

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

committee Information: Committee Name: Committee to re-elect Michele Lin

CANDIDATE INFORMATION	(only if filing	as a candidate	committee):
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Office Sought:	☐ County Office:	□ Special District Office:
(□ City/Town Office: Lake Hau	Day City Courci School Board District:

Cumulative Report:

/	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, 2021
	2021 March Post-Election (Q1) Report (Local Only): February 21 to March 31, 2021	April 1, 2021 to April 15, 2021
	2021 Quarter 1 Report: January 1, 2021 to March 31, 2021	April 1, 2021 to April 15, 2021
	2021 May Pre-Election Report (Local Only): April 1, 2021 to May 1, 2021	May 2, 2021 to May 8, 2021*
	2021 May Post-Election (Q2) Report (Local Only): May 2, 2021 to June 30, 2021	July 1, 2021 to July 15, 2021
	2021 Quarter 2 Report: April 1, 2021 to June 30, 2021	July 1, 2021 to July 15, 2021
	2021 August Pre-Election Report (Local Only): July 1, 2021 to July 17, 2021	July 18, 2021 to July 24, 2021
	2021 August Post-Election (Q3) Report (Local Only): July 18, 2021 to September 30, 2021	October 1, 2021 to October 15, 2021
	2021 Quarter 3 Report: July 1, 2021 to September 30, 2021	October 1, 2021 to October 15, 2021
	2021 November Pre-Election Report (Local Only): October 1, 2021 to October 16, 2021	October 17, 2021 to October 23, 2021
	2021 November Post-Election (Q4) Report (Local Only): October 17, 2021 to December 31, 2021	January 1, 2022 to January 15, 2022
	2021 Quarter 4 Report: October 1, 2021 to December 31, 2021	January 1, 2022 to January 15, 2022
	2022 March Pre-Election Report (Local Only): January 1, 2022 to February 19, 2022	February 20, 2021 to February 26, 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*
M	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)	0	
b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)	2566.00	
c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)	2322.95	
d) = Balance at close of reporting period	177.05	
☐ Check here if filing <u>no</u> financial activity during the reporting period. Lines (a)-(d) still must b following page need to be filed.	e completed, but only this	cover page and the



COMMITTEE ID NUMBER 22-14-008

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.

Signature of Committee Treasurer



39-NP-008

SUMMARY OF RECEIPTS (Schedule A)

	Receipts	Cash	Equity
1.	Monetary Contributions Received		
	(a) In-State Individuals - More than \$100		
	(b) In-State Individuals - \$100 or Less (Aggregate)		
	(c) Out-of-State Individuals		
	(d) Candidate Committees		
	(e) Political Action Committees		
	(f) Political Parties		
	(g) Partnerships		
_	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
_	(i) Labor Organizations (PACs & Political Parties Only)	25.00	
	(j) Candidate's Personal Monies (Candidate Committees Only)	2500.	
	(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 Constitution of the		
	(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))		
В.	Joint Fundraising / Shared Expense Payments Received		
9.	Payments Received for Goods / Services		
	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):

/	Dieburg	1 0	1
	Disbursements	Cash	Equity
1:	Disbursements for Operating Expenses		
2.	Contributions Made		
_	(a) Candidate Committees		
_	(b) Political Action Committees		
_	(c) Political Parties		
	(d) Partnerships		
	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		
	(f) Labor Organizations (PAC & Political Parties Only)		
	(g) Monetary Contributions Subtotal (add 2(a) through 2(f))		
	(h) Contribution Refunds Provided to the Reporting Committee		
	(i) Monetary Contributions Total (subtract 2(h) from 2(g))		
3.	Loans		
	(a) Loans Made		
	(b) Loan Guarantees Made		
	(c) Forgiveness on Loans Made		
	(d) Repayment of Loans Received		
	(e) Accrued Interest on Loans Received		
	(f) Total Loans (cash: add 3(a), 3(d) & 3(e); equity: add 2(b) & 2(c))		
4.	Rebates and Refunds Made (Non-Contributions)		
5.	Value of In-Kind Contributions Provided		
	(a) Candidate Committees		
	(b) Political Action Committees		
	(c) Political Parties		
	(d) Partnerships		
	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		
	(f) Labor Organizations (PAC & Political Parties Only)		
	(g) Contributions Subtotal (add 5(a) through 5(f))		
6.	Independent Expenditures Made		
7.:	Ballot Measure Expenditures Made		
8.	Recall Expenditures Made		
9.	Support Provided to Party Nominees (Political Parties Only)		1000
10.	Joint Fundraising / Shared Expense Payments Made		
11.	Reimbursements Made		
12.	Outstanding Accounts Payable / Debts Owed by Committee		
13.	Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)		
14.	Miscellaneous Disbursements		
15.	Aggregate of Disbursements - \$250 or Less		
	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 Cor	tributor 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				
r	Name	1	Date Contribution Received			
	Street Address		.1.			
3	City	State	ZIP			
	Occupation	Employer	-			
	Name		Date Contribution Received			
	Street Address			1		
4	City	State	ZIP			
	Occupation	Employer		1		
	Name		Date Contribution Received			
	Street Address	l Address				
5	City	State	ZIP	1		
	Occupation	Employer				
-	Enter total only if last page of schedule (transfer the total received this period to "Su	mmary of Receipts,"	line 1(a))	11		

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

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

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

SCHEDULE A(1)(b)

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

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

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



MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

/	Indivi	idual Contributor Informa	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address	Street Address				
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer				
4	Enter total only if last page of (transfer the total received this per					

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



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

Cannible Name Committee Contributor Information Committee Management Committee Name Committee D Number Committee D Number							
Street Address Committee Name Date Contribution Received Committee Name Sheet Address Committee 10 Number Date Contribution Received Committee Name Sheet Address Sheet Address Committee 10 Number Date Contribution Received Committee Name Sheet Address Committee 10 Number Date Contribution Received Committee 10 Number Committee 10 Number Date Contribution Received Committee 10 Number Committee 10 Number Date Contribution Received Committee 10 Number Committee 10 Number Date Contribution Received	/		e Contributor Info	rmation	Amount Received	Amount this	Cumulative Amount this Election Cycle
Committee State Comm		Committee Name					
Committee Name Disect Address Committee Name Disect Address Committee ID Number Committee ID Number Committee Name Disect Address Street Committee Name Disect Address Street Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Committee Name Street Address Street Address Committee ID Number Committee ID Number Date Contribution Received		Street Address					
Committee Name Sievet Address Zip Committee ID Number Date Confliction Received Date Confliction Received Committee Name Sievet Address A City State Zip Committee ID Number Date Confliction Received Discontinue Name Serest Address 4 City State Zip Committee Name Serest Address Committee ID Number Date Confliction Received Date Confliction Received Committee Name Sievet Address Sievet Address Sievet Address Date Confliction Received Committee Name Sievet Address Date Confliction Received	1	City	State	ZIP			
Since I Address City State ZIP Committee ID Number Date Contribution Reserved Committee Name Since I Address City State ZIP Committee IO Number Date Contribution Reserved Committee IO Number Date Contribution Reserved Committee IO Number Date Contribution Reserved Committee ID Number Date Contribution Reserved		Committee ID Number	Date Contribution Receiv	ed			
Committee ID Number Date Contribution Received Date Contribution Received Committee Name Street Address City State ZiP Committee Name Street Address City State ZiP Committee ID Number		Committee Name	,•				
Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee Name Street Address Date Contribution Received		Street Address					
Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received	2	City	State	ZIP			
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 Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received		Committee ID Number	Date Contribution Receiv	l ed			
Carmittee ID Number Date Contribution Received		Committee Name					
Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received Committee Name Street Address Street Address Fig. 1 State ZIP Committee Name Street Address Street Address Fig. 2 State ZIP Committee Name Street Address Fig. 2 State ZIP Committee Name Street Address Fig. 2 State ZIP Committee ID Number Date Contribution Received		Street Address		_			
Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee Name Street Address First total only if last page of schedule	3	City	State	ZIP			
Street Address City State ZIP Committee ID Number Date Contribution Received Street Address Street Address City State ZIP Committee ID Number Date Contribution Received		Committee ID Number	Date Contribution Receive	ed	-	11	
4 City State ZIP Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received		Committee Name					
Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received		Street Address					
Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received	4	City	State	ZIP			
Street Address City State ZIP Committee ID Number Date Contribution Received		Committee ID Number	ee ID Number Date Contribution Received				
City State ZIP Committee ID Number Date Contribution Received Enter total only if last page of schedule		Committee Name	Committee Name				
Committee ID Number Date Contribution Received Enter total only if last page of schedule		Street Address					
Enter total only if last page of schedule	5	City	State	ZIP			
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(d))		Committee ID Number	Date Contribution Receive	I ed	•		
		Enter total only if last page of schedule (transfer the total received this period to "Sun	nmary of Receipts," I	ine 1(d))			

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

MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

/		Committee Contributo	r Information	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 Re	ceived			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Dale Contribution R	eceived			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution R	eceived			
	Committee Name					
	Streel Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution R	eceived			
	Committee Name) <u> </u>
	Street Address					
5	City	State	ZIP			
Ш	Committee ID Number Date Contribution Received					

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

1						
_	Political Party Co	ntributor Informat	iion	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	h.				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	ed			
Н	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	<u>I</u> ed			
П	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	<u>l</u> ed			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	I.			

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

MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

	Partnersh	iip Contributor Inform	nation	Amount Re	eceived	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name						
	Street Address						
1	City	State	ZIP				
	Corporation Commission File Number	Date Contribution R	eceived				
	Partnership Name						
	Street Address						
2	City	Stale	ZIP				
	Corporation Commission File Number	ation Commission File Number Date Contribution Received					
	Partnership Name						
	Street Address						
3	City	State	ZIP	-			
	Corporation Commission File Number	Date Contribution R	leceived				
	Partnership Name						
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number	Date Contribution R	eceived				
	Partnership Name	Partnership Name					
	Street Address	Street Address					
5	City	State	ZIP				
	Corporation Commission File Number	Date Contribution R	eceived				

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



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

	Corporation / LLC C	Contributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address	S				
1	City	State ZIP				
	Corporation Commission File Number	Date Contribution Receive	ed			
F	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
	Corporation/LLC Name	<u> </u>				
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
H	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
F	Corporation/LLC Name					
	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	<u> </u>				

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

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

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES

SCHEDULE A(1)(j)

/	Candidate	e Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Michele Lin Street Address		Date Contribution Received	S00		500
	city Lake Havanch	State # 2	86406	-		
	Seif Employees Name Michele Lin	Employer				
	Michele Lin		Date Contribution Received	2000		2500
	Siret Address		710	-		
	Lake flaves city occupation Self employees	-AL	2186406	_		
F	Self employees		Date Contribution Received			
	Street Address			-		
;	City	State	ZIP	_		
	Occupation	Employer				
T	Name		Date Contribution Received			
	Street Address					
'	City	State	ZIP			
	Occupation	Employer	,			
	Name		Date Contribution Received	-		
	Street Address City	State	ZIP	-		
	Occupation	Employer				
F	Enter total only if last page of schedule				T'	2500.00
	(transfer the total received this period to "Sum	mary of Receipts," I	line 1(j))			0,500

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

				211		
/	Contributo	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	ame				
	Street Address					
1	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name	me				
	Street Address	Street Address				
2	City	State		1		
	ID Number (if applicable)		Date of Original Contribution	-		
	Name		Date Contribution Refunded			
	Street Address			-		
3	City	State	ZIP	-		
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address		ii	-		
4	City	State	ZIP	-		
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address	Street Address				
5	City	State	ZIP			
	ID Number (if applicable)	1	Date of Original Contribution			
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receipts."	line 1(I))	L		

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



LOANS RECEIVED:

SCHEDULE A(2)(a)

Lender	Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Lender Name	Date Loan Received				
Street Address	1				
City	State	ZIP			
Guarantor/Endorser Name		Non-Electoral Purpose? (PACs and Political Parties Only)			
Lender Name	Date Loan Received				
Street Address					
City	State	ZIP			
Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)				
Lender Name	Date Loan Received	Date Loan Received			
Street Address					
City	State	ZIP			
Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)				
Lender Name	Date Loan Received				
Street Address					
City	State	ZIP			
Guarantor/Endorser Name		PACs and Political Parties Only)			
Lender Name	Date Loan Received				
Street Address	Street Address				
City	State	ZIP			
Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name Street Address City Guarantor/Endorser Name Lender Name Street Address City Guarantor/Endorser Name Lender Name Street Address City Street Address City Guarantor/Endorser Name Lender Name Street Address City City	Street Address City State Guarantor/Endorser Name Non-Electoral Purpose? (City State Street Address City State Guarantor/Endorser Name Non-Electoral Purpose? (City State City State City State City State City State City State Guarantor/Endorser Name Non-Electoral Purpose? (City State City State Guarantor/Endorser Name Non-Electoral Purpose? (City State City State	Lender Name Date Loan Received State ZIP	Lender Name Date Loan Received	Lender Name Data Lean Received State Reporting Period Received State Reporting Period Received Report Received R

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



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

Lender	Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
er Name		Date Forgiveness Received			
l Address					
	State	ZIP			
nal Amount of Loan	Amount Still Outstanding		- 12		
er Name		Date Forgiveness Received			
t Address	9				
	State	ZIP			
nal Amount of Loan	Amount Still Outstanding	ı			
er Name		Date Forgiveness Received			
t Address					
	State	ZIP	1		
nal Amount of Loan	Amount Still Outstanding		1		
er Name		Date Forgiveness Received			
t Address	,		1		
	State	ZIP			
nal Amount of Loan	Amount Still Outstanding		1		
er Name		Date Forgiveness Received			
Street Address			1		
	State	ZIP			
nal Amount of Loan	Amount Still Outstanding		-		
			Amount Still Outstanding all only if last page of schedule the total received this period to "Summary of Receipts," line 2(b))		

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



REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

1				ř.	r i	
		Borrower Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Repayment Received			
	Street Address			-		
1	City	State	ZIP	1		
	Original Amount Borrowed	Amount Still Outst	anding			
	Borrower Name		Date Repayment Received	T T		
	Street Address			_		
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outst	anding	-		
	Borrower Name		Date Repayment Received			
	Street Address			-		
3	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outst	anding			
	Borrower Name		Date Repayment Received			
	Street Address					
4	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outst	anding	=		
	Borrower Name		Date Repayment Received			
	Street Address					
5	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outst	anding	-		
_	Enter total only if last page of s (transfer the total received this peri	a podulo				

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				
Streel Address			-		
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding				
Borrower Name		Date Interest Accrued			
Street Address					
City	State	ZIP			
Original Amount Borrowed	Arnount Still Outstanding				
Borrower Name	ļ	Date Interest Accrued			
Street Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding				
Borrower Name		Date Interest Accrued			
Street Address	,	L			
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding	l			
Borrower Name		Date Interest Accrued			
Sireet Address					
City	State	ZIP	-		
Original Amount Borrowed	Amount Still Outstanding				
Enter total only if last page of schedule	mary of Receipts "	ine 2(d))			
	Borrower Name City Original Amount Borrowed Borrower Name Street Address City Original Amount Borrowed	Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State Original Amount Borrowed Amount Still Outstanding	Borrower Name Street Address	Borrower Name Date Interest Accined	Berrower Information Berrower Name Stock Address City City Stock Address City City Stock Address City City Stock Address City City Stock Address City City Stock Address City City Stock Address City City Stock Address City City Stock Address City City Stock Address City Stock Address City City Stock

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	syor Name				
	Street Address					
1	City	State	ZIP			
3	Original Purchase Amount	Reason for Refund/Reb	ate			
	Payor Name	1	Date Rebate/Refund Received			
000	Street Address					
2	City	State	ZIP	-		
	Original Purchase Amount	Reason for Refund/Reb	ate			
	Payor Name		Date Rebate/Refund Received	4		
	Street Address			-		
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Reb	ate	-		
	Payor Name	.]	Date Rebate/Refund Received			
	Street Address					
4	City	Stale	ZIP	-		
	Original Purchase Amount	Reason for Refund/Reb	ale			
	Payor Name		Date Rebate/Refund Received			
	Street Address		1			
5	City	State	ZIP	1		
	Original Purchase Amount	Reason for Refund/Reb	ate	-		
	Enter total only if last page of schedule (transfer the total received this period to "Sur					

Schedule A(3), page ____ of ___



INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Account with Interest Earned (Bank Name / Type of Account) FIRST Savings Bank	D	0
Account with Interest Earned (Bank Name / Type of Account) Account with Interest Earned (Bank Name / Type of Account)		
Account with Interest Earned (Bank Name / Type of Account) Account with Interest Earned (Bank Name / Type of Account)		
Toolon was another Came Came Came Type of Neobally		
Total (transfer the total received this period to "Summary of Receipts," line 4)	0	0

Schedule A(4), page____ of ____

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

SCHEDULE A(5)(a)

Name Street Address City	ibutor Informatio	Date In-Kind Contribution Received	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Street Address City	State	Date In-Kind Contribution Received			
city	State				
	State				
Occupation		ZIP			
Octubaso))	Employer				
Name		Date In-Kind Contribution Received			
Street Address					
Dity	State	ZIP			
Occupation	Employer				
Name		Date In-Kind Contribution Received			
Sireel Address					
Dity	State	ZIP			
Occupation	Employer				
Name		Date In-Kind Contribution Received			
Street Address				1	
Sity	State	ZIP			
Occupation	Employer				
Name		Date In-Kind Contribution Received			
Street Address					
Sity	State	ZIP			
Occupation	Employer				
	City	Decupation Employer Street Address State Decupation Employer State Decupation Employer State State City State Decupation Employer State Employer Employer Employer Employer Employer Employer Employer	Date In-Kind Contribution Received Street Address Street Address Date In-Kind Contribution Received Employer Date In-Kind Contribution Received Street Address Street Address Street Address Street Address Street Address Date In-Kind Contribution Received Employer Street Address Date In-Kind Contribution Received Employer Employer Date In-Kind Contribution Received Employer Employer Date In-Kind Contribution Received Employer Employer	Decupation Employer Date In-Kind Contribution Received	Date In-Kind Contribution Received Street Address State ZIP Date In-Kind Contribution Received Street Address Date In-Kind Contribution Received Employer Street Address Date In-Kind Contribution Received Employer Employer Employer Date In-Kind Contribution Received Employer Employer Date In-Kind Contribution Received Employer Employer

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

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

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

SCHEDULE A(5)(b)

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

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





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

SCHEDULE A(5)(c)

/	/	Individual Contr	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
		Name		Date In-Kind Contribution Received			
		Street Address					
	1	City	State	ZIP			
		Occupation	Employer	•			
		Name		Date In-Kind Contribution Received			
		Street Address					
	2	City	State	ZIP			
		Occupation	Employer				
		Name Date In-Kind Contribution Received					
		Street Address					
	3	City	State	ZIP			
		Occupation	Employer				
İ		Name Date In: Kind Contribution Received					
		Street Address					
	4	City	State	ZIP			
		Occupation	Employer				
		Name		Date In-Kind Contribution Received			
		Street Address		l.			
	5	City	State	ZIP			
		Occupation	Employer				
		Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	line 5(c))			

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



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

1	Candidate Committee	Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name		1			
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name			0		
	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	mary of Receipts," I	ine 5(d))			

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

1	Political Action Committ	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Committee Name					
	Street Address	Street Address				
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
Г	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
Г	Committee Name			-		
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name)
	Sireel Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
r	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," li				

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

IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

1	e-					
	Political	Party Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address	eel Address				
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contri	bulion Received			
Ī	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ribution Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ribution Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Conti	ribution Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
			ribution Received			

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

IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

,				No.		
	Partnership Con	tributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
ſ	Partnership Name					
	Streel Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	I Received			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
Г	Partnership Name					
	Street Address					
4	City	State	ZIP	1		
	Corporation Commission File Number	mber 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,"	line 5(g))	l.		

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

IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

	0						
/_		Corporation / LLC (Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Corporation/LLC Name						
		Street Address					
	1	City	State	ZIP			
		Corporation Commission File Number	Date In-Kind Contribution	Received			
-		Corporation/LLC Name					
		Sireet Address					
2	2	City	State	ZIP			
		Corporation Commission File Number	Date In-Kind Contribution	Received			
r		Corporation/LLC Name					
		Street Address					
3	3	City	Stale	ZIP			
	Ì	Corporation Commission File Number Date In-Kind Contribution Received					
	1	Corporation/LLC Name	<u></u>				
	Ì	Street Address					
4	1	City	State	ZIP			
	İ	Corporation Commission File Number	Date In-Kind Contribution	Received			
	1	Corporation/LLC Name	l.				
		Street Address					
5	1	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 "Summary of Receipts," line 5(h))						

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

IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

/	Labor Organization	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
Г	Labor Organization Name					
	Street Address			_		
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
F	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					
4	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			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I				



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

SCHEDULE A(5)(j)

	Candidate Information					
Name Date in-Kind Con				Reporting Period	Election Cycle	
Street Address						
State	City	ZIP				
	Asset or P					
	Name	Date In-Kind Contribution Received				
Street Address						
State	City	ZIP				
Asset or Property Contributed						
	Name	Date In-Kind Contribution Received				
Street Address						
State	City	ZIP				
Asset or Property Contributed						
	Name	Date In-Kind Contribution Received				
Streel Address						
State	City	ZIP				
Asset or Property Contributed						
	Name	Date In-Kind Contribution Received				
Street Address						
Slale	City	ZIP				
	Asset or P					
	Asset or P		le ummary of Receipts," line 5(j))			

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

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

SCHEDULE A(6)

	Sour	ce 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					
3	City	State	ZIP	1		
	Type of Item Donaled					
1	Name		Date In-Kind Donation Received		· -	
	Street Address			1		
4	City	State	ZIP			
	Туре of Ilem Donated			1		
+	Name		Date In-Kind Donation Received			
	Street Address			-		
5	City	State	ZIP			
	Type of Item Donated			-		
4	Enter total only if last page of schedu (transfer the total received this period to "S	Δ				

Schedule A(6), page_____ of ____

EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

/_	Creditor	Information		Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address			-11		
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				
r	Name		<u> </u>			
	Streel Address					
3	City	State	ZIP	-		
	Services or Goods Provided on Credit	Date of Extension of Credit	-			
	Name					
	Street Address					
4	Gily	State	ZIP			
	Services or Goods Provided on Credit	I	Date of Extension of Credit			
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Provided on Credit	7	Date of Extension of Credit			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"				

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		74			
2	City	State	ZIP			
	Services or Goods Originally Provided on Credit Date of Original Extension of Credit					
Ī	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 "Sum	LO-				

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

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	mittee 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 Expense (i		(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			
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)			
Enter total only if last page of schedule (transfer the total received this period to "Su	I.				
	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) Entert total only if last page of schedule	Street Address City State Date of Joint Fundraising Event (if applicable) Type of Shared Expense of Street Address City State Date of Joint Fundraising Event (if applicable) Type of Shared Expense of Street Address City State Date of Joint Fundraising Event (if applicable) Type of Shared Expense of Street Address City State Date of Joint Fundraising Event (if applicable) Type of Shared Expense of Street Address City State Committee Name Street Address City State Date of Joint Fundraising Event (if applicable) Type of Shared Expense of Street Address City State Type of Shared Expense of Street Address City State Type of Shared Expense of Street Address City State Type of Shared Expense of Street Address City State Enter total only if last page of schedule	Committee Name 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) Type of Shared Expense (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) Type of Shared Expense (if applicable) Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Type of Shared Expense (if applicable) Type of Shared Expense (if applicable) Type of Shared Expense (if applicable) Type of Shared Expense (if applicable)	Committee Name	Payment Amount Ins. Reporting Period Committee Name Date of Joint Fundaming Event (It applicable) Type of Shared Expense (It applicable) State City State ZiP Date of Joint Fundaming Event (It applicable) Type of Shared Expense (It applicable) Type of Shared Expense (It applicable) Committee Name Payment Date Committee Name Payment Date Date of Joint Fundaming Event (It applicable) Type of Shared Expense (It applicable) Committee Name Payment Date Date of Joint Fundaming Event (It applicable) Type of Shared Expense (It applicable) Committee Name Payment Date Date of Joint Fundaming Event (It applicable) Type of Shared Expense (It applicable) Date of Joint Fundaming Event (It applicable) Type of Shared Expense (It applicable) Date of Joint Fundaming Event (It applicable) Type of Shared Expense (It applicable) Date of Joint Fundaming Event (It applicable) Type of Shared Expense (It applicable) Type of Shared Expense (It applicable) Date of Joint Fundaming Event (It applicable) Type of Shared Expense (It applicable) Type of Shared Expense (It applicable) Enter It old only It flast page of schedule

Schedule A(8), page____ of ____

PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

/	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			
2		Name					
		Street Address					
	2	City	Slate	ZIP			
		Services or Goods Purchased		Payment Date			
		Name					
		Street Address					
	3	City	State	ZIP			
		Services or Goods Purchased		Payment Date		1	
-		Name					
4		Street Address			ŧ.		
	4	City	State	ZIP			
		Services or Goods Purchased		Payment Date			
5		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 "Summary of Receipts," line 9)						



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

		mation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address	Streel Address				
2	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
_	Name					
	Street Address	Street Address				
3	City	State	ZIP			
	Type of Account Receivable or Debt Owed Date that Debt Accrued					
	Name					
	Street Address			-		
4	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address	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	mary of Receipts." I	ine 10)			

Schedule A(10), page____ of ____

TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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

Schedule A(11), page____ of ____

MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

/	Source	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			,			
1	City	State	ZIP			
	Receipt Type Re-		Receipt Date			
	Name	Name				
	Street Address					
5	City	Slale	ZIP			
	Receipt Type	ń	Receipt Date			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," i	I ine 12)			



20-NF-08

DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

Recipient Inf	formation	Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Print 1+ Havory Street Address 8018 McCallon	isbursement Date (6/8/2) ch Ste A			S45.11
Lake Havasucity	AZ SG403 n-Electoral Purpose? (PACs and Political Parties Only)	☐ Cash☐ Credit		
Career Styles Uniform Street Address 116 S. Lake Hawas	u(city AZ) Ste 109)			484.00
2 City Lake Havasu Type of Operating Expense Paid T-Shirts	n-Electoral Purpose? (PACs and Political Parties Only)	☐ Cash☐ Credit		
River (ity hewspaper Street Address Acama Gluc	E CO 30 12 >			390.00
City Lake Hawsu City Sta	n-Electoral Purpose? (PACs and Political Parties Only)	☐ Cash☐ Credit		
Printing Plus Street Address 2009 McCulloch	blud			903.84
4 city Lake Haussucity \$	zIP S 640 3 n-Electoral Purpose? (PACs and Political Parties Only)	☐ Cash☐ Credit		
 	isbursemeni Oate			
	n-Electoral Purpose? (PACs and Political Parties Only)	□ Cash □ Credit		
Enter total only if last page of schedule (transfer the total disbursed this period to "Summa				2322.95

MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	Candidate Committee Name	e Committee Recipient Info	rmation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		□ Credit		
	Committee Name					
0	Street Address					
2	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		□ Credit		
3	Committee Name Street Address					
	City	State	ZIP	☐ Cash☐ Credit		
	Committee ID Number Date Contribution Made			Credit		
	Committee Name Street Address					
ا،	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Committee Name					
	Street Address					
,	City					
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
- 1		1		1	1 1	

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

MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

/		Political Action Commi	tee Recipient Inf	ormation	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 Contribution Made		□ Cash □ Credit		
		Committee Name	U				
	İ	Street Address					
2	2	City	State	ZIP			
		Committee ID Number		☐ Cash☐ Credit			
		Committee Name					
	Ì	Street Address	eel Address				
3		City	State	ZIP			
		Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	1	Committee Name					
	ľ	Street Address					
4	1	City	Stale	ZIP			
	Ì	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	1	Committee Name					
	Ì	Street Address					
5	5	City	State	ZIP	- I Coath		
	-	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	1	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 2(b))			
				edule B(2)(b), page			1.0

MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

			1	Cumulative	Cumulative
Political Party R	ecipient Information	on	Amount Contributed	Amount this Reporting Period	Amount this Election Cycle
nittee Name					
Street Address					
	State	ZIP			
nittee ID Number	Date Contribution Made		□ Cash □ Credit		
nittee Name					
t Address					
	State	ZIP	_		
niitee ID Number	D Number Dale Contribution Made		☐ Cash☐ Credit		
Committee Name					
Street Address					
	State	ZIP	_		
nittee ID Number	Date Contribution Made		☐ Cash☐ Credit		
nittee Name					1
t Address			_		
	State	ZIP			
nittee ID Number	Date Contribution Made		☐ Cash☐ Credit		
Committee Name					
Street Address					
nika ID Number			☐ Cash		
Committee ID Number Date Contribution Made		L Gredit			
				Date Contribution Made ☐ Cash☐ Credit	Date Contribution Made □ Cash □ Credit □ Credit

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

C	ΟN	lM	ITT	ΕE	ID	Νl	JMB	ER
•	OIV	1141			10	140	71410	

MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	ship Recipient Infor	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Partnership Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Dale Contribution	Made	□ Cash		
	Partnership Name					
	Street Address					
2	City	State	ZIP			
7	Corporation Commission File Number	Date Contribution	n Made	□ Cash □ Credit		
	Parlnership Name					
ł	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	n Made	☐ Cash☐ Credit		
	Partnership Name					
	Street Address					
ا ۱	City	State	ZIP			
	Corporation Commission File Number	oration Commission File Number Date Contribution Made		□ Cash □ Credit		
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	orporation Commission File Number Date Contribution Made		□ Cash □ Credit			

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



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs.

SCHEDULE B(2)(e)

	Corporation	/ LLC Recipient Inform	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP	T.O. I		
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		☐ Cash☐ Credit		
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Corporation/LLC Name					
	Stroet Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

/	1	nization Recipient Info	ormation	Amount Contributor	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 Ma	ade	□ Cash □ Credit		
	Labor Organization Name					
	Street Address	Address				
2	City	State	ZIP			
	Corporation Commission File Number Date Contribution Made			□ Cash □ Credit		
	Labor Organization Name					
ŀ	Street Address					
3	City	State	ZIP	ПСоор		
	Corporation Commission File Number	Date Contribution M	lade	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	ade	□ Cash □ Credit		
	Labor Organization Name	Labor Organization Name				
100	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	ade	□ Cash □ Credit		
4	Enter total only if last page of scl (transfer the total disbursed this perio	nedule				

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

CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

				v.		
/	Contributo	or Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Date Refund Received			
	Street Address	Street Address				
1	1 City	State	ZIP			
ı		State	217			
	Committee ID Number	JII.	Date of Original Contribution			
-	Committee Name		Date Refund Received			
	Street Address			-		
2			-			
	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
-	Committee Name	Date Refund Received				
	Street Address	Street Address				
3			N			
	City	Slale	ZIP			
	Committee ID Number	Date of Original Contribution				
Г	Committee Name	Committee Name				
	Street Address		,	-		
4	Cily	State	ZIP	-		
		o de la				
	Committee ID Number		Date of Original Contribution			
	Committee Name	Committee Name				
	Street Address	Street Address				
5	07:		T			
	City	State	ZIP			
	Committee ID Number	Committee ID Number				
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur					
	(transfer the total disbursed this period to "Sur	nmary of Disburser	nents," line 2(h))			

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



LOANS MADE:

SCHEDULE B(3)(a)

/	Borrowe	r Information		Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name					
	Street Address			-		
1	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made		-		
	Borrower Name					
	Street Address			-		
2	City	State	ZIP	-		
	Guarantor/Endorser Name	Date Loan Made	il .			
Ī	Borrower Name					
	Streel Address	_				
3	City	State	ZIP			
	Guaranter/Endorser Name	Date Loan Made	:1	1		
Ī	Borrower Name					
	Street Address					
4	City	State	ZIP	-		
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
5	Cily	State	ZIP	-0		
	Guarantor/Endorser Name	Date Loan Made				

Schedule B(3)(a), page___of ___



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

					(2)	
/	Guaranto	or 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					
	Street Address					
2	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address	:				
3	City	Stale	ZIP			
	Borrower Name	Dale Loan Guaranteed				
	Guarantor Name					
	Street Address					
4	City	State	ZIP			
	Borrower Name	Dale Loan Guaranleed				
	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 "Sumn	nary of Disburseme	nts," line 3(b))			

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

FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

			Ĩ	i	
Borrower	Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
wer Name		Date Forgiveness Made			
l Address					
	State	ZIP	-		
al Amount of Loan	Amount Still Outstanding				
wer Name	ı	Dale Forgiveness Made			
Address			1		
	State	ZIP			
al Amount of Loan	Amount Still Outstanding	Į.			
wer Name	Date Forgiveness Made				
Address					
	Slate	ZIP			
al Amount of Loan	Amount Still Outstanding				
Borrower Name Date Forgiveness Made					
Street Address			-		
	State	ZIP			
Original Amount of Loan Amount Still Outstanding			1		
ver Name	ļ.	Date Forgiveness Made			
Address		-			
	State	ZIP			
al Amount of Loan	Amount Still Outstanding		-		
al Am	ounl of Loan	State State Amount Still Outstanding	State ZIP	State ZIP ount of Loan Amount Still Outstanding	State ZIP ount of Loan Amount Still Outstanding

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		-		
	Lender Name		Date Repayment Made			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding		-		
	Lender Name	Date Repayment Made				
	Sireet Address			-		
3	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name	Lender Name Date Repayment Made				
	Street Address					
4	City	State	ZIP	-		
	Original Amount Βοποwed	Amount Still Oulstanding		-		
	Lender Name	L	Date Repayment Made			
	Streel 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	District				
_	transfer the total dispulsed this period to Sui	imaly of Dispulsell	nonta, iiile o(u))			

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

ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

/		nformation		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Interest Accrued			
	Street Address					
1	City	Stale	ZIP			
	Original Amount Borrowed	Amount Still Outslanding	4			
	Lender Name	10	Date Interest Accrued			
	Street Address			1		
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding		1		ı
Г	Lender Name		Date Interest Accrued	13	:	
	Street Address					
3	City	State	ZIP			
	Original Amount Boπowed	Amount Still Outstanding				
	Lender Name		Date Interest Accrued		-	
ì	Street Address			1		
4	City	State	ZIP			
	Original Amount Borrowed	owed 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	I nmary of Disbursen	nents," line 3(e))	1		

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

REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

/	Rec	cipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address			1		
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	3		
ŀ	Street Address			1		
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	-		

Schedule B(4), page____ of ____

IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES;

SCHEDULE B(5)(a)

/	Candidate Committ	ee Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	Slate	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	n Made			
	Committee Name					
	Street Address			-		
3	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	n Made	1		
7	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made		-		
	Committee Name	Committee Name				
	Street Address			-		
5	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	n Made	1		

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

IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

1	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			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made	1		
	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	I nmary of Disbursen	nents," line 5(b))	U		

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

		ecipient Informati	on	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	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	Street Address				
5	City	, , , , , , , , , , , , , , , , , , , ,				
	Committee ID Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	mmary of Disbursen	nents," line 5(c))			

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

IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

	S						
1		Partnership Re	cipient Informatio	n	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Partnership Name					
		Street Address					
1	1	City	Slate	ZIP			
		Corporation Commission File Number	Date In-Kind Contribution	Made			
ľ		Partnership Name					
		Street Address					
	2	City	State	ZIP			
		Corporation Commission File Number	Date In-Kind Contribution	n Made			
ŀ		Partnership Name	I .				
		Street Address					
	3	City	State	ZIP			
		Corporation Commission File Number Date In-Kind Contribution Made					
F		Partnership Name					
		Street Address					
	4	City	State	ZIP			
		Corporation Commission File Number Date In-Kind Contribution Made					<
r		Partnership Name					
		Street Address					
	5	City	State	ZIP			
		Corporation Commission File Number	Date In-Kind Contribution	Made			
-		Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	I nmary of Disbursen	nents," line 5(d))			

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

1/2						
/	T	ı / LLC Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address	-				
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribut	ion Made			
	Corporation/LLC Name					
	Street Address			-		
2	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribu	tion Made	=		
-	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribut	ion Made			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribut	Date In-Kind Contribution Made			
	Corporation/LLC Name					
	Street Address			_		
5	City	State	ZIP			
1	Corporation Commission File Number	nber Date In-Kind Contribution Made		-		

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

IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

			1	Cumulative	Cumulative
Labor Organi	zation Recipient Inf	ormation	Amount Contributed	Amount this	Amount this Election Cycle
Labor Organization Name		Troporting / Crioc	Ziodion o yaio		
Street Address	Street Address				
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contrib	oution Made			
Labor Organization Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contri	bution Made			
Labor Organization Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contri	bulion Made			
Labor Organization Name					
Street Address					
City	Stale	ZIP			
Corporation Commission File Number	Date In-Kind Contri	Date In-Kind Contribution Made			
Labor Organization Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contril	bution Made			
	Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number	Labor Organization Name Street Address City State Corporation Commission File Number Date In-Kind Contrit Labor Organization Name Street Address City State Corporation Commission File Number Date In-Kind Contrit Labor Organization Name Street Address City State Corporation Commission File Number Date In-Kind Contrit Labor Organization Name Street Address City State Corporation Commission File Number Date In-Kind Contrit Labor Organization Name Street Address City State City State Corporation Commission File Number Date In-Kind Contrit Labor Organization Name Street Address City State	Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made	Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In Kind Contribution Made Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made	Labor Organization Name Sired Address City State ZiP Carpersion Commission File Number Date in Kind Contribution Made Labor Organization Name Sired Address City State ZiP Corporation Commission File Number Date in Kind Contribution Made Labor Organization Name Sired Address City State ZiP Corporation Commission File Number Date in Kind Contribution Made Labor Organization Name Sired Address City State ZiP Corporation Commission File Number Date in Kind Contribution Made Labor Organization Name Sired Address City State ZiP Corporation Commission File Number Date in Kind Contribution Made Labor Organization Name Sired Address City State ZiP Corporation Commission File Number Date in Kind Contribution Made Labor Organization Name Sired Address City State ZiP Corporation Commission File Number Date in Kind Contribution Made

INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

Expenditure	Recipient Informa	ition	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Recipient Name		Mode of Advertising (TV, mail, etc)			
Street Address	621				
1 City	State	ZIP			
Candidate(s) Supported (including % supported)	Candidate(s) Opposed (i	ncluding % opposed)	□ Cash		
Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Saught	☐ Credit		
Recipient Name	3.Hi	Mode of Advertising (TV, mail, etc)			
Street Address					
City 2	State	ZIP	<u> </u>		
Candidate(s) Supported (including % supported)	Candidate(s) Opposed (i	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			1		
City	State	ZIP			
Candidate(s) Supported (including % supported)	Candidate(s) Opposed (ii	ncluding % opposed)	□ Cash		
Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	☐ Credit		
Resiplent Name		Mode of Advertising (TV, mail, etc)			
Street Address					
City	State	ZIP	1		
Candidate(s) Supported (including % supported)	Candidale(s) Opposed (ii	ncluding % opposed)	_ □ Cash		
Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	□ Credit		
Enter total only if last page of schedul (transfer the total disbursed this period to "	e Summary of Disburs	sements," line 6)	.1		

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BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

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

Schedule B(7), page____ of ___

COMMITTEE	ID NUMBER
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RECALL EXPENDITURES MADE:

SCHEDULE B(8)

/	Expenditure	Recipient Informati	ion	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Re	ecalled	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		- □ Credit		
	Recipient Name	I,	Mode of Advertising (TV, mail, etc)			
	Street Address			-		
2	City	State	ZIP	-		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Re	ecalled	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP	-		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Re	ecalled	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		☐ Credit		
	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 Re	ecalled	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		☐ Credit		
	Enter total only if last page of schedul (transfer the total disbursed this period to "	e Summary of Disburse	ements " line 8)	1		

Schedule B(8), page____ of ___

SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

/		Benefitted Candidate		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Candidate Name		Date Benefit Provided			,
	Street Address					
	City	State	ZIP			
	Type of Benefit Provided	<u>l</u>	- 1			
	Notes:					
r	Candidate Name		Date Benefit Provided			
	Street Address			1		
2	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
Г	Candidate Name		Date Benefit Provided			
	Street Address			1		
3	City	Stale	ZIP			
	Type of Benefit Provided					
	Notes:					
r	Candidate Name		Date Benefit Provided			
l	Street Address					
4	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Enter total only if last page o	of schedule	and the second s			
	(transfer the total disbursed this	period to "Summary of Disbi	ursements," line 9)			

COMMITTEE	D NUMBER
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JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

6		Committee Informati		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name Street Address		Payment Date			
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expen	se (if applicable)	☐ Cash☐ Credit		
	Committee Name	<u> </u>	Payment Date			
•	Street Address					
2	City	State	ZIP	□ Cash		
	Date of Joint Fundralsing Event (If applicable)	Type of Shared Expen		☐ Credit		
	Committee Name Street Address		Payment Date			
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expen	se (if applicable)	☐ Cash☐ Credit		
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expen		□ Credit		
	Committee Name Street Address		Payment Dale			
5	City	State	ZIP			
	Date of Joint Fundralsing Event (if applicable)	Type of Shared Expen	se (if applicable)	☐ Cash☐ Credit		
	Enter total only if last page of sched	lule				
	(transfer the total disbursed this period to	"Summary of Disburs	ements," line 10)			

Schedule B(10), page____ of ____

REIMBURSEMENTS MADE:

SCHEDULE B(11)

				118/1		
	Recipient	Information		Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
	Name					
	Sireet Address					
	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address	treel Address				
	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Dale	☐ Cash☐ Credit		
	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Reimbursed Reimbursement Date		Reimbursement Date	☐ Cash☐ Credit		
	Enter total only if last page of schedule					
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disburser	ments," line 11)			

OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

/		Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Sireet Address					
1	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
2	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name		J			
	Street Address	=		1		
3	City	State	ZIP	-		
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address			-		
4	City	State	ZIP	-		
	Type of Account Payable or Debt Owed		Date that Debt Accrued	-		
_	Name		<u>, </u>			
	Street Address			-		
5	City	State	ZIP	-		
	Type of Account Payable or Debt Owed	I .	Date that Debt Accrued	-		
_	Enter total cally if last page of schodul					
	Enter total only if last page of schedul (transfer the total received this period to "Si	mmary of Receipts,"	line 12)			

Schedule B(12), page____ of ____

TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

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

Schedule A(13), page____ of ____

MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

1	D.	atata an Espain		1	Cumulative	Cumulative
	Recipient Information			Amount	Amount this Reporting Period	Amount this Election Cycle
	Street Address					
1						
•	City	State	ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Credit		
	Name					
	Sireet Address					
2	City	State	ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Casii		
Ì	Name					
	Street Address					
3	City	State	ZIP	E 0		
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					C
	Streel Address					
1	City	State	ZIP			
	Disbursement Type	1	Disbursement Date	□ Cash □ Credit		
	Name					
100	Sireet Address					
5	City	State	ZIP			
	Disbursement Type Disbursement Date		Disbursement Date	☐ Cash☐ Credit		
	Enter total only if last page of sche (transfer the total disbursed this period	edule	Vice 44		+	
_	thanse the total dispulsed this period	to Summary of DISD	ursements, line (4)			

Schedule B(14), page____ of ____



AGGREGATE OF DISBURSEMENTS - \$250 OR LESS:

SCHEDULE B(15)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Cumulative of Disbursements - \$250 or Less		
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 ____