received | | | | |
| 5 | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Corporation Commission File Number | Date In-Kind Contribution Received | | | | |
| Enter total only if last page of schedule <small>(transfer the total received this period to "Summary of Receipts," line 5(b))</small> | | | | | | |



**STATE OF ARIZONA
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IN-KIND CONTRIBUTIONS FROM CANDIDATE'S PERSONAL ASSETS OR PROPERTY:

SCHEDULE A(5)(i)

| Candidate Information | | | | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle | |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------|------------------------------------|-----------------|-----------------------------------------|---------------------------------------|--|
| 1 | Name | | Date In-Kind Contribution Received | | | | |
| | Street Address | | | | | | |
| | City | State | ZIP | | | | |
| | Asset or Property Contributed | | | | | | |
| 2 | Name | | Date In-Kind Contribution Received | | | | |
| | Street Address | | | | | | |
| | City | State | ZIP | | | | |
| | Asset or Property Contributed | | | | | | |
| 3 | Name | | Date In-Kind Contribution Received | | | | |
| | Street Address | | | | | | |
| | City | State | ZIP | | | | |
| | Asset or Property Contributed | | | | | | |
| 4 | Name | | Date In-Kind Contribution Received | | | | |
| | Street Address | | | | | | |
| | City | State | ZIP | | | | |
| | Asset or Property Contributed | | | | | | |
| 5 | Name | | Date In-Kind Contribution Received | | | | |
| | Street Address | | | | | | |
| | City | State | ZIP | | | | |
| | Asset or Property Contributed | | | | | | |
| Enter total only if last page of schedule <small>(transfer the total received this period to "Summary of Receipts," line 5(i))</small> | | | | | | | |



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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 |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------|-----------------|-----------------------------------------|---------------------------------------|
| 1 | Name | | | | |
| | Date In-Kind Donation Received | | | | |
| | Street Address | | | | |
| | City | State | | | |
| Type of Item Donated | | | | | |
| 2 | Name | | | | |
| | Date In-Kind Donation Received | | | | |
| | Street Address | | | | |
| | City | State | | | |
| Type of Item Donated | | | | | |
| 3 | Name | | | | |
| | Date In-Kind Donation Received | | | | |
| | Street Address | | | | |
| | City | State | | | |
| Type of Item Donated | | | | | |
| 4 | Name | | | | |
| | Date In-Kind Donation Received | | | | |
| | Street Address | | | | |
| | City | State | | | |
| Type of Item Donated | | | | | |
| 5 | Name | | | | |
| | Date In-Kind Donation Received | | | | |
| | Street Address | | | | |
| | City | State | | | |
| Type of Item Donated | | | | | |
| Enter total only if last page of schedule <small>(transfer the total received this period to "Summary of Receipts," line 5(e))</small> | | | | | |



**STATE OF ARIZONA
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EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

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



**STATE OF ARIZONA
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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 |
|----------------------------------------------------------------------------------------------|-------------------------------------------------|-------|--------------------------------------|-----------------------------------------|-----------------------------------------------|---------------------------------------------|
| 1 | Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Services or Goods Originally Provided on Credit | | Date of Original Extension of Credit | | | |
| 2 | Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Services or Goods Originally Provided on Credit | | Date of Original Extension of Credit | | | |
| 3 | Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Services or Goods Originally Provided on Credit | | Date of Original Extension of Credit | | | |
| 4 | Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Services or Goods Originally Provided on Credit | | Date of Original Extension of Credit | | | |
| 5 | Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Services or Goods Originally Provided on Credit | | Date of Original Extension of Credit | | | |
| Enter total only if last page of schedule | | | | | | |
| <small>(transfer the total received this period to "Summary of Receipts," line 7(b))</small> | | | | | | |



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

| Payor Information | | | | Payment Amount | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-------------------------------------------------------------------------------------------|-----------------------------|-------|--------------|----------------|-----------------------------------------|---------------------------------------|
| 1 | Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Services or Goods Purchased | | Payment Date | | | |
| 2 | Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Services or Goods Purchased | | Payment Date | | | |
| 3 | Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Services or Goods Purchased | | Payment Date | | | |
| 4 | Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Services or Goods Purchased | | Payment Date | | | |
| 5 | Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Services or Goods Purchased | | Payment Date | | | |
| Enter total only if last page of schedule | | | | | | |
| <small>(transfer the total received this period to "Summary of Receipts," line 9)</small> | | | | | | |



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

| Information | | | | Amount | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------|------------------------|--------|-----------------------------------------|---------------------------------------|
| 1 | Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Type of Account Receivable or Debt Owed | | Date that Debt Accrued | | | |
| 2 | Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Type of Account Receivable or Debt Owed | | Date that Debt Accrued | | | |
| 3 | Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Type of Account Receivable or Debt Owed | | Date that Debt Accrued | | | |
| 4 | Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Type of Account Receivable or Debt Owed | | Date that Debt Accrued | | | |
| 5 | Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Type of Account Receivable or Debt Owed | | Date that Debt Accrued | | | |
| Enter total only if last page of schedule <small>(transfer the total received this period to "Summary of Receipts," line 10)</small> | | | | | | |



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

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) | | |



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

| Recipient Information | | | | Amount Paid | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------|-------------------|------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| 1 | Name | | Disbursement Date | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Type of Operating Expense Paid | Non-Electoral Purpose? (PACs and Political Parties Only) | | | | |
| 2 | Name | | Disbursement Date | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Type of Operating Expense Paid | Non-Electoral Purpose? (PACs and Political Parties Only) | | | | |
| 3 | Name | | Disbursement Date | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Type of Operating Expense Paid | Non-Electoral Purpose? (PACs and Political Parties Only) | | | | |
| 4 | Name | | Disbursement Date | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Type of Operating Expense Paid | Non-Electoral Purpose? (PACs and Political Parties Only) | | | | |
| 5 | Name | | Disbursement Date | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Type of Operating Expense Paid | Non-Electoral Purpose? (PACs and Political Parties Only) | | | | |
| Enter total only if last page of schedule <small>(transfer the total disbursed this period to "Summary of Disbursements," line 1)</small> | | | | | | |



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

| Candidate Committee Recipient Information | | | | Amount Contributed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------|---------------------|------------------------|-----|------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| 1 | Committee Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Made | | | | |
| 2 | Committee Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Made | | | | |
| 3 | Committee Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Made | | | | |
| 4 | Committee Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Made | | | | |
| 5 | Committee Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Made | | | | |
| Enter total only if last page of schedule | | | | | | |
| <small>(transfer the total disbursed this period to "Summary of Disbursements," line 2(e))</small> | | | | | | |

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

| Political Action Committee Recipient Information | | | | Amount Contributed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------|---------------------|------------------------|-----|------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| 1 | Committee Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Made | | | | |
| 2 | Committee Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Made | | | | |
| 3 | Committee Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Made | | | | |
| 4 | Committee Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Made | | | | |
| 5 | Committee Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Made | | | | |
| Enter total only if last page of schedule | | | | | | |
| <small>(transfer the total disbursed this period to "Summary of Disbursements," line 2(b))</small> | | | | | | |



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

| Political Party Recipient Information | | | | Amount Contributed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------|---------------------|------------------------|-----|------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| 1 | Committee Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Made | | | | |
| 2 | Committee Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Made | | | | |
| 3 | Committee Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Made | | | | |
| 4 | Committee Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Made | | | | |
| 5 | Committee Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date Contribution Made | | | | |
| Enter total only if last page of schedule | | | | | | |
| <small>(transfer the total disbursed this period to "Summary of Disbursements," line 2(c))</small> | | | | | | |

Schedule B(2)(c), page ___ of ___



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

| Partnership Recipient Information | | | | Amount Contributed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------|-----|------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| 1 | Partnership Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Made | | | | |
| 2 | Partnership Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Made | | | | |
| 3 | Partnership Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Made | | | | |
| 4 | Partnership Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Made | | | | |
| 5 | Partnership Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Made | | | | |
| Enter total only if last page of schedule <small>(transfer the total disbursed this period to "Summary of Disbursements," line 2(d))</small> | | | | | | |

Schedule B(2)(d), page ___ of ___



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

| Corporation / LLC Recipient Information | | | | Amount Contributed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------|-----|------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| 1 | Corporation/LLC Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Made | | | | |
| 2 | Corporation/LLC Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Made | | | | |
| 3 | Corporation/LLC Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Made | | | | |
| 4 | Corporation/LLC Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Made | | | | |
| 5 | Corporation/LLC Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Made | | | | |
| Enter total only if last page of schedule <small>(transfer the total disbursed this period to "Summary of Disbursements," line 2(e))</small> | | | | | | |

Schedule B(2)(e), page ___ of ___



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

| Labor Organization Recipient Information | | | | Amount Contributor | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------|------------------------------------|------------------------|-----|------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| 1 | Labor Organization Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Made | | | | |
| 2 | Labor Organization Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Made | | | | |
| 3 | Labor Organization Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Made | | | | |
| 4 | Labor Organization Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Made | | | | |
| 5 | Labor Organization Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date Contribution Made | | | | |
| Enter total only if last page of schedule | | | | | | |
| <small>(transfer the total disbursed this period to "Summary of Disbursements," line 2(f))</small> | | | | | | |



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

| Contributor Information | | | | Amount Refunded | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------|---------------------|-------|-------------------------------|-----------------|-----------------------------------------|---------------------------------------|
| 1 | Committee Name | | Date Refund Received | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | | Date of Original Contribution | | | |
| 2 | Committee Name | | Date Refund Received | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | | Date of Original Contribution | | | |
| 3 | Committee Name | | Date Refund Received | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | | Date of Original Contribution | | | |
| 4 | Committee Name | | Date Refund Received | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | | Date of Original Contribution | | | |
| 5 | Committee Name | | Date Refund Received | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | | Date of Original Contribution | | | |
| Enter total only if last page of schedule | | | | | | |
| <small>(transfer the total disbursed this period to "Summary of Disbursements," line 2(h))</small> | | | | | | |

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

LOANS MADE:

SCHEDULE B(3)(a)

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

| Guarantor Information | | | | Amount Guaranteed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------|----------------|----------------------|-----|-------------------|-----------------------------------------|---------------------------------------|
| 1 | Guarantor Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Borrower Name | Date Loan Guaranteed | | | | |
| 2 | Guarantor Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Borrower Name | Date Loan Guaranteed | | | | |
| 3 | Guarantor Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Borrower Name | Date Loan Guaranteed | | | | |
| 4 | Guarantor Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Borrower Name | Date Loan Guaranteed | | | | |
| 5 | Guarantor Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Borrower Name | Date Loan Guaranteed | | | | |
| Enter total only if last page of schedule | | | | | | |
| <small>(transfer the total received this period to "Summary of Receipts," line 3(b))</small> | | | | | | |



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

| Borrower Information | | | Amount Forgiven | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------|-----------------------|--------------------------|-----------------|-----------------------------------------|---------------------------------------|
| 1 | Borrower Name | | | | |
| | Date Forgiveness Made | | | | |
| | Street Address | | | | |
| | City | State | | | |
| Original Amount of Loan | | Amount Still Outstanding | | | |
| 2 | Borrower Name | | | | |
| | Date Forgiveness Made | | | | |
| | Street Address | | | | |
| | City | State | | | |
| Original Amount of Loan | | Amount Still Outstanding | | | |
| 3 | Borrower Name | | | | |
| | Date Forgiveness Made | | | | |
| | Street Address | | | | |
| | City | State | | | |
| Original Amount of Loan | | Amount Still Outstanding | | | |
| 4 | Borrower Name | | | | |
| | Date Forgiveness Made | | | | |
| | Street Address | | | | |
| | City | State | | | |
| Original Amount of Loan | | Amount Still Outstanding | | | |
| 5 | Borrower Name | | | | |
| | Date Forgiveness Made | | | | |
| | Street Address | | | | |
| | City | State | | | |
| Original Amount of Loan | | Amount Still Outstanding | | | |
| Enter total only if last page of schedule | | | | | |
| <small>(transfer the total disbursed this period to "Summary of Disbursements," line 3(c))</small> | | | | | |



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

| Lender Information | | | | Amount Repaid | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|---------------------|---------------|-----------------------------------------|---------------------------------------|
| 1 | Lender Name | | Date Repayment Made | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Original Amount Borrowed | Amount Still Outstanding | | | | |
| 2 | Lender Name | | Date Repayment Made | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Original Amount Borrowed | Amount Still Outstanding | | | | |
| 3 | Lender Name | | Date Repayment Made | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Original Amount Borrowed | Amount Still Outstanding | | | | |
| 4 | Lender Name | | Date Repayment Made | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Original Amount Borrowed | Amount Still Outstanding | | | | |
| 5 | Lender Name | | Date Repayment Made | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Original Amount Borrowed | Amount Still Outstanding | | | | |
| Enter total only if last page of schedule <small>(transfer the total disbursed this period to "Summary of Disbursements," line 3(d))</small> | | | | | | |



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

INTEREST ACCRUED ON LOANS RECEIVED:

SCHEDULE B(3)(e)

| Lender Information | | | Amount of Interest Accrued | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------|-----------------------|--------------------------|-------------------------------|-----------------------------------------------|---------------------------------------------|
| 1 | Lender Name | | | | |
| | Date Interest Accrued | | | | |
| | Street Address | | | | |
| | City | State | | | |
| Original Amount Borrowed | | Amount Still Outstanding | | | |
| 2 | Lender Name | | | | |
| | Date Interest Accrued | | | | |
| | Street Address | | | | |
| | City | State | | | |
| Original Amount Borrowed | | Amount Still Outstanding | | | |
| 3 | Lender Name | | | | |
| | Date Interest Accrued | | | | |
| | Street Address | | | | |
| | City | State | | | |
| Original Amount Borrowed | | Amount Still Outstanding | | | |
| 4 | Lender Name | | | | |
| | Date Interest Accrued | | | | |
| | Street Address | | | | |
| | City | State | | | |
| Original Amount Borrowed | | Amount Still Outstanding | | | |
| 5 | Lender Name | | | | |
| | Date Interest Accrued | | | | |
| | Street Address | | | | |
| | City | State | | | |
| Original Amount Borrowed | | Amount Still Outstanding | | | |
| Enter total only if last page of schedule | | | | | |
| <small>(transfer the total disbursed this period to "Summary of Disbursements," line 3(e))</small> | | | | | |

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

| Recipient Information | | | Amount Rebated / Refunded | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------|------------------------------|-----------------------------------------------|---------------------------------------------|
| 1 | Name of Original Payor | | | | |
| | Date Rebate/Refund Made | | | | |
| | Street Address | | | | |
| | City | State | | | |
| | Corporation Commission File Number (if applicable) | Original Payment Amount | Date of Original Payment | | |
| 2 | Name of Original Payor | | | | |
| | Date Rebate/Refund Made | | | | |
| | Street Address | | | | |
| | City | State | | | |
| | Corporation Commission File Number (if applicable) | Original Payment Amount | Date of Original Payment | | |
| 3 | Name of Original Payor | | | | |
| | Date Rebate/Refund Made | | | | |
| | Street Address | | | | |
| | City | State | | | |
| | Corporation Commission File Number (if applicable) | Original Payment Amount | Date of Original Payment | | |
| 4 | Name of Original Payor | | | | |
| | Date Rebate/Refund Made | | | | |
| | Street Address | | | | |
| | City | State | | | |
| | Corporation Commission File Number (if applicable) | Original Payment Amount | Date of Original Payment | | |
| 5 | Name of Original Payor | | | | |
| | Date Rebate/Refund Made | | | | |
| | Street Address | | | | |
| | City | State | | | |
| | Corporation Commission File Number (if applicable) | Original Payment Amount | Date of Original Payment | | |
| Enter total only if last page of schedule <small>(transfer the total disbursed this period to "Summary of Disbursements," line 4)</small> | | | | | |

Schedule B(4), page ___ of



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

| Candidate Committee Recipient Information | | | Amount Contributed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle | |
|-----------------------------------------------------------------------------------------------------|---------------------|--------------------------------|--------------------|-----------------------------------------|---------------------------------------|-----|
| 1 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Committee ID Number | Date In-Kind Contribution Made | | | | |
| 2 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Committee ID Number | Date In-Kind Contribution Made | | | | |
| 3 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Committee ID Number | Date In-Kind Contribution Made | | | | |
| 4 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Committee ID Number | Date In-Kind Contribution Made | | | | |
| 5 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Committee ID Number | Date In-Kind Contribution Made | | | | |
| Enter total only if last page of schedule | | | | | | |
| <small>(Transfer the total disbursed this period to "Summary of Disbursements," line 5(g).)</small> | | | | | | |



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

| Political Action Committee Recipient Information | | | | Amount Contributed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------|---------------------|--------------------------------|-----|--------------------|-----------------------------------------|---------------------------------------|
| 1 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution Made | | | | |
| 2 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution Made | | | | |
| 3 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution Made | | | | |
| 4 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution Made | | | | |
| 5 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution Made | | | | |
| Enter total only if last page of schedule | | | | | | |
| <small>(transfer the total disbursed this period to "Summary of Disbursements," line 5(b))</small> | | | | | | |

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

| Political Party Recipient Information | | | | Amount Contributed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------|---------------------|--------------------------------|-----|--------------------|-----------------------------------------|---------------------------------------|
| 1 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution Made | | | | |
| 2 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution Made | | | | |
| 3 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution Made | | | | |
| 4 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution Made | | | | |
| 5 | Committee Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Committee ID Number | Date In-Kind Contribution Made | | | | |
| Enter total only if last page of schedule | | | | | | |
| <small>(transfer the total disbursed this period to "Summary of Disbursements," line 5(c))</small> | | | | | | |

Schedule B(5)(c), page ___ of ___



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

| Partnership Recipient Information | | | | Amount Contributed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------|-----|--------------------|-----------------------------------------|---------------------------------------|
| 1 | Partnership Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution Made | | | | |
| 2 | Partnership Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution Made | | | | |
| 3 | Partnership Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution Made | | | | |
| 4 | Partnership Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution Made | | | | |
| 5 | Partnership Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution Made | | | | |
| Enter total only if last page of schedule | | | | | | |
| <small>(transfer the total disbursed this period to "Summary of Disbursements," line 5(d))</small> | | | | | | |

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
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COMMITTEE ID NUMBER
20-NP-006

IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

| Corporation / LLC Recipient Information | | | | Amount Contributed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------|-----|--------------------|-----------------------------------------|---------------------------------------|
| 1 | Corporation/LLC Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution Made | | | | |
| 2 | Corporation/LLC Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution Made | | | | |
| 3 | Corporation/LLC Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution Made | | | | |
| 4 | Corporation/LLC Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution Made | | | | |
| 5 | Corporation/LLC Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution Made | | | | |
| Enter total only if last page of schedule <small>(transfer the total disbursed this period to "Summary of Disbursements," line 5(e))</small> | | | | | | |



**STATE OF ARIZONA
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COMMITTEE ID NUMBER
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IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

| Labor Organization Recipient Information | | | | Amount Contributed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------|-----|--------------------|-----------------------------------------|---------------------------------------|
| 1 | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution Made | | | | |
| 2 | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution Made | | | | |
| 3 | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution Made | | | | |
| 4 | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution Made | | | | |
| 5 | Labor Organization Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Corporation Commission File Number | Date In-Kind Contribution Made | | | | |
| Enter total only if last page of schedule | | | | | | |
| <small>(transfer the total disbursed this period to "Summary of Disbursements," line 5(f))</small> | | | | | | |



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
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INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

| Expenditure Recipient Information | | | | Expenditure Amount | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------|--------------------------------------------|------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| 1 | Recipient Name | | Mode of Advertising (TV, mail, etc) | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Candidate(s) Supported (including % supported) | | Candidate(s) Opposed (including % opposed) | | | |
| | Date of First Publication, Display, Delivery, or Broadcast | Election Month/Year | Office Sought | | | |
| 2 | Recipient Name | | Mode of Advertising (TV, mail, etc) | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Candidate(s) Supported (including % supported) | | Candidate(s) Opposed (including % opposed) | | | |
| | Date of First Publication, Display, Delivery, or Broadcast | Election Month/Year | Office Sought | | | |
| 3 | Recipient Name | | Mode of Advertising (TV, mail, etc) | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Candidate(s) Supported (including % supported) | | Candidate(s) Opposed (including % opposed) | | | |
| | Date of First Publication, Display, Delivery, or Broadcast | Election Month/Year | Office Sought | | | |
| 4 | Recipient Name | | Mode of Advertising (TV, mail, etc) | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Candidate(s) Supported (including % supported) | | Candidate(s) Opposed (including % opposed) | | | |
| | Date of First Publication, Display, Delivery, or Broadcast | Election Month/Year | Office Sought | | | |
| Enter total only if last page of schedule <small>(transfer the total disbursed this period to "Summary of Disbursements," line 6)</small> | | | | | | |



**STATE OF ARIZONA
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FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

| Expenditure Recipient Information | | | | Expenditure Amount | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------|-------------------------------------------------|------------------------------------------------------------------|-----------------------------------------|---------------------------------------|--|
| 1 | Recipient Name | | Mode of Advertising (TV, mail, etc) | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | | |
| | Street Address | | | | | | |
| | City | State | ZIP | | | | |
| | Ballot Measure(s) Supported (including % supported) | | Ballot Measure(s) Opposed (including % opposed) | | | | |
| | Date of First Publication, Display, Delivery, or Broadcast | | Election Month/Year | | | | |
| 2 | Recipient Name | | Mode of Advertising (TV, mail, etc) | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | | |
| | Street Address | | | | | | |
| | City | State | ZIP | | | | |
| | Ballot Measure(s) Supported (including % supported) | | Ballot Measure(s) Opposed (including % opposed) | | | | |
| | Date of First Publication, Display, Delivery, or Broadcast | | Election Month/Year | | | | |
| 3 | Recipient Name | | Mode of Advertising (TV, mail, etc) | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | | |
| | Street Address | | | | | | |
| | City | State | ZIP | | | | |
| | Ballot Measure(s) Supported (including % supported) | | Ballot Measure(s) Opposed (including % opposed) | | | | |
| | Date of First Publication, Display, Delivery, or Broadcast | | Election Month/Year | | | | |
| 4 | Recipient Name | | Mode of Advertising (TV, mail, etc) | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | | |
| | Street Address | | | | | | |
| | City | State | ZIP | | | | |
| | Ballot Measure(s) Supported (including % supported) | | Ballot Measure(s) Opposed (including % opposed) | | | | |
| | Date of First Publication, Display, Delivery, or Broadcast | | Election Month/Year | | | | |
| Enter total only if last page of schedule <small>(transfer the total disbursed this period to "Summary of Disbursements," line 7)</small> | | | | | | | |



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
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RECALL EXPENDITURES MADE:

SCHEDULE B(8)

| Expenditure Recipient Information | | | | Expenditure Amount | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle | |
|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------|-------------------------------------|------------------------------------------------------------------|-----------------------------------------|---------------------------------------|--|
| 1 | Recipient Name | | Mode of Advertising (TV, mail, etc) | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | | |
| | Street Address | | | | | | |
| | City | State | ZIP | | | | |
| | Supporting or Opposing Issuance of Recall Order? | | Candidate Sought to be Recalled | | | | |
| | Date of First Publication, Display, Delivery, or Broadcast | | Office Held | | | | |
| 2 | Recipient Name | | Mode of Advertising (TV, mail, etc) | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | | |
| | Street Address | | | | | | |
| | City | State | ZIP | | | | |
| | Supporting or Opposing Issuance of Recall Order? | | Candidate Sought to be Recalled | | | | |
| | Date of First Publication, Display, Delivery, or Broadcast | | Office Held | | | | |
| 3 | Recipient Name | | Mode of Advertising (TV, mail, etc) | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | | |
| | Street Address | | | | | | |
| | City | State | ZIP | | | | |
| | Supporting or Opposing Issuance of Recall Order? | | Candidate Sought to be Recalled | | | | |
| | Date of First Publication, Display, Delivery, or Broadcast | | Office Held | | | | |
| 4 | Recipient Name | | Mode of Advertising (TV, mail, etc) | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | | |
| | Street Address | | | | | | |
| | City | State | ZIP | | | | |
| | Supporting or Opposing Issuance of Recall Order? | | Candidate Sought to be Recalled | | | | |
| | Date of First Publication, Display, Delivery, or Broadcast | | Office Held | | | | |
| Enter total only if last page of schedule <small>(transfer the total disbursed this period to "Summary of Disbursements," line 8)</small> | | | | | | | |



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
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COMMITTEE ID NUMBER
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SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

| Benefitted Candidate | | | Amount | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle | |
|-------------------------------------------------------------------------------------------------|--------------------------|-------|--------|-----------------------------------------|---------------------------------------|-----|
| 1 | Candidate Name | | | | | |
| | Date Benefit Provided | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Type of Benefit Provided | | | | | |
| Notes: | | | | | | |
| 2 | Candidate Name | | | | | |
| | Date Benefit Provided | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Type of Benefit Provided | | | | | |
| Notes: | | | | | | |
| 3 | Candidate Name | | | | | |
| | Date Benefit Provided | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Type of Benefit Provided | | | | | |
| Notes: | | | | | | |
| 4 | Candidate Name | | | | | |
| | Date Benefit Provided | | | | | |
| | Street Address | | | | | |
| | City | State | | | | ZIP |
| | Type of Benefit Provided | | | | | |
| Notes: | | | | | | |
| Enter total only if last page of schedule | | | | | | |
| <small>(transfer the total disbursed this period to "Summary of Disbursements," line 9)</small> | | | | | | |



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
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COMMITTEE ID NUMBER
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JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

| Recipient Committee Information | | | | Payment Amount | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------|----------------------------------------|------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| 1 | Committee Name | | Payment Date | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Date of Joint Fundraising Event (if applicable) | | Type of Shared Expense (if applicable) | | | |
| 2 | Committee Name | | Payment Date | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Date of Joint Fundraising Event (if applicable) | | Type of Shared Expense (if applicable) | | | |
| 3 | Committee Name | | Payment Date | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Date of Joint Fundraising Event (if applicable) | | Type of Shared Expense (if applicable) | | | |
| 4 | Committee Name | | Payment Date | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Date of Joint Fundraising Event (if applicable) | | Type of Shared Expense (if applicable) | | | |
| 5 | Committee Name | | Payment Date | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Date of Joint Fundraising Event (if applicable) | | Type of Shared Expense (if applicable) | | | |
| Enter total only if last page of schedule <small>(transfer the total disbursed this period to "Summary of Disbursements," line 10)</small> | | | | | | |

Schedule B(10), page ___ of ___



**STATE OF ARIZONA
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COMMITTEE ID NUMBER
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REIMBURSEMENTS MADE:

SCHEDULE B(11)

| Recipient Information | | | | Reimbursement Amount | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------|--------------------|------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| 1 | Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Services or Goods Reimbursed | | Reimbursement Date | | | |
| 2 | Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Services or Goods Reimbursed | | Reimbursement Date | | | |
| 3 | Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Services or Goods Reimbursed | | Reimbursement Date | | | |
| 4 | Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Services or Goods Reimbursed | | Reimbursement Date | | | |
| 5 | Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Services or Goods Reimbursed | | Reimbursement Date | | | |
| Enter total only if last page of schedule <small>(transfer the total disbursed this period to "Summary of Disbursements," line 11)</small> | | | | | | |



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

| Debt Information | | | | Amount | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------|------------------------|--------|-----------------------------------------|---------------------------------------|
| 1 | Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Type of Account Payable or Debt Owed | | Date that Debt Accrued | | | |
| 2 | Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Type of Account Payable or Debt Owed | | Date that Debt Accrued | | | |
| 3 | Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Type of Account Payable or Debt Owed | | Date that Debt Accrued | | | |
| 4 | Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Type of Account Payable or Debt Owed | | Date that Debt Accrued | | | |
| 5 | Name | | | | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Type of Account Payable or Debt Owed | | Date that Debt Accrued | | | |
| Enter total only if last page of schedule <small>(transfer the total received this period to "Summary of Receipts," line 12)</small> | | | | | | |



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

| | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|---------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| Recipient of Surplus Monies / Source of Transferred Debt | | |
| Recipient of Surplus Monies / Source of Transferred Debt | | |
| Recipient of Surplus Monies / Source of Transferred Debt | | |
| Recipient of Surplus Monies / Source of Transferred Debt | | |
| Recipient of Surplus Monies / Source of Transferred Debt | | |
| Total (transfer the total disbursed this period to "Summary of Disbursements," line 14) | | |



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
20-NP-006

MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

| Recipient Information | | | | Amount | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|--------------------------------------------------------------------------------------------------|-------------------|-------|-------------------|------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| 1 | Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | | ZIP | | | |
| | Disbursement Type | | Disbursement Date | | | |
| 2 | Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | | ZIP | | | |
| | Disbursement Type | | Disbursement Date | | | |
| 3 | Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | | ZIP | | | |
| | Disbursement Type | | Disbursement Date | | | |
| 4 | Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | | ZIP | | | |
| | Disbursement Type | | Disbursement Date | | | |
| 5 | Name | | | <input type="checkbox"/> Cash <input type="checkbox"/> Credit | | |
| | Street Address | | | | | |
| | City | State | ZIP | | | |
| | Disbursement Type | | Disbursement Date | | | |
| Enter total only if last page of schedule | | | | | | |
| <small>(transfer the total disbursed this period to "Summary of Disbursements," line 12)</small> | | | | | | |