



COMMITTEE INFORMATION (required):

C	Committee Information:	Committee Name:	Committee To Elect Rich Crayne	
IDATE	E INFORMATION (only if fi	ling as a candidate con	nmittee):	
C	Office Sought:	☐ Statewide Office		☐ State Legislature:
	☐ County O			City/Town Office: Council
RTING	PERIOD (check one):			
/		REPORTING	G PERIOD	REPORT DUE
	2016 4 th Quarter Rep	ort: October 28, 2016 to	December 31, 2016	January 1, 2017 to January 15, 2017
/ [2017 March Pre-Elec	tion Report (Local Only): January 1, 2017 to February 25, 2017	February 26, 2017 to March 4, 2017
Ī	2017 1 st Quarter Repo	ort (Local Only): Februa	ary 26, 2017 to March 31, 2017	April 1, 2017 to April 15, 2017
ſ	2017 1 st Quarter Repo	ort: January 1, 2017 to	March 31, 2017	April 1, 2017 to April 15, 2017
	2017 May Pre-Election	n Report (Local Only):	April 1, 2017 to April 29, 2017	April 30 , 2017 to May 6, 2017
	2017 2 nd Quarter Rep	ort (Local Only): April 3	0, 2017 to June 30, 2017	July 1, 2017 to July 15, 2017
	2017 2 nd Quarter Rep	ort: April 1, 2017 to Jur	ne 30, 2017	July 1, 2017 to July 15, 2017
	2017 August Pre-Elec	ction Report (Local Only	/): July 1, 2017 to August 12, 2017	August 13, 2017 to August 19, 2017
Ī	2017 3 rd Quarter Repo	ort (Local Only): Augus	t 13, 2017 to September 30, 2017	October 1, 2017 to October 15, 2017
	2017 3 rd Quarter Rep	ort: July 1, 2017 to Sep	tember 30, 2017	October 1, 2017 to October 15, 2017
	2017 October Pre-Ele	ection Report (Local On	ly): October 1, 2017 to October 21, 2017	October 22, 2017 to October 28, 2017
	2017 4 th Quarter Repo	ort (Local Only): Octobe	er 22, 2017 to December 31, 2017	January 1, 2018 to January 15, 2018
Ī	2017 4 th Quarter Repo	ort: October 1, 2017 to	December 31, 2017	January 1, 2018 to January 15, 2018
Ī	2018 March Pre-Elect	tion Report (Local Only): January 1, 2018 to February 24, 2018	February 25, 2018 to March 3, 2018
Ī	2018 1 st Quarter Repo	ort (Local Only): Februa	ry 25, 2018 to March 31, 2018	April 1, 2018 to April 16, 2018*
Ī	2018 1 st Quarter Repo	ort: January 1, 2018 to	March 31, 2018	April 1, 2018 to April 16, 2018*
Ī	2018 May Pre-Electio	n Report (Local Only):	April 1, 2018 to April 28, 2018	April 29 , 2018 to May 7, 2018*
Ī	2018 2 nd Quarter Rep	ort (Local Only): April 2	9, 2018 to June 30, 2018	July 1, 2018 to July 16, 2018*

*Effective April 15, 2018, reporting deadline extended to next business day, A.R.S. §§ 1-243(A) and 1-303.

2018 2nd Quarter Report: April 1, 2018 to June 30, 2018

2018 August Pre-Election Report: July 1, 2018 to August 11, 2018

2018 3rd Quarter Report: August 12, 2018 to September 30, 2018

2018 4th Quarter Report: October 21, 2018 to December 31, 2018

Final Campaign Finance Report Prior to Committee Termination

2018 October Pre-Election Report: October 1, 2018 to October 20, 2018

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)	\$ 839.08	
(b)	+ Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)	\$ 0.00	
(c)	- Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)	\$ 839.08	
(d)	= Balance at close of reporting period	-\$ 0.00	

July 1, 2018 to July 16, 2018*

August 12, 2018 to August 20, 2018*

October 1, 2018 to October 15, 2018

October 21, 2018 to October 29, 2018*

January 1, 2019 to January 15, 2019

End of Previous Period through Today's Date

Committees with financial activity must file the cover page, summary of receipts, summary of disbursements, and any schedules that contain financial activity.

All reports are deemed to be filed under penalty of perjury by the committee treasurer (all committees) and candidate (candidate committees only).

SUMMARY OF RECEIPTS (Schedule A):

	Receipts	Cash	Equity
1.	Monetary Contributions Received		
dv.	(a) Individuals - More than \$50		
	No.		
	(b) Individuals - \$50 or Less (Aggregate)		
	(c) Candidate Committees		
	(d) Political Action Committees		
_	(e) Political Parties		
_	(f) Partnerships		
	(g) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(h) Labor Organizations (PACs & Political Parties Only)		
	(i) Candidate's Personal Monies (Candidate Committees Only)		
	(j) Monetary Contributions Subtotal (add 1(a) through 1(i))	\$ 0.00	
	(k) Refunds Given Back to Contributors		
	(I) Net Monetary Contributions (subtract 1(k) from 1(j))	\$ 0.00	
2.	Loans		
	(a) Loans Received		
	(b) Forgiveness on Loans Received		
	(c) Repayment on Loans Made		
	(d) Interest Accrued on Loans Made	¢ 0 00	
_	(e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))	\$ 0.00	
3.	Rebates and Refunds Received		
4.	Interest Accrued on Committee Monies		
5.	In-Kind Contributions Received		
_	(a) Individuals - More than \$50		
	(b) Individuals - \$50 or Less (Aggregate)		
	(c) Candidate Committees		
	(d) Political Action Committees		
	(e) Political Parties		
	(f) Partnerships		
	(g) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(h) Labor Organizations (PACs & Political Parties Only)		
	(i) Candidate's Personal Assets or Property (Candidate Committees Only)		
	(j) In-Kind Contributions Subtotal (equity: add 5(a) through 5(i))		\$ 0.00
6.	In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
7	Extensions of Credit		
	(a) Extensions of Credit Received		
	(b) Payments on Extensions of Credit Received		
	(c) Net Extensions of Credit (subtract 7(b) from 7(a))		\$ 0.00
8.	Joint Fundraising / Shared Expense Payments Received		
9.	Payments Received for Goods / Services		
10.	Outstanding Accounts Receivable / Debts Owed to Committee		
11.	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
12.	Miscellaneous Receipts		
13.	Total Receipts (cash; add 1(i), 2(e), 3-4, 8-9, 11-12; equity; add 2(b), 5(j), 6-7, 10-12)	\$ 0.00	\$ 0.00

SUMMARY OF DISBURSEMENTS (Schedule B):

	Disbursements	Cash	Equity
1. Disi	bursements for Operating Expenses	\$ 303.87	
2. Cor	ntributions Made		
(a)	Candidate Committees		
(b)	Political Action Committees		
(c)	Political Parties		
(d)	Partnerships		
(e)	Corporations & Limited Liability Companies (PAC & Political Parties Only)		
(f)	Labor Organizations (PAC & Political Parties Only)		
(g)	Monetary Contributions Subtotal (add 2(a) through 2(f))	\$ 0.00	
(h)	Contribution Refunds Provided to the Reporting Committee		
(i)	Monetary Contributions Total (subtract 2(h) from 2(g))	\$ 0.00	
3. Loa	ns		
(a)	Loans Made		
(b)	Loan Guarantees Made		
(c)	Forgiveness on Loans Made		
(d)	Repayment of Loans Received		
(e)	Accrued Interest on Loans Received		
(f)	Total Loans (cash: add 3(a), 3(d) & 3(e); equity: add 2(b) & 2(c))	\$ 0.00	\$ 0.00
4. Reb	pates and Refunds Made (Non-Contributions)	,	
5. Valu	ue of In-Kind Contributions Provided		
(a)	Candidate Committees		
(b)	Political Action Committees		
(c)	Political Parties		
(d)	Partnerships		
(e)	Corporations & Limited Liability Companies (PAC & Political Parties Only)		
(f)	Labor Organizations (PAC & Political Parties Only)		
(j)	Contributions Subtotal (add 5(a) through 5(f))		\$ 0.00
6. Inde	ependent Expenditures Made		
7. Ball	ot Measure Expenditures Made		
8. Rec	all Expenditures Made		
9. Sup	port Provided to Party Nominees (Political Parties Only)		
10. Join	nt Fundraising / Shared Expense Payments Made		
11. Reir	mbursements Made		
12. Out	standing Accounts Payable / Debts Owed by Committee		
13. Trai	nsfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)		
14. Mis	cellaneous Disbursements	\$ 535.21	
15. Agg	regate of Disbursements - \$250 or Less		
16. Tota	al Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(j), & 12-15)	\$ 839.08	\$ 0.00



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

SCHEDULE A(1)(a)

/	Individual Con	ributor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1	Cily	State	ZIP			
	Occupation	Employer				
-	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP	<u>.</u>		
	Occupation	Employer		-		
	Name		Date Contribution Received			
	Street Address					
,	City	State	ZIP			
			211			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ΔIP			
	Occupation Employer					
	Name	J	Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer				

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

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



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

SCHEDULE A(1)(b)

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

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

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



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(c)

Candidate (mmittee Name reet Address y mmittee ID Number mmittee Name eet Address y mmittee ID Number	State State Date Contribution State Date Contribution	ZIP ZIP	Amount	Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
y rnmittee ID Number rmmittee Name eet Address y rnmittee ID Number	Date Contribution	I Received				
mmittee ID Number mmittee Name eet Address y mmittee ID Number	Date Contribution	I Received				
rmmittee ID Number mmittee Name reet Address y mmittee ID Number	Date Contribution	I Received				
rmmittee Name eet Address y rmmittee ID Number	State	ZIP				
y y mmiltee ID Number						
y mmiltee ID Number						
mmiltee ID Number						
	Date Contribution	n Received		- 1		
mmittee Name						
Street Address						
у	State	ZIP				
mmittee ID Number	umber Date Contribution Received					
mmittee Name						
reel Address						
у	Slate	ZIP				
mmittee ID Number	Date Contribution	Date Contribution Received				
Committee Name					-	
reet Address						
у	Slate	ZIP				
mmittee ID Number	Date Contribution	n Received				
y	mittee Name Al Address mittee ID Number mittee Name	mittee Name State State Date Contribution mittee Name at Address State	mittee Name State ZIP State ZIP mittee ID Number Date Contribution Received mittee Name st Address State ZIP	mittee Name State ZIP mittee ID Number Date Contribution Received at Address State ZIP	mittee Name State ZIP Date Contribution Received at Address State ZIP Date Contribution Received	mittee Name State ZIP Date Contribution Received atl Address State ZIP State ZIP

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(d)

/	/	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	Stele	ZIP			
		Committee ID Number	Date Contribution Receive	d			
İ		Committee Name					
		Street Address					
	2	City	State	ZIP			
		Committee ID Number	Date Contribution Receive	ed	1		
		Committee Name					
		Street Address					
	3	City	State	ZIP			
		Committee ID Number	Date Contribution Receive	ed			
1		Committee Name					
		Street Address					
	4	City	State	ZIP			
		Committee ID Number	Date Contribution Receive	ed .			
Ì		Committee Name					
		Streel Address					
	5	City	State	ZIP			
		Committee ID Number	Date Contribution Receive	led			
		Enter total only if last page of schedule					0
\ L		transfer the total received this period to "Summary of Receipts."	line 1(d))			1	

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(e)

/	Political Party Co	ntributor Informat	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Г	Committee Name					
	Street Address					
1	City State		ZIP			
	Committee IU Number	Date Contribution Receive	ded .			
	Committee Name					
	Street Address					
2	City	State	ZIP	_		
	Committee ID Number					
Ī	Committee Name					
	Street Address					
3	City	Slate	ZIP			
	Committee ID Number					
	Committee Name	1.				
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
-	Committee Name					
	Street Address					
5	City	Stale	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
-	Enter total only if last page of schedule	I.				
	(transfer the total received this period to "Summary of Receipts,	' line 1(e))				

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(f)

9						
/	Partnership Co	ntributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address			-		
1	City	Slate	ZIP	-		
	Corporation Commission Fife Number	Date Contribution Receive	ed			
-	Partnership Name					
	Street Address			-		
2	2 City State Z		ZIP	-		
	Corporation Commission File Number	Date Contribution Receiv	ed	-		
-	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	l ed			
-	Partnership Name					
	Street Address			-		
4	Cily	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receiv	ed	-		
F	Partnership Name					
	Street Address					
5	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receiv	ed			
	Enter total only if last page of schedule					
_	(transfer the total received this period to "Summary of Receipts	mie iuu			1	

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



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(g)

	Corporation / L	LC Contributor Inform	nation		Amount Received	Cumulative Amount this	Cumulative Amount this
	Corporation/LLC Name					Reporting Period	Election Cycle
	Street Address						
1	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Receiv	/ed				
	Corporation/LLC Name						
	Street Address						
2	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Recei	ved				
	Corporation/LLC Name						
3	Street Address						
3	City	State	ZIP				
į.	Corporation Commission File Number	Commission File Number Date Contribution Received					<
	Corporation/LLC Name						
	Street Address						
4	City	State	ZIP				
9	Corporation Commission File Number	Corporation Commission File Number Date Contribution Received					
	Corporation/LLC Name						
	Street Address						
5	City	Stale	ZIP				
	Corporation Commission File Number Date Contribution Received						
	Enter total only if last page of sched						

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(h)

	Labor Organizat	ion Contributor Infor	mation	Amount Receive	Cumulative d Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ved			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
İ	Corporation Commission File Number	Date Contribution Receiv	ved			
	Labor Organization Name					
i	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number Date Contribution Received					
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
-	Corporation Commission File Number	Date Contribution Receiv				

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(i)

	Candida	ate Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
(8)	Sireet Address	Sireet Address				
1	City	State	ZIP			
	Occupation	t-mployer		-		
	Name	_1	Date Contribution Received			
4	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
-	Name		Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer		-		
ļ	Enter total only if last page of schedul	e.				
	(transfer the total received this period to "Summary of Recei					



18-NP-011

REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(k)

				r	t.	
/	Contributo	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Retunded			
	Streel Address			_		
1	City	State	ZIP			
	ID Number (# applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
2	City	State	ZIP			
	ID Number (il applicable)		Date of Original Contribution	-		
_	Name		Date Contribution Refunded			
	Street Address					
3	City	State	ZIP			
	ID Number (if applicable)		Date of Original ConInbution			
	Name		Date Contribution Refunded			
	Street Address			-		
4	Cily	Stale	ZIP	-		
	IU Number (il applicable)		Date of Original Contribution	_		
_	Name		Date Contribution Refunded			
	Street Address					
5	City	State	ZIP			
	IU Number (# applicable)		Date of Original Contribution	-		
	Enter total only if last page of schedule					
	(transfer the total received this period to "Summary of Receipts."	line 1(k))				

Schedule A(1)(k), page ____ of



LOANS RECEIVED:

SCHEDULE A(2)(a)

				•4 117	re .	
/	Lende	r Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Ï	Lender Name	Date Loan Received				
	Street Address			-		
1	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose?	(PACs and Political Parties Only)			
1	Lender Name	Date Loan Received				
3	Street Address					
2	City	State	Siate ZIP			
8	Guaranior/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only)		1			
	Lender Name	Date Loan Received				
	Street Address	.,				
3	Cily	State	ZIP			
3	Guarantor/Endorser Name	Non-Electoral Purpose?	(PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
3	Street Address			1		
4	City	State	ZIP	-		
	Guarantor/Endorser Name	Non-Electoral Purpose?	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address	1		-		
5	City	State	ZIP	-		
		Non-Hedgral Pumose?	(PACs and Political Parties Only)	-		

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



FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

/	Lender I	nformation		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Forgiveness Received			
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	·!·			
	Lender Name		Date Forgiveness Received			
	Streel Address	real Address				
2	City	State	ZIP			
	Onginal Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
r	Lender Name		Date Forgiveness Received			·
	Sircet Address					
4	City	State	ZIP	• •		
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Streel Address					
5	City	Stale	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Enter total only if last page of schedule					
	(transfer the total received this period to "Summary of Receipts,"	line 2(b))			L	



REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

	Borrowe	Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Horrower Name		Date Repayment Received			
	Street Address					
1	City	State	ZIP			
	Onginal Amount Borrowed	Amount Still Oulstanding				
	Borrower Name	1,	Date Repayment Received			
	Street Address					
2	City	State	ZIP			
	Onginal Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address					
3	City	State	ZIP			
	Onginal Amount Borrowed	Amount Still Outstanding	/			
-	Borrower Name		Date Repayment Received			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address			-		
5	City	Slate	ZIP			
ı	Original Amount Borrowed	Amount Still Outstanding	1	-		

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



INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

/	Borrower	Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Interest Accrued			
	Street Address					
	City	State	ZIP			
	Original Amount Horrowed	Amount Still Oulstanding				
	Borrower Name		Date Interest Accrued			
	Street Address		Į.			
2	City	State	ZIP			
	Onginal Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Interest Accrued			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Horrower Name		Date Interest Accrued			
	Street Address					
4	City	Slale	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
F	Borrower Name		Date Interest Accrued			
	Street Address					
5	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
-	Enter total only if last page of schedule					
L	(transfer the total received this period to "Summary of Receipts,"	line 2(d))				

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



SCHEDULE A(3)

REBATES AND REFUNDS RECEIVED:

Payor Ir	nformation		Amount Rebated	Cumulative	Cumulative
			or Refunded	Amount this Reporting Period	Amount this Election Cycle
Payor Name		Date Rebate/Refund Received			
Street Address	ii ii				
City	State	ZIP	-		
Original Purchase Amount	Reason for Refund/Rebale	3	-		
Borrower Name		Date Rebate/Refund Received			
Street Address			-		
City	State	ZIP	-		
Original Purchase Amounl	Reason for Refund/Rebate	9			
Borrower Name		Date Rebate/Retund Received			
Street Address					
City	Stale	ZIP	-		
Original Purchase Amount	Reason for Refund/Rebate		-		
Borrower Name	L	Date Rebate/Refund Received			
Street Address			-		
City	State	ZIP			
Original Purchase Amount	Reason for Refund/Rebate	9			
Borrower Name		Date Rebate/Refund Received			
Street Address					
City	State	ZIP	-		
Original Purchase Amount	Reason for Refund/Rebate				
	Original Purchase Amount Borrower Name City Original Purchase Amount Borrower Name Street Address City Original Purchase Amount Borrower Name Street Address City Original Purchase Amount Borrower Name Street Address City Original Purchase Amount Street Address City Original Purchase Amount	Original Purchase Amount Borrower Name Street Address City State Original Purchase Amount Reason for Refund/Rebate Borrower Name Street Address City State Original Purchase Amount Reason for Refund/Rebate Borrower Name Street Address City State Borrower Name Street Address City State Original Purchase Amount Reason for Refund/Rebate Street Address City State Original Purchase Amount Reason for Refund/Rebate Street Address City State Original Purchase Amount Reason for Refund/Rebate Original Purchase Amount Reason for Refund/Rebate Borrower Name City State ZIP Original Purchase Amount Reason for Refund/Rebate Borrower Name Date Rebate/Refund Received Street Address City State ZIP Original Purchase Amount Reason for Refund/Rebate Borrower Name Date Rebate/Refund Received Street Address City State ZIP Original Purchase Amount Reason for Refund/Rebate Borrower Name Date Rebate/Refund Received Street Address City State ZIP Original Purchase Amount Reason for Refund/Rebate Street Address City State ZIP Original Purchase Amount Reason for Refund/Rebate Street Address City State ZIP Original Purchase Amount Reason for Refund/Rebate	Original Purchase Amount Reason for Refund/Rebate Date Rebate/Refund Received Street Address City State Zip Original Purchase Amount Reason for Refund/Rebate State Address City State Zip Original Purchase Amount Reason for Refund/Rebate Date Rebate/Refund Received State Address City State Zip Original Purchase Amount Reason for Refund/Rebate Date Rebate/Refund Received Street Address City State Zip Original Purchase Amount Reason for Refund/Rebate Date Rebate/Refund Received Street Address City State Zip Original Purchase Amount Reason for Refund/Rebate Date Rebate/Refund Received Street Address City State Zip Original Purchase Amount Reason for Refund/Rebate	Crigral Purchase Amount Reason for RetundRebale Crigo Address Crigo State Crigo	

Schedule A(3), page ____ of



committee id number 18-NP-011

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

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

Schedule A(4), page ____ of ____



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

SCHEDULE A(5)(a)

/	Indiv	vidual Contributor Informa	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address			1		
1	City	State	ZIH			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
3	City	Stale	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address			1		
4	Cily	State	ZIP			
	Occupation	Employer		-		
	Name		Date In-Kind Contribution Received			
	Street Address					
5	Cily	State	ZIP			
				4		

*If in-kind contributions of \$50 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 INDIVIDUALS - \$50 OR LESS (AGGREGATE):*

SCHEDULE A(5)(b)

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

*If contributions of more than \$50 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 FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(c)

/		Candidate Committee	Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Г	Committee Name						
	Street Address						
1	City		State	ZIP			
	Committee ID Number		Date In-Kind ConInbution I	Received			
	Committee Name						
	Street Address						
2	City		State	ZIP			
	Committee ID Number		Date In-Kind Contribution	Received			
	Committee Name						
	Street Address						
3	City		State	ZIP			
	Committee ID Number		Date In-Kind Contribution	Received			
	Committee Name						
	Street Address						
4	City		State	ZIP			
	Committee ID Number		Date In-Kind Contribution	Received			
	Committee Name						
	Street Address						
5	City		State	ZIP			
	Committee ID Number		Date In-Kind Contribution	Received			
		ast page of schedule	line E(n)		ı		

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(d)

/		Committee Contributor I	nformation	Amount Receive	Cumulative d Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contributio	n Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	on Received			
_	Committee Name				1	
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received			
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	on Received			
	Committee Name				-	
	Street Address					
		Ť	Ť			
	Cily	Stale	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received			
	Enter total only if last page of so					

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(e)

	Political Party Co	ntributor Informati	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name				Reporting Period	Liection Cycle
	Street Address			-		
1	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Received	-		
	Committee Name					
	Street Address					
2	City	State	ZIP			
ł	Committee ID Number	Date In-Kind Contribution	Received	-		
-	Committee Name	Л				
	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	n Received	-		
	Committee Name	Į.				
	Street Address					
5	City	Slate	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Received			

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(f)

/						
/	Partnership Co	ntributor Informati	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
2	City	Stale	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Received			
	Partnership Name					
	Street Address				1	
3	Cily	Slate	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Received			
	Partnership Name					
	Sireet Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Received			
_	Partnership Name	J				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Received			
_	Enter total only if last page of schedule					
	(transfer the total received this period to "Summary of Receipts	," line 5(f))				

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



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(g)

/	Corporation / L	LLC Contributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Г	Corporation/LLC Name				1	
	Street Address					
1	City	State	ZIP	-)
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
F	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received	_		
H	Corporation/LLC Name					
	Street Address			_		
3	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received			
L	Corporation/LLC Name					
	Street Address			-		
4		loud.	ZIP			
	City	State	219			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Received	1		
	Enter total only if last page of sche					
	(transfer the total received this period to "Summary of R	Receipts," line 5(q))				



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(h)

/	/	Labor Organization (Contributor Inforn	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	/
		Labor Organization Name						
		Street Address						
	1	City	State	ZIP	_			
		Corporation Commission File Number	Date In-Kind Contribution	Received				
ł		Labor Organization Name						
		Street Address						
	2	City	Stale	ZiP				
		Corporation Commission File Number	Date In-Kind Contribution	Received				
ŀ		Labor Organization Name						
		Street Address						
	3	City	State	ZIP		-		
		Corporation Commission File Number	Date In-Kind Contribution	Received				
İ		Labor Organization Name						
		Street Address						
	4	City	State	ZIP				
		Corporation Commission File Number	Date In-Kind Contribution	Received				
		Labor Organization Name						
		Street Address						
	5	City	State	ZIP	Þ			
		Corporation Commission File Number	Date In-Kind Contribution	Received				
Ī	- 1	Enter total only if last page of schedule	line 5/h))					7
V -	_	The second second of the police to contrast to Receipts,						11

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



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

SCHEDULE A(5)(i)

	Candida	e Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			\
Ì	Street Address	6				
1	Cily	State	ZIP			
	Assel or Property Contributed					
1	Name		Date In-Kind Contribution Received			
ŀ	Street Address					
2	City	State	ZIP			
	Asset or Property Contributed	u u		-		
1	Name		Date In-Kind Contribution Received			
	Street Address					
3	City	State	ZIP			r ney
	Asset or Property Contributed					
1	Name		Date In-Kind Contribution Received			
	Street Address			1		
4	City	State	ZIP			
	Asset or Property Contributed					
1	Name		Date In-Kind Contribution Received			
	Streel Address					
5	City	State	ZIP	1		
	Asset or Property Contributed			1		
	Enter total only if last page of schedule					



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

SCHEDULE A(5)(e)

/	¢-				Cumulative	Cumulative
	Source	nformation		Amount Received	Amount this Reporting Period	Amount this
	Name		Date In-Kind Donation Received			
	Street Address					
1	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address			-		
2	Cily	State	ZIP	1		
100	Type of Item Donated			1		
	Name		Date In-Kind Donation Received			
	Street Address		-			
3	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address					
4	City	Stale	ZIP			
	Type of Item Donated					
1	Name		Date In-Kind Donation Received			
	Street Address			-		
5	City	State	ZIP			
	Type of Item Donated			-		
- 1	Enter total only if last page of schedule					1
_	(transfer the total received this period to "Summary of Receipts,"	line 5(e))				,



EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

		editor 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		L			
	Street Address					
3	City	State	ZIP			
	Services or Goods Provided on Credit	i i	Date of Extension of Credit			
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address			====		
5	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Enter total only if last page of sche	edule				

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



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

/	Creditor	Information		Payment Amount on Credit	Cumulative Amount this	Cumulative Amount this
		- Internation		Extended	Reporting Period	Election Cycle
	Name					
	Street Address					
1	City	Stale	ZIP			
	Complete as Coards Ordels ally Deputed as Coards		Data at Opping With only at Oppin			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address					
2	City	State	ZIP			
	Only	State	ZIF			
	Services or Goods Originally Provided on Credit Date of Onginal Extension of C					
	Name					
	Street Address					
3						
	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Onginal Extension of Credit			
	Name					
	Street Address					
4						
7	City	State	ZIP			
	Services or Goods Originally Provided on Credit	L	Date of Original Extension of Credit			
	Name					
	Clarit Address					
	Street Address					
5	City	State	ZIP			
	Services or Goods Onginally Provided on Credit		Date of Original Extension of Credit			
	Falsadada a Maria	-				
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts."	line 7(b))				



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

Poyer Comm					
rayor Comm	ittee Information		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name		Payment Dale			
Street Address					
City	State	ZIP			
Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (if applicable)			
Committee Name	Į.	Payment Date			
Street Address					
City	State	ZIP			
Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (it applicable)			
Committee Name		Payment Date			
Street Address					
City	State	ZIP	_		
Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (if applicable)			
Committee Name		Payment Date			
Street Address					
City	State	ZIP	-		
Date of Joint Fundraising Event (if applicable)	Type of Shared Expense ((if applicable)			
Committee Name		Payment Date			
Street Address					
City	State	ZIP			
Date of Joint Fundraising Event (if applicable)	Type of Shared Expense ((if applicable)			
	Street Address City Date of Joint Fundraising Event (if applicable) Committee Name Street Address City Date of Joint Fundraising Event (if applicable) Committee Name Street Address City Date of Joint Fundraising Event (if applicable) Committee Name Street Address City Date of Joint Fundraising Event (if applicable) Committee Name Street Address City Date of Joint Fundraising Event (if applicable) Enter total only if last page of schedule	City State Date of Joint Fundraising Event (if applicable) I type of Shared Expense (Committee Name Street Address City State Date of Joint Fundraising Event (if applicable) I type of Shared Expense (Committee Name Street Address City State City State Committee Name Street Address City State Committee Name Street Address City State Committee Name Street Address City State City State Committee Name Street Address City State Committee Name Street Address City State Committee Name Street Address City State Type of Shared Expense (Committee Name Street Address City State Type of Shared Expense (Committee Name Street Address	Crimitice Name State Committee Name Committee Name Street Address City State	City State	Coronition Name State of Joint Fundinating Event (it applicables) State of Joint Fundinating Event (it applicables) State Of Joint Fundinating Event (it applicables) State Of Joint Fundinating Event (it applicables) State Of Joint Fundinating Event (it applicables) State Of Joint Fundinating Event (it applicables) State Of Joint Fundinating Event (it applicables) State Of Joint Fundinating Event (it applicables) State Of Joint Fundinating Event (it applicables) State Of Joint Fundinating Event (it applicables) State Of Joint Fundinating Event (it applicables) State Of Joint Fundinating Event (it applicables) State Of Joint Fundinating Event (it applicables) State Of Joint Fundinating Event (it applicables) Type of Sharred Expense (it applicables) State Of Joint Fundinating Event (it applicables) Type of Sharred Expense (it applicables) State Of Joint Fundinating Event (it applicables) Type of Sharred Expense (it applicables) Type of Sharred Expense (it applicables) Type of Sharred Expense (it applicables) Type of Sharred Expense (it applicables) Type of Sharred Expense (it applicables) Type of Sharred Expense (it applicables) Type of Sharred Expense (it applicables)

Arizona Secretary of State Revision 4/10/18

Schedule A(8), page ___ of ___



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

	Payor Ir	nformation		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ΣΙΡ			
	Services or Goods Purchased		Payment Oate			
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
1	Name					
	Street Address	Street Address				
3	City	State	ZIP			
	Services or Goods Purchased	<u></u>	Payment Date	┪.		
	Name					
	Street Address					
4	City	State	ZIP			
İ	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Enter total only if last page of schedule			VI		
1	transfer the total received this period to "Summary of Receipts."	fine 9)			I	



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

		mation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
ĺ	Street Address					
	City	State	ZIP			
	l ype ol Account Receivable or Debl Owed		Date that Debt Accrued			
	Name					
	Street Address					
2	City	State	ZIP			
Ó	l ype of Account Receivable or Debt Owed		Date that Debt Accrued			
	Namo					
	Street Address					
3	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued	_		
	Name					
	Street Address					
ı	City	State	ZIP	_		
	Type of Account Receivable or Debt Owed		Date that Debt Accrued	_		
	Name					
	Street Address	•				
5	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Enter total only if last page of schedule		.,			

Schedule A(10), page ____ of ___



TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Source of Surplus Monies / Recipient of Transferred Debt		
Source of Surplus Monles / Recipient of Fransterred 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)

/	Sou	rce Information		Amount	Cumulative Amount this	Cumulative Amount this
	Printing Plus Streel Address			\$ 303.87	Reporting Period \$ 303.87	\$ 303.87
1	2069 McCulloch BLvd. Suite					
	Lake Havasu City	AZ	86404			
	Signage		09/07/2018			
2	Name					
	Street Address					
	City	Slate	ZIP			
	Receipt Type		Receipt Date			
	Name					
3	Street Address			_		
	City	State	ZIP			
	Receipt Type		Receipt Date	-		
4	Name					
	Street Address			=		
	City	State	ZIP	_		
	Receipt Type		Receipt Date	_		}
	Name					
5				_		
	Street Address					
	City	State	ZIP			
	Receipt Type		Receipt Date			
П	Enter total only if last page of sched					

Schedule A(12), page ___ of ___



committee id number 18-NP-011

DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/	Recipie	ent Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Disbursement Date		8		
	Street Address					
1	City	State	ΖIP	E 0		
	l ype of Operating Expense Paid	Non-Electoral Purpose	PACs and Political Parties Only)	☐ Cash☐ Credit		
	Name	Disbursement Date		1		
	Street Address					
2	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose	a? (PACs and Political Parties Only)	☐ Cash☐ Credit		
	Name	Disbursement Date				
	Street Address	1				
3	City	State	ZIP	□ Cash		
	Type of Operating Expense Paid	1	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Name	Disbursement Date				
	Street Address	_		-		
4	City	State	ZIP	-		
	Type of Operating Expense Paid	1	e? (PACs and Political Parties Only)	☐ Cash☐ Credit		
	Name	Disbursement Date				
	Street Address					
5	City	State	ZIP	☐ Cash		
	Type of Operating Expense Paid		Non-Electoral Purpose? (PACs and Political Parties Only)			
	Enter total only if last page of schedul					
_	transfer the total disbursed this period to "Summary of Disbu	rsements," line 1)				



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	Candidate	e Committee Recipient Inf	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Sireet Address					
1	City State ZIP		□ Cook			
	Committee ID Number	Date Contribution Mad	le	□ Cash □ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Ma	de	□ Cash □ Credit		
	Committee Name	- J _E		4		
	Street Address					
3	City	Stale	ZIP	□ Cash		
	Committee ID Number	Date Contribution Ma	Date Contribution Made			
	Committee Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Ma	de	☐ Credit		
	Committee Name					
	Street Address					
5	City	State	State ZIP			
	Committee ID Number	Date Contribution Ma	de	☐ Cash☐ Credit		
	Enter total only if last page o					
	transfer the total disbursed this period to "Su	mmary of Disbursements." line 2(a))				



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

/				Ĭ	Cumulative	Cumulativa
	Political Action Comr	mittee Recipient Inf	formation	Amount Contributed	Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
1	Street Address					
	City	State	ZIP	☐ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		r.
	Committee Name					
2	Street Address		4			
2	City State ZIP		ZIP	☐ Cash		
	Committee ID Number Date Contribution Made		☐ Credit			
	Committee Name					
	Street Address		74			
3	City	State	ZIP	_ □ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name	,				
	Street Address					
4	City	State	ZIP	☐ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
5	Street Address				ı	
'	City	State ZIP		_ □ Cash		
	Committee ID Number	Committee ID Number Date Contribution Made		☐ Credit		
	Enter total only if last page of schedule					



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Political Party Re	ecipient Information	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ΔΙΡ	_		
	Committee ID Number	Date Contribution Made		☐ Cash ☐ Credit		
Î	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
4	City	Stale	ZIP	T Cook		
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Committee Name					
	Street Address					
5	City	Stale	ZIP	☐ Cash		
	Committee ID Number	Date Contribution Made	1	☐ Cash		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disburse	li		3		



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partnersl	nip Recipient Informat	tion	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
l	Sireel Address					
	City State ZIP		ZIP			
	Corporation Commission File Number	Date Contribution Mad	le	☐ Cash☐ Credit		
1	Partnership Name					
	Sireet Address					
	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Dale Contribution Mad	de	☐ Credit		
1	Partnership Name					
8	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made	de	☐ Cash☐ Credit		
	Partnership Name					
	Street Address					
		In.				
ľ	City	State	ZIP	☐ Cash		
ľ	Corporation Commission File Number	Date Contribution Mad	de	☐ Credit		
Ī	Partnership Name					
1	Street Address					
ŀ	City	State ZIP				
-	Corporation Commission File Number	Dale Contribution Mad	de	☐ Cash☐ Credit		
	Enter total only if last page of sche	edule				



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	/ LLC Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Corporation/LLC Name					
;	Street Address					
1 7	City	State	ZIP	□ Cash		
(Corporation Commission File Number	Date Contribution N	Made	□ Credit		
(Corporation/LLC Name	1				
-	Street Address					
2	Cily	State	ZIP	□ Cash		
,	Corporation Commission File Number	Date Contribution	Made	□ Credit		
1	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP	□ Cash		
ľ	Corporation Commission File Number	Date Contribution f	Made	☐ Credit		
1	Corporation/LLC Name					
-	Street Address					
4 7	City	State	ZIP	□ Cash		
ŀ	Corporation Commission File Number	Date Contribution I	Made	☐ Casii		
1	Corporation/LLC Name					
	Street Address					
5	City	State ZIP		□ Cash		
	Corporation Commission File Number	Date Contribution	Made	□ Credit		
	Enter total only if last page of sch					



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Organ	nization Recipient Inform	nation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made	**	□ Credit		
	Labor Organization Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made		□ Credit	☐ Credit	
	Labor Organization Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Corporation Commission File Number	File Number Date Contribution Made		□ Credit		
	Labor Organization Name					
	Streel Address					
4	City	State	ZIP	☐ Cash		
	Corporation Commission File Number	Date Contribution Made		□ Credit		
	Labor Organization Name					
	Street Address					
5	City	State	ZIP	☐ Cash		
	Corporation Commission File Number	Date Contribution Made		□ Credit		
	Enter total only if last page of sch (transfer the total disbursed this period to "Summary					



CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

/				1	f	
•	Contributo	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Date Refund Received			
Ì	Street Address					
1	Сиу	State	ZIP			
	Committee ID Number	<u>I</u> III	Date of Original Contribution	_		
	Committee Name		Date Refund Received			
ŀ	Street Address			_		
2	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
1	Committee Name		Dale Refund Received			
	Street Address			-		
3	City	State	ZIP			
	Committee ID Number		Date of Onginal Contribution			
	Committee Name		Date Refund Received			
	Street Address			-		
4	City	State	ZIP	-		
	Committee ID Number		Date of Original Contribution	_		
-	Committee Name		Date Refund Received			
	Street Address			-		
5	City	State	ZIP			
	Committee ID Number		Date of Original Contribution	_		

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



LOANS MADE:

SCHEDULE B(3)(a)

/		Sorrower Information		Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name					
	Street Address					
1	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
_	Borrower Name					
	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
3	City	State	ZIP			
	Guaranlor/Endorser Name	Date Loan Made				
	Horrower Name					
	Street Address					
4	City	State	ZIP			
	Guaranlor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
5	City	State	ZIP			
	Guaranlor/Endorser Name	Date Loan Made				

Schedule B(3)(a), page ____ of ____



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

/		uarantor Information		Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Guarantor Name					
İ	Street Address					
1	City	State	ZIP			1
	Borrower Name	Date Loan Guarantee	d I			
1	Guarantor Name	<u> </u>				
l	Streel Address					
2	City	State	ZIP			
	Borrower Name	Date Loan Guarantee	ed			
-	Guarantor Name					
	Street Address					
3	City	State	ZIP			
	Borrower Name	Date Loan Guarantee	ed			
-	Guaranior Name					
	Street Address					
1	City	State	ZIP			
	Borrower Name	me Date Loan Guaranteed				
	Guarantor Name					
	Streel Address					
5	City	State	ZIP			
	Borrower Name	Date Loan Guarante	ed			
\dashv	Enter total only if last page of so	hedule				

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



FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

/	1	Borrower	Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Вогтоwer 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	2	City	State	ZIP			
		Onginal Amount of Loan	Amount Still Outslanding				
		Borrower Name	Date Forgiveness Made			27	
	İ	Street Address					
3	3	City	State	ZIP			
		Original Amount of Loan	Amount Still Outstanding				
F	1	Borrower Name		Dale Forgiveness Made			
		Street Address					
4	1	City	State	ZIP	:		
		Original Amount of Loan	Amount Still Outstanding				
		Borrower Name		Date Forgiveness Made			
		Street Address					
5	5	City	State	ZIP			
		Original Amount of Loan	Amount Still Outstanding				
		Enter total only if last page of schedule	ments." line 3(c))		l.		

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



REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

	Lender I	nformation		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name	Date Repayment Made				
İ	Street Address					
1	City	Slale	ZIP	-		
	Onginal Amount Borrowed	Amount Still Outstanding				
1	Lender Name		Dale Repayment Made			
	Street Address			-		
2	City	Stale	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Lender Name		Dale Repayment Made			
	Street Address			-		
3	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding				
1	Lender Name		Date Repayment Made			
	Street Address			-		
4	City	State	ZIP	1		
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address					
5	City	State	ZIP	1		
	Original Amount Borrowed	Amount Still Outstanding				

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



INTEREST ACCRUED ON LOANS RECEIVED:

SCHEDULE B(3)(e)

/	Lender	nformation		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date interest Accrued		Reporting Period	Election Cycle
	Street Address			-		
1	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name	<u></u>	Date Interest Accrued			
	Street Address			-		
2	City	Slale	ZIP	=		
	Original Amount Borrowed	Amount Still Outstanding		-		
+	Lender Name		Date Interest Accrued			
	Street Address	Street Address				
3	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Lender Name		Dale Interest Accrued			
	Street Address			-		
4	City	Stale	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name	l	Date Interest Accrued			
	Street Address		-			
5	City	State	ZIP			
			i .	1		

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

Rec	ipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Name of Original Payor		Date Rebate/Refund Made			
Street Address					
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			-		
City	Stale	ZIP			
Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment	_		
Name of Onginal Payor		Date Rebate/Refund Made			
Street Address					
		,			
City	State	ZIP			
Corporation Commission File Number (if applicable)	Onginal Payment Amount	Name of Original Payor			
Name of Onginal Payor		Date Rebate/Refund Made			
Street Address					
City	State	ZIP			
Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor	1		
Name of Original Payor		Date Rebate/Refund Made			
Street Address					
City	State	ZIP			
Corporation Commission File Number (if applicable)	Onginal Payment Amount	Name of Original Payor	-		
					ı
	Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Street Address	City State Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Street Address City State Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Street Address City State Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Street Address City State Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Street Address City State Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Street Address City State	Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Date of Original Payment Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Date of Original Payment Name of Original Payor Date Rebate/Retund Made Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Date of Original Payment Name of Original Payor Date Rebate/Retund Made Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Retund Made Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Retund Made Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Retund Made Street Address City State ZIP	Refunded Name of Original Payor Street Address City State ZIP Corporation Commission File Number (# applicable) Original Payment Amount Date of Original Payment Name of Original Payor Street Address City State ZIP State ZIP State Original Payor Date Rebate/Refund Made ZIP State Original Payment Date of Original Payment Date of Original Payment Date of Original Payment Date Rebate/Refund Made Street Address City State ZIP Corporation Commission File Number (# applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP Corporation Commission File Number (# applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP Corporation Commission File Number (# applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP Date Rebate/Refund Made Date Rebate/Refund Made Date Rebate/Refund Made Date Rebate/Refund Made Date Rebate/Refund Made Date Rebate/Refund Made Date Rebate/Refund Made Date Rebate/Refund Made Date Rebate/Refund Made Date Rebate/Refund Made Date Rebate/Refund Made Date Rebate/Refund Made Date Rebate/Refund Made Date Rebate/Refund Made	Recipient Information Recipient Information Reporting Period Name of Original Payor Date Releases Refunded Refu

Schedule B(4), page ____ of



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/	Candidate Committee	e Recipient Infon	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date in-Kind Contribution	Made			
r	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
-	Committee Name					
	Street Address		-			
4	City	Sløte	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
H	Committee Name					
	Street Address			1		
5	City	Slate	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
-	Enter total only if last page of schedule	1				
	(transfer the total disbursed this period to "Summary of Disburse	ments." line 5(a))				

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

87	Political Act	tion Committee Recipient	Information	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address	Street Address				
1	City	State	ZIP			
	Committee ID Number	Dale In-Kind Contrib	ulion Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	oulion Made			
_	Committee Name				-	
	Street Address					
3	City State ZIP					
			ı			
	Committee ID Number	Dale In-Kind Contri	oution Made			
	Committee Name					
	Street Address					
4	City	Stele	ZIP			
	Committee ID Number	Date In-Kind Contril	oution Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contril	oution Made			
_	Enter total only if last page o	fh - dula				

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

	Political Party Re	ecipient Information	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name				Troporting Control	ziotion oyelo
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date in-Kind Contribution] Made			
	Committee Name					
	Street Address					
2	City	Stale				
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address	Street Address				
3	City	State	ZIP			
	Committee ID Number	Dale In-Kind Contribution	Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
_	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
-	Enter total only if last page of schedule					·

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



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

	Partnersl	nip Recipient Informatio	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address			-		
1	City	Stale	ΔIP	1		
	Corporation Commission File Number	Dale In-Kind Contribution	n Made	-		
	Partnership Name	Ų.				
	Street Address			1		
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made	1		
	Partnership Name					
	Street Address			-		
3	City	Stale	ZIP			
					1	
	Corporation Commission File Number	Date In-Kind Contributio	n Made	-		
	Corporation Commission File Number	Date In-Kind Contributio	n Made			
		Date In-Kind Contributio	n Made			
4	Partnership Name	Date In-Kind Contribution	n Made			
4	Partnership Name Street Address		ZIP			
4	Partnership Name Street Address City	State	ZIP			
4	Partnership Name Street Address City Corporation Commission File Number	State	ZIP			
4	Partnership Name Street Address City Corporation Commission File Number Partnership Name Street Address	State	ZIP			

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

/	Corporation	/ LLC Recipient Inform	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Γ	Corporation/LLC Name					
	Street Address	Idress				
1	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Corporation/LLC Name					
	Street Address					
2	Cily	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
-	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Corporation/LLC Name					
	Street Address	-				
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
\vdash	Enter total only if last page of sche					
	transfer the total disbursed this period to "Summary of	f Disbursements," line 5(e))				J.

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



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS

SCHEDULE B(5)(f)

	Labor Organ	ization Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Ì	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributi	ion Made			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Conlinbut	lion Made			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission Hile Number	Date In-Kind Contribut	lion Made			
	Labor Organization Name	B				
	Streel Address	Street Address				
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	tion 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 sch					



INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

	Expenditure	Recipient Informa	tion	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City	State	ζIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	acluding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		- □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address	-				
2	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	acluding % apposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
	Recipient Name		Mode of Advertising (1V, mail, etc)			
	Street Address			-		
3	City	Stale	ΔIP	-		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	cluding % apposed)	_		
ĺ	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit		
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address			1		
	Cily	State	ZIP	†		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	cluding % opposed)	☐ Cash		
1	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	☐ Credit		

Schedule B(6), page ____ of ____



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

	Expenditure	Recipient Informa	ition	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative \ Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Oppos	ed (including % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit		
1	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		-			
2	City	State	ZIP	-		
3	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Oppos	sed (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			1		
3	City	State	ZIP			
	Ballot Measure(s) Supported (Including % supported)	Bailot Measure(s) Oppos	sed (including % opposed)	☐ Cash☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed (including % opposed)		☐ Cash☐ Credit		
0	Date of First Publication, Display, Delivery, or Broadcast	First Publication, Display, Delivery, or Broadcast Election Month/Year		Joseph		
	Enter total only if last page of schedu	Enter total only if last page of schedule				



RECALL EXPENDITURES MADE:

SCHEDULE B(8)

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

Schedule B(8), page ____ of ____



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

/	8" 	Benefitted Candidate		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Candidate Name		Date Benefit Provided			
	Street Address					
1	City	State	ZIP			
	Type of Benefit Provided		-			
	Notes:					
-	Candidate Name		Date Benefit Provided			
	Street Address					
2	City	State	ZIP			
	Type of Benefit Provided		2			
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
3	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
-	Candidale Name		Date Benefit Provided			
	Street Address					
4	City	State	ZIP			
	Type of Benefit Provided		(
	Notes:			1		
	Enter total only if last page					
	(transfer the total disbursed this period to					

Schedule B(9), page ___ of ___



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

	Recipient	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Committee Name	Payment Date				
	Sireel Address					
1	City	State	ΔIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)	□ Credit		
	Committee Name	- L	Payment Date			
	Sireet Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)	☐ Cash☐ Credit		
	Committee Name Payment Date					
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
õ	City	Slate	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)	☐ Cash☐ Credit		
	Enter total only if last page of schedule					
	Enter total only it last page of sched (transfer the total disbursed this period to "Summary of D		1			



REIMBURSEMENTS MADE:

SCHEDULE B(11)

6	Recipient Information			Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Services or Goods Relmbursed		Reimbursement Date	□ Credit		
	Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	☐ Credit		
	Name		- A			
	Street Address					
3	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Relmbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Enter total only if last page of schedule			L		
	transfer the total disbursed this period to "Summary of Disburse					



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

/_	/	Debt In	formation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Namo					
		Street Address					
	1	City	Stale	ZIP	-		
	10	Type of Account Payable or Debt Owed		Date that Debt Accrued			
ľ		Name					
		Street Address					
	2	City	State	ZIP			
		l ype of Account Payable or Debt Owed		Date that Debt Accrued			
r		Name					
		Street Address					
;	3	City	State	ZIP			
		Type of Account Payable or Debt Owed	Date that Debt Accrued	-			
F		Name					
		Street Address					
'	4	Cily	State	ZIP	-		
		Type of Account Payable or Debt Owed		Date that Debt Accrued			
		Name					
		Street Address					
	5	City	State	ZIP			
		Type of Account Payable or Debt Owed		Date that Debt Accrued			
		Enter total only if last page of schedule					
L	- 1	transfer the total received this period to "Summary of Receipts,"					



committee id number 18-NP-011

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 Surpfus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
tecipient of Surplus Monies / Source of Transferred Debt		
Fotal transfer the total disbursed this period to "Summary of Disbursements," line 14)		

Schedule A(13), page ____ of ____



MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

		cipient Information	1	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Western Arizona Humane Society			\$ 535.21	\$ 535.21	\$ 535.21
1	1100 Empire Drive					
	Lake Havasu City	AZ	^{ZIP} 86404	■ Cash		
	Disbursement Type Donation of remaining funds		Disbursement Date 10/12/2018	☐ Credit		
	Name					
	Street Address					
2	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	☐ Credit		
	Name					
	Street Address					
3	Cily		ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
4	City		ZIP	_		
	ursement Type		Disbursement Date	☐ Cash☐ Credit		
_	Name					
5	Street Address					
	City	State	ZIP	-		
	Disbursement Type	Disbursement Date	□ Cash □ Credit			
	Enter total only if last page of schedule					
_	(transfer the total disbursed this period to "Summary of					