

COMMITTEE ID NUMBER 24-NP-006

COMMITTEE INFORMATION (required):

	Committee Information:	Committee Name:	Committee to Elect Rick Riegler	
CAN	DIDATE INFORMATION (only if fil	ing as a candidate comm	nittee):	
	Office Sought:	☐ County Office: ☐ City/Town Office	E City Council	☐ Special District Office: ☐ School Board District:
	Cumulative Report:	e candidate committee's	first, cumulative report for the election	cycle. Also select appropriate Reporting Period below

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

REPORTING PERIOD (check one):

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

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

FINANCIAL SUMMARY (required):

following page need to be filed.

0.00 850.00	\$ 850.00
850.00	S 850 00
000.00	\$ 650.00
0.00	\$ 0.00
850.00	
8	



COMMITTEE ID NUMBER 24-NP-006

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.

Printed Name of Committee Treasurer	Signature of Committee Treasurer	Date	-
Christine Riegler	Christine Riegler Digitally signed by Christine Riegler Date: 2024.04.14 20:37:49 -07'00'	04/14/2024	

SUMMARY OF RECEIPTS (Schedule A):

	Receipts	Cash	Equity
1,	Monetary Contributions Received		
	(a) In-State Individuals - More than \$100	750.00	
	(b) In-State Individuals - \$100 or Less (Aggregate)		
	(c) Out-of-State Individuals	100.00	
	(d) Candidate Committees		
	(e) Political Action Committees		
	(f) Political Parties		
	(g) Partnerships		
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		a suare autombo
	(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))		THE SECTION OF THE PARTY.
	(I) Refunds Given Back to Contributors		
2	(m) Net Monetary Contributions (subtract 1(I) from 1(k))		
2.	Loans (a) Loans Received	alto message in the source	
	(b) Forgiveness on Loans Received		SAD BILLIAN HARVAN III.
	(c) Repayment on Loans Made		
	(d) Interest Accrued on Loans Made		
	(e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))		
3.	Rebates and Refunds Received		
4.	Interest Accrued on Committee Monies		
5.	In-Kind Contributions Received		LE VIETA WAY
	(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	No Establish (Versia)	
	(g) Partnerships	Available by Asi	
	(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		SEX LAND 2 N
	(a) Extensions of Credit Received		
	(b) Payments on Extensions of Credit Received		
	(c) Net Extensions of Credit (subtract 7(b) from 7(a))	CR ADMINISTRATION OF	
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)		
	Miscellaneous Receipts (use cash and/or equity as applicable)		
	Total Receipts (cash: add 1(m), 2(e), 3-4, 6-9, 11-12; equity: add 2(b), 5(k), 6-7(c), 10-12)		



SUMMARY OF DISBURSEMENTS (Schedule B):

	Disbursements	Cash	Equity
1.	Disbursements for Operating Expenses	0.00	
2.	Contributions Made	San	
	(a) Candidate Committees		en reits plant (%)
	(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	LUIS AND SET TO SET THE	OTHER BURNS
	(a) Loans Made		
	(b) Loan Guarantees Made		
	(c) Forgiveness on Loans Made	A STATE OF THE STA	
	(d) Repayment of Loans Received		AND A VOLUME OF
	(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	Operated South	
	(b) Political Action Committees	Maria de la compansión de	
	(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		
В.	Recall Expenditures Made		
9.	Support Provided to Party Nominees (Political Parties Only)		
10.	Joint Fundraising / Shared Expense Payments Made		O DEMINING ISLE
11.	Reimbursements Made		PROBLEM BY
12.	Outstanding Accounts Payable / Debts Owed by Committee	Natural eyeleni iline	
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		
16.	Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15)		

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

SCHEDULE A(1)(a)

nes Russell Address e Havasu City ention ent Producer we Ticknor	State AZ Employer Self	Date Contribution Received 02/15/2024	Amount Received 250.00	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
e Havasu City sation ont Producer	AZ Employer	02/15/2024 ZIP 86404	250.00		
e Havasu City ent Producer ve Ticknor	AZ Employer	86404			
ention ont Producer ve Ticknor	AZ Employer	86404			
nt Producer ve Ticknor		Code Control of Province			
ve Ticknor		Cute Castella Castell			
Address		O2/15/2024	250.00		
	Street Address City State				
e Havasu City	State AZ	zip 86404			
nt Producer	Employer Self				
Name Barbara Russell		Date Contribution Received 03/15/2024	250.00		
Street Address					
e Havasu City	State AZ	zip 86404			
ation St	Employer Self	-			
	*	Date Contribution Received			
Street Address					
	State	ZIP	7		
Occupation Employer			7		
		Date Contribution Received			
Street Address					
	State	ZIP			
	Employer				
	n otal only if last page of s	State Employer	State ZIP Employer	State ZIP Employer	State ZIP Description: Description of the control

*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 1 of 1



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))		

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

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

COMMITTEE ID NUMBER
24-NP-006

MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

/_	1	Individual Cont	ributor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Name Patricia Dorati		Date Contribution Received 02/15/2024	100.00		
		Street Address					
	1	city Murrieta	State CA	2IP 92562			
		Occupation Retired	Employer				
ľ		Name		Date Contribution Received			
	ļ	Street Address					
	2	City	State	ZIP			
		Occupation	Employer				
t		Name		Date Contribution Received			
ı		Street Address					
1	3	City	Stale	ZIP			
	8	Occupation Employer					
f	1	Name		Date Contribution Received			
		Street Address					
1	4	City	State	ZIP			
	Ì	Occupation	Employer		-		
F	1	Name		Date Contribution Received			
	Ì	Street Address					
1	5	City	State	ZIP	-		
		Occupation	Employer		-		
		Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 1(c))			

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





MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

/	Candidate Co	mmittee Contributor I	nformation	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 R	eceived			
	Committee Name					
	Street Address					
2	City	State	ZiP			
	Committee ID Number	Date Contribution R	eceived			
	Committee Name					
3	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution R	deceived			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number Date Contribution Received					
	Committee Name	Committee Name				
	Street Address	Street Address				
5	City	State	ZIP			
	Committee ID Number	Date Contribution R	teceived			

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

/					Cumulative	Cumulative
	Political Action Committ	ee Contributor In	formation	Amount Received	Amount this Reporting Period	Amount this
	Committee Name					
	eet Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	d			
	Committee Name					
	Street Address					
2	City	State ZIP				
	ommittee ID Number Date Contribution Received					
-	Committee Name	mmittee Name				
	Street Address					
3	City	State	ZIP			
	Committee ID Number Date Contribution Received					
	Committee Name					
	Street Address					
4	City	State	ZIP			
13	Committee ID Number	Number Date Contribution Received				
	Committee Name					
	Street Address					
5	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	mary of Receipts," I	ine 1(e))	l		

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





MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

Political Party Cor			1	1, 31	
	ntributor Informat	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Receive	I.			
Committee Name	L				
Street Address					
City	State	ZIP			
Committee D Number	tee ID Number Date Contribution Received				
Committee Name	l.				
Street Address					
City	Slate	ZIP			
Committee ID Number Date Contribution Received					
Committee Name					
Street Address					
City	State	ZIP	•		
Committee ID Number	Date Contribution Received		-		
Committee Name					
Street Address					
City	State	ZIP	-		
Committee ID Number	Date Contribution Receive	ed	-		
	City Committee ID Number Committee Name Street Address City Committee ID Number Street Address City Committee Name	Committee Name Streat Address City State Committee ID Number Date Contribution Receive Committee ID Number Date Contribution Receive Committee ID Number Date Contribution Receive Committee Name Streat Address City State Committee ID Number Date Contribution Receive City State City State	Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received Committee 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 Name Street Address City State ZIP Committee Name	Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received City State ZIP Committee ID Number Date Contribution Received City State ZIP Committee ID Number Date Contribution Received City State ZIP Committee ID Number Date Contribution Received City State ZIP Committee ID Number Date Contribution Received City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received	Committee Name 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

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
	Partnership Name					
	Street Address					
1	City	State	ZiP			
	Corporation Commission File Number	Date Contribution Received				
r	Partnership Name					
	Street Address					
2	Спу	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	Date Contribution Received			
r	Partnership Name	<u> </u>				
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number Date Contribution Received					
H	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed	-		
F	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
F	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	line 1(g))			

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





MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

	Corporation / LLC	Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receive	l ded	1		
	Corporation/LLC Name					
	Street Address					
2	City	State	State ZIP			
	Corporation Commission File Number Date Contribution Received		ed	-		
	Corporation/LLC Name					
	Street Address					
3	Cây	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receiv	red			
_	Corporation/LLC Name	I.				
	Street Address			1		
4	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Received		1		
	Corporation/LLC Name					
	Street Address			-		
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	and .	1		
	Enter total only if last page of schedule (transfer the total received this period to "Sun	nmary of Receipts."	line 1(h))			

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

/	Labor Organization	Contributor Inform	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Ī	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	1 2d			
r	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
r	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
F	Labor Organization Name					
	Streel Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	<u>I</u>			
Г	Labor Organization Name					
	Street Address					
5	City	Stale	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
H	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 1(i))			

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

/	Candida	ate Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address		4	1		
1	1 city	Sinte	ZIP			
	Occupation	Employer		7		
	Name	Ji.	Date Contribution Received			
	Street Address			7		
2	City	State	ZIP	7		
	Occupation	Employer	I.	7		
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP	7		
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address			7		
4	City	State	ZIP			
	Occupation	Employer				
	Name	- V	Dale Contribution Received			
	Street Address	Street Address				
5	City	State	ZIP			
	Occupation	Employer	L			
	Enter total only if last page of schedule (transfer the total received this period to "Su	mmary of Receipts,	' line 1(j))			

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

ame itreet Address ity Number (if applicable) ame treet Address ity Number (if applicable)	State	Date Contribution Refunded ZIP Date of Original Contribution Date Contribution Refunded ZIP Date of Original Contribution	Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
number (if applicable) ame treet Address ity Number (if applicable)		ZIP Date of Original Contribution Date Contribution Refunded			
Number (if applicable) ame reet Address ty Number (if applicable)		Date of Original Contribution Date Contribution Refunded			
Number (if applicable) ame treet Address ity Number (if applicable)		Date of Original Contribution Date Contribution Refunded			
reet Address Ity Number (if applicable)	State	Date Contribution Refunded			
treet Address ity Number (if applicable)	State	ZIP			
ty Number (if applicable)	State			1	
Number (if applicable)	State				
		Date of Original Contribution			
ame		Date of Original Contribution			
Name		Date Contribution Refunded			
Street Address					
ty	State	ZIP			
ID Number (if applicable)		Date of Original Contribution			
Name		Date Contribution Refunded			
reel Address					
ty	Stale	ZIP			
ID Number (if applicable)		Date of Original Contribution			
Name		Date Contribution Refunded			
Street Address		I			
ty	State	ZIP			
Number (if applicable)		Date of Original Contribution			
t	Number (if applicable) me and Address y Number (if applicable) me ent Address	Number (if applicable) me and Address y State Number (if applicable) me ent Address y State	Number (if applicable) Date of Original Contribution Date Contribution Refunded State ZIP Number (if applicable) Date of Original Contribution Date of Original Contribution The Contribution Refunded State ZIP State ZIP Number (if applicable) Date of Original Contribution Date of Original Contribution	Number (if applicable) Date of Original Contribution Date Contribution Retunded State ZIP Number (if applicable) Date of Original Contribution Date of Original Contribution Date of Original Contribution Date Contribution Refunded ZIP State ZIP State ZIP Date of Original Contribution Date Contribution Refunded	Number (if applicable) Date of Original Contribution Date Contribution Refunded State ZIP Number (if applicable) Date of Original Contribution Date of Original Contribution

Schedule A(1)(I), page____ of___



LOANS RECEIVED:

SCHEDULE A(2)(a)

/	Lender I	nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name	Date Loan Received				
	Street Address					
1	City	State	ZIP			
	Guaranter/Endorser Name	Non-Electoral Purpose? (I 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	I.				
4	City	Slate	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)				
	Lender Name	Date Loan Received				
	Street Address					
5	City	State	ZIP			
	Guerante/Endorser Namo	Non-Electoral Purpose? (PACs and Political Parties Only)	-		
	Enter total only if last page of schedule (transfer the total received this period to "Sum		line 2(a))			

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

FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

/		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 Nama	1	Date Forgiveness Received			
	Street Address					
2	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address					
3	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding	<u> </u>			
	Lender Name		Date Forgiveness Received			
	Street Address					
4	City	State	ZIP	_		
	Original Amount of Loan	Amount Still Outstanding			=	
	Lender Name		Date Forgiveness Received			
	Streel Address		-			
5	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding		-		

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





REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

	Borrower	Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Г	Borrower Name		Date Repayment Received			
	Street Address		l.			
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	•			
	Borrower Name		Date Repayment Received			
	Streel Address					
2	City	State	ZIP			
	Original Amount Berrowed	Amount Still Outstanding	<u> </u>			
Г	Borrower Name		Date Repayment Received			
	Street Address					
3	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding				
Н	Borrower Name		Date Repayment Received			
	Street Address					
4	City	Slate	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
-	Borrower Name		Date Repayment Received			
	Street Address		-			
5	Спу	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,"	line 2(c))			

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



INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

/	Borrower	Information		Amount of Interest	Cumulative Amount this	Cumulative Amount this
	Bollowei	momation		Accrued	Reporting Period	Election Cycle
	Воггоwer Name		Date Interest Accrued			
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	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	Stale	ZIP			
	Original Amount Borrowed	Amount Still Oulstanding				
	Borrower Name		Date Interest Accrued			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed Amount Still Outstanding					
	Borrower Name		Date Interest Accrued			
	Street Address					
5	City	Stale	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	line 2(d))	l		

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

24-NP-006



STATE OF ARIZONA

COMMITTEE ID NUMBER

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
Γ	Payor Name		Date Rebate/Refund Received			
	Street Address			1		
1	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate		1		
	Payor Name		Date Rebate/Refund Received			
	Street Address		<u></u>	1		
2	City	State	ZIP	1		
	Original Purchase Amount		1			
	Payor Name		Date Rebate/Refund Received			
	Street Address			-		
3	City	State	ZIP	1		
	Original Purchase Amount	Reason for Refund/Rebate	1	1		
_	Payor Name	I	Date Rebate/Refund Received			
	Street Address			1		
4	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate				
	Payor Name	Į.	Date Rebate/Refund Received			
	Street Address					
5	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebati	0			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 3)			

Schedule A(3), page____ of ___

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

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

Schedule A(4), page____ of ____

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

SCHEDULE A(5)(a)

/	•	tributor Informati		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		V			
2	City	State	ZIP			
	Occupation	Employer	<u> </u>			
	Name	Name Date In-Kind Contribution			=	
	Street Address					
3	City	State	ZIP			
	Occupation	Employer	-l _{j-}	-		
	Name	1.	Date In Kind Contribution Received			
	Street Address					
4	City	State	ZIP	-		
	Occupation	Employer		-		
	Name	<u> </u>	Date In-Kind Contribution Received			
	Street Address			1		
5	City	State	ZIP			
	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), page____ of ___

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

SCHEDULE A(5)(b)

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

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

COMMITTEE ID NUMBER
24-NP-006

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

SCHEDULE A(5)(c)

1	Candidate Committee	Contributor infor	rmation	Amount Received	Cumulative Amount this	Cumulative Amount this
4			Reporting Period	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	Received			
	Committee Name					
	Street Address					
3	City	Stale	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
4	City	Stale	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
5	City	State ZIP				
	Committee ID Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I				

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



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

/	Candidate Committee	Contributor Infor	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	I Received			
	Committee Name	J.				
	Street Address					
2	СНУ	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					
Ī	Committee Name					
	Street Address					
4	City	Stale	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I				

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

IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

/	Political Action Commit	tee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	Stale	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee IO Number	Date In-Kind Contribution	Received			
7	Committee Name	l .				
	Street Address			1		
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
4	City	Siate	ZIP	1		8
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
Street Address						
5	City	Stale	ZIP	1		
ı	Committee ID Number	Date In-Kind Contribution	Received	-		

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

IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

1						
	Political Party Co	ntributor Informat	ion	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			
Г	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Dale In-Kind Contribution	Received			
	Committee Name	<u> </u>				
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts."	ine 5(f))	l		

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

2						
	Partnership Con	tributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
5	5 City State ZII		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 "Surn	mary of Receipts." I				

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

IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

	Corporation / LLC C	Contributor Inform	aation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Γ	Corporation/LLC Name					
	Street Address					
1	City	Stale	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name	<u> </u>				
	Streel Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
F	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number Date In-Kind Contribution Received					
H	Corporation/LLC Name					
	Street Address			-		
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
H	Corporation/LLC Name	l				
S	Street Address					
5	City	State ZIP				
9	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					

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

IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

/	Labor Organization	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			
	Labor Organization Name	l.				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name	l.				
	Street Address	_				
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name	l				
	Street Address					
4	City	Slate	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address	Street Address				
5	City	Stale	ZIP			
	Corporation Commission File Number					
	Enter total only if last page of schedule (transfer the total received this period to "Sum					

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

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

SCHEDULE A(5)(j)

1						
	Candidate	e Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Γ	Name		Date In-Kind Contribution Received			
	Street Address					
1	City	Siate	ZIP			
l	Asset or Property Contributed					
H	Name		Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Asset or Property Contributed			_		
L	Name		Date In-Kind Contribution Received			
	Street Address					
3			T	•		
	City	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address					
4	City	Siate	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address		I.			
5	City	State	ZIP			
	Asset or Property Contributed	I				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 5(j))			

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

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

SCHEDULE A(6)

/	Source I	nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Г	Name		Date in-Kind Donation Received			
	Street Address					
1	City	State	ZIP			
	Type of item Donaled					
r	Name		Date In-Kind Donation Received			
	Street Address					
2	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address		1			
3	City	State	ZIP			
	Type of Item Donated		4:-			
	Name		Date In-Kind Donation Received			
	Street Address		**************************************			
4	City	State	ZIP			
	Type of Item Donated					
	Name		Dale In-Kind Donation Received			
	Street Address	Street Address				
5	City	State	ZIP			
	Type of Item Donated					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"				

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					
	Streel Address			1		
1	City	State	ZIP	1		
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address			1		
2	City	State	ZIP	1		
	Services or Goods Provided on Credit		Date of Extension of Credit	1		
	Name					
	Street Acidress			1		
3	City	State	ZIP	1		
	Services or Goods Provided on Credit Date of Extension of Credit			1		
_	Name		,			
	Street Address			1		
4	City	State	ZIP	-		
	Services or Goods Provided on Credit		Date of Extension of Credit	1		l
_	Name					
	Street Address			1		1
5	City	State	ZIP	1		
	Services or Goods Provided on Credit		Date of Extension of Credit	1		
-	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts "	line 7(a))			

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

PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

_	•	Information		Payment Amount on Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Streel Address					
1	City	State	ZIP			
	Services or Goods Originally Provided on Credit	1	Oale of Original Extension of Credit			
	Name					
	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 Extension of Credit					
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
-	Name					
Street Address						
5	City	State	ZIP	-		
	Services or Goods Originally Provided on Credit		Dale of Original Extension of Credit	-		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts."	line 7(b))			

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

Conmittee Name Poyment Date Street Address 1 City Date of Joint Fund wining Event (if applicable) Type of Shared Expense (if applicable) Connities Name Payment Date Street Address 2 City Date of Joint Fundaming Event (if applicable) Type of Shared Expense (if applicable) Type of Shared Expense (if applicable) Connities Name Payment Date Street Address 3 City Date of Joint Fundaming Event (if applicable) Type of Shared Expense (if applicable) Connities Name Payment Date Shared Address 4 City Date of Joint Fundaming Event (if applicable) Type of Shared Expense (if applicable)							
Stock Address		Payor Comm	Payment Amount	Amount this	Cumulative Amount this Election Cycle		
Date of Junit Fundralang Event (Fapplicable) Camerities Name Camerities Name Payment Date Date of Junit Fundralang Event (Fapplicable) Type of Shared Expense (Fapplicable) Payment Date Committee Name Payment Date Committee Name Payment Date Date of Junit Fundralang Event (Fapplicable) Type of Shared Expense (Fapplicable) Type of Shared Expense (Fapplicable) Type of Shared Expense (Fapplicable) Committee Name Payment Date Share ZIP Date of Junit Fundralang Event (Fapplicable) Type of Shared Expense (Fapplicable) Type of Shared Expense (Fapplicable) Committee Name Payment Date Shared Address Chy Committee Name Payment Date Payment Date Shared Expense (Fapplicable) Type of Shared Expense (Fapplicable) Type of Shared Expense (Fapplicable) Type of Shared Expense (Fapplicable)		Committee Name		Payment Date			
Date of Joint Fundaming Event (if applicable) Type of Shared Expense (if applicable) Figurest Date Conviction Name Sheet Address City Date of Joint Fundaming Event (if applicable) Type of Shared Expense (if applicable) Conviction Name Payment Date Sheet Address City Date of Joint Fundaming Event (if applicable) Type of Shared Expense (if applicable) Conviction Name Payment Date Sheet Address City Date of Joint Fundaming Event (if applicable) Type of Shared Expense (if applicable)		Street Address					
Committee Name Payment Date	1	City	State	ZIP			
Street Address ZiP		Date of Joint Fundraising Event (if applicable)	Type of Shared Expense ((if applicable)			
Date of Jeint Fundralaing Event (if applicable) Type of Shared Expense (if applicable)		Committee Name		Payment Date			
Date of Joint Fundraising Event (if applicable) Committee Name Payment Date Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Type of Shared Expense (if applicable) Committee Name: Payment Date Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name: Payment Date Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Type of Shared Expense (if applicable) Type of Shared Expense (if applicable)		Street Address			1		-
Committee Name Payment Data City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Data Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Data Committee Name Payment Data Street Address Street Address Street Address Street Address Street Address Type of Shared Expense (if applicable) Type of Shared Expense (if applicable)	2	City	State	ZIP			
Street Address 3 City State ZIP Onte 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 (if applicable) Committee Name Payment Date Street Address 5 City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)		Date of Joint Fundraising Event (if applicable)	Type of Shared Expense ((if applicable)	1		
City State ZIP Oute of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address City State ZIP City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)		Committee Name		Payment Date			
Date of Joint Fundraising Event (if applicable) Committee Name Payment Date Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address Street Address Street Address Type of Shared Expense (if applicable) Type of Shared Expense (if applicable) Type of Shared Expense (if applicable)		Street Address			1		
Committee Name Payment Date	3	City	State	ZIP	1		
Street Address 4 City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address 5 City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)		Oate of Joint Fundraining Event (if applicable)	Type of Shared Expense	(if applicable)	1		
4 City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address 5 City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)	4	Committee Name		Payment Date			
City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)		Streat Address			1		
Committee Name Payment Date Street Address 5 City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)		City	State	ZIP	1		
Street Address 5 City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)		Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	1		
City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)	5	Committee Name		Payment Date			
City State ZiP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)		Street Address		l .	1		
		City	State	ZIP	1		
		Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	1		
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 8)		Enter total only if last page of schedule			1		

Schedule A(8), page____ of ____



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

7				ř		
	Payor Information			Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address			1		
2	City	State	ZIP	1		
	Services or Goods Purchased	I	Payment Date	1		
3	Name					
	Street Address			-		
	City	Stale	ZIP	1		
	Services or Goods Purchased	Payment Date	-			
4	Name					
	Street Address					
	City	State	ZIP	-		
	Services or Goods Purchased		Payment Date	1		
5	Name					
	Street Address	1				
	City	State	ZIP	1		
	Services or Goods Purchased	Payment Date	-			
	Enter total only if last page of schedule (transfer the total received this period to "Sum					

Schedule A(9), page____ of ____



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

Information Amount Cumulative Amount this Reporting Period Election Name Street Address	
Street Address 1 City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued Name Street Address 2 City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued	this
1 City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued Name Street Address 2 City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued	
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	
Name Street Address City State ZIP Type of Account Receivable or Debi Owed Date that Debt Accrued	
Street Address 2 City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued	
2 City State ZIP Type of Account Receivable or Debit Owed Date that Debt Accrued Name	
Type of Account Receivable or Debi Owed Date that Debt Accrued Name	
Name	
Street Address	
3 City State ZIP	
Type of Account Receivable or Debt Owed Date that Debt Accrued	
Name	
Street Address	
4 City State ZIP	
Type of Account Receivable or Debt Owed Date that Debt Accrued	
Name I I I I I I I I I I I I I I I I I I I	\dashv
Street Address	
5 City State ZIP	
Type of Account Receivable or Debt Owed Date that Debt Accrued	
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 10)	

Schedule A(10), page____ of ____



TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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

_		Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Receipt Type		Receipt Date			
Г	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			
	Receipt Type	I	Receipt Date			
	Name					
	Street Address					
5	City	State	ZIP			
	Receipt Type		Receipt Date			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 12)			

Schedule A(12), page___ of ___



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

of Operating Expense Paid It Address Of Operating Expense Paid Address	Disbursement Date	ZIP (PACs and Political Parties Only) ZIP (PACs and Political Parties Only)	□ Cash □ Credit		
of Operating Expense Paid Address of Operating Expense Paid	Non-Electoral Purpose? Disbursement Date State Non-Electoral Purpose?	(PACs and Political Parties Only)	□ Credit		
t Address of Operating Expense Paid	Non-Electoral Purpose? Disbursement Date State Non-Electoral Purpose?	(PACs and Political Parties Only)	□ Credit		
t Address of Operating Expense Paid	Disbursement Date State Non-Electoral Purpose?	ZIP	□ Credit		
of Operating Expense Paid	State Non-Electoral Purpose?		II Corb		
of Operating Expense Paid	Non-Electoral Purpose?		TI Corb		
3	Non-Electoral Purpose?		- Cosh	į.	
3		(PACs and Political Parties Only)	1 1 1 1 349(1)		
	Disbursement Date		☐ Credit		
t Address					
	-				
	State	ZIP	☐ Cash		
of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)	☐ Credit		
,	Disbursement Date				
t Address	- !		1		
	State	ZIP	□ Cash		
of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)	☐ Credit		
,	Disbursement Date				
Address	1				
	Slate	ZIP	☐ Cash		
of Operating Expense Paid		(PACs and Political Parties Only)	LI Credit		
		ments," line 1)	1		
l A	Operating Expense Paid	Disbursement Date ddress Slate Degrating Expense Paid Non-Electoral Purpose?	Disbursement Date State ZIP	Disbursement Date Slate ZIP Cash Credit	Disbursement Date Disbursement Date

MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

Committee Name Street Address City Committee ID Number Street Address City Committee ID Number Street Address City Committee ID Number	Candidate Committe	e Recipient Inforr	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee ID Number Committee Name Street Address City Committee ID Number Street Address City Committee ID Number Street Address City Committee ID Number						
Committee Name Street Address City Committee ID Number Street Address City Committee ID Number Committee 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		State ZIP		□ Cash		
Street Address 2 City Committee ID Number Committee Name Street Address 3 City Committee ID Number Committee ID Number Committee ID Number Street Address 4 City Committee ID Number Committee ID Number Street Address 5 City	Number	Date Contribution Made		☐ Credit		
Committee ID Number Committee Name Street Address City Committee ID Number Committee Name Street Address City Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number	ime					
Committee ID Number Committee Name Street Address City Committee ID Number Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number Committee ID Number	5	:				
Committee Name Street Address City Committee ID Number Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number Committee ID Number	ity State		ZIP	☐ Cash☐ Credit		
Street Address 3 City Committee ID Number Committee Name Street Address 4 City Committee ID Number Committee ID Number Street Address 5 City						
City Committee ID Number Committee Name Street Address City Committee ID Number Committee ID Number Committee Name Street Address City	ine					
Committee ID Number Committee Name Street Address 4 City Committee ID Number Committee Name Street Address 5 City	Streel Address					
Committee Name Street Address 4 City Committee ID Number Committee Name Street Address 5 City		State	ZIP	□ Cash		
Street Address 4 City Committee ID Number Committee Name Street Address 5 City		Date Contribution Made		☐ Credit		
Committee ID Number Committee Name Street Address City				_		
Committee ID Number Committee Name Street Address City						
Committee Name Street Address 5	Museka	State Data Contribution Made	ZIP	☐ Cash☐ Credit		
Street Address 5 City		Date Contribution Made		- Orodit		
5 City			_			
	-	Stale	ZIP			
	Number	Date Contribution Made		☐ Cash☐ Credit		
Enter total only	al only if last page of schedule te total disbursed this period to "Sur					

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



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

1	Political Action	Committee Recipient In	nformation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Stroot Addross					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	1),	□ Credit		
	Committee Name	0				
	Street Address					
2	City	Siate	ZIP			
	Committee ID Number	□ 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 Dale Contribution Made			□ Cash □ Credit		
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Made	1	□ Cash □ Credit		

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

COM	MIT	TEE	ID	NH	MBER
	IIVIII			INO	MDEL

MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

Political Party Recommittee Name	ecipient Informati	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this		
ireet Address				Reporting Period	Election Cycle		
		Committee Name					
ity							
	State	ZIP					
Committee ID Number	Date Contribution Made	J.	□ Cash □ Credit				
committee Name							
ireet Address							
ity	State	ZIP					
ommittee ID Number	Date Contribution Made						
ommittee Name					9		
Street Address							
ity	State	ZIP					
Committee ID Number Date Contribution Made			□ Cash □ Credit				
ommittee Name							
reet Address							
ity	State	ZIP					
ommittee ID Number	Date Contribution Made						
ommittee Name)		
treet Address							
ity	State	ZIP					
ommittee ID Number	ommittee ID Number Date Contribution Made						
the in the contract of the con	ommittee ID Number ommittee Name treet Address ity ommittee Name treet Address treet Address ity ommittee ID Number ommittee ID Number ommittee ID Number ommittee ID Number ommittee Name	Ity State Date Contribution Made Date Contribution Made	Ity State ZIP Date Contribution Made Date Contribution Made Date Contribution Made Date Contribution Made Date Contribution Made Date Contribution Made Date Contribution Made Date Contribution Made Date Contribution Made Date Contribution Made Date Contribution Made Date Contribution Made Date Contribution Made Date Contribution Made Date Contribution Made Date Contribution Made	Cash Credit Credit	State ZIP Cash Credit		

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



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	hip Recipient Inform	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	Slate	ZIP			
	Corporation Commission File Number	Date Contribution M	ade	□ Cash □ Credit		
	Partnership Name					
	Street Address					
2	City	State	ZIP			-
	Corporation Commission File Number	□ Cash □ Credit				
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	□ Cash □ Credit				
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number Date Contribution Made			□ Cash □ Credit		
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number Date Contribution Made			☐ Cash☐ Credit		

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

MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

		n / LLC Recipient Inform	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP	70		
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP	. The second sec		
	Corporation Commission File Number	Date Contribution Mad	e	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
	City	State	ZIP	C Cook		
	Corporation Commission File Number Date Contribution Made			□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address			-		
4	City	Stale	ZIP	Floor		
	Corporation Commission File Number Date Contribution Made			☐ Cash☐ Credit		
	Corporation/LLC Name	J				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mad	le	☐ Cash☐ Credit		
	Enter total only if last page of sc (transfer the total disbursed this perio	hedule				

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



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

•	Labor Organiza	ition Recipient Inform	nation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP	II Cook		
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
2	City	State	ZIP	☐ Cash		
	Corporation Commission File Number	☐ Credit				
	Labor Organization Name					
3	Street Address					
	Сіту	State	ZIP	□ Cash		
	Corporation Commission File Number	□ Credit				
	Labor Organization Name					
	Street Address					
4	City	State	ZIP	□ Cash		-
	Corporation Commission File Number	Date Contribution Made	□ Credit			
	Labor Organization Name	•				
	Streel Address					
5	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made		□ Credit		
	Enter total only if last page of sched (transfer the total disbursed this period to	ule "Summary of Disburse	ments," line 2(f))			



CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

Contribute	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name	ommittee Name				
Street Address					
City	State	ZIP			
Committee ID Number		Date of Original Contribution			
Committee Name		Date Refund Received			
Street Address					
City	State	ZIP			
Committee ID Number	Date of Original Contribution				
Committee Name		Date Refund Received			
Street Address					
City	State	ZIP			
Committee ID Number	Date of Original Contribution				
Committee Name		Date Refund Received			
Street Address		li.			
City	State	ZIP			
Committee ID Number		Date of Original Contribution			
Committee Name		Date Refund Received			
Street Address		Į.			
City	State	ZIP			
Committee ID Number		Date of Original Contribution	Ì		
	Committee Name Street Address City Committee ID Number City Committee ID Number Committee ID Number Committee Name Street Address City Committee ID Number Committee Name Street Address City Committee ID Number	Street Address City State Committee ID Number Committee ID Number City State Committee ID Number Committee ID Number Committee ID Number City State Committee ID Number Street Address City State City State City State	Committee Name Date Refund Received	Committee Name Date Retund Received	Contributor Information Date Refund Received

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



LOANS MADE:

SCHEDULE B(3)(a)

1	Borrower	nformation		Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name					
	Street Address			7		
1	City	State	ZIP			
	Guarantor/Endorser Name	Dale Loan Made				
	Borrower Name					
	Street Address	ilreet Address				
2	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made	3L	7		
	Borrower Name					
	Street Address					
3	City	State	ZIP			
	Guaranter/Endorser Name	Date Loan Made		7		
	Borrower Name					
	Street Address					
4	City	State	ZIP	7		
	Gusrantor/Endorser Name	Date Loan Made		7		
	Borrower Name	V				
	Street Address					
5	City	State	ZIP	7		
	Guarantor/Endorser Name	Dale Loan Mede	A.	-		

Schedule B(3)(a), page___of ___



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

			19	C		
/	Guarante	Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Guarentor Name					
	Street Address					
1	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address					
2	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
_	Guarantor Name					
	Street Address					
3	City	Stale	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address					
4	City	State	ZIP			
	Borrower Name	Date Loan Gueranteed				
	Guarantor Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Borrower Name	Dale Loan Guaranteed				
_	Enter total only if last page of schedule (transfer the total received this period to "Sur	nmary of Receipts."	line 3(b))			

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



FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

/		Borrower Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Dale Forgiveness Made			
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Oulsta	anding			
	Borrower Name	l .	Date Forgiveness Made			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outste	anding			
	Borrower Name	Borrower Name				
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outste	anding			
	Borrower Name	Borrower Name				
	Street Address	Sireel Address				
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outsta	anding			
	Borrower Name		Date Forgiveness Made			
	Street Address					
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outsta	anding			

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

REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

Lender	Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
Lender Name		Date Repayment Made			
Street Address			-		
City	Stale	ZIP			
Original Amount Borrowed	Amount Still Outstanding				
Lender Name		Date Repayment Made			
Street Address	-				
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding				
Lender Name		Date Repayment Made			
Street Address					p0
City	State	ZIP			
Original Amount Borrowed	Amount Still Oulstanding				
Lender Name		Date Repayment Made			<u> </u>
Street Address			-		
City	State	ZIP			
Original Amount Borrowed	Ämount Still Outstanding		-		
Lender Name		Date Repayment Made			/
Street Address			-		
City	State	ZIP	-		
	I	I	I	1	
	Street Address City Original Amount Borrowed Lender Name Street Address Street Address	Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City Slate Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State City State City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Ci	Lender Name Date Repayment Made	Date Repayment Made	Lender Information Date Repayment Made Caty State ZiP

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 Addresa		ļ			
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	1			
	Lender Name		Date Interest Accrued			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Interest Accrued			
	Street Address					
3	City	Sinte	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	1			
	Lender Name		Date Interest Accrued			
	Street Address					
4	City	Stale	ZIP			
	Original Amount Borrowed	Amount Still Outslanding	1			
	Lender Name		Date Interest Accrued			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

				reconstruction of the second		
_	Re	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	Slate	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor	•	Date Rebate/Refund Made			
	Street Address					
2	City	State	ŻIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
Г	Name of Original Payor	Date Rebate/Refund Made				
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
Г	Name of Original Payor		Date Rebate/Refund Made			
	Street Address		-4			
4	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor		Date Rebale/Refund Made			,
	Street Address					
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 (transfer the total disbursed this period					

Schedule B(4), page____ of ____

IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/	Candidate Commit	tee Recipient Infor	rmation	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	n Made			
_	Committee Name	1				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contributio	n Made			
_	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	militee ID Number Date in-Kind Contribution Made				
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				*1
	Committee Name	Committee Name				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Made			

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

IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

/	Political Action Commi	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					!
	Street Address	Street Address				
3	City	State	ZIP			
	Committee ID Number	Dale In-Kind Contribution	Made			
	Committee Name)
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
	Committee Name				_	
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
-	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur					

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

1				ı	Cumulative	Cumulative
	Political Party Re	Amount Contributed	Amount this Reporting Period	Amount this Election Cycle		
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
2	City	Stale	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Made			
	Committee Name	I				
	Street Address			ĺ		
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution) Made	-		
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Made			
	Committee Name					
	Street Address	Sireet Address				
5	City	Stale	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	l				

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



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

	Partnership Red	cipient Informatio	n	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					,
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
_	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
_	Partnership Name					
	Street Address					
4	City	Siale	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Partnership Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Catanatal and What					y
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur		u ==			

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

IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

/	Corporation / L	LC Recipient Inform	nation	Amount Contributed	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 Contributio	n Made			
	Corporation/LLC Name					
	Streel Address					
2	City	Stale	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Made			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Made			
	Corporation/LLC Name					
	Street Address	Street Addrese				
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Made			
	Corporation/LLC Name					
	Streel Address	Streel Address				
5	City	Stale	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Made			
-	Enter total only if last page of schedu (transfer the total disbursed this period to	ule "Summary of Disburse	ements." line 5(e))			

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

IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

/	Labor Organization	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					
	Street Address					
2	City	Stale	ZIP			
	Corporation Commission File Number					
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name					
	Street Address					
4	City	Stale	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution) Mede			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	1 Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su					

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



INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

_	·	Recipient Informa		Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Sireel Address					
1	City	State	ZIP	1		
	Candidate(s) Supported (including % supported)	Candidale(s) Opposed (i	ncluding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit		
	Recipient Name	<u>. </u>	Mode of Advertising (TV, mail, etc)			
	Street Address			-		
2	City	State	ZIP	1		
	Candidate(s) Supported (including % supported) Candidate(s) Opposed (in		noluding % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit		
	Recipient Name	l	Mode of Advertising (TV, mail, etc)			
	Street Address		<u> </u>	1		
3	City	State	ZIP	1		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (i	ncluding % opposed)	□ Cash		
	Dale 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	ŽIΡ	1		
	Candidate(s) Supported (including % supported) Candidate(s) Opposed (including %		ncluding % opposed)	☐ Cash ☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ Li Credit		
	Enter total only if last page of schedul	e	- W-	-		

BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

/	Expenditure	Recipient Informatio	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)		Topoling (Cito	Ziodion oyele
	Street Address					
1	City	State	ZIP	-		
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(including % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		- □ Credit		
Г	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		ı			
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			1		
3	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Messure(s) Opposed	(including % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
	Recipient Name	.1	Mode of Advertising (TV, mail, etc)			
	Street Address					
4	City	State	ŽIP	-		
	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		JI
	Enter total only if last page of schedul (transfer the total disbursed this period to ":	e Summary of Disburser	ments," line 7)			

Schedule B(7), page____ of ___



RECALL EXPENDITURES MADE:

SCHEDULE B(8)

/	Expenditure	Recipient Information	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		
1	City	State	ZIP	1		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	☐ Cash		
	Dale of First Publication, Display, Delivery, or Broadcast	Office Held		□ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			1		
2	City	State	ZIP	1		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Office Held			☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			1		
3	City	State	ZIP	1		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	called	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		_ ☐ Credit		
	Recipient Name	ŀ	Mode of Advertising (TV, mail, etc)			
	Street Address					
,	City	State	ZIP	1		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		☐ Credit		
	Enter total only if last page of schedul (transfer the total disbursed this period to "t	e Summary of Disburser	ments " line 8)	1		

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 Dat		Date Benefit Provided			
		Street Address					
	1	City	State	ZIP			
		Type of Benefit Provided					
		Notes:					
Ī		Candidate Name		Date Benefit Provided			
		Street Address					
	2	City	State	ZIP			
		Type of Benefit Provided	7 1	,			
		Notes:					
Γ		Candidate Name		Date Benefit Provided			
		Street Address					
	3	City	State	ZIP			
		Type of Benefit Provided					
		Notes:					V V
		Candidate Name		Date Benefit Provided			
		Street Address		•			
	4	City	State	ZIP			
		Type of Benefit Provided	1	***			
		Notes:					
		Enter total only if last page of schedule (transfer the total disbursed this period to "S	e Summary of Disbursen	nents," line 9)			
L							

Schedule B(9), page____ of ____



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

/	Recipient Co	mmittee Informatio	on	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name	Payment Date				
	Street Address		<u> </u>			
1	City	Stale	ŻΙΡ	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	e (if applicable)	☐ Credit		
	Committee Name	.1	Payment Date			
	Street Address		1			
2	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Credit		
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP	E Out		
	Date of Joint Fundraising Event (if applicable)	e (if applicable)	□ Cash □ Credit			
	Committee Name Payment Date					
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	e (if applicable)	☐ Cash☐ Credit		
	Committee Name	1	Payment Date			
	Street Address		1			
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)		□ Cash □ Credit			
	Enter total only if last page of schedul	e Summary of Dishurses	ments " line 10\			
	Enter total only if last page of schedul (transfer the total disbursed this period to "S	e Summary of Disburse	ments," line 10)			

REIMBURSEMENTS MADE:

SCHEDULE B(11)

/	Recipient	Information		Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP	☐ Cash		
	Services or Goods Reimbursed		Reimbursement Date	□ Credit		
-	Name					
	Street Address					
2	City	!State	ZIP			
	Services or Goods Reimbursed	l.	Reimbursement Date	☐ Cash☐ Credit		
-	Name					
	Street Address					
3	City	!Stale	ZIP	-		
	Services or Goods Reimbursed Reimbursement Date			☐ Cash☐ Credit		
-	Name					
	Street Address					
4	City	State	ZIP	_		
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
-	Neme					
	Street Address			_		
5	City	Stale	ZIP	_		
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
1	TO THE THE STATE OF THE STATE				1 1	

Schedule B(11), page____ of ____



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

				۵		
/	Debt Ir	nformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Type of Account Psyable or Debt Owed	di.	Date that Debt Accrued			
	Name					
	Street Address			1		
2	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued	-		
	Name					
	Street Address			1		
3	City	State	ZIP	1		
	Type of Account Payable or Debt Owed		Date that Debt Accrued	1		
	Name		<u></u>			
	Street Address			-		
4	City	State	ZIP	-		
	Type of Account Payable or Debt Owed		Date that Debt Accrued	-		
	Name					
	Street Address			-		
5	City	State	ZIP	-		
	Type of Account Payable or Debt Owed		Date that Debt Accrued	-		
_						
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 12)			

Schedule B(12), page____ of ____



TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

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

Schedule A(13), page____ of ____



MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

	Recipient	Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	☐ Credit		
	Name		1			
	Street Address					
2	City		ZIP	☐ Cash		
771-0-27	Disbursement Type		Disbursement Date	☐ Credit		
	Name					
	Street Address					
3	City		ZIP			
	Disbursement Type	Diebursement Date	☐ Cash☐ Credit			
	Name					
	Street Address					
4	City		ZIP			
7	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
5	City	State	ZIP			
	Disbursement Type	7.	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)		

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