22-NP-008

Solumni Z

Committee Information: FR Committee Name.

Committee to re-elect Michele Lin

CANDIDATE INFORMATION	ank. if f	line on a	non-distanta		
CANDIDATE INFORMATION (Othy II II	my as a	candidate	COMBINACE)	

Office Sought: County Off	
	_

	T AVA HAVACII	7 3737
Z City/Town Office:	Lake Havasu	City

Special District Office:	
7 School Board Dietrict:	

Cumulative Report:

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

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

FINANCIAL SUMMARY (required):

Activity	Cash Activity This Reporting Period	Election Cycle to Date
(a) Committee value at the beginning of this reporting period (i.e. ending balance from the previous reporting period)	0	
(b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)	3780.35	
(c) ~ Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)	3603.35	
(d) = Balance at close of reporting period	177.05	
Check here if filing no financial activity during the reporting period. Lines (a) (d) still must	h	

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



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

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

Michele Lin		7/16/22
Printed Name of Committee Treasurer	Signature of Committee Treasurer	Date

SUMMARY OF RECEIPTS (Schedule A):

7	Receipts	Cash	Equity
1.	Monetary Contributions Received		
	(a) In-State Individuals - More than \$100		
	(b) In-State Individuals - \$100 or Less (Aggregate)		
	(c) Out-of-State Individuals		
	(d) Candidate Committees		
	(e) Political Action Committees		
-	(f) Political Parties		
_	(g) Partnerships		
_			
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
_	(i) Labor Organizations (PACs & Political Parties Only)	D ZOW DE	
	(j) Candidate's Personal Monies (Candidate Committees Only)	3/80.35	
_	(k) Monetary Contributions Subtotal (add 1(a) through 1(ii))		
	(I) Refunds Given Back to Contributors		
	(m) Net Monetary Contributions (subtract 1(l) 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))		
2			
3.	Rebates and Refunds Received		
4. 5.	Interest Accrued on Committee Monies In-Kind Contributions Received	 	
J.			
_	(a) In-State Individuals - More than \$100		
_	(b) In-State Individuals - \$100 or Less (Aggregate) (c) Out-of-State Individuals	1	
	(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)		
6	(k) In-Kind Contributions Subtotal (equity: add 5(a) through 5(i))		
6. 7.	In-Kind Donations Received (Non-Contributions) (Political Parties Only) Extensions of Credit		
	(a) Extensions of Credit Received		
	(b) Payments on Extensions of Credit Received		
_	3011 2		
	(c) Net Extensions of Credit (subtract 7(b) from 7(a))		
8.	Joint Fundraising / Shared Expense Payments Received		
9.	Payments Received for Goods / Services		
10.	Outstanding Accounts Receivable / Debts Owed to Committee		
11.	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
12.	Miscellaneous Receipts (use cash and/or equity as applicable)		
13.	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):

de la companya della companya della companya de la companya della	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.			
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)

2	Individual Con	tributor Informatio	en .	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address		-J,			
1	City	State	ZIP			
	Occupation	Employer	.1			
	Name	1	Date Contribution Received			
	Street Address	reet Address		1		
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name	1	Date Contribution Received			
Street Address						
ı	City	State	ZIP			
The second second	Occupation	Employer				
	Name		Date Contribution Received			
Street Address			1			
5	City	State	ZIP			
	Occupation	Employer	I			
-	Enter total only if last page of schedule (transfer the total received this period to "Sun	many of Pagaints "	Fine 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).

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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)

Individ	ual Contributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Name		Date Contribution Received			
Street Address	eet Address				
City	State	ZIP			
Occupation	Employer				
Nаme		Date Contribution Received			
Street Address					
City	State	ΖΊΡ			
Occupation	Employer	*			
Name		Date Contribution Received			
Street Address					
City	State	ZIP			
Occupation	Employer	· · · · · · · · · · · · · · · · · · ·			
Name	•	Date Contribution Received			
Street Address					
City	State	ZIP			
Occupalion	Employer				
Name		Date Contribution Received			
Street Address					
City	State	ZIP			
Occupation	Employer				
	Name Street Address City Occupation Name Street Address City City	Street Address City State Occupation Employer Name Street Address City State Occupation Employer Name Street Address City State City State City State City State City State Street Address City State City State City State Street Address City State Street Address City State City State	Street Address City State ZIP Occupation Employer City State ZIP Occupation Employer City State ZIP Occupation Employer Date Contribution Received Street Address City State ZIP Occupation Employer Date Contribution Received Street Address City State ZIP Occupation Employer City State ZIP Occupation Employer Date Contribution Received Street Address City State ZIP Occupation Employer Street Address City State ZIP Occupation Employer Street Address City State ZIP Occupation Employer Street Address Street Address Street Address	Name Date Contribution Received Street Address City State ZIP Cocupation Employer Date Contribution Received Street Address City State ZIP Occupation Employer Date Contribution Received Street Address City State ZIP Cocupation Employer Date Contribution Received Street Address City State ZIP Cocupation Employer Chy State ZIP Cocupation Employer Date Contribution Received Street Address City State ZIP Cocupation Employer Date Contribution Received Street Address City State ZIP Cocupation Employer Date Contribution Received Street Address City State ZIP Cocupation Employer Date Contribution Received	Individual Contributor Information Date Contribution Received Reporting Period

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



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

1	Candidate Comm	nittee Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	ved			
	Committee Name					
	Street Address					
2	City	State	ZłP			
	Committee ID Number	Date Contribution Receiv	wed			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Combibution Receiv	ved			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	Date Contribution Received			
1	Committee Name					
	Street Address					
5	City	State	ZIP			
-	Committee ID Number	Date Contribution Receiv	ed			

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

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

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

1				f .	Cumulative	Cumulative
	Political Party Co	Amount Received	Amount this Reporting Period	Amount this		
	Committee Name					
	Street Address					
1	City	State	ZIP	1		
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee iD Number	Date Contribution Receiv	ed			
	Committee Name					
The second second	Street Address		·			
	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	ed .	ŧ		
	Committee Name					
	Street Address	Street Address				
	City	State	ZJP			
	Committee ID Number	Date Contribution Received				
	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Enter total only if last page of schedule (transfer the total received this period to "Sum					

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

	Partnersh	ip Contributor Informati	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address	701				
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ned			
	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ved			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ved			
	Partnership Name					<u> </u>
The second	Street Address					
	City	State	ZîP			
	Corporation Commission File Number	Date Contribution Receiv	Date Contribution Received			
	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	red .			

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



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

	Corporation	/ LLC Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZJP			
	Corporation Commission File Number	Date Contribution Rece	ived			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number Date Contribution Received					
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Reco	sived			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Reco				
0	Corporation/LLC Name					
	Street Address					
5	City	State	ZiP			
	Corporation Commission File Number	Date Contribution Reco	sived			



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

/	Labor Organization	on Contributor Infon	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Örganization 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 Controlission File Number	Date Contribution Receiv	red	1		
	Labor Organization Name					
	Street Address					
3	City	State	ΖΙΡ			
	Corporation Commission File Number	Date Contribution Receiv	red			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Received				
	Labor Organization Name	Labor Organization Name				
100	Street Address					
5	City	State	ZiP			
Control of the	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," line 1(i))					

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

MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

/		ndidate Informatio		Amount Received	Cumulative Amount this Reporting Period	
	Michele Lin		Date Contribution Received 4/8/22			500
	Street Address			500		
1	Lake Havasu City	State AZ	^{ZIP} 86406			
	Self employeed	Employer	*			
	Michele Lin		Date Contribution Received 6/3/22			2500
_	Street Address			2000		
2	Čake Havasu City	State AZ	^{ZIF} 86406			
	Self employeed	Employer				
	Michele Lin		Date Contribution Received 7/13/22			3780.35
II WATER OF THE PARTY OF THE PA	Street Addresse		•	1280.35		
3	Lake Havasu City	State AZ	^{ZIP} 6406	1200.03		
	Self Employeed	Employer				
	Name	Name Date Contribution Received				
	Street Address					
4	City	State	ZIP			
	Occupation Employer					
	Name		Date Contribution Received			
100	Street Address					
5	City	State	ZIP			
	Occupation	Employer				
-	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(1))					3780.35



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

Contribute	or Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Мате		Date Contribution Refunded			
Street Address					
City	State	ZIP			
ID Number (if applicable)	1	Date of Original Contribution			
Name		Date Contribution Refunded			
Street Address		1			
City	State	ZIP			
ID Number (if applicable)	.1,	Date of Original Contribution			
Name		Date Contribution Refunded			
Street Address					
City	State	ZIP			
ID Number (if applicable)		Date of Original Contribution			
Name		Date Contribution Refunded			
Street Address					
City	State	ZJP			
ID Number (if applicable)		Date of Original Contribution			
Name		Date Contribution Refunded			
Street Address					
City	State	ZIP			
ID Number (if applicable)	1	Date of Original Contribution			
	Street Address City ID Number (if applicable) Name Street Address City ID Number (if applicable) Name Street Address City ID Number (if applicable) Name Street Address City ID Number (if applicable) Name	Street Address City State ID Number (if applicable) Name Street Address City State ID Number (if applicable) Name Street Address City State ID Number (if applicable) Name Street Address City State ID Number (if applicable) Name Street Address City State City State City State City State City State City State	Name Date Contribution Refunded Street Address City State ZIP Date of Original Contribution Name Date Contribution Refunded Street Address City State ZIP Date of Original Contribution Name Date Contribution Refunded Street Address City State ZIP Date of Original Contribution Name Date Contribution Refunded Street Address City State ZIP Date of Original Contribution Street Address City State ZIP Date of Original Contribution Name Date Contribution Refunded Street Address City State ZIP Date of Original Contribution Name Date Contribution Refunded Street Address City State ZIP Date of Original Contribution Date Contribution Refunded Street Address City State ZIP Date of Original Contribution Name Date Contribution Refunded	Name Street Address City State Date Contribution Retunded Date Contribution Retunded Date Contribution Retunded Date Contribution Retunded Date Contribution Retunded Date Contribution Retunded Date of Original Contribution Date Contribution Retunded Date Contribution Retunded Date Contribution Retunded Street Address Date Original Contribution Date of Original Contribution Date Contribution Retunded Date Contribution Retunded	Name Street Address Date of Original Contribution Refunded

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



LOANS RECEIVED:

SCHEDULE A(2)(a)

1	<i>F</i>	Lender Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	ender Name Date Loan Received					
	Street Address	J				
ı	Gly	State	ZIP			
	Guarantor/Endonser Name	Non-Decloral Purpose?	(PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address					
2	Caty	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose?	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Received	Date Loan Received			
	Street Address	I		1		
3	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose?	Non-Biedzoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address					
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	Street Address				
5	City	State	ZIP			
	Guarantor/Endorser Name	Non-Bectoral Purpose?	(PACs and Political Parties Only)			
	Enter total only if last page of so (transfer the total received this perior	thedule	line 2(a))	1		

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



FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

Ź		nder Information		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 Outstan	nding			
	Lender Name		Date Forgiveness Received			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstan	ixting			
	Lender Name		Date Forgiveness Received			
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstan	iding			
_	Lender Name Date Forgiveness Received					
	Street Address	Street Address				
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstar	Amount Still Outstanding			
	Lender Name		Date Forgiveness Received			
	Street Address					
5	City	State	ZIP			
1000	Original Amount of Loan	Amount Still Outstan	iding			
_	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 2(b))					

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



REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

1	Borrowe	r Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Repayment Received			
	Street Address		J.			
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
-	Borrower Name		Date Repayment Received			
	Street Address		l	-		
2	Сйу	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	-			
	Borrower Name		Date Repayment Received			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
-	Borrower Name	Date Repayment Received				
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name	<u> </u>	Date Repayment Received			
	Street Address			-		
5	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		

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



INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

į.		Borrower Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Nam e		Date Interest Accared			
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstan	ding			
	Borrower Name		Date Interest Accrued			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed Amount Stit Outstanding		ding			
	Borrower Name		Date Interest Accrued			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstan	ding			
	Вопожег Name		Date Interest Accrued			
	Street Address					
4	City	State	ZIP			
	Original Amount Still Outstanding		ding			
	Вотоwer Name		Date Interest Accrued			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstan	ding			
	Enter total only if last page of s (transfer the total received this peri	schedule od to "Summary of Receipt	s," line 2(d))			

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



REBATES AND REFUNDS RECEIVED:

SCHEDULE A(3)

1	Payor I	nformation		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/Rebat	e			
	Payor Name		Date Rebate/Refund Received			
	Street Address			Ī		
2	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebat	e e			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebat	e			
	Payor Name	Date Rebate/Refund Received				
	Street Address					
4	City	State	ŽIP			
	Original Purchase Amount Reason for Refund/Rebate		e			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
5	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebat				
-	Enter total only if last page of schedule (transfer the total received this period to "Surr	1		1		

Schedule A(3), page ____ of ___

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INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Account with Interest Earned (Bank Name / Type of Account) First Savings Bank	0	0
Account with Interest Earned (Bank Name / Type of Account)		
Account with Interest Earned (Bank Name / Type of Account)		
Account with Interest Earned (Bank Name / Type of Account)		
Account with Interest Earned (Barnt Name / Type of Account)		
Total (transfer the total received this period to "Summary of Receipts," line 4)	0	0



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

SCHEDULE A(5)(a)

	Indivi	dual Contributor Inform	nation	Amount Received	Curnulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
3	Cthy	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
5	City	State	ZIP	1		
	Occupation	Employer		-		

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

Schedule	A(5)(a)	page_	of
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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))		

[&]quot;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)

1	·	al Contributor Inform		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date in-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
3	City	State	ZiP			
10000	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
	City	State	ZIP		ł	
	Occupation	Employer				
1	Name		Date In-Kind Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
-	Enter total only if last page of scho (transfer the total received this period t	edule				

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



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

1	Candidate Committee	Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
ı	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name	1				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In Kind Contribution	Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee (D Number	Date In-Kind Contribution Received				
	Committee Name					
	Street Address					
5	City	State	ZiP			
	Committee ID Number	Date In-Kind Contribution	Received	1		

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

Political Action Committee	ee Contributor Inf	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution I	Received			
Committee Name					
Street Address					
City	State	ZIP	1		
Committee ID Number	Date In-Kind Contribution	Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date in-Kind Contribution	Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date in-Kind Contribution Received				
Committee Name					
Street Address			1		
City	State	ZIP			
Committee ID Number	Date in-Kind Contribution	Received			
	Committee Name Street Address City Committee ID Number City Committee ID Number Committee Name Street Address City Committee ID Number Street Address City Committee ID Number Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number	Committee Name Street Address City State Committee ID Number Date In-Kind Contribution I Street Address City State Cummittee ID Number Date In-Kind Contribution Street Address City State Committee Name Street Address City State 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 Committee ID Number Date In-Kind Contribution Street Address City State Cummittee ID Number Date In-Kind Contribution Street Address City State Cummittee ID Number Street Address Street Address Street Address	Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee ID Number Dete In-Kind Contribution Received Committee ID Number Dete In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received City State ZIP Committee ID Number Date In-Kind Contribution Received City State ZIP Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received City State ZIP Committee ID Number Date In-Kind Contribution Received City State ZIP Committee ID Number Date In-Kind Contribution Received City State ZIP Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received	Committee Name City State ZIP Committee ID Number Date 1s-Yand Contribution Received Committee ID Number Date 1s-Yand Contribution Received City State ZIP Committee ID Number Date In-Yand Contribution Received City State ZIP Committee ID Number Date In-Yand Contribution Received Committee ID Number Date In-Yand Contribution Received Committee ID Number Date In-Yand Contribution Received City State ZIP Committee ID Number Date In-Yand Contribution Received Committee ID Number Date In-Yand Contribution Received Committee ID Number Date In-Yand Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date In-Yand Contribution Received Committee ID Number Date In-Yand Contribution Received Committee ID Number Date In-Yand Contribution Received	Political Action Committee Contributor Information Committee Name Street Address Creamittee 10 Namber Committee 10 Namber Committee 10 Namber Date In-Fined Committee Name Street Address Cry State Committee Name Street Address Cry State Date In-Fined Committee Name Street Address Cry Committee Name Street Address Cry Committee Name Street Address Cry State Date In-Fined Committee Name Street Address Cry Committee Name Street Address Cry Committee Name Street Address Cry State Street Address Cry State Street Address Cry State Street Address Cry Committee Name Street Address Cry Committee Name Street Address Cry State Street Address Street Address Cry State Street Address Cry State Street Address Street Address Street Address Street Address Cry State Street Address Street Add

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

_		al Party Contributor Info	ormation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
Ì	Street Address					
1	City	State	ŻIP			
	Committee ID Number	Date In-Kind Cont	ribution Received			
1	Committee Name	k				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Con	tribution Received			
+	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Con	tribution Received			
1	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Con	tribution Received	1		
	Committee Name					
	Street Address:					
5	City	State	ZIP			
	Committee ID Number	Date in-Kind Cor	stribution Received			

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

Partnership Name			-	Reporting Period	Amount this Election Cycle
Street Address			5		
Sity	State	ZIP			
Corporation Commission File Number	Date in-Kind Contribution	Received			
^P artnership Name					
Street Address					
Sity	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	n Received			
Partnership Name					
Street Address					
Sity	State	ZIP			
Corporation Commission File Number	Date in-Kind Contribution	n Received			
Partnership Name					
Street Address					
Rty	State	ZIP			
Corporation Commission File Number	File Number Date in-Kind Contribution Received				
Partnership Name					
Street Address			1		
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	n Received	1		
	Corporation Commission File Number Partnership Name Street Address Street Address Street Address Street Address Street Address Street Address Corporation Commission File Number Partnership Name Street Address Street Address Street Address	State Corporation Commission File Number Cartnership Name Cartne	State ZIP Corporation Commission File Number Date In-Kind Contribution Received State ZIP Corporation Commission File Number Date In-Kind Contribution Received State ZIP Corporation Commission File Number Date In-Kind Contribution Received Corporation Commission File Number Date In-Kind Contribution Received	State ZIP Corporation Commission File Number Date in-Kind Contribution Received State XIP State ZIP State ZIP State ZIP State ZIP State ZIP State ZIP Corporation Commission File Number Date in-Kind Contribution Received State Address State ZIP Corporation Commission File Number Date in-Kind Contribution Received ZIP Corporation Commission File Number Date in-Kind Contribution Received ZIP Corporation Commission File Number Date in-Kind Contribution Received ZIP Corporation Commission File Number Date in-Kind Contribution Received	State ZIP Corporation Commission File Number Date In-Kind Contribution Received IIIV State ZIP Corporation Commission File Number Date In-Kind Contribution Received ZIP Corporation Commission File Number Date In-Kind Contribution Received ZIP Date In-Kind Contribution Received ZIP Corporation Commission File Number Date In-Kind Contribution Received ZIP State ZIP Corporation Commission File Number Date In-Kind Contribution Received

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



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

?				1	Cumulative	Cumulative
	Corporation / I	LLC Contributor Infor	mation	Amount Received		Amount this
	Corp oration/LLC Name					
	Street Address		-11			
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributi	on Received			
	Corporation/LLC Name		-			
	Street Address					
The same of the same	City	State	ZIP			
	Corporation Commission File Number	Oate In-Kind Contributi	on Received			
	Corporation/LLC Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number Date In-Kind Contribution Received					
	Corporation/LLC Name					
Street Address						
	City	State	ZIP			
,	Corporation Commission File Number	Date In-Kind Contributi	The second secon			

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

						-
Z	Labor Organizati	on Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received	1		
	Labor Organization Name					
	Street Address					
2	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	n Received			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number Date In-Kind Contribution Received					
	Labor Organization Name					
	Street Address					
5	City	State	ZíP			
Section 1	Corporation Commission File Number	Date In-Kind Contribution	Received			
-	Enter total only if last page of schedu (transfer the total received this period to "S	le Summary of Receipts."	line 5(i))	1		

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



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

SCHEDULE A(5)(j)

1				g y		1
	Candidate	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Name		Date In-Kind Contribution Received			
	Street Address					
1	City	State	ZIP			
	Asset or Properly Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address					
3	City	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address		III			
4	City	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address		1			
5	City	State	ZIP			
	Asset or Property Contributed					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I				

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



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

SCHEDULE A(6)

Source Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Donation Received			
	Street Address		1			
1	City	State	ZIP			
	Type of Item Donated					
	Name	Date In-Kind Donation Received				
	Street Address		L			
2	City	State	ZIP			
	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	State	ZIP			
	Type of Item Donated			·		
	Name		Date In-Kind Donation Received			
	Street Address		•			
5	City	State	ZſP			
	Type of Item Donated					
	Enter total only if last page of schedule (transfer the total received this period to "Sur	line 6)			ş	

Schedule A(6), page_____ of ____



EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

_	Creditor	Information		Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address		1			
	City	State	ZIP			
	Services or Goods Provided on Credit	<u> </u>	Date of Extension of Credit			
	Name					
	Street Address			1		
	City	State	ZIP	1		
	Services or Goods Provided on Credit Date of Extension of Credit					
	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
1	Name					
	Street Address	11 (1)				
l	City	State	ZIP			
Services or Goods Provided on Credit		Date of Extension of Credit	1			

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



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

2				f ₌	1	
	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		1			
	Street Address					
2	City	State	ZiP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Originally Provided on Credit Date of Original Edension of Credit					
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Originally Provided on Credit Date of Original Edension of		Date of Original Extension of Credit			
	Name					
2000	Street Address					
5	City	State	ZIP			
	Services or Goods Originally Provided on Credit Date of Original Extension of Credit					
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 7(b))					



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	1					
3	Payor Com	4	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Committee Name		Payment Date			***************************************
	Street Address					
1	City	State	ZIP	1		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)			
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(f applicable)			
	Committee Name		Payment Date			
	Street Address		ł;			
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable) Type of Shared Expense		(if applicable)			
	Committee Name	Payment Date				
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable) Type of Shared Expense		(# applicable)			
	Costumitize Name		Payment Date			
Street Address						
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(# applicable)			
	Enter total only if last page of schedule (transfer the total received this period to "Sur	nmary of Receipts," I	ine 8)			

Schedule A(8), page____ of ____



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

	1					
7	Payor I	nformation		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Purchased	J	Paryment Date			
	Name					
	Street Address					
2	City	State	ΖIP			
	Services or Goods Purchased	<u>.</u>	Payment Date			
	Name					
	Street Address					
3	City	State	ZIP			ļ
	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			
1	Enter total only if last page of schedule (transfer the total received this period to "Surn					

Schedule A(9), page____ of ____



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

<i>K</i>					**
Info	rmation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Name					
Street Address					
City	State	ZIP			
Type of Account Receivable or Debt Owed		Date that Debt Accrued			
Name					
Street Address					
City	State	ZIP			
Type of Account Receivable or Debt Owed	1	Date that Debt Accoved			
Name					
Street Address					
City	State	ZIP			
Type of Account Receivable or Debt Owed	Date that Debt Accrued				
Name					
Street Address					
City	State	ZIP			
Type of Account Receivable or Debt Owed		Date that Debt Accrued			
Name	Name				
Street Address			1		
City	State	ZIP			
Type of Account Receivable or Debt Owed	L	Date that Debt Accrued			
Enter total only if last page of schedule	emony of Panalists II				
	Street Address City Type of Account Receivable or Debt Owed Name Street Address City Type of Account Receivable or Debt Owed Name Street Address City Type of Account Receivable or Debt Owed Name Street Address City Type of Account Receivable or Debt Owed Name Street Address City Type of Account Receivable or Debt Owed Name Street Address City Type of Account Receivable or Debt Owed Name Street Address City Type of Account Receivable or Debt Owed	Street Address City State Type of Account Receivable or Debt Owed Name Street Address City State Type of Account Receivable or Debt Owed Name Street Address City State Type of Account Receivable or Debt Owed Name Street Address City State Type of Account Receivable or Debt Owed Name Street Address City State Type of Account Receivable or Debt Owed Name Street Address City State Type of Account Receivable or Debt Owed Name Street Address City State Type of Account Receivable or Debt Owed	Street Address City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accound Name Street Address City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accound Name Street Address City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accound Name Street Address City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accound Name Street Address City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accound Street Address City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accound Street Address City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accound Name Street Address City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accound	Name Street Address City State ZIP Type of Account Receivable or Debt Owed Street Address City State ZIP Type of Account Receivable or Debt Owed Street Address City State ZIP Type of Account Receivable or Debt Owed Street Address City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accound Name Street Address City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accound Name Street Address Street Address City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accound Date that Debt Accound Name Street Address City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accound Date that Debt Accound Date that Debt Accound	Information Amount Manue Street Abdress City State

Schedule A(10), page____ of ____

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TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Source of Surplus Monies / Recipient of Transferred Debf		
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)		



MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

7				ĺ	Cumulative	Cumulative
		nformation		Amount	Amount this Reporting Period	Amount this
	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	176				
	Street Address					
4	City	State	ΖP			
	Receipt Type Re		Receipt Date			
	Name					
	Street Address					
5	City	State	Z)P			
	Receipt Type		Receipt Date			
	Enter total only if last page of schedule (transfer the total received this period to "Surm	mary of Receipts *	ine 12)			

Schedule A(12), page____ of ____

DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/	Recipi	ent Information	1	Amount Paid	Cumulative Amount this Reporting Period	
	Print It Havasu	6/8/22	Date			545,11
	2018 Mcculloch ste A					
1	Lake Havasu City	AZ State	86403	□ Cash		
	Type of Operating Expense Paid Signs	Non-Electoral Pu	rpose? (PACs and Political Parties Only)	☐ Credit		
	Career Styles Uniform	6/13/22	tate			484
	Street Address 116 S. Lake Havasu Cit	City AZ ste 109				
2	Lake Havasu City	State AZ	ZIP 86403	□ Cash		
	Type of Operating Expense Paid T - S Was	Non-Bectoral Purpose? (PACs and Political Parties Only)		☐ Credit		
	Murphy Broadcasting		Disbursement Date 7/13/22			1280.35
	Street Address 2068 McCulloch blvd					
3	Lake Havasu City	State AZ	^{ZIP} 86403	□ Cash		
	Type of Operating Expense Paid Radio Ad	Non-Electoral Purpose? (PACs and Political Parties Only)		☐ Credit		
	River City Newspaper	Disbursement Date 6/30/22				390.00
	Street Address 2225 Acoma blvd w	Street Address 2225 Acoma blvd w				
4	Lake Havasu City	State AZ	^{ZIP} 86403	□ Cash		
	Type of Operating Expense Paid AD	Non-Electoral Pur	pose? (PACs and Political Parties Only)	☐ Credit		
	Printing Plus	Disbursement Di 6/9/22	ate			903.84
	Street Address 2069 Mcculloch blvd	Street Address				
5	Lake Havasu City	State AZ	^{ZIP} 86403	☐ Cash		
	Type of Operating Expense Paid Signs		pose? (PACs and Political Parties Only)	□ Credit		
	Enter total only if last page of schedule transfer the total disbursed this period to "Summary of Disbursements," line 1)					3603.27



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

2	·	nmittee Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
4	Street Address					
1	City	ify State ZIP		🗆 Cash		
	Committee ID Number	Date Contribution Made		☐ Credit	1	
	Committee Name	a de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición dela composición dela composición del composición dela comp				
	Street Address					
2	City	State	ZIP			
	Committee ID Number Date Contribution Made			☐ Cash☐ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP	TI Cook		
	Committee ID Number Date Contribution Made			☐ Cash☐ Credit		
	Committee Name					
	Street Address					
4	C≅y	State	ZìP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Convolitee Name					
	Streef Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Made	<u> </u>	☐ Cash☐ Credit		
	Enter total only if last page of sche (transfer the total disbursed this period t	dule to "Summary of Disburse	ements," line 2(a))			

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



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

jiř.	Political Action Co	ommittee Recipient In	formation	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	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
1	City	State	ZìP			
	Committee ID Number Date Contribution Made			☐ Cash☐ Credit		
-	Committee Name					
	Street Address					
	City	State	ZΨ			
	Committee ID Number	Title ID Number Date Contribution Made		☐ Cash ☐ Credit		
	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
	City	ity State ZIP				
-	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		

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



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Political P	Party Recipient Inform	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution M	ade	□ Cash □ Credit		
	Convnittee Name					
	Street Address					
2	City State		ZIP			
	Committee ID Number	Date Contribution M	ade	□ Cash □ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution M	ade	□ Cash □ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee (D Number Date Contribution Made		☐ Cash☐ Credit			
	Committee Name					
	Street Address					
5	City	State	Z)P			
	Committee ID Number	Date Contribution M	ade	☐ Cash☐ Credit		

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



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

		hip Recipient Informat	Amount Contributed	Curnulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Partnership Name					
	Street Address					
1	City	State	ZIP	Floor		
	Corporation Commission File Number	Date Contribution Mad	te	□ Cash □ Credit		
	Partnership Name					
	Street Address					
2	City	State ZJP				
	Corporation Commission File Number	Date Contribution Mar	de	□ Cash □ Credit		
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mag	de	☐ Cash☐ Credit		
	Partnership Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number	ber Date Contribution Marke				
	Partnership Name					
	Street Address					
5	City	State	ZíP			
	Corporation Commission File Number	Date Contribution Mad	de	□ Cash □ Credit		

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



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

8		n / LLC Recipient Infon	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP	ПСоор		
	Corporation Commission File Number	Date Contribution Mad	e	□ Cash □ Credit	6	
_	Corporation/LLC Name	Corporation/LLC Name				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mad	le	□ Cash □ Credit		
_	Corporation/LLC Name				-	
	Street Address	Street Address				
3	City	State	ZiP			
	Corporation Commission File Number	Date Contribution Mad	e	☐ Cash☐ Credit		
	Corporation/LLC Name	Corporation/LLC Name				
	Street Address					
4	City	State	ZIP		i	
	Corporation Commission File Number	oration Commission File Number Date Contribution Made		□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP		P .	
	Carporation Commission File Number	Date Contribution Made	e	□ Cash □ Credit		
+	Enter total only if last page of sch	ndulo			-	

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



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

/	*	nization Recipient Inform	nation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name Street Address					
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made		□ Credit		
	Labor Organization Name					
	Street Address					
2	City State ZIP		ZIP	II Cook		
	Corporation Commission File Number	□ Cash □ Credit				
	Labor Organization Name					
	Street Address					
3	City	State	ZIP	El O-uk		
	Corporation Commission File Number Date Contribution Made			☐ Cash☐ Credit		
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit	i i	
	Labor Organization Name					
	Street Address					
5	City	State	ZíP			
	Corporation Commission File Number	Date Contribution Made	1.	□ Cash □ Credit		
	Enter total only if last page of sch (transfer the total disbursed this perior	edule				



CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

/	Contribute	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Date Refund Received			
	Street Address					
1	City	State	Z3P			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
2	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address	1				
3	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
4	City	State	ZJP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
5	City	State	ZIP	1		
-	Committee ID Number		Date of Original Contribution	-		

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LOANS MADE:

SCHEDULE B(3)(a)

7	<i>F</i>	Золгоwer Information		Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name					
	Street Address					
1	City	State	ZIP			
	Guaranton Endorser Name	Date Loan Made	_ L			
	Borrower Name					
	Street Address					
2	City State		ZIP			
	Guarantor/Endorser Name	Date Loan Made				
1	Borrower Name					
	Street Address					
3	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address	Street Address				
4	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Bontower Name	Borrower Name				
	Street Address					
5	City	State	ZIP			
J						

Schedule B(3)(a), page___of ___



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

e de	Guaranto	r Information		Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Guarantor Name					
	Street Address					
1	City	State	ZIP			
	Волочет Name	Date Loan Guaranteed	l.			
	Guarantor Name				-	
	Street Address		=1011			
2	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name	Ĭ.				
	Street Address					
3	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address					
4	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
-	Guarantor Name			П-		
	Street Address					
5	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Enter total only if last page of schedule (transfer the total received this period to "Sum					

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



FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

- Carlotte					``,
	Information		Amount Forgiven	Curnulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Borrower Name		Date Forgiveness Made			
Street Address	<u>"</u>	<u> </u>			
City	State	ZIP			
Original Amount of Loan	Amount Still Outstanding				
Borrower Name		Date Forgiveness Made			
Street Address					
City	State	ZIP			
Original Amount of Loan	Amount Still Outstanding				
Воггожет Name		Date Forgiveness Made			
Street Address					
City	State	ZIP			
Original Amount of Loan	Amount Still Outstanding				
Вопомет Name	1	Date Forgiveness Made			
Street Address					
City	State	ZIP			
Original Amount of Loan	Amount Still Outstanding	II.			
Borrower Name		Date Forgiveness Made			
Street Address		J.	-		
City	State	ZJP			
	Amount Still Outstanding	L	-		
	Borrower Name Street Address City Original Amount of Loan Borrower Name Street Address City Original Amount of Loan Borrower Name Street Address City Original Amount of Loan Borrower Name Street Address City Original Amount of Loan Borrower Name Street Address City Original Amount of Loan Borrower Name Street Address City Original Amount of Loan	Street Address City State Original Amount of Loan Amount Still Outstanding Borrower Name Street Address City State Original Amount of Loan Amount Still Outstanding Borrower Name Street Address City State Original Amount of Loan Amount Still Outstanding Borrower Name Street Address City State Original Amount of Loan Amount Still Outstanding Borrower Name Street Address City State Original Amount of Loan Amount Still Outstanding	Borrower Name City State City City State City City State City City City State City City City City City State City City City State City City	Borrower Name Date Forgiveness Made Street Address City State Date Forgiveness Made Date Forgiveness Made City State ZIP Original Amount of Loan Amount Still Quistanding Borrower Name Date Forgiveness Made ZIP Original Amount of Loan Amount Still Quistanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Still Quistanding Borrower Name Date Forgiveness Made ZIP Original Amount of Loan Amount Still Quistanding Borrower Name Date Forgiveness Made Street Address Date Forgiveness Made Date Forgiveness Made	Borrower Information

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REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

1	Lender	Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this
	Lender Name		Date Repayment Made		Reporting Period	Election Cycle
	Street Address		1			
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	1			
	Lender Name		Date Repayment Made			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount SHI Outstanding				
	Lender Name		Date Repayment Made			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name	Date Repayment Made			911	
	Street Address					
1	City	Stafe	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address					
	City	State	ΖΙΡ			
	Original Amount Borrowed	Amount Still Outstanding				
1	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	runnary of Disbursem	nents," line 3(d))			

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



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

Lende	er Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Name		Date Interest Accrued			
Address					
	State	ZIP			
Amount Borrowed	Amount Still Outstanding				
Name		Date Interest Accrued			
ddress		1			
	State	ZIP	7		
Original Amount Borrowed Amount Still Outstanding		!	7		
Name		Date Interest Accrued			
Street Address					
	State	ZIP			
Amount Borrowed	Amount Still Outstanding	<u>.</u>			
Lender Name Date Interest Accrued					
ddress		I.			
	State	ZIP	-		
original Amount Borrowed Amount Still Outstanding					
lame		Date Interest Accrued			
Street Address			7		
	State	ZIP			
Amount Borrowed	Amount Still Outstanding				
Ame	runt Borroiwed	State State Amount Still Outstanding	State ZIP	State ZIP unit Borrowed Amount Still Outstanding	State ZIP Amount Still Outstanding

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REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

Z.	Rec	cipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
1	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			
	Street Address			1		
2	City	State	ZIP	1		
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
1	Name of Original Payor		Date Rebate/Refund Made			
	Street Address	_L				
3	City	State	ZIP	1		
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address		- 410			
4	City	State	ZſP	1		
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor	1		
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address		1	-		
5	City	State	ZIP	-		
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Enter total only if last page of sche					

Schedule B(4), page____ of ____

IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/	Candidate Committ	ee Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made	-		
	Committee Name	<u>.</u>				
	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	n Made			
	Committee Name			110		
	Street Address			-		
4	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution Made				
	Committee Name					
	Street Address					
5	City	State	ZìP	1		
	Committee ID Number	Date In-Kind Contribution) Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Si	ımmary of Disbursen	nents," tine 5(a))	L		

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

Political Action Commit	tee Recipient Info	ormation	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	l Made			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Made			
Conmittee 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					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Made			
	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 Committee Name Street Address City Committee ID Number	Committee Name Street Address City State Committee ID Number Date In-Kind Contribution I Street Address City State Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee ID Number Date In-Kind Contribution Street Address	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 ZIP Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made	Contributed Committee Name Street Address City State Committee ID Number Date in Kind Contribution Made Committee ID Number Street Address City State ZIP Committee ID Number Committee ID Number Street Address City State ZIP Committee ID Number Committee ID Number Date in Kind Contribution Made Committee ID Number Street Address City State ZIP Committee ID Number Date in Kind Contribution Made	Political Action Committee Recipient Information Contributed Contrib

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

Political Party Re	ecipient Informatio	no	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	l				
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Made			
Committee Name					
Street Address			E		
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					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name Street Address City Committee ID Number Committee ID Number City Committee ID Number Committee Name Street Address City Committee ID Number Street Address City Committee ID Number Committee Name	Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Committee ID Number City State Committee Name Street Address City State 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 Committee ID Number Street Address City State Committee ID Number Street Address City State Committee ID Number Street Address Street Address Street Address Street Address Street Address	Street Address City State Committee ID Number Committee ID Number Date In-Kind Contribution Misde Committee ID Number Committee ID Number Date In-Kind Contribution Misde Committee ID Number Date In-Kind Contribution Misde Committee ID Number Date In-Kind Contribution Misde Committee ID Number Committee ID Number Date In-Kind Contribution Misde Committee ID Number Street Address City State ZIP Committee ID Number Date In-Kind Contribution Misde Committee ID Number Street Address ZIP Committee ID Number Date In-Kind Contribution Misde	Committee Name Street Address Street Address City State ZIP Committee ID Namber Date In-Kind Contribution Mode City State ID Namber Date In-Kind Contribution Mode Committee ID Namber Date In-Kind Contribution Mode Committee ID Namber Date In-Kind Contribution Mode City State ZIP Committee Name Street Address City State ZIP Committee ID Namber Date In-Kind Contribution Mode Committee Name Street Address City State ZIP Committee ID Namber Date In-Kind Contribution Mode Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Namber Date In-Kind Contribution Mode Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee Name	Political Party Recipient Information Committee Name State Address Clay State ZP Committee Name Street Address Clay State ZP Committee Name Street Address Clay State ZP Committee Name Street Address Clay State ZP Committee Name Street Address Clay State ZP Committee Name Committee Name Clay State ZP Committee Name Committee Name Clay State ZP Committee Name Committee Name Committee ID Namber Dele is Nad Contribution Made Committee ID Namber Dele is Nad Contribution Made Committee Name Committee ID Namber Dele is Nad Contribution Made Committee Name State ZP Committee Name

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IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

			f:	1	
	pient Information	n	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Partnership Name					
ei Address					
	State	ZIP			
ocration Commission File Number	Date In-Kind Contribution I	Made			
nership Name	L				
et Address					
State ZiP		ZIP			
oration Commission File Number	Date In-Kind Contribution	Made			
Partnership Name					
Street Address					
	State	ZBP			
oration Commission File Number	Date In-Kind Contribution	Made			
nership Name	II.				
et Address					
	State	ZJP			
oration Commission File Number	Date In-Kind Contribution Made				
Partnership Name					
Street Address					
	State	ZIP			
oration Commission File Number	Date In-Kind Contribution	Made			
et	Address ration Commission File Number	Address State State Date In-Kind Contribution er total only if last page of schedule	Address State ZIP ration Commission File Number Date In-Kind Contribution Made	Address State ZIP ration Commission File Number Date In-Kind Contribution Made er total only if last page of schedule	Address State ZIP ration Commission File Number Date In-Kind Contribution Made er total only if last page of schedule

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IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

_	4	ı / LLC Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	CRy	State	ZJP			
	Corporation Commission File Number	Date In-Kind Contribu	tion Made			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date in-Kind Contriba	ution Made			
	Corporation/LLC Name		·			
	Street Address					
3	City State ZIP					
	Corporation Commission File Number	Date In-Kind Contribu	ution Made			
	Corporation/LLC Name					
	Streef Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	dion Made			
	Corp oration/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date in-Kind Contribu	ution Made			

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



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

4	Labor Organizatio	n Recipient Inform	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZJP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name					
	Street Address		. 1	-		
2	City	State	ZIP	1		
	Corporation Commission File Number	Date In-Kind Contribution	n Wade			
	Labor Organization Name					
	Street Address		11-7-			
3	City	State	ZIP	-		
	Corporation Commission File Number	Date in-Kind Contributio	n Made			
	Labor Organization Name	J				
	Street Address			1		
4	City	State	ZIP	1		
	Corporation Commission File Number	oration Commission Fite Number Dake In-Kind Contribution Made				
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	in Made			

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



INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

Expenditure	Recipient Informa	tion	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
ent Name		Mode of Advertising (TV, mail, etc)			
Address					
	State	ZIP			
date(s) Supported (including % supported)	Candidate(s) Opposed (4	ncluding % apposed)	_ ☐ Cash		
f First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	Credit		
erit Name	-	Mode of Advertising (TV, mail, etc)			
Address			1		
	State	ZIP			
Candidate(s) Supported (including % supported) Candidate(s) Opposed (ucluding % opposed)	☐ Cash		
f First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ □ Credit		
ent Name	1	Mode of Advertising (TV, mail, etc)			
Address	, Al				
	State	ZIP	1		
tate(s) Supported (including % supported)	Candidate(s) Opposed (s	ncluding % opposed)	☐ Cash		
f First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ Li Credit		
ent Name		Mode of Advertising (TV, mail, etc)			
Address					
	State	ŽĮP			
Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % supported)		naluding % apposed)	☐ Cash		
f First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ L Cledit		
tal r F	te(s) Supported (including % supported) First Publication, Display, Delivery, or Broadcast total only if last page of schedu	State State State Candidate(s) Opposed (in First Publication, Display, Delivery, or Broadcast Bedien Month/Year total only if last page of schedule	State ZJP te(s) Supported (including % supported) Candidate(s) Opposed (including % apposed) First Publication, Display, Delivery, or Broadcast Election Month/Year Office Sought	State ZIP te(s) Supported (including % supported) Candidate(s) Opposed (including % opposed) Cash Credit Credit total only if last page of schedule	State ZJP te(s) Supported (including % supported) Candidate(s) Opposed (including % opposed) Cash Credit Credit total only if last page of schedule

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BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

	Expenditure Amount	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) 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	11 17 20	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		_ Li Credit		
Recipient Name		Mode of Advertising (TV, mail, etc)			
Street Address					
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	set Address				
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		
	Ballot Measure(s) Supported (including % supported) Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City Ballot Measure(s) Supported (including % supported) Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City Ballot Measure(s) Supported (including % supported) Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City Ballot Measure(s) Supported (including % supported) Date of First Publication, Display, Delivery, or Broadcast City Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed Ballot Measure(s) Opposed Recipient Name Street Address City State Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City State Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed Date of First Publication, Display, Delivery, or Broadcast Election Montin/Year Recipient Name Street Address City State State Street Address City State Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed Ballot Measure(s) Opposed Ballot Measure(s) Opposed Ballot Measure(s) State	Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed (including % opposed) Date of First Publication, Display, Delivery, or Broadcast Bedian Month/Year Mode of Advertising (TV, mail, etc) State	Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed (including % opposed) Cash Credit Bedion Month/Year Bedion Month/Year Bedion Month/Year Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed (including % opposed) City State ZIP Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed (including % opposed) Credit Credit Cash Credit	Ballot Messure(s) Supported (including % supported) Date of First Publication, Deplay, Delivery, or Broadcast Bedian Month/Year Ballot Messure(s) Supported (including % supported) Cash Credit Cash Cash Cash Cash Credit Ballot Messure(s) Supported (including % supported) Cash Credit



RECALL EXPENDITURES MADE:

SCHEDULE B(8)

	Recipient Information		Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
d Name		Mode of Advertising (TV, mail, etc)			
ddress					
	State	ZIP			
ing or Opposing Issuance of Recall Order?	Candidate Sought to be Re	called	☐ Cash		
First Publication, Display, Delivery, or Broadcast	Office Held		- ☐ Credit		
it Name		Mode of Advertising (TV, mail, etc)			
ddress	1 11 27 11				
	State	ZIP	1		
ing or Opposing Issuance of Recall Order?	Candidate Sought to be Re	ccafted	☐ Cash ☐ Credit		
First Publication, Display, Delivery, or Broadcast	Office Held		_ Li Cieda		
rt Name	1	Mode of Advertising (TV, mail, etc)			
ddress					
	State	ZIP	1		
ing or Opposing Issuance of Recall Order?	Candidate Sought to be Re	ecalled	☐ Cash ☐ Credit		
First Publication, Display, Delivery, or Broadcast	Office Held		L. Great		
ut Name		Mode of Advertising (TV, mail, etc)			
ress					
	State	ZIP			
ing or Opposing Issuance of Recall Order?	Candidate Sought to be Re	ecalled	☐ Cash		
First Publication, Display, Delivery, or Broadcast	Office Held		_ Li Credit		
total	only if last page of schedul	only if last page of schedule		only if last page of schedule	only if last page of schedule

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SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

1	Benefitt	ed 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	<u> </u>		0		
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
2	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
3	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
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 ummary of Disburser	nents," line 9)			

Schedule B(9), page____ of ____



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

Committee Name Street Address Sity age of Joint Fundralsing Event (if applicable)	State	Payment Date			
Sity	Shaha				
	Clata				
ote of Joint Fundaking Expert (if amilirable)	Jak	ZIP			
are or some a minimum of exerce (a abharcanc)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
Committee Name		Payment Date			
Street Address					
йty	State	ZiP	II Cook		
alte of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	☐ Credit		
Committee Name	Payment Date				
Street Address					
Sity	State	ZIP	Ti Cash		
Date of Joint Fundraising Event (if applicable) Type of Stared Expense (if applicable)		(# applicable)	☐ Credit		
Committee Name	Payment Date				
Street Address		L			
Sity	State	ZIP	□ Cash		
Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if		(if applicable)	☐ Credit		
Committee Name		Payment Date			
Street Address					
Sity	State	ZIP			
hate of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)			
	ate of Joint Fundraising Event (if applicable) Committee Name Street Address Street Address	ate of Joint Fundraising Event (if applicable) Type of Shared Expense Street Address State Type of Shared Expense Committee Name Street Address State Type of Shared Expense Committee Name Street Address State Type of Shared Expense Committee Name Street Address State Type of Shared Expense Committee Name Street Address State Type of Shared Expense Committee Name Street Address State Type of Shared Expense Committee Name Street Address State Type of Shared Expense	ate of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Type of Shared Expense (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Committee Name Street Address Sity State ZIP Type of Shared Expense (if applicable) Type of Shared Expense (if applicable) Street Address Sity State ZIP State ZIP State ZIP State Address Stype of Shared Expense (if applicable) Committee Name Payment Date Street Address Stype of Shared Expense (if applicable) Type of Shared Expense (if applicable) Type of Shared Expense (if applicable)	Cash Credit	Cash Credit

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REIMBURSEMENTS MADE:

SCHEDULE B(11)

4	Recipient	Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Name Street Address					
1	City	State	ZΗP	□ Cash		
Ì	Services or Goods Reimbursed	5	Reimbursement Date	☐ Credit		
	Name					
	Street Address					
2	City	State	ZIP	- Cook		
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	☐ Credit		
	Name					
	Street Address					
4	City	State	ΖΊΡ	☐ Cash		
	Services or Goods Reimbursed Reimbursement Date		☐ Credit			
	Nате					
	Street Address					
5	City	State	ZIP	FI Cook		
	Services or Goods Reimbursed Reimbursement Date		☐ Cash☐ Credit			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	ımmary of Disburse	ements," line 11)	L		

Schedule B(11), page___ of ___



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

/	Debt In	formation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address	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			
	Name					
	Street Address					
3	City	State	ZIP			
	Type of Account Payable or Debt Owed	Date that Debt Accrued				
	Name					
	Street Address					
4	City	State	ZiP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name		J			
	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 (transfer the total received this period to "Sur	nmary of Receipts,"	fine 12)			

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TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Recipient of Surplus Manies / 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)

8	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					
	Street Address					
2	City	State	ZIP	☐ Cash		
	Disbursement Type		Disbursement Date	□ Credit		
	Name					
	Street Address					
3	City	State	ZIP	☐ Cash		
	Disbursement Type Disbursement Date			☐ Credit		
	Name					
	Street Address					
4	City	State	ZIP	Floorb		
	Disbursement Type Disbursement Date			☐ Cash☐ Credit		
	Name					
	Street Address					
5	City	State	ZIP			
	Disbursement Type Disbursement Date		Disbursement Date	☐ Cash ☐ Credit		

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AGGREGATE OF DISBURSEMENTS - \$250 OR LESS:

SCHEDULE B(15)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Curnulative 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)		