COMMITTEE INFORMATION (required):

		-	C.	Ü		C	LE	R	K
S 45.	G 17			_	 _	_		_	_

	Committee Information:	Committee Name:	Product Net Public from Special Interests	_				
ANDIE	ANDIDATE INFORMATION (only if filing as a candidate committee):							
ſ	Office Sought:	☐ County Office:						
		☐ City/Town Office	e:					
	Cumulative Report:	122						
	☐ Check here if this is the	e candidate committee's	first, cumulative report for the election cycle. Also select appropriate Reporting Period by	below.				
	Cumulative reporting period	od start date (which sup	ersedes the start date for the Reporting Period selected below):					
	TING PERIOD (check one):							

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

FINANCIAL SUMMARY (required):

Activity	Cash Activity This Reporting Period	Election Cycle to Date
(a) Committee value at the beginning of this reporting period (i.e. ending balance from the previous reporting period)	0.00	
(b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)	C\$000 00	
(c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)	(SCHO)	
(d) = Balance at close of reporting period	C\$000 00	
Check here if filing no financial activity during the reporting period. Lines (a)-(d) still must to following page need to be filed.	pe completed, but only this c	over page and the



Under A.R.S. § 16-926(B)(5), a campaign finance report must be certified by the committee treasurer under penalty of perjury that the contents of the report are true and correct.

By filing this report, you certify that, under penalty of perjury, you have examined the contents of this report, and the contents are true and correct.

James MidiRue

Printed Name of Committee Treasurer

Signature of Committee Treasurer

COMMESSAGEM

Date

COMMITTEE INFORMATION (required):

	Committee Information:	Committee Name:	Protect the Public from Special Interests CITY CLERK
CANE	DIDATE INFORMATION (only if fi	ling as a candidate comr	mittee):
	Office Sought:	☐ County Office: ☐ City/Town Office	
	Cumulative Penort:	The same	

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

REPORTING PERIOD (check one):

/	REPORTING PERIOD	REPORT DUE
	2023 March Pre-Election Report (Local Only): January 1, 2023 to February 25, 2023	February 26, 2023 to March 4, 2023
	2023 March Post-Election (Q1) Report (Local Only): February 26, 2023 to March 31, 2023	April 1, 2023 to April 15, 2023
	2023 Quarter 1 Report: January 1, 2023 to March 31, 2023	April 1, 2023 to April 17, 2023
	2023 May Pre-Election Report (Local Only): April 1, 2023 to April 29, 2023	April 30, 2023 to May 6, 2023
	2023 May Post-Election (Q2) Report (Local Only): April 30, 2023 to June 30, 2023	July 1, 2023 to July 15, 2023
	2023 Quarter 2 Report: April 1, 2023 to June 30, 2023	July 1, 2023 to July 17, 2023
	2023 August Pre-Election Report (Local Only): July 1, 2023 to July 15, 2023	July 16, 2023 to July 22, 2023
	2023 August Post-Election (Q3) Report (Local Only): July 16, 2023 to September 30, 2023	October 1, 2023 to October 16, 2023*
	2023 Quarter 3 Report: July 1, 2023 to September 30, 2023	October 1, 2023 to October 16, 2023
	2023 November Pre-Election Report (Local Only): October 1, 2023 to October 21, 2023	October 22, 2023 to October 28, 2023
	2023 November Post-Election (Q4) Report (Local Only): October 22, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
	2023 Quarter 4 Report: October 1, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
	2024 March Pre-Election Report (Local Only): January 1, 2024 to February 24, 2024	February 25, 2024 to March 2, 2024
	2024 March Post-Election (Q1) Report (Local Only): February 25, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
/	2024 Quarter 1 Report: January 1, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
	2024 May Pre-Election Report (Local Only): April 1, 2024 to May 4, 2024	May 5, 2024 to May 11, 2024
	2024 May Post-Election (Q2) Report (Local Only): May 5, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
	2024 Quarter 2 Report: April 1, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
	2024 August Pre-Primary Election Report: July 1, 2024 to July 20, 2024	July 21, 2024 to July 27, 2024
	2024 August Post-Primary Election (Q3) Report: July 21, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
	2024 Quarter 3 Report: July 1, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
	2024 November Pre-General Election Report: October 1, 2024 to October 19, 2024	October 20, 2024 to October 26, 202
	2024 November Post-General Election (Q4) Report: October 20, 2024 to December 31, 2024	January 1, 2025 to January 15, 2025
	Final Campaign Finance Report Prior to Committee Termination: End of Previous Period through Today's Date	Same Date of Termination

*Reporting deadline extended to next business day if deadline date is a holiday or Sunday. A.R.S. §§§ 1-243(A), 1-301 and 1-303.

FINANCIAL SUMMARY (required):

Cash Activity This Reporting Period	Election Cycle to Date
\$ 0.00	
\$ 0.00	
\$ 0.00	
\$ 0.00	
	Reporting Period \$ 0.00 \$ 0.00 \$ 0.00

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.

James McGue		04/12/2024
Printed Name of Committee Treasurer	Signature of Committee Treasurer	Date



SUMMARY OF RECEIPTS (Schedule A):

	Receipts	Cash	Equity
1.	Monetary Contributions Received	, I HANNER !	
	(a) In-State Individuals - More than \$100		
	(b) In-State Individuals - \$100 or Less (Aggregate)	×	THE REPORT OF THE PARTY OF
	(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)		THE RESERVE OF THE SECOND
	(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		54 T. Co. B. B. Sterio
	(m) Net Monetary Contributions (subtract 1(l) from 1(k))		DAY TO MAKE THE
2.	Loans		
	(a) Loans Received (b) Forgiveness on Loans Received		Maria Maria
	(c) Repayment on Loans Made		
	(d) Interest Accrued on Loans Made		MILES DE LA PROPERTIE DE LA PR
	(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	T. C.	For
	(d) Candidate Committees	32	
	(e) Political Action Committees		
	(f) Political Parties		
	(g) Partnerships	THE RESERVE OF THE PARTY OF	611
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		القا
	(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	UNIVERSITY OF THE PARTY.	
	(a) Extensions of Credit Received		
	(b) Payments on Extensions of Credit Received		
	(c) Net Extensions of Credit (subtract 7(b) from 7(a))	THE RESERVE TO THE	
8.	Joint Fundraising / Shared Expense Payments Received		
9.	Payments Received for Goods / Services		
_	Tank of Vivi	574	10
	Outstanding Accounts Receivable / Debts Owed to Committee		
	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
12.	Miscellaneous Receipts (use cash and/or equity as applicable)		



SUMMARY OF DISBURSEMENTS (Schedule B):

	Disbursements	Cash	Equity
1.	Disbursements for Operating Expenses		
2.	Contributions Made		Physican result in the
	(a) Candidate Committees		An ell more la la section
	(b) Political Action Committees		
	(c) Political Parties		
	(d) Partnerships		Section 1
	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		A
	(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	The second second second	
	(a) Loans Made		
	(b) Loan Guarantees Made		
	(c) Forgiveness on Loans Made	Seminar Seminar	
	(d) Repayment of Loans Received		WITH A WITH SERVICE
	(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	The second second	
	(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		THE NAME OF
8.	Recall Expenditures Made		
9.	Support Provided to Party Nominees (Political Parties Only)		
10.	Joint Fundraising / Shared Expense Payments Made		
11.	Reimbursements Made		Series and the
12.	Outstanding Accounts Payable / Debts Owed by Committee		
13.			
14.	Miscellaneous Disbursements		
15.	Aggregate of Disbursements - \$250 or Less		
16.	Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15)		



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

SCHEDULE A(1)(a)

				*	**:	
/	Individual Cont	ributor Informatio	n e	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			
	Streel Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Dale Contribution Received			
	Street Address	-				
4	City	State	ZIP			
	Occupation	Employer				
	Name		Dale Contribution Received			
	Street Address	;				
5	City	State	ZIP			
	Occupation	Employer	J			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	line 1(a))			

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

^{*}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).



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	= 1	= >
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(b))		

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

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



MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

/	Individual Cont	ributor Informatio	on	Amount Received	Cumulative Amount this	Cumulative Amount this
	Name -	++	Date Contribution Received		Reporting Period	Election Cycle
	Charladhan					
	Street Address					
1	City	State	ZĮP			
	Occupation	Employer				
	Name	1.	Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer		-		
	Name	1	Date Contribution Received			
	Street Address		1			
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Streel Address			1		
4	City	State	ZIP	-		
	Occupation	Employer		-		
	Name		Date Contribution Received			
	Street Address	Street Address		-		
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,"	line 1(c))	1.		

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



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

/		mittee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Committee Name				¥1		
	Street Address						
1	City	State	ZIP				
	Committee ID Number	Date Contribution Rec	reived				
	Committee Name						
	Street Address						
2	City	State	ZIP				
	Committee ID Number	Date Contribution Rec	eived				
	Committee Name						
	Street Address						
3	City	Slate	ZIP				
	Committee ID Number	Date Contribution Rec	seived				
_	Committee Name						
	Street Address			-			
4	City	State	ZIP				
	Committee ID Number	Date Contribution Red	ceived				
	Committee Name						
	Street Address				-		
5	City	State	ZIP				
	Committee ID Number	Date Contribution Rec	ceived				

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

/	Political Action Commi	ttee Contributor In	nformation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					>= ×
1	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name	iil				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	ed			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
	Committee Name	Committee Name				
	Street Address					
	City	State	ZIP	1		
	Committee ID Number	Date Contribution Received				
	Committee Name					
	Street Address	pet Address		1		
	City	State	ZIP	=		
	Committee ID Number	Date Contribution Receive	l ed	-		
	Enter total only if last page of schedule (transfer the total received this period to "Sun				_	

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





MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

1						
	Political Party Co	ntributor Informat	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name				41	
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	d			
	Committee Name	L				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name	Committee Name				
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Received		<u>.</u>		
_	Committee Name					
	Streel Address					
4	City	State	ZIP	_		
	Committee ID Number	Date Contribution Receive	ed	-		
_	Committee Name					
	Street Address					
5		I	ZIP	-		
	City	State				
	Committee ID Number Date Contribution Received					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 1(f))			

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

		Contributor Informat	ion	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 Receiv	red			
_	Partnership Name					
	Street Address					
2	City	Stale	ZIP	<u>.</u> .		
	Corporation Commission File Number	Date Contribution Recei	ved	-		
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission Fife Number	Date Contribution Recei	ved			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	on Commission File Number Date Contribution Received				
	Partnership Name					
	Street Address					
5	City	Stale	ZIP			
- 1	Corporation Commission File Number	Date Contribution Receiv				

Arizona Secretary of State Revision 9/28/23

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





MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

/	Corporation / L	LC Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Corporation/LLC Name						
	Street Address						
1	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Receive	ed		П		
r	Corporation/LLC Name						
	Street Address			-			
2	City	State	ZIP	-			
	Corporation Commission File Number	Date Contribution Receiv	ed				
H	Corporation/LLC Name						
	Street Address						
3	City	State	ZIP				
	Corporation Commission File Number	Corporation Commission File Number Date Contribution Received					
T	Corporation/LLC Name	0.					
	Street Address						
4	City	State	ZIP	1			
	Corporation Commission File Number	Date Contribution Receiv	red	1			
r	Corporation/LLC Name	<u> </u>					
	Street Address						
5	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Receiv	ed				
	Enter total only if last page of sched (transfer the total received this period to	ule 'Summary of Receipts,"	line 1(h))				

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

	n Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Labor Organization Name					
Street Address	Street Address				
City	State	ZIP			
Corporation Commission File Number	Date Contribution Receive	ed			
Labor Organization Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date Contribution Receiv	ed			
Lahor Organization Name					
	Street Address				
City	State	ZIP			
Corporation Commission File Number	Date Contribution Receiv	ed			
Labor Organization Name	1				
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date Contribution Receiv	ed			
Lahor Organization Name					
Street Address	11711				
City	Stale	ZIP			
Corporation Commission File Number	Date Contribution Receiv	ed			
Enter total only if last page of schedule (transfer the total received this period to "Su	emmary of Receipts,"	line 1(i))	L		
	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 Corporation Commission File Number	Labor Organization Name Street Address City State Corporation Commission File Number Date Contribution Receive Labor Organization Name Street Address City State Corporation Commission File Number Date Contribution Receive Labor Organization Name Street Address City State Corporation Commission File Number Date Contribution Receive Labor Organization Name Street Address City State Corporation Commission File Number Date Contribution Receive Labor Organization Name Street Address City State Corporation Commission File Number Date Contribution Receive Labor Organization Name Street Address City State Corporation Commission File Number Date Contribution Receive Labor Organization Name Street Address City State Corporation Commission File Number Date Contribution Receive Date Contribution Receive Date Contribution Receive Corporation Commission File Number Date Contribution Receive Corporation Commission File Number Date Contribution Receive Corporation Commission File Number Date Contribution Receive	Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received State ZIP Corporation Commission File Number Date Contribution Received	Labor Organization Name City State ZIP Corporation Commission File Number Oate Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Enter (total only if fast page of Schedule)	Labor Organization Name Street Address City State 2IP Corporation Commission File Number Date Contribution Resolved City State 2IP Corporation Commission File Number Date Contribution Resolved Corporation Commission File Number Date Contribution Resolved City State 2IP Corporation Commission File Number Date Contribution Resolved City Commission File Number Date Contribution Resolved City State 2IP Corporation Commission File Number Date Contribution Resolved City State 2IP Corporation Commission File Number Date Contribution Resolved City State 2IP Corporation Commission File Number Date Contribution Resolved City State 2IP Corporation Commission File Number Date Contribution Resolved City State 2IP Corporation Commission File Number Date Contribution Resolved Corporation Commission File Number Date Contribution Resolved

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
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
r	Name	l:	Date Contribution Received			
	Street Address	eet Address				
2	City	Stale	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
r	Name	<u> </u>	Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address		la de la companya de			
15	City	State	ZIP			
	Occupation	Employer	.0/			
r	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)

2				î i	Í	0
	Contributo	or 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					
2	City	State	ZIP			
	ID Number (if applicable)	10	Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
3	City	Slate	ZIP			
	ID Number (if applicable)	Date of Original Contribution				
	Name		Date Contribution Refunded			
	Street Address		1			
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,"	line 1(I))			

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	ddress			,	
City	State	ZIP	1		
Guarantor/Endorser Name	1	PACs and Political Parties Only)			
Lender Name	Date Loan Received				
Street Address					
City	State	ZIP	1		
Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)				
Lender Name	Date Loan Received				
Street Address	I.				
Lity	State	ZIP			
Guaranlor/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				
Street Address	1				
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 Guarantor/Endorser Name Lender Name Lender Name Lender Name Lender Name Street Address City Guarantor/Endorser Name Lender Name Street Address City Guarantor/Endorser Name	Street Address City State Guarantor/Endorser Name Lender Name Date Loan Received Street Address City State Cuarantor/Endorser Name Non-Electoral Purpose? (Lender Name Dato Loan Received Street Address City State Cuarantor/Endorser Name Non-Electoral Purpose? (Lender Name Date Loan Received Street Address City State City State	Caranter/Endorser Name	Carlot Name Cale Luan Received	Lender Name Date Lear Received State ZIP Glass and Ardinary Name Date Lear Received Date Lear Received State ZIP Glass and Ardinary Name Date Loon Received Date Loon Received

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
	Lender Name		Date Forgiveness Received	16		
	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			
	reet Address		K	5		
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address	= = =	•	2		
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	,			
	Lender Name		Date Forgiveness Received			
	Street Address					
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 2(b))			

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



REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

Borrov	ver Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Borrower Name		Date Repayment Received	*		=
Street Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding				
Borrower Name		Date Repayment Received			
Street Address					
City	Stale	ZIP			
Original Amount Borrowed	Amount Still Outstanding	J,			
Borrower Name		Date Repayment Received			
Streel Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding	=			
Borrower Name		Date Repayment Received			
Street Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding				
Воггоwer Name		Date Repayment Received			
Street Address			1		
City	State	ZIP			
Original Amount Borrowed	Amount Still Outslanding		_		
	Borrower Name Street Address City Original Amount Borrowed Borrower Name Street Address City Street Address City Criginal 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 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 Repayment Received Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Repayment Received Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Repayment Received Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Repayment Received Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Repayment Received Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Repayment Received Street Address	Borrower Name Date Repayment Received Street Address City State ZIP Criginal Amount Borrowed Amount Still Outstanding Borrower Name Date Repayment Received Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Repayment Received Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Repayment Received Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Repayment Received Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Repayment Received Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Burtower Name Date Repayment Received	Borrower Name Date Repayment Received Borrower Name Date Repayment Received Borrower Name Date Repayment Received Street Address Street Address Date Repayment Received Date Repayment Received Street Address Date Repayment Received Date Repayment Received

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

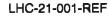


INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

Borrov	ver Information		Amount of Interest Accrued	I Amountins I	Cumulative Amount this Election Cycle
Borrower Name Street Address	Date Interest Accrued		=		
		14			
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding				
Волоwer Name		Date Interest Accrued			
Street Address			7		
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding	1	7		
Borrower Name		Date Interest Accrued			
Street Address					
City	State	ZIP	7		
Original Amount Borrowed	Amount Still Outstanding				
Borrower Name Date Interest Accrued					
Street Address		3			
City	State	ZIP			
Original Amount Borrowed Amount Still Outstanding			7		
Borrower Name	,	Date Interest Accrued		-	
Street Address					
City	State	ZIP	-		
Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name Street Address City Original Amount Borrowed Borrower Name Street Address City Original Amount Borrowed	Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State Street Address City State Street Address City State Street Address Street Address Street Address Street Address Street Address Street Address Street Address	Borrower Name Date Interest Accrued Street Address ZIP Original Amount Borrowed Amount Sill Cutstanding Borrower Name Date Interest Accrued Street Address ZIP Original Amount Borrowed Amount Sill Cutstanding City State ZIP Original Amount Borrowed Amount Sill Cutstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Sill Cutstanding Borrower Name Date Interest Accrued Street Address ZIP Original Amount Borrowed Amount Sill Cutstanding Borrower Name Date Interest Accrued Street Address ZIP Original Amount Borrowed Amount Sill Cutstanding Borrower Name Date Interest Accrued Street Address ZIP Original Amount Borrowed Amount Sill Cutstanding Borrower Name Date Interest Accrued Street Address ZIP Original Amount Borrowed Amount Sill Cutstanding Borrower Name Date Interest Accrued Street Address ZIP Original Amount Borrowed Amount Sill Cutstanding Borrower Name Date Interest Accrued Street Address ZIP Original Amount Borrowed Amount Sill Cutstanding Borrower Name Date Interest Accrued Street Address ZIP Original Amount Borrowed Amount Sill Cutstanding Original	Borrower Name Borrower Name Date Interest Accrued	Borrower Name Spread Address City State State State Address City State Sta

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





REBATES AND REFUNDS RECEIVED:

Street Address

Payor Name

Street Address

Payor Name

City

Payor Name

Street Address

5

Original Purchase Amount

Original Purchase Amount

Original Purchase Amount

Original Purchase Amount

2

3

STATE OF ARIZONA FRANKET REPOWPAIGN

COMMITTEE ID NUMBER

SCHEDULE A(3)

/	/	Payor Ir	nformation		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
7 [Payor Name		Date Rebate/Refund Received			
		Street Address		L,			
	1	City	State	ZIP			
	Original Purchase Amount Reason for Refund/Rebate						
	_	Payor Name		Date Rebate/Refund Received			

Date Rebate/Refund Received

Date Rebate/Refund Received

Date Rebate/Refund Received

ZIP

ZIP

ZIP

Reason for Refund/Rebate

Reason for Refund/Rebate

Reason for Refund/Rebale

Reason for Refund/Rebate

State

Slate

Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 3)

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

Schedule A(4), page____ of ____



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

SCHEDULE A(5)(a)

/	Individual Contr	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Name		Date In-Kind Contribution Received			
	Streel Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Streel Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name Date In		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	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	mary of Receipts,"	line 5(a))	I.		

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

Schedule A(5), page____ of __



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

SCHEDULE A(5)(b)

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

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

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



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

SCHEDULE A(5)(c)

Candidate Committee Contributor Information Amount Received Amount this Reporting Period Streel Address City State ZIP Committee ID Number Date In-Kind Contribution Received	Cumulative
Streel Address 1 City State ZIP	Amount this Election Cycle
1 City State ZIP	8 -
City State 217	
Committee ID Number Date In-Kind Contribution Received	
Committee Name	
Streel Address	
2 City State ZIP	
Committee ID Number Date In-Kind Contribution Received	
Committee Name	
Street Address	
3 City State ZIP	
Committee ID Number Date In-Kind Contribution Received	
Committee Name	
Street Address	
4 City State ZIP	
Committee ID Number Date In-Kind Contribution Received	
Committee Name	
Street Address	
5 City State ZIP	
Committee ID Number Date In-Kind Contribution Received	
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5(d))	

Arizona Secretary of State Revision 9/28/23

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



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

/	Candidate Committee Contributor Information A				Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name				W.	
	Street Address					
1	City	State	ZIP	ł:		
	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					
	Streel 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))	l		

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

_	Political Action Committ	ee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					-
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Dale In-Kind Contribution (Received			
	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					
	Street 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	IReceived			
	Enter total only if last page of schedule (transfer the total received this period to "Sum					

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

IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

/						
	Political Party C	ontributor 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 In-Kind Contribution	Received	-		
	Committee Name					
	Street Address			-		
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name	L				
	Street Address			1		
	City	State	ZIP	+		
	Committee ID Number	Date In-Kind Contribution Received		1		
	Committee Name					
	Street Address		-	1		
	City	Stale	ZIP	+		
	Committee ID Number	Date In-Kind Contribution	Received	1		
	Committee Name	Committee Name				
Street Address				1		
	City	State	ZIP	1		
	Committee ID Number	Date In-Kind Contribution		-		

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

	tributor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Partnership Name				-	
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	Received			
Partnership Name	ļ.				
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	Received			
Partnership Name	I.S.				
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	Received			
Partnership Name	l.				
Street Address		+			
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution Received				
Partnership Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	Received			
Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 5(g))			
	Partnership Name Street Address City Corporation Commission File Number Partnership Name Street Address City Corporation Commission File Number Partnership Name Street Address City Corporation Commission File Number Partnership Name Street Address City Corporation Commission File Number Partnership Name Street Address City Corporation Commission File Number Partnership Name Street Address City Corporation Commission File Number	Partnership Name City State Corporation Commission File Number Date In-Kind Contribution Partnership Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Partnership Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Partnership Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Partnership Name Street Address City State City State City State Corporation Commission File Number Date In-Kind Contribution Partnership Name Street Address City State City State City State City State City State City Date In-Kind Contribution Date In-Kind Contribution Date In-Kind Contribution Partnership Name Street Address City State	Sizeet Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Sizeet Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received	Partnership Name Street Address City State ZiP Corporation Commission File Number Oate In-Kind Contribution Received Partnership Name Street Address City State ZiP Corporation Commission File Number Oate In-Kind Contribution Received Partnership Name Street Address City State ZiP Corporation Commission File Number Oate In-Kind Contribution Received Partnership Name Street Address City State ZiP Corporation Commission File Number Oate In-Kind Contribution Received Partnership Name Street Address City State ZiP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address City State ZiP Corporation Commission File Number Date In-Kind Contribution Received Enter total only if fast page of Schedule	Partnership Name Birect Address City Bisse 20 Carporation Commission File Number Ode In-Wind Combibution Received Pathership Name One In-Wind Combibution Received Date In-Wind Combibution Received Date In-Wind Combibution Received Carporation Commission File Number Ode In-Wind Combibution Received Date In-Wind Combibution Received City Bisse 20 City Sisse 20 City Sis

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



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

,	C Contributor Inforn	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Corporation/LLC Name					
Streel Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	Received			
Corporation/LLC Name					
Street Address			-		
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	n Received			
Corporation/LLC Name		_			
Street Address			-		
City	State	ZIP	-		
Corporation Commission File Number	Date In-Kind Contribution	n Received			
Corporation/LLC Name					
Street Address					
City	Slate	ZIP	-		
Corporation Commission File Number Date In-Kind Contribution Received					
Corporation/LLC Name	orporation/LLC Name				
Street Address			•		
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	n Received	•		
Enter total only if last page of schedul (transfer the total received this period to "S	e ummary of Receipts."	line 5(h))	<u></u>		
	Corporation/LLC Name Street Address City Corporation Commission File Number 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/LLC Name Street Address City Corporation Commission File Number Corporation/LLC Name Street Address City Corporation/LLC Name	Carporation/LLC Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Corporation/LLC Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Corporation/LLC Name Street Address City State City State Corporation Commission File Number Date In-Kind Contribution Corporation Commission File Number Date In-Kind Contribution Corporation/LLC Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Corporation/LLC Name	Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received 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 Received City State ZIP Corporation Commission File Number Date In-Kind Contribution Received City State ZIP Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received City State ZIP Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name	Corporation/LLC Name Street Address City State ZiP Corporation Commission File Number Date In-Kind Contribution Received City State ZiP Corporation/LLC Name Street Address City State ZiP Corporation Commission File Number Date In-Kind Contribution Received Corporation/LLC Name Street Address City State ZiP Corporation/LC Name Street Address City State ZiP	Corporation / LLC Contributor Information Amount Received Reporting Period Corporation/LLC Name Binet Address City Binet Address City City Binet Address City City Binet Address City City

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	3 /		<u> </u>		× × ×
	1	Street Address					
1	1	City	State	ZIP	v 		
İ	ĺ	Corporation Commission File Number	Date In-Kind Contribution	Received			
-	1	Labor Organization Name					
	İ	Street Address					
2	2	City	State	ZIP			
		Corporation Commission File Number	Date In-Kind Contribution	Received			
	1	Labor Organization Name	L.				
		Street Address					
3	3	City	State	ZIP	E.		
		Corporation Commission File Number	Date In-Kind Contribution	Received			
-	1	Labor Organization Name	<u>. </u>				
	İ	Street Address					
4	4	City	State	ZIP	<u> </u>		
		Corporation Commission File Number					
-		Labor Organization Name					
		Street Address					
5	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 "Sumi					

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



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

SCHEDULE A(5)(j)

/						
	Candidate Information			Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address			1		
1	City	State	ZIP	1		
	Asset or Property Contributed			1		
	Name		Date In-Kind Contribution Received			
	Street Address			1		
2	City	State	ZIP	1		
	Asset or Property Contributed			-		
	Name		Date In-Kind Contribution Received			
	Sireet Address			-		
3	City	State	ZIP	1		
	Asset or Property Contributed			1		
	Name	Date In-Kind Contribution Received				
	Street Address			1		
4	City	State	ZIP	1		
	Asset or Property Contributed			1		
5	Name Da		Date In-Kind Contribution Received			
	Street Address			1		
	City	State	ZIP	1		
	Asset or Property Contributed			-		
	inter total only if last page of schedule ransfer the total received this period to "Summary of Receipts," line 5(j))			L		-
	the total received this period to "S		s," line 5(j)) schedule A(5)(j), page o			



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
Γ	Name		Date In-Kind Donation Received			10.0
	Street Address					
1	City	State	ZIP			
	Type of Item Donated					
Г	Name		Date In-Kind Donation Received			
	Street Address					
2	City	State	ZIP			
	Type of Item Donated					
	Name Date		Date In-Kind Donation Received			
	Street Address					
3	City	State	ZIP			
	Type of Item Donated					
r	Name Date		Date In-Kind Donation Received			
	Street Address					
4	City	State	ZIP			
	Type of Item Donated					
F	Name		Date In-Kind Donation Received			<u> </u>
	Street Address					
5	City	State	ZIP			
	Type of Item Donaled					
F	Enter total only if last page of schedule (transfer the total received this period to "Sum					

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					
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 Extension of Credit			
_	Name					
	Streel Address					
	City State ZIF		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					

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



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED

SCHEDULE A(7)(b)

/_	Creditor Information					Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1		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	Slate	ZIP			
		Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
L		Name					
		Name					
		Street Address					
1	3	City	State	ZIP			
		Services or Goods Originally Provided on Credit Date of Original Extension of Credit					
		Name					
		Streel Address			-		
1	4	I I-		ZIP	-		
		City	State				
		Services or Goods Originally Provided on Credit Date of Original Extension of Credit					
		Name					
		Street Address					
5	5	City	State	ZIP			
		Services or Goods Originally Provided on Credit Date of Origina		Date of Original Extension of Credit	-		
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 7(b))						

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

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

/	Payor Comm	nittee Information		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address					
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)			
	Committee Name		Payment Date			
	Street Address	i				
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)			
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Туре of Shared Expense	(if applicable)			
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable) Type of Shared Expense ([[(if applicable)			
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable) Type of Shared Expense ((if applicable)			
	Enter total only if last page of schedule (transfer the total received this period to "Sun	Inmary of Receipts," I	ine 8)			

Schedule A(8), page____ of ____



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

Payor II	nformation		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Name	Name				
Street Address					
City	State	ZIP			
Services or Goods Purchased		Payment Date			
Name					
Street Address					
City	State	ZIP			
Services or Goods Purchased		Payment Date			
Name					
Street Address					
City	State	ZIP			
Services or Goods Purchased Payment Date					
Name					
Street Address					
City	State	ZIP			
Services or Goods Purchased	Payment Date				
Name					
Street Address					
City	State	ZIP			
Services or Goods Purchased Payment Date					
Enter total only if last page of schedule					
	Street Address City Services or Goods Purchased Name Street Address City Services or Goods Purchased Name Street Address City Services or Goods Purchased Name Street Address City Services or Goods Purchased Name Street Address City Services or Goods Purchased Name Street Address City Services or Goods Purchased	Street Address City State Services or Goods Purchased Name Street Address City State Services or Goods Purchased Name Street Address City State Services or Goods Purchased Name Street Address City State Services or Goods Purchased Name Street Address City State Services or Goods Purchased Name Street Address City State Services or Goods Purchased	Street Address City State ZIP Services or Goods Purchased Purchased ZIP Services or Goods Purchased ZIP	Street Address City State ZIP Genices or Goods Purchased Payment Date Street Address City State ZIP Services or Goods Purchased Payment Date Street Address City State ZIP Services or Goods Purchased Payment Date Street Address City State ZIP Services or Goods Purchased Payment Date Name Street Address City State ZIP Services or Goods Purchased Payment Date Street Address City State ZIP Services or Goods Purchased Payment Date Street Address City State ZIP Services or Goods Purchased ZIP Services or Goods Purchased Payment Date Street Address City State ZIP Services or Goods Purchased Payment Date	Name Sized Address City Soute ZiP Services or Goods Purchased Sized Address City Soute ZiP Services or Goods Purchased Sized Address City Soute ZiP Services or Goods Purchased Sized Address City Soute ZiP Services or Goods Purchased Sized Address City Soute ZiP Services or Goods Purchased Sized Address City Sized ZiP Services or Goods Purchased Sized Address City Sized ZiP Services or Goods Purchased Sized Address City Sized ZiP Services or Goods Purchased Sized Address City Sized XiP Services or Goods Purchased Sized Address City Sized XiP Services or Goods Purchased Sized Address City Sized XiP Services or Goods Purchased Sized XiP Services or Goods Purchased Sized XiP Services or Goods Purchased Sized XiP Services or Goods Purchased Sized XiP Services or Goods Purchased Sized XiP Services or Goods Purchased Sized XiP Services or Goods Purchased Sized XiP Services or Goods Purchased Sized XiP Services or Goods Purchased Sized XiP Services or Goods Purchased Sized XiP Services or Goods Purchased Sized XiP Services or Goods Purchased Sized XiP Siz

Schedule A(9), page____ of ____



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

Information Amount Cumula Amount Reporting I	this Amount this
Street Address	
' City State ZIP	
Type of Account Receivable or Debt Owed Date that Debt Accrued	
Name	
Street Address	
2 City State ZIP	
Type of Account Receivable or Debt Owed Date that Debt Accrued	
Name	
Street Address	
3 City State ZIP	
Type of Account Receivable or Debt Owed Date that Debt Accrued	
Name	
Streat Address	
City State ZIP	
Type of Account Receivable or Debt Owed Date that Debt Accrued	
Name	
Street Address	
5 City Slate 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 "Summary of Receipts," line 10)	

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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)

1				ľ	í í	
	Source	Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					F
	Street Address					
1	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name		Į.			
	Street Address			8		
2	City	State	ZIP			
	Receipt Type		Receipt Date	e.		
	Name					
	Street Address					
3	City	State	ZIP			
	Receipt Type		Receipt Date			
Ì	Name					
	Street Address				¥.	
4	City	State	ZIP			
	Receipt Type Rec		Receipt Date			
	Name					
	Street Address					
5	City	State	ZIP			
	Receipt Type Receipt Date					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	many of Receipts * !	ine 12)			

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DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

		Recipient Information		Amount Paid	Amount this Reporting Period	Amount this Election Cycle
	Name	Disbursement Date		7		
	Streel Address					
1	City	Otate	zin			
	Type of Operating Expense Paid	Non-Electoral Purpo:	se? (PACs and Political Parties Only)	☐ Cash☐ Credit		
	Name	Disbursement Date				
	Street Address	i e e e e e e e e e e e e e e e e e e e				
2	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpo	se? (PACs and Political Parties Only)	☐ Cash☐ Credit		
	Name	Disbursement Date	Disbursement Date			
	Street Address					
3	City	3lale	ZIP	□ Cash	ā	
	Type of Operating Expense Paid	Non-Electoral Purpo	se? (PACs and Political Parties Only)	☐ Credit		
	Name	Disbursement Date	3			
	Street Address					
4	City	Slate	ZIP	- Cook		
	Type of Operating Expense Paid	Non-Electoral Purpo	se? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date	,			
	Street Address	1				
5	City	State	ZIP	☐ Cash☐ Credit		
	Type of Operating Expense Paid	Non-Electoral Purpo	se? (PACs and Political Parties Only)			
	Enter total only if last page of so (transfer the total disbursed this period)					

Schedule B(1), page____ of ____

MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	¥	Committee Recipient Int	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name Street Address	0 11	São III		ia II	
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Ma	de	□ Credit		
	Committee Name	<u> </u>		1		
2	Streel Address					
	Committee ID Number	State Date Contribution Ma	ZIP	□ Cash		
	Committee IO Number Date Contribution Made Committee Name			- Credit		
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number	Committee ID Number Date Contribution Made				
	Committee Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Committee ID Number Date Contribution Made			□ Credit		
	Committee Name					
5	Street Address City	State	ZIP			
	Committee ID Number	Date Contribution Ma		□ Cash □ Credit		
-	Enter total only if last need of a	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(a))				

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



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

	Political Action Col	mmittee Recipient Inf	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Street Address		11			
1	City	Otate	בור	□ Cash		
	Committee ID Number	Dale Contribution Made		□ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	.1	□ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Committee ID Number Date Contribution Made			□ Credit		
	Committee Name					
	Street Address					
5	City	Stale	ZIP	m.c. i		
	Committee ID Number	Date Contribution Made	J.	□ Cash □ Credit		
_	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(b))					

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



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	ecipient Informati	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name					
Street Address					
City	State	ZIP	I Cook		
Committee ID Number	Date Contribution Made		☐ Cash		
Committee Name					
Street Address					
City	State	ZIP	-		
Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	mmittee ID Number Date Contribution Made				
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Made		☐ Cash ☐ Credit		
Committee Name					
Street Address					
City	State	ZIP			
mittee ID Number Oate Contribution Made		☐ Cash☐ Credit			
	Committee Name Street Address City Committee ID Number Street Address City Committee ID Number Committee Name Street Address City Committee ID Number Street Address City Committee ID Number	Committee Name Street Address City State Committee ID Number Date Contribution Made Street Address City State Committee ID Number Dete Contribution Made Committee ID Number Date Contribution Made Committee Name Street Address City State Committee ID Number Date Contribution Made Committee ID Number Street Address City State Committee ID Number Date Contribution Made	Street Address City State ZIP Committee ID Number Date Contribution Made Committee ID Number Determined on Made ZIP Committee ID Number ZIP Committee ID N	Contributed Committee Name Streat Address City State Committee ID Number Committee ID Nu	Political Party Recipient Information Committee Name Breat Address Committee 10 Number Date Contribution Made Committee 10 Number Date Contribution Made Committee 10 Number Date Contribution Made Committee 10 Number Date Contribution Made Committee Name Breat Address City State Date Contribution Made Committee Name Breat Address City State Date Contribution Made Committee Name Committee Name Speci Address Committee Name Date Contribution Made Committee Name Committee Name Speci Address Committee Name Committee Name Speci Address Committee Name Committee Name Speci Address Committee Name Committee Name Speci Address Committee Name Committee

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



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

ż				e.		
	Partnership Re	ecipient Informatio	n	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address			_		
1	City	Stale	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made		☐ Credit		
	Partnership Name	I.				
	Street Address					
2	City	State	ZIP	□ Cash		
	Corporation Commission File Number Date Contribution Made			□ Cash □ Credit		
	Partnership Neme					
	Street Address			7		
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Partnership Name					
	Street Address					
4	City	State	ZIP	۱		
	Corporation Commission File Number Date Contribution Made			☐ Cash☐ Credit		
	Partnership Name					
	Street Address			-		
5	City	State	ZIP			
	Corporation Commission File Number	Corporation Commission File Number Date Contribution Made		☐ Cash☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su					

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



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

6		n / 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	□ Cash		
	Corporation Commission File Number	Date Contribution Mad	de	□ Credit		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Ma	de	□ Credit		
	Corporation/LLC Name					
	Streel Address					
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number Date Contribution Made		☐ Credit			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP	□ Cash	2	
	Corporation Commission File Number	orporation Commission File Number Date Contribution Made		□ Credit		
+	Enter total only if last page of sch	nedule	sements," line 2(e))			

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



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

Labor Organization Recipient Information Amount Contributor Labor Organization Name Street Address Total State							
Black Address	/	Labor Organiza	ation Recipient Inform	nation		Amount this	Amount this
Cash Credit	Γ	Labor Organization Name			2.5		
Capporation Commission File Number Cash Credit		Street Address					
Cosporation Commission File Number Cash Cash Cash Cash	1	City	Stale	ZIP	□ Cach		
Street Address Cash Cash Credit		Corporation Commission File Number	Date Contribution Made	10	☐ Credit		
2 City State ZIP Captralion Commission File Number Date Certribution Made Credit Labor Organization Name Street Address State ZIP Cash Credit Labor Organization Name Date Contribution Made Cash Credit Labor Organization Name Credit Credit Credit Labor Organization Name Credit Credit Credit Labor Organization Name Credit -	Labor Organization Name						
Capparation Commission File Number		Street Address					
Corporation Commission File Number Date Contribution Made Credit	2	City	Slate	ZIP	□ Cash		
Street Address City Corporation Commission Fäe Number Date Centribution Made Labor Organization Name Street Address City Corporation Commission Fäe Number Date Contribution Made Credit Labor Organization Name Street Address City Corporation Commission Fäe Number Date Contribution Made Credit Cash Credit Credit Cash Credit Cash Credit Cash Credit Cash Credit Cash Credit Cash Credit Cash Credit Cash Credit Cash Credit		Corporation Commission File Number Date Contribution Made			☐ Credit		
Cash Corporation Commission File Number Date Contribution Made Credit		Labor Organization Name					
Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Date Contribution Made Zip Corporation Commission File Number Date Contribution Made Cash Corporation Commission File Number Date Contribution Made City Corporation Commission File Number Date Contribution Made City Corporation Commission File Number Date Contribution Made Corporation Commission File Number Date Contribution Made Corporation Commission File Number Date Contribution Made Cash Corporation Commission File Number Cash Corporation Commission File Number Date Contribution Made		Street Address					
Corporation Commission File Number Corporation Commission File Number Cannata	3	City	State	ZIP	II Cook		
Street Address City State ZIP Corporation Commission File Number Date Contribution Made Lebor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Made Cash Credit Credit Cash Credit Credi		Corporation Commission File Number	Date Contribution Made	_ l\s			
Corporation Commission File Number Date Contribution Made Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Made Cash Credit	-	Labor Organization Name					
Cry State ZIP Cash Credit Cre		Street Address					
Corporation Commission File Number Date Contribution Made Labor Organization Name Street Address City State Corporation Commission File Number Date Contribution Made Date Contribution Made Credit	4	City	State	ZIP	TI Cook		
Street Address City State ZIP Corporation Commission File Number Date Contribution Made Credit		Corporation Commission File Number	oration Commission File Number Date Contribution Made				
City State ZIP Cash Corporation Commission File Number Date Contribution Made Credit	Ī	Labor Organization Name					
Corporation Commission File Number Date Contribution Made Cash Credit		Street Address					
Corporation Commission File Number Date Contribution Made Credit	5	City	State	ZIP	II Cook		
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(f))		Corporation Commission File Number	Date Contribution Made		☐ Credit		
	-	Enter total only if last page of sched (transfer the total disbursed this period to					

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



CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

				r :		
/	Contributo	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Date Refund Received			
	Street Address		1			
1	City	State	ZIP			
	Committee ID Number	I .	Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
2	City	State	ZIP			
	Committee ID Number	L	Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
3	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address		I.			
4	City	State	ZIP			
	Committee ID Number	I	Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
5	City	Stale	ZIP			
	Committee ID Number	I	Date of Original Contribution			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disburser	nents," line 2(h))	l		

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



LOANS MADE:

SCHEDULE B(3)(a)

/	Borrower	Information		Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name	51		=		**
	Streel Address					
1	City	Otate	ZIP			
	Guaranlor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
2	City	State	ZIP			
	Guaranter/Endorser Name	Date Loan Made				
	Borrower Name	<u> </u>				
	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				
_	Borrower Name					
	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts "	line 3(a))	l		
_	I'	,	1 77			

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	-	WC.			
	Street Address					
1	City	State	ZIP			25
	Borrower Name	Dale Loan Guaranteed	P.	:		
	Guarantor Name	<u> </u>				
	Street Address					
2	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address					
3	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
_	Guarantor Name	I .				
	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	mary of Receipts," I	ine 3(b))			

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



FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

/	Borrowe	r Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Вогrower Name		Date Forgiveness Made			
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outslanding				
	Borrower Name		Date Forgiveness Made			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outslanding				
	Borrower Name	<u>!</u>	Date Forgiveness Made			
	Street Address					
.3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name	1.	Date Forgiveness Made			
	Street Address		l.			
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Boπower Name	I.	Date Forgiveness Made			
	Street Address					
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding		1		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	mmary of Disbursen	nents," line 3(c))			
_						

Schedule B(3)(c), page___ of ___



REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

/	Lender	Information		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 Repsyment 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		Date Repayment Made			
	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	nmary of Disbursen	nents," line 3(d))			
$\overline{}$	<u> </u>					

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



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

1	Lender I	nformation		Amount of Interest Accrued	Millount tins	Cumulative Amount this
	ı	-	T	1,00,000	Reporting Period	Election Cycle
	Lender Name		Date Interest Accrued	-		
	Street Address		,			
1	City	Otate	zir			
	Original Amount Borrowed	Amount Still Outstanding		-		
	Lender Name		Date Interest Accrued			
	Street Address					
2						
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	No.			
	Lender Name	<u>, </u>	Date Interest Accrued			
	Street Address			-		
3	City	State	ZIP	1		
	Original Amount Borrowed	Amount Still Outstanding	<u></u>			
	Lender Name		Date Interest Accrued			
	Street Address			-		
4		ř				
·	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding		1		
_	Lender Name	L	Date Interest Accrued			
	Street Address					
5	City	State	ZIP			
	Original Amount Berrowed	Amount Still Outstanding		1		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sui	nmary of Disburser	ments," line 3(e))			

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS)

SCHEDULE B(4)

1	Rec	cipient Information		Amount Rebated /	j Amountuis j	Cumulative Amount this
	In a rought		Ta. a	Relunded	Reporting Period	Election Cycle
	Name of Original Payor		Date Rebate/Refund Made	-		
	Street Address		- N			
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	7		
	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	7		
	Corporation Commission Fife Number (if applicable)	Original Payment Amount	Name of Original Payor	7		
	Name of Original Payor	<u> </u>	Date Rebate/Refund Made			
	Street Address			7		
4	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor	7		
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address			7		
5	City	State	ZIP			
100	Corporation Commission File Number (If applicable)	Original Payment Amount	Name of Original Payor			
	Enter total only if last page of sche (transfer the total disbursed this period	l dule to "Summary of Disburs	ements," line 4)			

Schedule B(4), page____ of ____



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/	Candidate Committe	ee Recipient Inform	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	<u>.</u>		
	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		u.	-		
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made	1		

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

IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

Political Action Com lee Name ddress tee ID Number ddress	State Date In-Kind Contribution State	ZIP	Contributed	Amount this Reporting Period	Amount this Election Cycle
ddress tee ID Number tee Name	Date In-Kind Contribution	ZIP Made		P.º	
itee ID Number dee Name	Date In-Kind Contribution	Made			
ddress	Date In-Kind Contribution	Made			
ddress	Stale				
ddress		ZIP			į.
		ZIP	1		
ee ID Number		ZIP			
ee ID Number					
	Date In-Kind Contribution	n Made			
ee Name			Ţ.		
ddress			1		
	State	ZIP			
ee ID Number	Date In-Kind Contribution	n Made	1		
ee Name					
ddress			1		
	State	ZIP			
ee ID Number	Date In-Kind Contribution	n Made	1		
ee Name	1				
ddress			1		
	State	ZIP	1		
		n Made	1		
e	o Name fress	Date In-Kind Contribution Name Iress State	Date In-Kind Contribution Made P Name State ZIP	Date In-Kind Contribution Made Name Iress State ZIP	Date In-Kind Contribution Made P Name Iress Stale ZIP

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

1						
	Political Party Re	ecipient Informatio	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	Made			
	Committee Name	Li-				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name	<u>, </u>				
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
4	City	Slate	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
_	Committee Name	I				
	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	mmary of Disburser	nents," line 5(c))			

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

IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

1						
	Partners	ship Recipient Informa	tion	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name			1		
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribut	lion Made			
	Partnership Name					
	Streel Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	tion Made			
	Partnership Name	II.				
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	tion Made			
	Partnership Name	II		F:		
	Streel Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	tion Made			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	tion Made			

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

Corporation / LLC Recipient Information Corporation/LLC Name Street Address	Amount Contributed Cumulative Amount this Reporting Period Cumulative Amount this Election Cycle
Street Address	
City State ZIP	
Corporation Commission File Number Date In-Kind Contribution Made	
Corporation/LLC Name	
Street Address	
2 City State ZIP	
Corporation Commission File Number Date In-Kind Contribution Made	
Corporation/LLC Name	
Street Address	
3 City State ZIP	
Corporation Commission File Number Date In-Kind Contribution Made	
Corporation/LLC Name	
Street Address	
4 City State ZIP	
Corporation Commission File Number Date In-Kind Contribution Made	
Corporation/LLC 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 "Summary of Disbursements," line 5(e))	

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



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

/	Labor Organization	Recipient Inform	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name		61 4			
	Street Address					
1	City	Stale	ZIP	*		
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name	L.				
	Street Address					
2	City	State	ZIP	5		
	Corporation Commission File Number	Date In-Kind Contribution	Made	-:		
	Labor Organization Name					
	Street Address			-		
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name	l!				
	Street Address					
4	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Made	-		
	Labor Organization 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 "Sui	mmary of Disbursen	nents," line 5(f))			

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



INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

/	F	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	City	State	7IP	1		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (inclu	uding % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit		
	Recipient Name	A.	Mode of Advertising (TV, mail, etc)			
	Street Address		6			
2	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (incl.	uding % apposed)	☐ Cash☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ Credit		
	Recipient Name		Mode of ∧dvertising (TV, mail, etc)			
	Street Address		•			
3	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (Inclu	uding % opposed)	☐ Cash☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ L Greek		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
4	City	State	ŽΙΡ			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (inclu	uding % opposed)	☐ Cash☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ Gredit		
	Enter total only if last page of schedul (transfer the total disbursed this period to "\$	е		1		

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BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

Recipient Name			Åmount	Reporting Period	Amount this Election Cycle
		Made of Advertising (TV, mail, etc)			-
Street Address		<u> </u>	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		
Recipient Name	1	Mode of Advertising (TV, mail, etc)			
Street Address			1		
city	State	ZIP	1		
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)		_	
Street Address		41	1		
Sity	State	ZIP	:		
Ballot Measure(a) Supported (including % supported)	Ballot Measure(s) Opposed	{including % opposed}	□ Cash		
Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		Li Credit		
Recipient Name		Mode of Advertising (TV, mail, etc)			
Street Address		31			
city	State	ZIP	1		
lallot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(including % apposed)	☐ Cash		
ate of First Publication, Display, Delivery, or Broadcast	Election Month/Year		Li Credit		
	Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address Dity Ballot Measure(a) Supported (including % supported) Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address Dity Ballot Measure(a) Supported (including % supported) Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address Dity Ballot Measure(s) Supported (including % supported) Date of First Publication, Display, Delivery, or Broadcast Enter total only if last page of schedul ransfer the total disbursed this period to "Schedul ransfer the total disbursed this period to "Sche	Recipient Name Street Address Sity State Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed Ballot Measure(s) Opposed Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed Ballot Measure(s) Opposed Ballot Measure(s) Opposed Ballot Measure(s) Opposed Ballot Measure(s) Opposed Ballot Measure(s) State Ballot Measure(s) Opposed Ballot Measure(s) Opposed Ballot Measure(s) Opposed Ballot Measure(s) Opposed Ballot Measure(s) Opposed Ballot Measure(s) Opposed Ballot Measure(s) Opposed Ballot Measure(s) Opposed Ballot Measure(s) Opposed Ballot Measure(s) Opposed Ballot Measure(s) Opposed Ballot Measure(s) Opposed Ballot Measure(s) Opposed Ballot Measure(s) Opposed Ballot Measure(s) Opposed Ballot Measure(s) Opposed Ballot Measure(s) Opposed Ballot Measure(s) Opposed Ballot Measure(s) Opposed	Recipient Name Mode of Advertising (TV, mail, etc.)	Cash Credit	Cash Credit

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RECALL EXPENDITURES MADE:

SCHEDULE B(8)

/	Expenditure F	Recipient Informatio	n	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			p.
	Street Address		<u> </u>			
1	City	Slata	ZIP]		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Reco	alled	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		- □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			1		
2	City	State	ZIP	1		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Recalled		☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Groadcast Office Held		☐ Credit		
	Recipient Name	J:	Mode of Advertising (TV, mail, etc)			
	Street Address			1		
3	City	State	ZIP	1		
	Supporting or Opposing (sauance 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			1		
4	City	State	ZIP	1		
	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		
	Enter total only if last page of schedul (transfer the total disbursed this period to "S	e Summary of Disbursen	nents," line 8)	1		

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SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

				v.	Y: Y	
/	Benefil	ted Candidate		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Candidate Name	**	Oate Benefit Provided	-		
	Street Address					
1	City	State	ZIP	-		
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address			7		
2	City	State	ZIP			
	Type of Benefit Provided			-		
	Noles:			-		
	Candidate Name		Date Benefit Provided			
	Street Address			7		
3	City	State	ZIP	7		
	Type of Benefit Provided	I.		7		
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
4	City	State	ZIP			
	Type of Benefit Provided			7		
	Notes:					
	Enter total only if last page of schedule (transfer the total disbursed this period to "S	e jummary of Disbursen	nents " line 9)			

Schedule B(9), page____ of ____



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

1	Recipient C	ommittee Informati	ion	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name	÷i	Payment Date		H	
	Street Address					
1	City	State	ZIP	□ Cash		
100000	Date of Joint Fundraising Event (if applicable)	Type of Shared Expen	se (if applicable)	□ Credit		
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expen	se (if applicable)	☐ Credit		
	Committee Name		Payment Date			
	Street Address					2
3	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable) Type of Shared Expense		se (if applicable)	□ Credit		
	Committee Name		Payment Date			
	Streel Address		N			
4	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expen	se (if applicable)	☐ Credit		
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exper	se (if applicable)	□ Cash □ Credit		
-	Enter total only if last page of schedu					

Schedule B(10), page___



REIMBURSEMENTS MADE:

SCHEDULE B(11)

/				Ĭ - · · ·	Cumulative	Cumulative
	·	t Information		Reimbursement Amount	Amount this Reporting Period	Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	☐ Credit		
	Name				1	
	Street Address					
2	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Dala	□ 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			I			
	Спу	Stale	ZIP	□ Cash		
	Services or Goods Relimbursed Relimbursemen		Reimbursement Date	☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	mmany of Dishurea	" lin- 44)			

Schedule B(11), page____ of ____



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

/	Debt In	formation	8	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Streat Address					
1	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name		l.			
	Street Address					
2	City	Stale	ZIP			
	Type of Account Payable or Debt Owed	I.	Date that Debt Accrued			
	Name					
	Streel Address			-		
3	City	State	ZIP			
	Type of Account Payable or Debt Owed Date that Debt Accrued					
	Name					
	Street Address					
4	City	State	ZIP			
	Type of Account Payable or Debt Owed	l:	Date that Debt Accrued			
	Name					
	Street Address			-		
5	City	Stale	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
-	Enter total only if last page of schedule					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 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)		

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MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

	Rec	ipient Information	n 	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					**
	Street Address		1133			
1	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	☐ Credit		
	Name		· · · · · · · · · · · · · · · · · · ·			
	Street Address					
2	2 City		ZIP	□ Cash		
	Disbursement Type	Disbursement Type		□ Credit		
	Name	Name				
	Street Address					
3	Gity City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Credit		
	Name	Name				
	Street Address	Street Address				
4	City		ZIP	□ Cash		
	Disbursement Type	Disbursement Type		☐ Credit		
	Name					
	Street Address	Street Address				
5	5 City	State	ZIP	II Cook		
	Disbursement Type	Disbursement Type		□ Cash □ Credit		
_	Enter total only if last page of sche (transfer the total disbursed this period t	dule o "Summary of Dis	shursements " line 14)			



AGGREGATE OF DISBURSEMENTS - \$250 OR LESS:

SCHEDULE B(15)

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

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