

COMMITTEE INFORMA	ATION (required)
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	Committee Information:	Committee Name:	
CANE	DIDATE INFORMATION (only if fil	ing as a candidate committee):	
	Office Sought:	☐ County Office:	☐ Special District Office:
		☐ City/Town Office:	☐ School Board District:
	Cumulative Report:		

☐ Check here if this is the candidate committees 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): ______

REPORTING PERIOD (check one):

REPORTING PERIOD	REPORT DUE
2020 4 th Quarter Report: October 18, 2020 to December 31, 2020	January 1, 2021 to January 15, 2021
2021 March Pre-Election Report (Local Only): January 1, 2021 to February 20, 2021	February 21, 2021 to February 27, 202
2021 March Post-Election (Q1) Report (Local Only): February 21 to March 31, 2021	April 1, 2021 to April 15, 2021
2021 Quarter 1 Report: January 1, 2021 to March 31, 2021	April 1, 2021 to April 15, 2021
2021 May Pre-Election Report (Local Only): April 1, 2021 to May 1, 2021	May 2, 2021 to May 8, 2021*
2021 May Post-Election (Q2) Report (Local Only): May 2, 2021 to June 30, 2021	July 1, 2021 to July 15, 2021
2021 Quarter 2 Report: April 1, 2021 to June 30, 2021	July 1, 2021 to July 15, 2021
2021 August Pre-Election Report (Local Only): July 1, 2021 to July 17, 2021	July 18, 2021 to July 24, 2021
2021 August Post-Election (Q3) Report (Local Only): July 18, 2021 to September 30, 2021	October 1, 2021 to October 15, 2021
2021 Quarter 3 Report: July 1, 2021 to September 30, 2021	October 1, 2021 to October 15, 2021
2021 November Pre-Election Report (Local Only): October 1, 2021 to October 16, 2021	October 17, 2021 to October 23, 2021
2021 November Post-Election (Q4) Report (Local Only): October 17, 2021 to December 31, 2021	January 1, 2022 to January 15, 2022
2021 Quarter 4 Report: October 1, 2021 to December 31, 2021	January 1, 2022 to January 15, 2022
2022 March Pre-Election Report (Local Only): January 1, 2022 to February 19, 2022	February 20, 2021 to February 26, 202
2022 March Post-Election (Q1) Report (Local Only): February 20, 2022 to March 31, 2022	April 1, 2022 to April 15, 2022
2022 Quarter 1 Report: January 1, 2022 to March 31, 2022	April 1, 2022 to April 15, 2022
2022 May Pre-Election Report (Local Only): April 1, 2022 to April 30, 2022	May 1, 2022 to May 7, 2022
2022 May Post-Election (Q2) Report (Local Only): May 1, 2022 to June 30, 2022	July 1, 2022 to July 15, 2022
2022 Quarter 2 Report: April 1, 2022 to June 30, 2022	July 1, 2022 to July 15, 2022
2022 Pre-Primary Election Report: July 1, 2022 to July 16, 2022	July 17, 2022 to July 23, 2022
2022 Post-Primary Election (Q3) Report: July 17, 2022 to September 30, 2022	October 1, 2022 to October 15, 2022
2022 Pre-General Election Report: October 1, 2022 to October 22, 2022	October 23, 2021 to October 29, 2022
2022 Post-General Election (Q4) Report: October 23, 2022 to December 31, 2022	January 1, 2023 to January 17, 2023*
Final Campaign Finance Report Prior to Committee Termination: End of Previous Period through Today's Date	Same Date of Termination

*Reporting deadline extended to next business day. 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)	·	
(b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)		
(c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)		
(d) = Balance at close of reporting period		

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



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.

Printed Name of Committee Treasurer	Signature of Committee Treasurer	Date

SUMMARY OF RECEIPTS (Schedule A):

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

SUMMARY OF DISBURSEMENTS (Schedule B):

Disbursements for Operating Expenses 2. Contributions Made (a) Candidate Committees (b) Political Action Committees (c) Political Action Committees (d) Partnerships (e) Corporations & Limited Liability Companies (PAC & Political Parties Only) (g) Monetary Contributions Subtotal (sad 2(a) through 2(ff)) (h) Contribution Refunds Provided to the Reporting Committee (i) Monetary Contributions Total (submixed 2(ft) through 2(ff)) (i) Monetary Contributions Total (submixed 2(ft) through 2(ff)) (ii) Monetary Contributions Total (submixed 2(ft) through 2(ff)) (j) 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 (submixed 3(ft)) (state (state)) (state) (g) Candidate Committees (b) Political Action Committees (c) Political Action Committees (c) Political Action Committees (d) Partnerships (e) Corporations & Limited Liability Companies (PAC & Political Parties Only) (g) Contributions Subtotal (sed 5(a) through 5(ff)) (e) Labor Organizations (PAC & Political Parties Only) (g) Contributions Subtotal (sed 5(a) through 5(ff)) (a) Independent Expenditures Made (b) Support Provided to Party Nominees (Palical Parties Only) (d) Joint Fundraising / Shared Expense Payments Made (e) Recall Expenditures Made (f) Reimbursements Made (f) R					
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(f) Total Loans (cash: add 3(a), 3(d) & 3(e): equity: add 2(b) & 2(c)) 4. Rebates and Refunds Made (Non-Contributions) 5. Value of In-Kind Contributions Provided (a) Candidate Committees (b) Political Action Committees (c) Political Parties (d) Partnerships (e) Corporations & Limited Liability Companies (PAC & Political Parties Only) (f) Labor Organizations (PAC & Political Parties Only) (g) Contributions Subtotal (add 5(a) through 5(f)) 6. Independent Expenditures Made 7. Ballot Measure Expenditures Made 8. Recall Expenditures Made 9. Support Provided to Party Nominees (Political Parties Only) 10. Joint Fundraising / Shared Expense Payments Made 11. Reimbursements Made 12. Outstanding Accounts Payable / Debts Owed by Committee 13. Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)		(d) Repayment of Loans Received			
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5. Value of In-Kind Contributions Provided (a) Candidate Committees (b) Political Action Committees (c) Political Parties (d) Partnerships (e) Corporations & Limited Liability Companies (PAC & Political Parties Only) (f) Labor Organizations (PAC & Political Parties Only) (g) Contributions Subtotal (add 5(a) through 5(f)) 6. Independent Expenditures Made 7. Ballot Measure Expenditures Made 8. Recall Expenditures Made 9. Support Provided to Party Nominees (Political Parties Only) 10. Joint Fundraising / Shared Expense Payments Made 11. Reimbursements Made 12. Outstanding Accounts Payable / Debts Owed by Committee 13. Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)		(f) Total Loans (cash: add 3(a), 3(d) & 3(e); equity: add 2(b) & 2(c))			
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(b) Political Action Committees (c) Political Parties (d) Partnerships (e) Corporations & Limited Liability Companies (PAC & Political Parties Only) (f) Labor Organizations (PAC & Political Parties Only) (g) Contributions Subtotal (add 5(a) through 5(f)) 6. Independent Expenditures Made 7. Ballot Measure Expenditures Made 8. Recall Expenditures Made 9. Support Provided to Party Nominees (Political Parties Only) 10. Joint Fundraising / Shared Expense Payments Made 11. Reimbursements Made 12. Outstanding Accounts Payable / Debts Owed by Committee 13. Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)	5.	Value of In-Kind Contributions Provided			
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(d) Partnerships (e) Corporations & Limited Liability Companies (PAC & Political Parties Only) (f) Labor Organizations (PAC & Political Parties Only) (g) Contributions Subtotal (add 5(a) through 5(f)) 6. Independent Expenditures Made 7. Ballot Measure Expenditures Made 8. Recall Expenditures Made 9. Support Provided to Party Nominees (Political Parties Only) 10. Joint Fundraising / Shared Expense Payments Made 11. Reimbursements Made 12. Outstanding Accounts Payable / Debts Owed by Committee 13. Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)		(b) Political Action Committees			
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(f) Labor Organizations (PAC & Political Parties Only) (g) Contributions Subtotal (add 5(a) through 5(f)) 6. Independent Expenditures Made 7. Ballot Measure Expenditures Made 8. Recall Expenditures Made 9. Support Provided to Party Nominees (Political Parties Only) 10. Joint Fundraising / Shared Expense Payments Made 11. Reimbursements Made 12. Outstanding Accounts Payable / Debts Owed by Committee 13. Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)		(d) Partnerships			
(f) Labor Organizations (PAC & Political Parties Only) (g) Contributions Subtotal (add 5(a) through 5(f)) 6. Independent Expenditures Made 7. Ballot Measure Expenditures Made 8. Recall Expenditures Made 9. Support Provided to Party Nominees (Political Parties Only) 10. Joint Fundraising / Shared Expense Payments Made 11. Reimbursements Made 12. Outstanding Accounts Payable / Debts Owed by Committee 13. Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)		(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)			
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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)		(g) Contributions Subtotal (add 5(a) through 5(f))			
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)	6.	Independent 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)	7.	Ballot Measure Expenditures Made			
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)	8.	Recall Expenditures 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)	9.	Support Provided to Party Nominees (Political Parties Only)			
Outstanding Accounts Payable / Debts Owed by Committee Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)	10.	Joint Fundraising / Shared Expense Payments Made			
13. Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)	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	14.	Miscellaneous Disbursements			
15. Aggregate of Disbursements - \$250 or Less	15.	Aggregate of Disbursements - \$250 or Less			
16. Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15)	16.	Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15)			



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

SCHEDULE A(1)(a)

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

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

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

COMMITTEE ID NUMBER

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

SCHEDULE A(1)(b)

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

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

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



MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

	Individual Cor	ntributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer	1			
	Name		Date Contribution Received			
3	Street Address		1			
	City	State	ZIP			
	Occupation	Employer	1			
	Name		Date Contribution Received			
	Street Address		1			
4	City	State	ZIP			
	Occupation	Employer	.I.			
	Name		Date Contribution Received			
	Street Address		I			
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page of schedule (transfer the total received this period to "Su	mmony of Pessints."	line 1(a))			
_	Transfer the total received this period to Su	minary or Receipts,	III (U))			

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

MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

	State Date Contribution Receive State Date Contribution Receive	ZIP ed	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
nmittee ID Number mittee Name pet Address mittee ID Number mittee ID Number	Date Contribution Receive	ed ZIP			
nmittee ID Number nmittee Name net Address nmittee ID Number	Date Contribution Receive	ed ZIP			
nmittee ID Number mittee Name eet Address mmittee ID Number	Date Contribution Receive	ed ZIP			
nmittee Name et Address nmittee ID Number	State	ZIP			
nmittee ID Number					
nmittee ID Number nmittee Name					
nmittee ID Number nmittee Name			-		
nmittee Name	Date Contribution Receive	ed	<u> </u> 		li de la companya de
					1
eet Address		Committee Name			
Street Address			_		
	State	ZIP	+		İ
nmittee ID Number	Date Contribution Receive	ed	-		1
Committee Name					<u> </u>
eet Address	-		İ		
	State	ZIP	-		1
nmittee ID Number	Date Contribution Received		-		1
Committee Name					
Street Address			-		1
	State	ZIP	-		
	Date Contribution Receive	ed	4		1
n	mittee ID Number mittee Name	State State Date Contribution Receiv mittee ID Number pat Address State	State ZIP mittee ID Number Date Contribution Received mittee Name at Address State ZIP	State ZIP mittee ID Number Date Contribution Received mittee Name st Address State ZIP	State ZIP mittee ID Number Date Contribution Received mittee Name st Address State ZIP

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

	Political Action Committ	ee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed .			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
3	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Enter total only if last page of schedule					
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(e))					

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

Political Party Co	ntributor Informat	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Receive	d			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Receive	ed			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Receive	ed			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Received				
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Receive	ed			
Enter total only if last page of schedule	(5)	. 4(0)			
	Committee Name Street Address City Committee ID Number Street Address City Committee Name Street Address City Committee ID Number Committee ID Number Street Address City Committee ID Number Committee ID Number Committee Name Street Address City Committee Name Street Address City Committee ID Number	Committee Name Street Address City State Committee ID Number Date Contribution Receive Street Address City State Committee ID Number Date Contribution Receive Street Address City State Committee ID Number Date Contribution Receive Street Address City State Committee ID Number Date Contribution Receive Street Address City State Committee ID Number Date Contribution Receive Street Address City State Committee ID Number Date Contribution Receive Street Address City State Committee ID Number Date Contribution Receive Date Contribution Receive Committee ID Number Date Contribution Receive	Street Address City State ZIP Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Street Address City State ZIP Committee ID Number Date Contribution Received Street Address City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received Street Address City State ZIP Committee Name	Street Address City State ZiP Committee ID Number Committee	Political Party Contributor Information Received Amount Received Reparting Period Reparting Period Reparts Reporting Period Reparts Reporting Period Received Receiv

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

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

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



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

	Corporation / LLt	C Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name				. 0	•
	Street Address			-		
1	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receive	ed	-		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	/ed			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number Date Contribution Received					
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number Date Contribution Received					
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receiv	ved			
	Enter total only if last page of schedu					

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

	Labor Organizatio	on Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					-
	Street Address			-		
1	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receive	I ed	-		
	Labor Organization Name					
	Street Address			-		
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ved			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receiv	ved			
	Labor Organization Name					
	Street Address			_		
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	red			
	Labor Organization Name					
	Street Address			-		
5	City	State	ZIP	_		
	Corporation Commission File Number	Date Contribution Receiv	ved	_		
	Enter total only if last page of schedu	le				
	(transfer the total received this period to "S	summary of Receipts,"	line 1(i))			

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

Name Date Contribution Received Street Address Cocupation Date Contribution Received Date Contribution Received Date Contribution Received Street Address Cocupation Date Contribution Received Street Address Date Contribution Received Street Address Cocupation Date Contribution Received Street Address Cocupation Date Contribution Received Date Contribution Received Street Address Cocupation Date Contribution Received Date Contribution Received Date Contribution Received Date Contribution Received Date Contribution Received Date Contribution Received Date Contribution Received Date Contribution Received							
Street Address Cocupation Street Address Street Address Copy State Street Address Date Contribution Received Street Address		Candidate	e Information		Amount Received	Amount this	Cumulative Amount this Election Cycle
City State ZEP		Name		Date Contribution Received			
Coccepation Coccepation Coccepation Coccepation Corp State Sever Address City State Date Contribution Received Date Contribution Received Date Contribution Received Sever Address Sever Address Sever Address Sever Address City State Date Contribution Received Date Contribution Received Sever Address Date Contribution Received Date Contribution Received Date Contribution Received Sever Address Sever Address Sever Address Date Contribution Received Date Contribution Received Sever Address Date Contribution Received		Street Address			_		
Name Date Contribution Received Street Address 2 City State ZiP Cocupation Employer Name Date Contribution Received Street Address 3 City State ZiP Occupation Employer Name Date Contribution Received Street Address 3 City State ZiP Cocupation Employer Name Date Contribution Received Sheet Address 4 City State ZiP Occupation Employer Name Date Contribution Received Sheet Address 4 City State ZiP Sheet Address 5 City State ZiP	1	City	State	ZIP	_		
Street Address 2 City State ZiP Cocupation Employer Name Date Contribution Received Street Address 3 City State ZiP Cocupation Employer Name Date Contribution Received Street Address 4 City State ZiP Cocupation Employer Street Address 4 City State ZiP Cocupation Employer Name Date Contribution Received Street Address 5 City State ZiP Coty State ZiP Cocupation Employer Date Contribution Received Street Address		Occupation	Employer				
2 City State ZiP Cocupation Employer Date Contribution Received Street Address City State ZiP Cocupation Employer Name Date Contribution Received Street Address 4 City State ZiP Cocupation Employer Name Date Contribution Received Street Address 4 City State ZiP Cocupation Employer Name Date Contribution Received Street Address 5 City State ZiP Cocupation Employer		Name	l	Date Contribution Received			
Cocupation Employer Name		Street Address		<u> </u>	-		
Name Street Address City Date Contribution Received Street Address City Date Contribution Received Date Contribution Received Cocupation Employer Date Contribution Received Street Address City State ZIP Cocupation Employer Date Contribution Received Street Address City State ZIP Date Contribution Received Street Address City State ZIP Street Address City State ZIP Street Address City State ZIP	2	City	State	ZIP			
Street Address City State ZIP Cocupation Employer Name Date Contribution Received Street Address City State ZIP Cocupation Employer Date Contribution Received Street Address Toty State ZIP Cocupation Employer Name Date Contribution Received Street Address Toty State ZIP		Occupation	Employer		_		
State ZIP		Name		Date Contribution Received			
City State ZiP Cocupation Employer Name Date Contribution Received Street Address ZiP City State ZiP Cocupation Employer Name Date Contribution Received Street Address ZiP City State ZiP Street Address ZiP City State ZiP Street Address ZiP Street Address ZiP Street Address ZiP City State ZiP		Street Address		_			
Name Date Contribution Received	3	City	State	ZIP			
Street Address City State ZIP Occupation Employer Name Date Contribution Received Street Address City State ZIP		Occupation	Employer				
City State ZIP Occupation Employer Name Date Contribution Received Street Address City State ZIP		Name		Date Contribution Received			
City State ZIP Occupation Employer Name Date Contribution Received Street Address City State ZIP		Street Address					
Name Date Contribution Received Street Address City State ZIP	4	City	State	ZIP	_		
Street Address City State ZIP		Occupation	Employer		_		
5 City State ZIP		Name		Date Contribution Received			
City State ZIP	5	Street Address			-		
Occupation Employer		City	State	ZIP	-		
		Occupation	Employer		_		
		Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 1(j))			

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

	Contributo	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Refunded			
	Street Address			-		
1	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address		L	-		
2	City	State	ZIP	_		
	ID Number (if applicable)		Date of Original Contribution	1		
	Name		Date Contribution Refunded			
	Street Address		_			
3	City	State	ZIP	_		
	ID Number (if applicable)	Date of Original Contribution	_			
	Name		Date Contribution Refunded			
	Street Address			_		
4	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
5	City	State	ZIP	-		
	ID Number (if applicable)		Date of Original Contribution	-		
	Enter total only if last page of schedule					
	(transfer the total received this period to "Sumi	mary of Receipts," l	ine 1(I))			

Schedule A(1)(I), page ____ of___



LOANS RECEIVED: SCHEDULE A(2)(a)

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

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



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

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

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



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

	Borrower	Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Repayment Received			
	Street Address		l			
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	<u> </u>			
	Borrower Name		Date Repayment Received			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address					
5		T _{av.}	I _{no}			
	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I				

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

INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

	Borrower	Information	,	Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Interest Accrued			
	Street Address			-		
1	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding	l			
	Borrower Name	I	Date Interest Accrued			
	Street Address		l	-		
2	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Interest Accrued			
	Street Address			-		
3	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Borrower Name		Date Interest Accrued			
	Street Address			-		
4	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		_		
	Borrower Name	Borrower Name				
	Street Address		-			
5	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		_		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	many of Possints " !	ino 2/d))			

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

REBATES AND REFUNDS RECEIVED:

SCHEDULE A(3)

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

Schedule A(3), page ____ of ____

COMMITTEE ID NUMBER

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

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

Schedule A(4), page____ of ____



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

SCHEDULE A(5)(a)

	Individual Contr	ibutor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			·
	Street Address		<u> </u>	-		
1	City	State	ZIP	-		
	Occupation	Employer				
	Name	I	Date In-Kind Contribution Received			
	Street Address		l			
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	ccupation Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page of schedule (transfer the total received this period to "Sum		/)			

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

Schedule A(5)(a), page ____ of ___

COMMITTEE ID NUMBER

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

SCHEDULE A(5)(b)

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

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

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



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

SCHEDULE A(5)(c)

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

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



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

	Candidate Committee	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Committee Name					
	Street Address	treet Address				
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name	L				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name	l				
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	I mary of Receipts." I	ine 5(d))			

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

	Political Action Commit	ee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	I Received			
	Committee Name	l				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
	Committee Name					
	Street Address	reet Address				
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	(5)				

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

Political Party Contributor Information Committee Name Street Address City Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Committee ID Number Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Committee ID Number Committee Name Street Address City Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received							
Street Address City State ZIP Committee ID Number Date in-Kind Contribution Received Street Address City State ZIP Committee ID Number Date in-Kind Contribution Received Committee ID Number Date in-Kind Contribution Received Committee ID Number Date in-Kind Contribution Received Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date in-Kind Contribution Received Committee ID Number Date in-Kind Contribution Received		Political Party Cor	ntributor Informati	ion	Amount Received	Amount this	Cumulative Amount this Election Cycle
Tommittee ID Number Date In-Kind Contribution Received Committee Name Street Address Zip Committee ID Number Date In-Kind Contribution Received Zip Committee ID Number Date In-Kind Contribution Received Committee Name Street Address Zip Committee Name Street Address Zip Committee ID Number Date In-Kind Contribution Received Zip Committee Name Street Address Zip Committee ID Number Date In-Kind Contribution Received	Committee Name	Committee Name					
Committee ID Number Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Committee ID Number Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee ID Number Street Address Committee ID Number Date In-Kind Contribution Received Committee ID Number Street Address Committee Name Street Address	Street Address						
Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received	City		State	ZIP			
Street Address 2 City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address 3 City State ZIP Committee ID Number Date In-Kind Contribution Received	Committee ID Numbe	lumber	Date In-Kind Contribution I	I Received			
City State ZIP	Committee Name	le					
Committee ID Number Committee Name Street Address City Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP	Street Address	Sitreet Address					
Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address 4 City State ZIP	2 City		State	ZIP			
Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP	Committee ID Numbe	lumber	Date In-Kind Contribution	Received			
City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP	Committee Name	Committee Name					
Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Date In-Kind Contribution Received	Street Address	Street Address					
Committee Name Street Address City State ZIP	3 City		State	ZIP			
Street Address City State ZIP	Committee ID Numbe	lumber	Date In-Kind Contribution	Received			
4 City State ZIP	Committee Name	Committee Name					
City State ZIP	Street Address						
Committee ID Number Date In-Kind Contribution Received	City		State	ZIP			
	Committee ID Numbe	lumber	Date In-Kind Contribution	Received			
Committee Name	Committee Name	ne					
Street Address	Street Address	Street Address					
5 City State ZIP	City	-	State	ZIP			
Committee ID Number Date In-Kind Contribution Received	Committee ID Numbe	Jumber	Date In-Kind Contribution	Received			
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5(f))	Enter total onl	only if last page of schedule					

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

/						
	Partnership Con	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Partnership Name					·
	Street Address	Street Address				
1	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
	Partnership Name					
	Street Address			-		
2	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
	Partnership Name	Partnership Name				
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Commission File Number Date In-Kind Contribution Received				
	Partnership Name					
	Street Address					
4	City	State	ZIP	_		
	Corporation Commission File Number Date In-Kind Contribution Received			_		
	Partnership Name					
	Street Address			_		
5	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received	_		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts." I	line 5(g))			

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



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

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

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

	Labor Organization	Contributor Inforn	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name				1 3	
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address			-		
2	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
	Labor Organization Name					
	Street Address			-		
3	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
	Labor Organization Name					
	Street Address	Street Address				
1	City	State	ZIP	-		
	Corporation Commission File Number Date In-Kind Contribution Received			-		
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
1	Enter total only if last page of schedule (transfer the total received this period to "Sum	manual Desertation	line F(i))			

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



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

SCHEDULE A(5)(j)

/						
	Candida	ate Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address			-		
1	City	State	ZIP	1		
	Asset or Property Contributed			_		
	Name		Date In-Kind Contribution Received			
	Street Address			<u> </u> -		
2	City	State	ZIP	-		
	Asset or Property Contributed			_		
	Name	Date In-Kind Contribution Received				
	Street Address					
3	City	State	ZIP			
	Asset or Property Contributed		-			
r	Name		Date In-Kind Contribution Received			
	Street Address			-		
4	City	State	ZIP	1		
	Asset or Property Contributed		-			
\vdash	Name		Date In-Kind Contribution Received			
	Street Address			-		
5	City	State	ZIP	_		
	Asset or Property Contributed			-		
L						
L	Enter total only if last page of schedul (transfer the total received this period to "St	e ımmary of Receipts, [*]	' line 5(j))			



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

SCHEDULE A(6)

	Source	Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Date In-Kind Donation Received				
	Street Address			_		
1	City	State	ZIP	-		
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address			-		
2	City	State	ZIP	-		
	Type of Item Donated		-			
	Name	Date In-Kind Donation Received				
	Street Address	reet Address				
3	City	State	ZIP	-		
	Type of Item Donated	-				
	Name		Date In-Kind Donation Received			
	Street Address	Street Address				
4	City	State	ZIP	-		
	Type of Item Donated	-				
	Name		Date In-Kind Donation Received			
	Street Address		L	1		
5	City	State	ZIP	-		
	Type of Item Donated	-				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	imany of Possints."	ling 6)]		
<u>L</u>	Transier the total received this period to Sur	imary or neceipis,	inie Uj			

Arizona Secretary of State Revision 7/31/21 (fillable format)

Schedule A(6), page_____ of ____



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

_	Creditor	Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Name					
	Street Address			_		
1	City	State	ZIP	_		
	Services or Goods Provided on Credit	•	Date of Extension of Credit			
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Provided on Credit	Date of Extension of Credit	_			
	Name					
	Street Address			-		
3	City	State	ZIP			
	Services or Goods Provided on Credit Date of Extension of Credit			_		
	Name					
	Street Address					
4	City	State	ZIP	-		
	Services or Goods Provided on Credit Date of Exte		Date of Extension of Credit	-		
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Provided on Credit	Date of Extension of Credit	-			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," l	I line 7(a))	1		

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



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

_	Creditor Information			Payment Amount on Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit	it		
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	l				

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



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

			•		
Payor Committee Information			Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name		Payment Date			
Street Address					
City	State	ZIP			
Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	xpense (if applicable)			
Committee Name		Payment Date			
Street Address					
City	State	ZIP			
Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	xpense (if applicable)			
Committee Name		Payment Date			
Street Address					
City	State	ZIP			
Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	xpense (if applicable)			
Committee Name		Payment Date			
Street Address					
City	State	ZIP			
Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	xpense (if applicable)			
Committee Name		Payment Date			
Street Address					
City State		ZIP			
Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	xpense (if applicable)			
Enter total only if last page of schedule					
	Committee Name Street Address City Date of Joint Fundraising Event (if applicable) Committee Name Street Address City Date of Joint Fundraising Event (if applicable) Committee Name Street Address City Date of Joint Fundraising Event (if applicable) Committee Name Street Address City Date of Joint Fundraising Event (if applicable) Committee Name Street Address City Date of Joint Fundraising Event (if applicable) Committee Name Street Address City Date of Joint Fundraising Event (if applicable) Committee Name	Committee Name Street Address City State Date of Joint Fundraising Event (if applicable) Type of Shared E Committee Name Street Address City State Date of Joint Fundraising Event (if applicable) Type of Shared E Committee Name Street Address City State City State City State City State Date of Joint Fundraising Event (if applicable) Type of Shared E Committee Name Street Address City State Committee Name Street Address City State Committee Name Payment Date Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address City State ZIP Committee Name Payment Date Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address City State ZIP Committee Name Payment Date Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address City State ZIP	Committee Name Payment Date Street Address ZiP Date of Joint Fundrating Event (if applicable) Type of Shared Expense (if applicable) Street Address ZiP Date of Joint Fundrating Event (if applicable) Type of Shared Expense (if applicable) Street Address ZiP Date of Joint Fundrating Event (if applicable) Type of Shared Expense (if applicable) Street Address ZiP Date of Joint Fundrating Event (if applicable) Type of Shared Expense (if applicable) Street Address ZiP City State ZiP Date of Joint Fundrating Event (if applicable) Type of Shared Expense (if applicable) Street Address ZiP Date of Joint Fundrating Event (if applicable) Type of Shared Expense (if applicable) Street Address ZiP Date of Joint Fundrating Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address ZiP Date of Joint Fundrating Event (if applicable) Type of Shared Expense (if applicable) Street Address ZiP Date of Joint Fundrating Event (if applicable) Type of Shared Expense (if applicable) Street Address ZiP Date of Joint Fundrating Event (if applicable) Type of Shared Expense (if applicable) Street Address ZiP Date of Joint Fundrating Event (if applicable) Type of Shared Expense (if applicable)	Payor Committee Name Committee Name Sinear Address City Committee Name Silved Address City Committee Name Silved Address City Silved Address City Silved Address City Silved Address City Silved Address City Silved Address City Silved Address City Silved Address City Silved Address City Silved Address City Silved Silved Expense (# applicable) Type of Silved Expense (# applicable) Silved Address City Silved Address City Silved Address City Silved	

Schedule A(8), page____ of ____



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

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

Schedule A(9), page____ of ____



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

	Infor	mation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name		I			
	Street Address					
2	City	State	ZIP			
	Type of Account Receivable or Debt Owed	Date that Debt Accrued				
	Name					
	Street Address					
3	City	State	ZIP			
	Type of Account Receivable or Debt Owed Date that Debt Accrued					
	Name	Name				
	Street Address					
4	City	State	ZIP			
	Type of Account Receivable or Debt Owed	Date that Debt Accrued				
	Name	Name				
	Street Address	Street Address				
5	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Enter total only if last page of schedule (transfer the total received this period to "Sum					
	(transfer the total received this period to "Sum	mary of Receipts," I	ine 10)			

Schedule A(10), page____ of ____

COMMITTEE ID NUMBER

TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

	1	
	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		
Soulce of Surplus Motiles / Recipient of Haristerieu Debt		
Source of Surplus Monies / Recipient of Transferred Debt		
Total (transfer the total received this period to "Summary of Receipts," line 11)		
(transfer the total received this period to "Summary of Receipts," line 11)		

Schedule A(11), page____ of ____



MISCELLANEOUS RECEIPTS: SCHEDULE A(12)

	Source I	nformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
2	City	State	ZIP			
	Receipt Type	Receipt Date				
	Name					
	Street Address					
3	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
4	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name		<u> </u>			
	Street Address					
5	City	State	ZIP			
	Receipt Type	<u> </u>	Receipt Date			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receints " I	I ine 12)			
Щ	l,	,, .	,		l	

Schedule A(12), page____ of ____



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

	·	Recipient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Disbursement Da	ite			
	Street Address	<u> </u>	I			
1	City	State	ZIP			
	Type of Operating Expense Paid		pose? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Da	ite			
	Street Address					
2	City	State	ZIP			
	Type of Operating Expense Paid		pose? (PACs and Political Parties Only)	□ Cash □ Credit		
+	Name	Disbursement Da	te			
	Street Address	iress				
3	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only)		□ Cash □ Credit		
	Name	Disbursement Da	te			
	Street Address					
4	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purp	Dose? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Da	te			
	Street Address					
5	City	State	ZIP	□ Cash □ Credit		
	Type of Operating Expense Paid	Non-Electoral Pur	pose? (PACs and Political Parties Only)			

Schedule B(1), page____ of ____



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

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



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

/	Political Action Commit	tee Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name	Committee Name				
	Street Address					
1	City	State	ZIP	. □ Cash		
	Committee ID Number	Committee ID Number Date Contribution Made				
	Committee Name					
2	Street Address	Г	T			
	City	State	ZIP	□ Cash □ Credit		
	Committee ID Number Date Contribution Made Committee Name			La Gredit		
ļ	Street Address					
2						
3	City	State	ZIP	□ Cash		
	Committee ID Number Date Contribution Made			□ Credit		
	Committee Name					
4	Street Address		710			
	City Committee ID Number	State Date Contribution Made	ZIP	□ Cash □ Credit		
	Committee Name	Date Continuation wade				
_	Street Address					
5	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 2(b))			
\	_	Sche	edule B(2)(b), page of			



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Political Party Ro	ecipient Information	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		□ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	l	□ Casii		
	Committee Name					
;	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name	<u> </u>				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Made	<u> </u>	□ Cash □ Credit		
_	Enter total only if last page of schedule (transfer the total disbursed this period to "Sui					



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	hip Recipient Informa	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Partnership Name		Treporting Feriod	Liection Cycle		
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit		
	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	ade	□ Cash □ Credit		
	Partnership Name					
3 -	reet Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	ade	□ Cash □ Credit		
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	ade	□ Cash □ Credit		
	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	ade	☐ Cash☐ Credit		
_	Enter total only if last page of sch (transfer the total disbursed this period	edule				



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

/	Corporation	n / LLC Recipient In	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Corporation/LLC Name			,			
	Street Address						
1	City	State	ZIP				
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit			
	Corporation/LLC Name						
	Street Address						
2	City	State	ZIP				
	Corporation Commission File Number	Date Contribution	n Made	⊔ Cash □ Credit	☐ Cash☐ Credit		
	Corporation/LLC Name						
	Street Address						
3	City	State	ZIP				
	Corporation Commission File Number	Date Contribution	n Made	□ Cash □ Credit			
	Corporation/LLC Name	<u> </u>					
	Street Address						
4	City	State	ZIP	ПСсор			
	Corporation Commission File Number	Date Contribution	n Made	□ Cash □ Credit			
	Corporation/LLC Name	<u> </u>					
	Street Address	Street Address					
5	City	State	ZIP	□ Cash			
	Corporation Commission File Number	Date Contribution	n Made	□ Casii			
	Enter total only if last page of sol (transfer the total disbursed this perio	hedule		l			



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Orgar	nization Recipient Infor	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Labor Organization Name					
	Street Address					
1	City	State	ZIP	П Оh		
	Corporation Commission File Number	Date Contribution Made	9	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Mad	e	□ Cash		
	Labor Organization Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Mad	e	□ Credit		
	Labor Organization Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Mad	e	□ Cash		
_	Labor Organization Name	L				
	Street Address					
5	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Mad	e	□ Credit		
_	Enter total only if last page of sch (transfer the total disbursed this period	edule d to "Summary of Disburs	ements," line 2(f))	I		



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

				•		
/	Con	ntributor Informatio	on	Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Date Refund Received			
	Street Address					ı
1	City	State	ZIP			ı
	Committee ID Number		Date of Original Contribution			ı
	Committee Name		Date Refund Received			
	Street Address					1
2	City	State	ZIP			ı
	Committee ID Number		Date of Original Contribution	_		ı
	Committee Name		Date Refund Received			
	Street Address					1
3	City	State	ZIP			1
	Committee ID Number		Date of Original Contribution			1
	Committee Name		Date Refund Received			
	Street Address					1
4	City	State	ZIP			1
	Committee ID Number		Date of Original Contribution			ı
_	Committee Name		Date Refund Received			
	Street Address					1
5	City	State	ZIP			1
	Committee ID Number		Date of Original Contribution			ı
	Enter total only if last page of sche (transfer the total disbursed this period	edule	hurageanta "line 2/h)			
	(Maniero, and total along around and period		24.00			

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LOANS MADE: SCHEDULE B(3)(a)

	Borrower	Information		Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name					
=	Street Address					
1	City	State	ZIP			
=	Guarantor/Endorser Name	Date Loan Made	l			
	Borrower Name					
	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
-	Street Address					
3	City	State	ZIP			
=	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
=	Street Address					
4	City	State	ZIP			
=	Guarantor/Endorser Name	Date Loan Made				
1	Borrower Name					
	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	arantor/Endorser Name Date Loan Made				
1	Enter total only if last page of schedule (transfer the total received this period to "Sumr	nary of Dishurseme	nts " line 3(a))			

Schedule B(3)(a), page___of ___



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

/	Guaranto	r Information		Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Guarantor Name					
	Street Address					
1	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name	<u> </u>				
	Street Address					
	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed		-		
	Guarantor Name					
	Street Address					
3	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address					
4	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address					
5	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Enter total only if last page of schedule (transfer the total received this period to "Sum					

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



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

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

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



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

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

Arizona Secretary of State Revision 7/31/21 (fillable format)

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



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

	Lender I	nformation		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Interest Accrued			
	Street Address			-		
1	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Lender Name		Date Interest Accrued			
	Street Address			-		
2	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
-	Lender Name		Date Interest Accrued			
	Street Address			-		
3	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		_		
	Lender Name		Date Interest Accrued			
	Street Address	Street Address				
4	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Lender Name		Date Interest Accrued			
	Street Address			-		
5	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	mmony of Dishurs	nente " line 2/e\\			

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

/	Rec	cipient Information		Amount Rebated /	Amount this	Cumulative Amount this
	Name of Original Payor		Date Rebate/Refund Made	Neithlided	Reporting Period	Election Cycle
	Street Address			_		
1	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor		Date Rebate/Refund Made			
;	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address			_		
5	City	State	ZIP	_		
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor	\dashv		
	Enter total only if last page of sche (transfer the total disbursed this period	dule				

Schedule B(4), page____ of ____



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

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

Arizona Secretary of State Revision 7/31/21 (fillable format)

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

/			i			
	Political Action Commi	ttee Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
•	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
1	Committee Name					
;	Street Address					
2	City	State	ZIP			
•	Committee ID Number	Date In-Kind Contribution	Made			
7	Committee Name					
\$	Street Address					
3	City	State	ZIP			
,	Committee ID Number	Date In-Kind Contribution	Made			
-	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
	Committee Name					
3	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
۲.	Enter total only if last page of schedule					

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

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

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



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

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

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

Corporation	/ LLC Recipient Inform	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Corporation/LLC Name				· ·	
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contributi	on Made			
Corporation/LLC Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribut	ion Made			
Corporation/LLC Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribut	ion Made			
Corporation/LLC Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribut	Date In-Kind Contribution Made			
Corporation/LLC Name	Corporation/LLC Name				
Street Address					
City	State	ZIP			
	Corporation/LLC Name Street Address City Corporation Commission File Number Street Address City Corporation/LLC Name Street Address City Corporation/LLC Name Street Address City Corporation Commission File Number Corporation Commission File Number Corporation Commission File Number Corporation Commission File Number Corporation/LLC Name Street Address City Corporation Commission File Number Corporation Commission File Number	Corporation/LLC Name Street Address City State Corporation Commission File Number Date In-Kind Contribute Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City State Corporation Commission File Number Date In-Kind Contribute Corporation Commission File Number Date In-Kind Contribute Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City Date In-Kind Contribute Corporation Commission File Number Date In-Kind Contribute Corporation/LLC Name Street Address	Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation Commission File Number Date In-Kind Contribution Made Corporation LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation Commission File Number Date In-Kind Contribution Made Corporation Commission File Number Date In-Kind Contribution Made Corporation Commission File Number Date In-Kind Contribution Made Corporation Commission File Number Date In-Kind Contribution Made Corporation Commission File Number Date In-Kind Contribution Made Corporation Commission File Number Date In-Kind Contribution Made	Corporation / LLC Name Street Address City State City State Corporation Commission File Number Date In-Kind Contribution Made Corporation LLC Name Street Address City State Zip Corporation LLC Name Street Address City State Zip Corporation LLC Name Street Address City State Zip Corporation LLC Name Street Address City State Zip Corporation LLC Name Street Address City State Zip Corporation LLC Name Street Address City State Zip Corporation LLC Name Street Address City State Zip Corporation LLC Name Street Address City State Zip Corporation LLC Name Street Address City State Zip Corporation LLC Name Street Address City State Zip Corporation Commission File Number Date in-Kind Contribution Made Corporation LLC Name Street Address City State Zip Corporation LLC Name Street Address Street Address Street Address Street Address Street Address Street Address	Corporation / LLC Recipient Information Contributed Address Street Address City Corporation Commission File Number Corporation LC Name Street Address City Corporation Commission File Number Corporation LC Name Street Address City Corporation Commission File Number Corporation LC Name Street Address City Corporation Commission File Number Corporation LC Name Street Address City Corporation Commission File Number Corporation LC Name Street Address City Corporation Commission File Number Corporation LC Name Street Address City Corporation Commission File Number Corporation LC Name Street Address City Corporation Commission File Number Corporation Commission Fi

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



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

/	Labor Organizati	on Recipient Inform	aation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name	Labor Organization Name				
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name					
	Street Address		1			
2	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Labor Organization Name					
E	Street Address			+		
3	City	State	ZIP	_		
	Corporation Commission File Number	Date In-Kind Contribution	n Made	_		
	Labor Organization Name					
	Street Address			_		
4	City	State	ZIP	_		
	Corporation Commission File Number	Date In-Kind Contribution	n Made	_		
	Labor Organization Name					
	Street Address			_		
5	City	State	ZIP	_		
	Corporation Commission File Number	Date In-Kind Contribution	n Made	_		
_	Enter total only if last page of schedul	le				
	Enter total only if last page of schedul (transfer the total disbursed this period to	Summary of Disburser	ments," line 5(f))			

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



INDEPENDENT EXPENDITURES MADE: SCHEDULE B(6)

/	Expenditure l	Recipient Informa	tion	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)		-	·
1	Street Address	_				
	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	acluding % opposed)	□ Cash □ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	- Credit		
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address		<u> </u>			
2	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	Locluding % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	ncluding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
4	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (including % opposed)		☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ □ Credit		

Schedule B(6), page____ of ____



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

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

Schedule B(7), page____ of ____



RECALL EXPENDITURES MADE: SCHEDULE B(8)

	Expenditure F	Recipient Informatio	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		1			
1	City	State	ZIP	1		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	Lalled	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		- □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
2	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Re		La control of the con	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Office Held		_ □ Credit			
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		1	1		
3	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		□ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
4	City	State	ZIP	1		
	Supporting or Opposing Issuance of Recall Order?	Recall Order? Candidate Sought to be Recalled		☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Office Held		_ □ Credit			
	Enter total only if last page of schedul	e e		l		
_	(transfer the total disbursed this period to "S	Summary of Disburser	ments," line 8)			

Schedule B(8), page____ of ____



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

/	Benefit	ted Candidate		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Candidate Name		Date Benefit Provided			
	Street Address					
1	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
2	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
3	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address		<u> </u>			
4	City	State	ZIP			
	Type of Benefit Provided	<u>I</u>	<u> </u>			
	Notes:					
	Enter total only if last page of schedul (transfer the total disbursed this period to "\$	e Summary of Disbursen	nents," line 9)			

Schedule B(9), page____ of ____

COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

Recipient Committee Information			n	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name	Payment Date		. 3	,	
	Street Address		•			
1	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	☐ Credit		
	Committee Name		Payment Date			
,	Street Address					
2	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Credit		
	Committee Name	Payment Date				
•	Street Address					
3	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Credit		
	Committee Name		Payment Date			
4	Street Address					
•	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	1	☐ Credit		
	Committee Name	Payment Date				
5	Street Address					
J	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	☐ Credit		
	Enter total only if last page of schedul (transfer the total disbursed this period to "	e Summar of Diahama				

Schedule B(10), page____ of ____



REIMBURSEMENTS MADE: SCHEDULE B(11)

	Recipient	Information		Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
•	Street Address					
1	City	State	ZIP	П Оh		
•	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
•	Street Address					
2	City	State	ZIP			
į	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
•	Street Address					
3	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
4	City	State	ZIP			
•	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
_						

Schedule B(11), page____ of ____

Arizona Secretary of State Revision 7/31/21 (fillable format)



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

							,
Cumulative Amount this Election Cycle	Cumulative Amount this Reporting Period	Amount		formation	Debt In		
						Name	
						Street Address	
			ZIP	State		City	1
			Date that Debt Accrued		Owed	Type of Account Payable or Debt Owe	
						Name	
						Street Address	
			ZIP	State		City	2
			Date that Debt Accrued		Owed	Type of Account Payable or Debt Ower	
			Name			Name	
			Street Address				
			ZIP	State		City	3
			Date that Debt Accrued		Owed	Type of Account Payable or Debt Ower	
						Name	
						Street Address	
			ZIP	State		City	4
			Date that Debt Accrued		Owed	Type of Account Payable or Debt Owe	
						Name	
			Street Address				
			ZIP	State		City	5
			Date that Debt Accrued		Owed	Type of Account Payable or Debt Ower	
						. , ,	
			ine 12)	mary of Receipts,"	page of schedule ed this period to "Sum	Enter total only if last par (transfer the total received to	

Schedule B(12), page____ of ____

COMMITTEE ID NUMBER

TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

		Communications American Albina File attica
	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		
tecipient of Surplus Monies / Source of Transferred Debt		
tecipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Total (transfer the total disbursed this period to "Summary of Disbursements," line 13)		

Schedule A(13), page____ of ____



MISCELLANEOUS DISBURSEMENTS: SCHEDULE B(14)

		Recipient Information	ו	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Street Address					
1	City	State	ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name		•			
2	Street Address	State	ZIP			
	City Disbursement Type		Disbursement Date	☐ Cash☐ Credit		
	Name	Name				
3	Street Address					
Ū	City Disbursement Type	State	ZIP Disbursement Date	☐ Cash☐ Credit		
	Name					
4	Street Address					
4	City Disburgament Type	State	ZIP Disbursement Date	☐ Cash☐ Credit		
	Disbursement Type Name		Dispulsement Date			
	Street Address					
5	City	State	ZIP	□ Cash		
	Disbursement Type	- '	Disbursement Date	□ Credit		
	Enter total only if last page of (transfer the total disbursed this	of schedule period to "Summary of Dis	bursements," line 14)			

COMMITTEE ID NUMBER

AGGREGATE OF DISBURSEMENTS – \$250 OR LESS:

SCHEDULE B(15)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Cumulative of Disbursements - \$250 or Less		
Enter total only if last page of schedule (transfer the total received this period to "Summary of Disbursements," line 15)		

Schedule B(15), page____ of ____