



Committee Information:	Committee Name: Pro	tect the Public from Special Interests
IDATE INFORMATION (only if	îling as a candidate committee):
Office Sought:	☐ County Office:	☐ Special District Office:
	☐ City/Town Office:	☐ School Board District:
Cumulative Report:		
☐ Check here if this is th	e candidate committees first, o	rumulative report for the election cycle. Also select appropriate Reporting Period below.
Cumulative reporting perio	od start date (which supersede	s the start date for the Reporting Period selected below);
RTING PERIOD (check one):		

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

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

FINANCIAL SUMMARY (required):

Activity	Cash Activity This Reporting Period	Election Cycle to Date
 a) Committee value at the beginning of this reporting period (i.e. ending balance from the previous reporting period) 		
b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)	\$ 0.00	
c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)	\$ 0.00	
d) = Balance at close of reporting period	\$ 15,000.00	



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

Printed Name of Committee Treasurer

Signature of Committee Treasurer

08/12/2022

Date

SUMMARY OF RECEIPTS (Schedule A):

1	Dogainte	Cash	Equity
1911	Receipts	Casii	Equity
1.	Monetary Contributions Received		
	(a) In-State Individuals - More than \$100		
	(b) In-State Individuals - \$100 or Less (Aggregate)		
	(c) Out-of-State Individuals		
	(d) Candidate Committees		
	(e) Political Action Committees		
	(f) Political Parties		
	(g) Partnerships		
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(i) Labor Organizations (PACs & Political Parties Only)		
	(j) Candidate's Personal Monies (Candidate Committees Only)		
	(k) Monetary Contributions Subtotal (add 1(a) through 1(j))		
	(I) Refunds Given Back to Contributors		
	(m) Net Monetary Contributions (subtract 1(I) from 1(k))		
2,	Loans		
	(a) Loans Received		
_	(b) Forgiveness on Loans Received		
_	(c) Repayment on Loans Made		
_	(d) Interest Accrued on Loans Made		
_	(e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))		
3.	Rebates and Refunds Received		
4. 5.	Interest Accrued on Committee Monies In-Kind Contributions Received		
J _i ,	(a) In-State Individuals - More than \$100		
_	26		
	(b) In-State Individuals - \$100 or Less (Aggregate) (c) Out-of-State Individuals		
	(d) Candidate Committees		
	(e) Political Action Committees		
	(f) Political Parties		
	(g) Partnerships		
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(i) Labor Organizations (PACs & Political Parties Only)		
	(j) Candidate's Personal Assets or Property (Candidate Committees Only)		
	(k) In-Kind Contributions Subtotal (equity: add 5(a) through 5(j))		
6.	In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
7	Extensions of Credit		
	(a) Extensions of Credit Received		
	(b) Payments on Extensions of Credit Received		
	(c) Net Extensions of Credit (subtract 7(b) from 7(a))		
8.	Joint Fundraising / Shared Expense Payments Received		
9.	Payments Received for Goods / Services		
_	Outstanding Accounts Receivable / Debts Owed to Committee		
	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
	Miscellaneous Receipts (use cash and/or equity as applicable)		
14.	Total Receipts (cash add 1(m), 2(e), 3-4, 8-9, 11-12; equity: add 2(b), 5(k), 6-7(c), 10-12)		

SUMMARY OF DISBURSEMENTS (Schedule B):

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



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

SCHEDULE A(1)(a)

/	Individual Cont	ributor Informatio	on 	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address			1		
1	City	State	ZIP			
	Occupation	Employer	.,,			
	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
	Name	Name				
	Street Address					
5	City	Stale	ZIP			
	Occupation	Employer	1			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 1(a))			

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

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



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

SCHEDULE A(1)(b)

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

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



MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

				197		
/	Individual Cont	ributor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Γ	Name		Date Contribution Received			
	Street Address			_		
	Silect Address					
1	City	State	ZIP			
	Occupation	Employer	.			
	Name		Date Contribution Received			
	Sireet Address					
2		-				
_	City	State	ZIP			
	Occupation	Employer				
r	Name		Date Contribution Received			
	Street Address		P.			
3	City	Slate	ZIP			
	Occupation	Employer				
H	Name		Date Contribution Received			
	Street Address			1		
4	City	Slate	ZIP	-		
		State				
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address			1		
5	City	State	ZIP	-		
	Occupation	Employer	<u>l</u>			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 1(c))			

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



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

Candidate Committee	Contributor Infor			Cumulative	Cumulative
		mation	Amount Received	Amount this Reporting Period	Amount this Election Cycle
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Receive	led			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Receive	ed			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Receive	ed			
Committee Name	<u> </u>				
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Receive	ed			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Receive	ed			
	Committee ID Number Street Address City Committee ID Number Committee ID Number Committee ID Number City Committee ID Number Committee ID Number Committee ID Number Committee ID Number Committee Name Street Address City Committee ID Number Committee ID Number City Committee ID Number Committee ID Number	Committee ID Number Committee Name Street Address City State Committee Name Street Address City State Committee ID Number Date Contribution Receive Street Address City State Committee ID Number Date Contribution Receive Street Address City State Committee ID Number Date Contribution Receive Committee Name Street Address City State Committee ID Number Date Contribution Receive Street Address City State Committee ID Number Street Address City State Committee Name Street Address State State State State State	Committee ID Number Committee Name Street Address City State Committee ID Number Date Contribution Received Committee ID Number Committee ID Number Street Address City State ZIP Committee ID Number Date Contribution Received Committee ID Number Street Address State ZIP Committee ID Number State State ZIP Committee ID Number State State State ZIP Committee ID Number State State State ZIP	Committee ID Number Committee Name Sizeel Address City Size ZIP Committee ID Number Date Contribution Received Committee ID Number Committee ID Number Date Contribution Received Committee ID Number Committee ID Number Date Contribution Received Committee ID Number Committee Name Sizeel Address City Size ZIP Committee ID Number Committee ID Number Sizeel Address City Size ZIP Committee ID Number Committee ID Number Committee ID Number Sizeel Address City Size ZIP Committee Name	Committee ID Number Date Contribution Received Date Contribution Date Contribution Received Date Contr

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

The second second					
	ittee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Receive	d.			
Committee Name					
Street Address				п	
City	State	ZIP			
Committee ID Number	Date Contribution Receiv	red	-		
Committee Name		- 12			
Street Address					
City	Stale	ZIP			
Committee ID Number Dale Contribution Received					
Committee Name	<u></u>				
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Received				
Committee Name	I.				
Street Address	Street Address				
City	State	ZIP			
Committee ID Number	Date Contribution Receiv				
	Committee Name Street Address City Committee ID Number Street Address City Committee ID Number Committee ID Number Committee Name Street Address City Committee ID Number Street Address City Committee ID Number Committee ID Number Committee ID Number Committee ID Number Committee Name Street Address City Committee ID Number	Committee Name Street Address City State Committee ID Number Date Contribution Received Street Address City State Committee ID Number Date Contribution Received Street Address City State Committee ID Number Date Contribution Received Street Address City State Committee ID Number Date Contribution Received Street Address City State Committee ID Number Date Contribution Received Street Address City State Committee ID Number Date Contribution Received Street Address City State Committee ID Number Date Contribution Received Street Address City State Committee ID Number Date Contribution Received Street Address	Street Address City State ZIP Committee ID Number Date Contribution Received Street Address City State ZIP Committee IO Number Date Contribution Received Street Address City State ZIP Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received City State ZIP Committee ID Number Date Contribution Received	Street Address City State ZIP Committee ID Number Date Contribution Received Street Address City State ZIP Committee ID Number Date Contribution Received Street Address City State ZIP Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received	Political Action Committee Contributor Information Amount Received Amount this Reporting Period Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received Size Address City State ZIP Committee IO Number Date Contribution Received Committee ID Number Date Contribution Received

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES

SCHEDULE A(1)(f)

	Political Party Co	ontributor Informat	iion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					=
1	1 City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
F	Committee Name					
	Street Address					
2	2 City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	red			
-	Committee Name					
	Street Address					
3	3 City	State	ZIP	-		
	Committee ID Number	Date Contribution Receiv	ved	-		
-	Committee Name					
	Street Address					
4	4 City	State	ZIP	-		
	Committee ID Number	Date Contribution Receiv	ved	_		
-	Committee Name					
	Street Address			-		
5	5 City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	ved			
-	Enter total only if last page of schedule (transfer the total received this period to "Sur					
	(transfer the total received this period to "Sui	mmary of Receipts,"	line 1(f))			

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

	Partnership Con	tributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Г	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
_	Partnership Name	I				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	I. ed			
	Parinership Name	l.				
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name					
	Streel Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 1(g))			

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



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

	Corporation	LLC Contributor Inform	mation	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 Recei	ved			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Rece	lived		1	
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Rece	ived			
	Corporation/LLC Name					
	Street Address					
4	Cily	State	ZIP			
	Corporation Commission File Number	Date Contribution Rece	sived			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Rece	sived			
_	Enter total only if last page of sch (transfer the total received this period	edule to "Summary of Receipts."	" line 1(h))			

Schedule $\Lambda(1)(h)$, page____ of ___



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

	Labor Organization	Contributor Inforr	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receive	ed			
r	Labor Organization Name					
	Street Address					
2	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receiv	ed			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
-	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Dale Contribution Receiv	ed			
-	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
_	Enter total only if last page of schodule					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 1(i))			



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

				240		
/		Candidate 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				
	Name	, l	Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
3	Gity	Stale	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	Slate	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer		_		

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

				VE S	D1 66	
1	Contributo	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Refunded			
	Street Address					
1	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address			1		
2	City	State	ZIP			
	1D Number (if applicable)		Date of Original Contribution			
	Name		Dale Contribution Refunded			
	Street Address		1-2	-		
3	City	Slate	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address			-		
4	City	State	ZIP	-		
	ID Number (if applicable)		Date of Original Contribution	1		
	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 "Sumr	mary of Receipts," li	ine 1(I))			

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



LOANS RECEIVED:

SCHEDULE A(2)(a)

	Lenc	ler Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name	Date Loan Received	Date Loan Received			
3	Street Address					
1	City	Stale	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose	P (PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose	? (PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address					
3	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose	? (PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name		? (PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose	? (PACs and Political Parties Only)			

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



FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

				4 3	L 30	
/	Lender I	nformation		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Forgiveness Received			
	Street Address			-		
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	I			
	Lender Name		Date Forgiveness Received			
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			7.
	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." li	ine 2(b))			

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





REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

/	Borrowe	Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Repayment Received			
	Street Address					-
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name	I.	Date Repayment Received			
	Street Address		l.			
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
r	Borrower Name	1	Date Repayment Received			
	Street Address		<u> </u>			
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	Į.	-		
r	Borrower Name		Date Repayment Received			
	Street Address	-				
4	City	State	ZIP	#		
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name	1	Date Repayment Received			
	Streel Address		1			
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Oulstanding				
r	Enter total only if last page of schedule (transfer the total received this period to "Sur	nmary of Receipts,"	line 2(c))	ı		

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

INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

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

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



REBATES AND REFUNDS RECEIVED:

SCHEDULE A(3)

1	Payo	r Information		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Payor Name		Date Rebate/Refund Received			
	Street Address			1		
1	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Reb	ate			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
2	City	Slate	ZIP	1		
	Original Purchase Amount	Reason for Refund/Reb	ale	1		
	Payor Name		Date Rebate/Refund Received			
	Street Address			1		
3	City	State	ZIP	=		
	Original Purchase Amount	Reason for Refund/Reb	ate			
	Payor Name		Date Rebate/Refund Received			
	Street Address		l.			
4	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Reb	ate			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
5	City	State	ZIP	-		
	Original Purchase Amount	Reason for Refund/Reb	ate			
_	Enter total only if last page of schedu (transfer the total received this period to "S	le (5)	# E 0	1		
	(transfer the total received this period to "S	unimary or Receipts,	iiie 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 Eamed (Bank Name / Type of Account)		
Account with Interest Eamed (Bank Name / Type of Account)		
Account with Interest Eamed (Bank Name / Type of Account)		
Account with Interest Earned (Bank Name / Type of Account)		
Account with Interest Eamed (Bank Name / Type of Account)		
Total (transfer the total received this period to "Summary of Receipts," line 4)		

Schedule A(4), page____ of ____

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

SCHEDULE A(5)(a)

/		Individual Contributor Informat		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	-		
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address			1		
2	City	State	ZIP			
	Оссирайоп	Employer		-		
_	Name		Date In-Kind Contribution Received			
	Street Address					
3	City	Stale	ZIP			
	Occupation	Employer		-		
_	Name		Date In-Kind Contribution Received			
	Street Address					
4	City	State	ZIP	1		
	Occupation	Employer		-		
	Name		Date In-Kind Contribution Received			
	Street Address			-		
5	City	Slate	ZIP	-		
	Occupation	Employer		-		
H	Enter total only if last pa	age of schedule this period to "Summary of Receipts				

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

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

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

SCHEDULE A(5)(b)

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

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



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

SCHEDULE A(5)(c)

	Individual Con	tributor Informatio		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address	lreet Address				
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer	1	1		
	Name		Date In-Kind Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address			-		
4	City	State	ZIP	-		
	Occupation	Employer		1		
	Name		Date In-Kind Contribution Received			
	Street Address			-		
5	City	State	ZIP	-		
	Occupation	Employer				

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



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

/	Candidate Committee	Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Sireet Address			ę.		
1	City	Stale	ZIP			
	Committee ID Number Date In-Kind Contribution Received					
r	Committee Name					
	Street Address					
2	Gity	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Sireet 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	i.		
Г	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 "Sumi	mary of Receipts," li	ne 5(d))			

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

/ _	Political Action Committe	ee Contributor Inf	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Street Address					
1	1 City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	I. Received			
	Committee Name					
	Street Address					
2	2 City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
Г	Committee Name					
1	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Sireet Address	,				
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
5	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,"	line 5(e))			

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

/	Political Party Co	ntributor Informat	lion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	I. 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	I. Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	line 5(f))			

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

IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

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

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



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

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

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

IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

Labor Organization Contributor Information Amount Received Amount this Reporting Period Election Cy Liseor Organization Name Street Address 1 Cry State 2P Creposation Commission File Number Oate In-Rind Contribution Received Later Organization Name Street Address 2 City State 2P Corporation Commission File Number Contribution Received Later Organization Name Street Address 3 Ony State 2P Corporation Commission File Number Date in Kind Contribution Received Later Organization Name Street Address 4 Ony State 2P Corporation Commission File Number Date in Kind Contribution Received Later Organization Name Street Address 5 Ony State 2P Corporation Commission File Number Date in Kind Contribution Received Later Organization Name Street Address 5 Ony State 2P Corporation Commission File Number Date in Kind Contribution Received							
Laber Organization Name Silvest Address 2IP	/	Labor Organizatio	on Contributor Inform	mation	Amount Received	Amount this	Cumulative Amount this Election Cycle
Corporation Commission File Number Date in Kind Contribution Received Labor Organization Name Street Address Labor Organization Name Date in Kind Contribution Received Labor Organization Name Street Address City Street Address Labor Organization Name Date in Kind Contribution Received Labor Organization Name Date in Kind Contribution Received Labor Organization Name Labor Organization Name Date in Kind Contribution Received Labor Organization Name Date in Kind Contribution Received Labor Organization Name Sized Address 4 City State Zip Corporation Commission File Number Date in Kind Contribution Received		Labor Organization Name					
Corporation Commission File Number Date In-Rind Contribution Received Later Organization Name Street Address City Corporation Commission File Number Date In-Rind Contribution Received Later Organization Name Street Address Street Address Later Organization File Number Date In-Rind Contribution Received Later Organization Received Later Organization Received Later Organization Received Later Organization Name Street Address 4 City Corporation Commission File Number Date In-Rind Contribution Received Later Organization Name Street Address 5 City State ZIP Corporation Commission File Number Date In-Rind Contribution Received		Street Address					
Later Organization Name Sirect Address 2 City Corporation Commission File Number Date In Wind Contribition Received Later Organization Name Sirect Address 3 City State Corporation Commission File Number Date In-Kind Contribition Received Later Organization Name Sirect Address 4 City Sizet Address 1 City Sizet Address 5 City Sizet Address 5 City Sizet Address Date In-Kind Contribition Received Later Organization Name Sizet Address 5 City Sizet Address 5 City Sizet Address Date In-Kind Contribition Received	1	City	State	ZIP			
Street Address 2 City State 24P Corporation Commission File Number Date In Kind Contribution Received Labor Organization Name Street Address 3 City State 27P Corporation Commission File Number Date in Kind Contribution Received Labor Organization Name Street Address 4 City State 21P Corporation Commission File Number Date in Kind Contribution Received Labor Organization Name Street Address 5 City State 21P Corporation Commission File Number Date in Kind Contribution Received		Corporation Commission File Number Date In-Kind Contribution Received					
2 City State ZIP Corporation Commission File Number Date in-Kind Contribution Received Labor Organization Name Street Address 1 Labor Organization Name Street Address 2 Date in-Kind Contribution Received Labor Organization Name Street Address 4 City State ZIP Corporation Commission File Number Date in-Kind Contribution Received Labor Organization Name Street Address 5 City State ZIP Corporation Commission File Number Date in-Kind Contribution Received		Labor Organization Name					
Curporation Commission File Number Date In-Kind Contribution Received Lateor Organization Name Street Address July Corporation Commission File Number Date In-Kind Contribution Received Lateor Organization Name Liber Organization Name Street Address July Corporation Commission File Number Date in Kind Contribution Received Lateor Organization Name Street Address July Corporation Commission File Number Date in Kind Contribution Received Lateor Organization Name Street Address July Corporation Commission File Number Date in Kind Contribution Received		Street Address					
Labor Organization Name Street Address City Slate ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address 4 City Slate ZIP Corporation Commission File Number Date in Kind Contribution Received Labor Organization Name Street Address 5 City Slate ZIP Corporation Commission File Number Date in Kind Contribution Received Street Address 5 City Slate ZIP Corporation Commission File Number Date in Kind Contribution Received	2	Cily	State	ZIP			
Street Address City State ZIP Corporation Commission File Number Date In Kind Contribution Received Labor Organization Name Street Address 4 City State ZIP Corporation Commission File Number Date In Kind Contribution Received Labor Organization Name Street Address 5 City State ZIP Corporation Commission File Number Date In Kind Contribution Received		Corporation Commission File Number	Date In-Kind Contribution	n Received	-		
City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address 5 City State ZIP Corporation Commission File Number Date In-Kind Contribution Received	r	Labor Organization Name					
Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address 4 City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address 5 City State ZIP Corporation Commission File Number Date In-Kind Contribution Received		Street Address					
Labor Organization Name Street Address 4 City State ZIP Corporation Commission File Number Date In Kind Contribution Received Labor Organization Name Street Address 5 City State ZIP Corporation Commission File Number Date In-Kind Contribution Received	3	City	State	ZIP			
Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received		Corporation Commission File Number	Date In-Kind Contribution	n Received	-		
Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received	-	Labor Organization Name					
City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received		Street Address					
Labor Organization Name Street Address Gity State ZIP Corporation Commission File Number Date In-Kind Contribution Received	4	City	State	ZIP	-		
Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received		Corporation Commission File Number	Date In-Kind Contribution	n Received	-		
City State ZIP		Labor Organization Name					
Corporation Commission File Number Date In-Kind Contribution Received		Street Address					
	5	City	State	ZIP	_		
Enter total only if last aggs of sphedule		Corporation Commission File Number	Date In-Kind Contribution	n Received			
(transfer the total received this period to "Summary of Receipts," line 5(i))	-	Enter total only if last page of schedu (transfer the total received this period to "S	le Summary of Receipts "	line 5(i))			



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

SCHEDULE A(5)(j)

	Candidate	e Information		Amount Received	Cumulative Amount this	Cumulative Amount this
	Name		Date In-Kind Contribution Received		Reporting Period	Election Cycle
	Street Address	Street Address				
1	City	State	ZIP	_		
	Asset or Properly Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address			-		
2	City	State	ZIP	-		
	Asset or Properly Contributed					
	Name		Date In-Kind Contribution Received			
2	Street Address					
3	Gity	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address					
4	City	State	ZIP			
	Asset or Property Contributed	l		-		
	Name		Date In-Kind Contribution Received			
	Street Address			-		
5	City	State	ZIP	-		
	Asset or Property Contributed					
	Enter total only if last page of schedule (transfer the total received this period to "Sum					

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

SCHEDULE A(6)

/	Sou	urce Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Г	Name		Date In-Kind Donation Received			
	Street Address	Sireal Address				
1	City	Stale	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address					
2	City	State	ZIP	1		
	Type of Item Donated	K.				
r	Name	Date In-Kind Donation Received				
	Street Address	Street Address				
3	City	State	ZIP		-	
	Type of Hern Donated					
-	Name	Name Date In-Kind Donation Received				
	Street Address		<u></u>	1		
4	City	State	ZIP	-		
	Type of Item Donated					
-	Name		Date In-Kind Donation Received			
	Street Address	Street Address				
5	City	State	ZIP	-		
	Type of Item Donated	Type of Item Donated				
-	Enter total only if last page of sche (transfer the total received this period to	dule	W. O.			
L	(transfer the total received this period to	"Summary of Receipts	s," line 6)			

Schedule A(6), page___

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	-		
F	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 schedule (transfer the total received this period to "Sum					
	(transfer the total received this period to "Sum	mary of Receipts," I	ine 7(a))			

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





PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

/	/	Creditor	Information		Payment Amount on Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Name					
		Street Address					
	1	City	State	ZIP			_
		Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
		Name					
		Street Address		4			
	2	City	State	ZIP			
8				Date of Original Extension of Credit			
		Services or Goods Originally Provided on Credit		Date of Original Extension of Great			
		Name					
		Sfreet Address					
	3	City	State	ZIP			
		Services or Goods Originally Provided on Credit Date of Original Extension of Credit					
		Name					
		Street Address					
	4	City	State	ZIP			
		Services or Goods Originally Provided on Credit	ļ	Date of Original Extension of Credit			
		Name					
		Street Address					
	5	City	State	ZIP			
		Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
33		Enter total only if last page of schedule (transfer the total received this period to "Sum					
		(transfer the total received this period to "Sum	mary of Receipts," I	ine 7(b))			

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

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

/	Payor C	ommittee Informatio	on	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 Expe	ense (if applicable)			
	Committee Name		Payment Date			
	Sireet Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)			
	Committee Name		Payment Date			
	Sireel Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	nse (if applicable)			
	Committee Name		Payment Date			
	Sireet Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)			
	Enter total only if last page of scheo (transfer the total received this period to	lule	W.F 0)	I		



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

_	Payor Information			Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
1	Street Address					
	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
2	City	Slale	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
3	Cily	Slate	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name.					
	Street Address					
5	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 9)			

Schedule A(9), page____ of ____

OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

/	Infor	Information				Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Type of Account Receivable or Debt Owed	*	Date that Debt Accrued			
	Name					
	Sireel Address					
2	2 City	State	ZIP			
	Type of Account Receivable or Debt Owed	e of Account Receivable or Debt Owed				
	Name	ame				
	Street Address					
3	Gily City	State	ZIP			
	Type of Account Receivable or Debt Owed	Date that Debt Accrued				
F	Name					
	Street Address					
4	4 City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
F	Name					
	Street Address	Street Address				
5	5 City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Enter total only if last page of schedule (transfer the total received this period to "Sumi		i 40)			
	(transfer the total received this period to "Sumi	mary of Receipts," I				

Schedule A(10), page____ of ____



TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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

Schedule A(11), page____ of ____



MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

_	Source I	nformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Receipt Type		Receipt Date			
_	Name					
	Street Address					
2	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
3	City	State	ZIP			
	Receipt Type Receipt Date					
	Name					
	Street Address					
4	City	State	ZIP			
	Raceipt Type		Receipt Date			
	Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Receipt Type	Receipt Type Receipt Date				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts "	Iine 12)			
_						2

Schedule A(12), page____ of ____



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/		ipient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose?	PACs and Political Parties Only)	☐ Cash☐ Credit		
	Name	Disbursement Date				
	Street Address		_			
2	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose	? (PACs and Political Parties Only)	☐ Cash☐ Credit		
	Name	Disbursement Date				
	Street Address					
3	City	State	ZIP	1		
	Type of Operating Expense Paid	Non-Electoral Purpose:	? (PACs and Political Parties Only)	☐ Cash☐ Credit		
_	Name	Disbursement Date				
	Street Address					
4	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose:	? (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)	☐ Credit		
	Enter total only if last page of sales	dulo				
	Enter total only if last page of sche (transfer the total disbursed this period	นนเฮ to "Summary of Disburse	ements," line 1)			



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	Candidate Committee Recipient Information			Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	-1	□ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
10	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	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number Date Contribution Made		□ Cash □ Credit			

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

COMMITTEE	ID NUMBER

MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

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

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

MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Political Party Re	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Committee Narne				Troporting Fortion	Liouvoii o joie
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Committee ID Number	□ Credit				
	Committee Name					
	Street Address					
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			<u>:</u>		
	Street Address	et Address				
5	City	State	ZIP	□ Cach		
}	Committee ID Number Date Contribution Made		☐ Cash☐ Credit			

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

MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	hip Recipient Informa	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Partnership Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Ma	de	□ Credit		
	Partnership Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Corporation Commission File Number	□ Credit				
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	ade	□ Cash □ Credit		
	Partnership Name					
à	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	ade	□ Cash □ Credit		
	Partnershīp Name	J.		-		
	Street Address					
5	City	State	ZIP			
Ŋ	Corporation Commission File Number	Date Contribution Ma	ade	□ Cash □ Credit		

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



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs;

SCHEDULE B(2)(e)

3				o de la companya del companya de la companya del companya de la co	190	
		n / LLC Recipient Info	rmation	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 Ma	de	□ Credit		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	City	State		□ Cash		
	Corporation Commission File Number	Date Contribution Ma	ade	☐ Credit		
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Ma	ade	□ Credit		
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number Date Contribution Made		□ Credit			
	Corporation/LLC Name	Corporation/LLC Name				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	ade	□ Cash □ Credit		
-	Enter total only if last page of sci (transfer the total disbursed this perio	hedule				
_	(transfer the total disbursed this perio	od to "Summary of Disbur	sements," line 2(e))			

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

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

/				Amount	Cumulative	Cumulative
	Labor Organ	Contributor	Amount this Reporting Period	Amount this Election Cycle		
	Labor Organization Name					
10	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		
25	Corporation Commission File Number	Date Contribution Mad	е	□ Credit		
Ì	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mad	e	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Corporation Commission File Number Date Contribution Made				
	Labor Organization Name					
350	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mad	e	☐ Cash☐ Credit		
_	Enter total colv if last page of sch	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(f))				

Schedule B(2)(f), page____ of____



CONTRIBUTION REFUNDS RECEIVED

SCHEDULE B(2)(h)

	Contributo	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name	committee Name				
	Street Address					
1	Cily	State	ZIP			
	Committee ID Number		Date of Original Contribution	-		
	Committee Name		Date Refund Received			
	Street Address					
2	Gity	State	ZIP			
	Committee ID Number	Date of Original Contribution				
	Committee Name		Date Refund Received			
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Dale of Original Contribution				
	Committee Name	mmittee Name				=======================================
	Street Address					
4	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
5	City	Stale	ZIP			
	Committee ID Number		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))			

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



LOANS MADE:

SCHEDULE B(3)(a)

_	Borrowe	r Information		Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name					
	Street Address					
1	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name	Α				
	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					:
	Street Address	Street Address				
3	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				-
F	Borrower Name					
	Street Address					
4	City	State	7IP			
	Guarantor/Endorser Name	anlor/Endorser Name Date Loan Made				
	Borrower Name	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	imary of Disburseme	ents," line 3(a))			

Schedule B(3)(a), page___of ___



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

/					
Guarar	tor Information		Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Guarantor Name					
Street Address					
City	State	ZIP			
Borrower Name	Date Loan Guaranteed				
Guarantor Name	Į.				
Street Address					
City	State	ZIP			
Borrower Name	Date Loan Guaranteed				
Guarantor Name					
Street Address					
City	State	ZIP			
Borrower Name	Date Loan Guaranteed				
Guarantor Name					
Street Address					
City	Stale	ZIP			
Borrower Name	Date Loan Guaranteed				
Guarantor Name					
Street Address					
City	Slate	ZIP			
	Guarantor Name Street Address City Borrower Name Street Address City Borrower Name Guarantor Name Street Address City Borrower Name Street Address City Borrower Name Guarantor Name Guarantor Name Street Address City Borrower Name Street Address City Street Address City Borrower Name	Street Address City State Borrower Name Cuarantor Name Street Address City State Borrower Name Date Loan Guaranteed Street Address City State Borrower Name City State City State City State Borrower Name Date Loan Guaranteed Cuarantor Name City State Borrower Name Date Loan Guaranteed Cuarantor Name Cuarantor Name Cuarantor Name Street Address City State City Stat	City State Street Address City State ZIP Borrower Name City State Loan Guaranteed City State ZIP Borrower Name Date Loan Guaranteed City State ZIP Borrower Name Date Loan Guaranteed City State ZIP Borrower Name Date Loan Guaranteed City State ZIP Borrower Name City State ZIP City State ZiP	Guarantor Name Size Address City Stale ZIP Borrower Name Date Loan Guaranteed City Stale ZIP Borrower Name City Stale ZIP Borrower Name Date Loan Guaranteed City Stale ZIP Borrower Name Date Loan Guaranteed	Guarantor Information Guaranteed Guaranteed Cover Name Direct Address City State Date Loan Guaranteed Class cartor Name Direct Address City State Direct Address City Direc

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





FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

/	Borrowei	Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name	Date Forgiveness Made				
	Street Address		I.			
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address					
2	City	Slate	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address					
3	City	State	ŽIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name	Date Forgiveness Made				
	Street Address		-			
4	City	State	ZIP			
	Original Amount of Loan Amount Still Oulstanding					
	Borrower Name		Date Forgiveness Made			
	Street Address					
5	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding	ļ	-		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	mmary of Disburser	ments," line 3(c))			-

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



REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

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

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



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

Lender	Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Lender Name		Date Interest Accrued			
Street Address		<u>I. </u>			
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding	1			
Lender Name	Į.	Date Interest Accrued			
Street Address			-		
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding				
Lender Name		Date Interest Accrued			
Street Address					
City	State	ZIP			
Original Amount Gorrowed	Amount Still Outstanding				
Lender Name		Date Interest Accrued			
Streel Address					
City	Slate	ZIP			= ===
Original Amount Borrowed	Amount Still Outstanding				
Lender Name	1	Date Interest Accrued			
Streel Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding		-		
	Lender Name Street Address City Original Amount Borrowed Lender Name Street Address City Street Address City Original Amount Borrowed	Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding	Lender Name Date Interest Accrued Street Address City State Date Interest Accrued City State Cit	Lender Name Date Interest Accoused Street Address City State ZIP Original Amount Berrowed Amount Stiff Outstanding Lender Name Date Interest Accoused Street Address City State ZIP Original Amount Berrowed Amount Stiff Outstanding Lender Name Date Interest Accoused Street Address City State ZIP Original Amount Berrowed Amount Stiff Outstanding Lender Name Date Interest Accoused Street Address City State ZIP Original Amount Berrowed Amount Stiff Outstanding Lender Name Date Interest Accoused Street Address City State ZIP Original Amount Berrowed Amount Stiff Outstanding Lender Name Date Interest Accoused	Lender Information Lender Information Date Interest Account Cry State ZIP Original Amount Borrowed Amount Site Outstanding Cright Address Date Interest Account Date Interest

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

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

				ir i	i S	
/	Red	cipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address				1	
1	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor	<u> </u>	Date Rebate/Refund Made		1	
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor	L	Date Rebate/Refund Made		7	
	Streel Address					
3	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor		Dale Rebale/Refund Made			
	Street Address		U			
4	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
5	City	Stale	ZIP			
	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		*		

Schedule B(4), page____ of ____



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

7	e Recipient Inform	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Made			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Made			
Committee Name					
Sireel Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Made			
Committee Name	l				
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution Made				
Committee Name	Committee Name				
Street Address					
City	Slale	ZIP			
Committee ID Number	Date In-Kind Contribution	I. Made			
Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 5(a))			
2	Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number Committee ID Number Committee Name Street Address City Committee Name Street Address City Committee ID Number	Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution Street Address City State Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution	Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made	Contributed Committee Name Street Address City State ZIP Committee ID Number Date in Kind Contribution Made Committee ID Number Date in Kind Contribution Made	Candidate Committee Recipient Information Committee Name Sirect Address City State Committee ID Number Date in Kind Combibution Made Committee ID Number Committee ID Number Date in Kind Combibution Made Committee ID Number Committee ID Number Date in Kind Combibution Made Committee ID Number Date in Kind Combibution Made Committee ID Number Committee ID Number Date in Kind Combibution Made Committee ID Number Committee ID Number Sirest Address City State ZIP Committee ID Number Date in Kind Combibution Made Committee ID Number Sirest Address City State ZIP Committee ID Number Date in Kind Combibution Made

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

	Political Action Commi	ttee Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP	ł.		
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name		=		T.	
	Street Address					
2	City	State	ZIP	,		
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
	Committee Name					
	Street Address					
4	City	Stale	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	3		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur					

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

IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

7							
/	Political Party Re	ecipient Informatio	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	1
	Committee Name						
	Street Address						
1	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribution	Made				
H	Committee Name						
	Sireet Address						
2	e).	Shala	ZIP				
	City	State					
	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	Slale	ZIP				
	Committee ID Number	Date In-Kind Contribution	Made				
H	Committee Name						
							l
5	Street Address						
	City	State	ZIP				
L	Committee ID Number	Date In-Kind Contribution					
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 5(c))				

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

IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

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

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs;

SCHEDULE B(5)(e)

	Corporation / LLG	C Recipient Inform	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	Cily	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributio	n Made			
	Corporation/LLC Name					
	Street Address					
3	Cily	State	ZIP			
	Corporation Commission File Number Date In-Kind Contribution Made					
-	Corporation/LLC Name					
	Street Address					
4	City	Slate	ZIP			
	Corporation Commission File Number	rnission File Number Date In-Kind Contribution Made				
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributio	n Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "S	e Summary of Disburse				

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

IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

	Labor Organizatio	n Recipient Inform	ation	Amount Contributed	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	Made			
	Labor Organization Name	I.				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Labor Organization Name					
	Street Address			-		
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
-	Enter total only if last page of schedule (transfer the total disbursed this period to "S	lummany of Dishurson	ments " line 5/f\\	I		

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



INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

		Recipient Informat		Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address	10				
1	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	cluding % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
2	City	State	ZIP			
	Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % supported)		 cluding % appased	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		<u></u>			
3	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidale(s) Opposed (in	lcluding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
4	City	Stale	ŽΙΡ	1		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (including % opposed)		☐ Cash		
		Ti.		□ Credit	1	

Schedule B(6), page____ of ____



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

				8	90	
/	Expenditure	Recipient Informatio	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		1,			
1	City	State	ZIP	1		
	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	I	Mode of Advertising (TV, mail, etc)			
	Street Address			-		
2	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		Mode of Advertising (TV, mail, etc)			
	Street Address		<u> </u>	1		
3	City	Slate	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			1		
4	City	State	ŽΙΡ	1		
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	I (including % apposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
	Enter total only if last page of schedul (transfer the total disbursed this period to "\$	e Summary of Disburser	ments," line 7)			

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RECALL EXPENDITURES MADE: SCHEDULE B(8)

/	Expenditure F	Recipient Informat	ion	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name Street Address		Mode of Advertising (TV, mail, etc)			
	Street Address	7/				
1	Gity	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be R	ecalled	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		☐ Credit		
Ī	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address		*	1		
2	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Rec		ecalled	□ Cash □ Credit		
	Date of First Publication, Display, Delivery, or Broadcast Office Held		L O'CON			
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		A-]		
3	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be R	ecalled	□ Cash □ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		- Orean		
Ì	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 □ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		Oredit		
	Enter total only if last page of schedul (transfer the total disbursed this period to "\$	e Summary of Disburse	ements." line 8)	d.		

Schedule B(8), page____ of ____



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

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

Schedule B(9), page____ of ____



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

		Committee Informa	ľ	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date	14		
	Street Address					
1	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (If applicable)	Type of Shared Ехр	ense (if applicable)	☐ Credit		
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)	□ Credit		
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)	□ Credit		
	Committee Name Payment Date					
	Street Address		<u>.</u>			
4	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)	☐ Credit		
Г	Committee Name	J	Payment Date			
	Street Address					
5	City	State	ZIP	□ Cash		
-	Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)		ense (if applicable)	□ Cash		
	Enter total only if last page of scheo (transfer the total disbursed this period to	lule o "Summary of Disbu	rsements," line 10)	.!		
						- /

REIMBURSEMENTS MADE:

SCHEDULE B(11)

1				i i	i 5	
	Recipier	nt Information		Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP	70.1		
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name		<u></u>			
	Street Address					
2	City	State	ZIP			
	Services or Goods Reimbursed	1,	Reimbursement Date	☐ Cash☐ Credit		Ē
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Reimbursed	Ţ	Reimbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Reimbursed Re		Reimbursement Date	☐ Cash☐ Credit		
1	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
+	Enter total only if last page of schedule (transfer the total disbursed this period to "Su					

OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

					9	
/	Debt II	nformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
2	City	State	ZIP			
	Type of Account Payable or Debt Owed	·	Date that Debt Accrued			
r	Name					
	Street Address					
3	Gily City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address		-	-		
4	City	Slate	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued	1		
F	Name					
	Street Address			1		
5	5 City	State	ZIP	1		
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
-	Enter total only if last page of schedule (transfer the total received this period to "Sur					
L	(transfer the total received this period to "Sur	nmary of Receipts,"	line 12)			

Schedule B(12), page____ of ___



TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

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



MISCELLANEOUS DISBURSEMENTS: SCHEDULE B(14)

_		Recipient	Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Name					
		Street Address					
1		City	State	ZIP	☐ Cash		
		Disbursement Type		Disbursement Date	□ Credit		
	1	Name					
	Ì	Street Address					
2	2	City	State	ZIP			
		Disbursement Type		Disbursement Date	☐ Cash☐ Credit		
	1	Name					
		Street Address			-		
3	9	City	Stale	ZIP			
		Disbursement Type	Disbursement Date	☐ Cash☐ Credit			
	+	Name					
		Street Address			-		
4	-	сііу	State	ZIP	_		
		Disbursement Type		Disbursement Date	☐ Cash☐ Credit		
_		Name					
		Street Address					
5	5	City	State	ZIP			
		Disbursement Type		Disbursement Date	□ Cash □ Credit		
		Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disburser	ments," 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)		

Schedule B(15), page____ of ____