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 COMMUNICATIONS



**STATE OF ARIZONA
 COMMITTEE CAMPAIGN
 FINANCE REPORT**

COMMITTEE ID NUMBER
26-NP-003

COMMITTEE INFORMATION (required)

Committee Information: Committee Name: TAYLOR HARRISON LAKE HAVASU CITY COUNCIL

CANDIDATE INFORMATION (only if filing as a candidate committee):

Office Sought: County Office: _____ Special District Office: _____
 City/Town Office: LAKE HAVASU CITY School Board District: _____

Cumulative Report:

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
<input type="checkbox"/>	2026 March PAC Pre-Election Report (Election in Qtr): January 1, 2026 to February 21, 2026	February 22, 2026 to February 23, 2026
<input type="checkbox"/>	2026 Post-Primary Election Report (Local March Candidates): January 1, 2026 to March 10, 2026	March 11, 2026 to March 25, 2026
<input type="checkbox"/>	2026 March PAC Post-Election (Q1) Report (Election in Qtr): February 22, 2026 to March 31, 2026	April 1, 2026 to April 15, 2026
<input type="checkbox"/>	2026 Quarter 1 Report (Local March Candidates): March 11, 2026 to March 31, 2026	April 1, 2026 to April 15, 2026
<input checked="" type="checkbox"/>	2026 Quarter 1 Report: January 1, 2026 to March 31, 2026	April 1, 2026 to April 15, 2026
<input type="checkbox"/>	2026 May PAC Pre-Election Report (Election in Qtr): April 1, 2026 to May 2, 2026	May 3, 2026 to May 4, 2026
<input type="checkbox"/>	2026 May PAC Post-Election (Q2) Report (Election in Qtr): May 3, 2026 to June 30, 2026	July 1, 2026 to July 15, 2026
<input type="checkbox"/>	2026 Quarter 2 Report: April 1, 2026 to June 30, 2026	July 1, 2026 to July 15, 2026
<input type="checkbox"/>	2026 July PAC Pre-Election Report (Election in Qtr): July 1, 2026 to July 4, 2026	July 5, 2026 to July 6, 2026
<input type="checkbox"/>	2026 July Post-Primary Election Report (State/Local July Candidates): July 1, 2026 to July 21, 2026	July 22, 2026 to August 5, 2026
<input type="checkbox"/>	2026 July PAC Post-Election (Q3) Report (Election in Qtr): July 5, 2026 to September 30, 2026	October 1, 2026 to October 15, 2026
<input type="checkbox"/>	2026 Quarter 3 Report (State/Local July Candidates): July 22, 2026 to September 30, 2026	October 1, 2026 to October 15, 2026
<input type="checkbox"/>	2026 Quarter 3 Report: July 1, 2026 to September 30, 2026	October 1, 2026 to October 15, 2026
<input type="checkbox"/>	2026 November PAC Pre-Election Report: October 1, 2026 to October 17, 2026	October 18, 2026 to October 19, 2026
<input type="checkbox"/>	2026 November Post-Primary Election Report (Local Nov Candidates)**: Oct. 1, 2026 to Nov. 3, 2026	November 4, 2026 to November 18, 2026
<input type="checkbox"/>	2026 November PAC Post-Election (Q4) Report: October 18, 2026 to December 31, 2026	January 1, 2027 to January 15, 2027
<input type="checkbox"/>	2026 Quarter 4 Report (Local Nov Candidates)**: November 4, 2026 to December 31, 2026	January 1, 2027 to January 15, 2027
<input type="checkbox"/>	2026 Quarter 4 Report: October 1, 2026 to December 31, 2026	January 1, 2027 to January 15, 2027
<input type="checkbox"/>	2026 Annual (Cumulative) Report (Local Candidates)*: January 1, 2026 to December 31, 2026	January 1, 2027 to January 15, 2027
<input type="checkbox"/>	Final Campaign Finance Report Prior to Committee Termination: End of Previous Period through Today's Date	Same Date of Termination

*Excluding local candidates who reported in their general election year.
 **Applies to charter cities that allow candidate primary elections on November election date.

FINANCIAL SUMMARY (required):

Activity	Cash Activity This Reporting Period	Election Cycle to Date
(a) Committee value at the beginning of this reporting period (i.e. ending balance from the previous reporting period)	\$ 0.00	
(b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)	\$ 1,016.89	\$ 1,016.89
(c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)	\$ 49.90	\$ 49.90
(d) = Balance at close of reporting period	\$ 966.39	
<input type="checkbox"/> Check here if filing no financial activity during the reporting period. Lines (a)-(d) must still be completed, but only this cover page and the following signed certification page need to be filed.		

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



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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.

TIFFANY CALEY

Printed Name of Committee Treasurer

Tiffany Caley

Signature of Committee Treasurer

04/09/2026

Date



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SUMMARY OF RECEIPTS (Schedule A):

Receipts	Cash	Equity
1. Monetary Contributions Received		
(a) In-State Individuals - More than \$100		
(b) In-State Individuals - \$100 or Less (Aggregate)	\$ 100.00	
(c) Out-of-State Individuals		
(d) Candidate Committees		
(e) Political Action Committees		
(f) Political Parties		
(g) Partnerships		
(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
(i) Labor Organizations (PACs & Political Parties Only)		
(j) Candidate's Personal Monies (Candidate Committees Only)	\$ 530.00	
(k) Monetary Contributions Subtotal (add 1(a) through 1(j))		
(l) 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))		
3. Rebates and Refunds Received		
4. Interest Accrued on Committee Monies		
5. In-Kind Contributions Received		
(a) In-State Individuals - More than \$100		\$ 150.00
(b) In-State Individuals - \$100 or Less (Aggregate)		
(c) Out-of-State Individuals		
(d) Candidate Committees		
(e) Political Action Committees		
(f) Political Parties		
(g) Partnerships		
(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
(i) Labor Organizations (PACs & Political Parties Only)		
(j) Candidate's Personal Assets or Property (Candidate Committees Only)		\$ 236.89
(k) In-Kind Contributions Subtotal (equity: add 5(a) through 5(j))		
6. In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
7. Extensions of Credit		
(a) Extensions of Credit Received		
(b) Payments on Extensions of Credit Received		
(c) Net Extensions of Credit (subtract 7(b) from 7(a))		
8. Joint Fundraising / Shared Expense Payments Received		
9. Payments Received for Goods / Services		
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)	\$ 630.00	\$ 386.89



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SUMMARY OF DISBURSEMENTS (Schedule B):

Disbursements	Cash	Equity
1. Disbursements for Operating Expenses	\$ 49.90	
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 3(b) & 3(c))		
4. Rebates and Refunds Made (Non-Contributions)		
5. Value of In-Kind Contributions Provided		
(a) Candidate Committees		
(b) Political Action Committees		
(c) Political Parties		
(d) Partnerships		
(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		
(f) Labor Organizations (PAC & Political Parties Only)		
(g) Contributions Subtotal (add 5(a) through 5(f))		
6. Independent Expenditures Made		
7. Ballot Measure Expenditures Made		
8. Recall Expenditures Made		
9. Support Provided to Party Nominees (Political Parties Only)		
10. Joint Fundraising / Shared Expense Payments Made		
11. Reimbursements Made		
12. Outstanding Accounts Payable / Debts Owed by Committee		
13. Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)		
14. Miscellaneous Disbursements		
15. Aggregate of Disbursements - \$250 or Less		
16. Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15)	\$ 49.90	



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

SCHEDULE A(1)(a)

Individual Contributor Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name		Date Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
2	Name		Date Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
3	Name		Date Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
4	Name		Date Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
5	Name		Date Contribution Received			
	Street Address					
	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(a))				\$ 0.00		

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

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



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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	\$ 100.00	\$ 100.00
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(b))	\$ 100.00	\$ 100.00

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



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MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

Individual Contributor Information			Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name				
	Date Contribution Received				
	Street Address				
	City	State			
Occupation		Employer			
2	Name				
	Date Contribution Received				
	Street Address				
	City	State			
Occupation		Employer			
3	Name				
	Date Contribution Received				
	Street Address				
	City	State			
Occupation		Employer			
4	Name				
	Date Contribution Received				
	Street Address				
	City	State			
Occupation		Employer			
5	Name				
	Date Contribution Received				
	Street Address				
	City	State			
Occupation		Employer			
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(c))			\$ 0.00		

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



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MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

Candidate Committee Contributor Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name TAYLOR HARRISON LAKE HAVASU CITY COUNCIL			\$ 0.00		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
2	Committee Name			\$ 0.00		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
3	Committee Name			\$ 0.00		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
4	Committee Name			\$ 0.00		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
5	Committee Name			\$ 0.00		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(d))				\$ 0.00		

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



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MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

Political Action Committee Contributor Information			Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
1	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date Contribution Received				
2	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date Contribution Received				
3	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date Contribution Received				
4	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date Contribution Received				
5	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date Contribution Received				
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(e))			\$ 0.00			

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



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MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

Political Party Contributor Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
2	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
3	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
4	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
5	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(f))				\$ 0.00		

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



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MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

Partnership Contributor Information			Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
1	Partnership Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date Contribution Received				
2	Partnership Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date Contribution Received				
3	Partnership Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date Contribution Received				
4	Partnership Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date Contribution Received				
5	Partnership Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date Contribution Received				
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(g))			\$ 0.00			

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



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MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

Corporation / LLC Contributor Information			Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
1	Corporation/LLC Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date Contribution Received				
2	Corporation/LLC Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date Contribution Received				
3	Corporation/LLC Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date Contribution Received				
4	Corporation/LLC Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date Contribution Received				
5	Corporation/LLC Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date Contribution Received				
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(h))			\$ 0.00			



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MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(I)

Labor Organization Contributor Information			Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
1	Labor Organization Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date Contribution Received				
2	Labor Organization Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date Contribution Received				
3	Labor Organization Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date Contribution Received				
4	Labor Organization Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date Contribution Received				
5	Labor Organization Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date Contribution Received				
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(i))			\$ 0.00			



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MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

Candidate Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name TAYLOR HARRISON		Date Contribution Received 01/15/2026	\$ 30.00	\$ 30.00	\$ 30.00
	Street Address [REDACTED]					
	City LAKE HAVASU CITY	State AZ	ZIP 86403			
	Occupation EMPLOYED	Employer MOHAVE MIST & SPA				
2	Name TAYLOR HARRISON		Date Contribution Received 03/10/2026	\$ 500.00	\$ 530.00	\$ 530.00
	Street Address [REDACTED]					
	City LAKE HAVASU CITY	State AZ	ZIP 86403			
	Occupation EMPLOYED	Employer MOHAVE MIST & SPA				
3	Name		Date Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
4	Name		Date Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
5	Name		Date Contribution Received			
	Street Address					
	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(j))				\$ 530.00		



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REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

Contributor Information				Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name		Date Contribution Refunded			
	Street Address					
	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
2	Name		Date Contribution Refunded			
	Street Address					
	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
3	Name		Date Contribution Refunded			
	Street Address					
	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
4	Name		Date Contribution Refunded			
	Street Address					
	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
5	Name		Date Contribution Refunded			
	Street Address					
	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(I))				\$ 0.00		



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LOANS RECEIVED:

SCHEDULE A(2)(a)

Lender Information			Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Lender Name	Date Loan Received			
	Street Address				
	City	State ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/>			
2	Lender Name	Date Loan Received			
	Street Address				
	City	State ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/>			
3	Lender Name	Date Loan Received			
	Street Address				
	City	State ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/>			
4	Lender Name	Date Loan Received			
	Street Address				
	City	State ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/>			
5	Lender Name	Date Loan Received			
	Street Address				
	City	State ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/>			
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 2(a))			\$ 0.00		

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



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FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

Lender Information				Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Lender Name		Date Forgiveness Received			
	Street Address					
	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
2	Lender Name		Date Forgiveness Received			
	Street Address					
	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
3	Lender Name		Date Forgiveness Received			
	Street Address					
	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
4	Lender Name		Date Forgiveness Received			
	Street Address					
	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
5	Lender Name		Date Forgiveness Received			
	Street Address					
	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 2(b))				\$ 0.00		

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



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REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

Borrower Information			Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Borrower Name				
	Date Repayment Received				
	Street Address				
	City	State			
Original Amount Borrowed		Amount Still Outstanding			
2	Borrower Name				
	Date Repayment Received				
	Street Address				
	City	State			
Original Amount Borrowed		Amount Still Outstanding			
3	Borrower Name				
	Date Repayment Received				
	Street Address				
	City	State			
Original Amount Borrowed		Amount Still Outstanding			
4	Borrower Name				
	Date Repayment Received				
	Street Address				
	City	State			
Original Amount Borrowed		Amount Still Outstanding			
5	Borrower Name				
	Date Repayment Received				
	Street Address				
	City	State			
Original Amount Borrowed		Amount Still Outstanding			
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 2(c))			\$ 0.00		

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



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INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

Borrower Information			Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Borrower Name				
	Date Interest Accrued				
	Street Address				
	City	State			
Original Amount Borrowed		Amount Still Outstanding			
2	Borrower Name				
	Date Interest Accrued				
	Street Address				
	City	State			
Original Amount Borrowed		Amount Still Outstanding			
3	Borrower Name				
	Date Interest Accrued				
	Street Address				
	City	State			
Original Amount Borrowed		Amount Still Outstanding			
4	Borrower Name				
	Date Interest Accrued				
	Street Address				
	City	State			
Original Amount Borrowed		Amount Still Outstanding			
5	Borrower Name				
	Date Interest Accrued				
	Street Address				
	City	State			
Original Amount Borrowed		Amount Still Outstanding			
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 2(d))			\$ 0.00		

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



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REBATES AND REFUNDS RECEIVED:

SCHEDULE A(3)

Payor Information				Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
1	Payor Name		Date Rebate/Refund Received				
	Street Address						
	City	State	ZIP				
	Original Purchase Amount	Reason for Refund/Rebate					
2	Payor Name		Date Rebate/Refund Received				
	Street Address						
	City	State	ZIP				
	Original Purchase Amount	Reason for Refund/Rebate					
3	Payor Name		Date Rebate/Refund Received				
	Street Address						
	City	State	ZIP				
	Original Purchase Amount	Reason for Refund/Rebate					
4	Payor Name		Date Rebate/Refund Received				
	Street Address						
	City	State	ZIP				
	Original Purchase Amount	Reason for Refund/Rebate					
5	Payor Name		Date Rebate/Refund Received				
	Street Address						
	City	State	ZIP				
	Original Purchase Amount	Reason for Refund/Rebate					
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 3)				\$ 0.00			



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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)		
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)		



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

SCHEDULE A(5)(a)

Individual Contributor Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name SAM HARRISON		Date In-Kind Contribution Received 01/14/2026	\$ 150.00	\$ 150.00	\$ 150.00
	Street Address [REDACTED]					
	City LAKE HAVASU CITY	State AZ	ZIP 86403			
	Occupation SELF EMPLOYED	Employer MOHAVE MIST & SPA				
2	Name		Date In-Kind Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
3	Name		Date In-Kind Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
4	Name		Date In-Kind Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
5	Name		Date In-Kind Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5(a))				\$ 150.00		

*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 ___



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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 - \$100 or Less		
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5 (b))		

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



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

SCHEDULE A(5)(c)

Individual Contributor Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
2	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
3	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
4	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
5	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5(c))				\$ 0.00		

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



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IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

Candidate Committee Contributor Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
2	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
3	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
4	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
5	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5(d))				\$ 0.00		

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



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IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

Political Action Committee Contributor Information			Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
1	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date In-Kind Contribution Received				
2	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date In-Kind Contribution Received				
3	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date In-Kind Contribution Received				
4	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date In-Kind Contribution Received				
5	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date In-Kind Contribution Received				
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5(e))			\$ 0.00			

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



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IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

Political Party Contributor Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
2	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
3	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
4	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
5	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5(f))				\$ 0.00		

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



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IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

Partnership Contributor Information			Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
1	Partnership Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date In-Kind Contribution Received				
2	Partnership Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date In-Kind Contribution Received				
3	Partnership Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date In-Kind Contribution Received				
4	Partnership Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date In-Kind Contribution Received				
5	Partnership Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date In-Kind Contribution Received				
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5(g))			\$ 0.00			

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



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IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

Corporation / LLC Contributor Information			Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
1	Corporation/LLC Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date In-Kind Contribution Received				
2	Corporation/LLC Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date In-Kind Contribution Received				
3	Corporation/LLC Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date In-Kind Contribution Received				
4	Corporation/LLC Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date In-Kind Contribution Received				
5	Corporation/LLC Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date In-Kind Contribution Received				
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5(h))			\$ 0.00			

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



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IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(I)

Labor Organization Contributor Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Received				
2	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Received				
3	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Received				
4	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Received				
5	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Received				
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5(i))				\$ 0.00		



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

SCHEDULE A(5)(j)

Candidate Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name	TAYLOR HARRISON		\$ 177.71	\$ 177.71	\$ 177.71
	Date In-Kind Contribution Received	01/23/2023				
	Street Address	2305 COSNINA DR				
	City	State	ZIP			
	LAKE HAVASU CITY	AZ	86403			
Asset or Property Contributed						
CASH						
2	Name	TAYLOR HARRISON		\$ 59.18	\$ 236.89	\$ 236.89
	Date In-Kind Contribution Received	01/28/2026				
	Street Address	2305 COSNINA DR				
	City	State	ZIP			
	LAKE HAVASU CITY	AZ	86403			
Asset or Property Contributed						
CASH						
3	Name					
	Date In-Kind Contribution Received					
	Street Address					
	City	State	ZIP			
Asset or Property Contributed						
4	Name					
	Date In-Kind Contribution Received					
	Street Address					
	City	State	ZIP			
Asset or Property Contributed						
5	Name					
	Date In-Kind Contribution Received					
	Street Address					
	City	State	ZIP			
Asset or Property Contributed						
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5(j))				\$ 236.89		

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



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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
1	Name		Date In-Kind Donation Received			
	Street Address					
	City	State	ZIP			
	Type of Item Donated					
2	Name		Date In-Kind Donation Received			
	Street Address					
	City	State	ZIP			
	Type of Item Donated					
3	Name		Date In-Kind Donation Received			
	Street Address					
	City	State	ZIP			
	Type of Item Donated					
4	Name		Date In-Kind Donation Received			
	Street Address					
	City	State	ZIP			
	Type of Item Donated					
5	Name		Date In-Kind Donation Received			
	Street Address					
	City	State	ZIP			
	Type of Item Donated					
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 6)				\$ 0.00		

Schedule A(6), page ____ of ____



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EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

Creditor Information				Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
2	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
3	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
4	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
5	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 7(a))				\$ 0.00		

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



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PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

Creditor Information				Payment Amount on Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
2	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
3	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
4	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
5	Name					
	Street Address					
	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))				\$ 0.00		

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



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JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

Payor Committee Information			Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name		Payment Date		
	Street Address				
	City	State	ZIP		
	Date of Joint Fundraising Event (if applicable)		Type of Shared Expense (if applicable)		
2	Committee Name		Payment Date		
	Street Address				
	City	State	ZIP		
	Date of Joint Fundraising Event (if applicable)		Type of Shared Expense (if applicable)		
3	Committee Name		Payment Date		
	Street Address				
	City	State	ZIP		
	Date of Joint Fundraising Event (if applicable)		Type of Shared Expense (if applicable)		
4	Committee Name		Payment Date		
	Street Address				
	City	State	ZIP		
	Date of Joint Fundraising Event (if applicable)		Type of Shared Expense (if applicable)		
5	Committee Name		Payment Date		
	Street Address				
	City	State	ZIP		
	Date of Joint Fundraising Event (if applicable)		Type of Shared Expense (if applicable)		
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 8)			\$ 0.00		

Schedule A(8), page ___ of ___



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PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

Payor Information				Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
2	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
3	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
4	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
5	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 9)				\$ 0.00		

Schedule A(9), page ___ of ___



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OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

Information				Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name					
	Street Address					
	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
2	Name					
	Street Address					
	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
3	Name					
	Street Address					
	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
4	Name					
	Street Address					
	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
5	Name					
	Street Address					
	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)				\$ 0.00		

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



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MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

Source Information				Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name					
	Street Address					
	City	State	ZIP			
	Receipt Type		Receipt Date			
2	Name					
	Street Address					
	City	State	ZIP			
	Receipt Type		Receipt Date			
3	Name					
	Street Address					
	City	State	ZIP			
	Receipt Type		Receipt Date			
4	Name					
	Street Address					
	City	State	ZIP			
	Receipt Type		Receipt Date			
5	Name					
	Street Address					
	City	State	ZIP			
	Receipt Type		Receipt Date			
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 12)				\$ 0.00		

Schedule A(12), page ___ of ___



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DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

Recipient Information				Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name WELLS FARGO	Disbursement Date 03/31/2026		\$ 15.00	\$ 15.00	\$ 15.00
	Street Address 1601 MCCULLOCH BLVD N					
	City LAKE HAVASU CITY	State AZ	ZIP 86403			
	Type of Operating Expense Paid BANK FEE	Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/>				
2	Name STRIPE	Disbursement Date 03/18/2026		\$ 3.20	\$ 3.20	\$ 3.20
	Street Address					
	City	State	ZIP			
	Type of Operating Expense Paid MERCHANT FEE	Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/>				
3	Name KELLIWALLIN.COM	Disbursement Date 03/25/2026		\$ 31.70	\$ 31.70	\$ 31.70
	Street Address 1850 MCCULLOCH BLVD STE C1-284					
	City LAKE HAVASU CITY	State AZ	ZIP 86403			
	Type of Operating Expense Paid WEBSITE SERVICES	Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/>				
4	Name	Disbursement Date				
	Street Address					
	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/>				
5	Name	Disbursement Date				
	Street Address					
	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/>				
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 1)				\$ 49.90		

Schedule B(1), page ___ of ___



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MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

Candidate Committee Recipient Information				Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1				<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
Committee Name						
Street Address						
City	State	ZIP				
Committee ID Number		Date Contribution Made				
2				<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
Committee Name						
Street Address						
City	State	ZIP				
Committee ID Number		Date Contribution Made				
3				<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
Committee Name						
Street Address						
City	State	ZIP				
Committee ID Number		Date Contribution Made				
4				<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
Committee Name						
Street Address						
City	State	ZIP				
Committee ID Number		Date Contribution Made				
5				<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
Committee Name						
Street Address						
City	State	ZIP				
Committee ID Number		Date Contribution Made				
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(a))				\$ 0.00		

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
26-NP-003

MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

Political Action Committee Recipient Information				Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
2	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
3	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
4	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
5	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(b))				\$ 0.00		

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
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COMMITTEE ID NUMBER
26-NP-003

MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

Political Party Recipient Information				Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
2	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
3	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
4	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
5	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(c))				\$ 0.00		

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**STATE OF ARIZONA
COMMITTEE CAMPAIGN
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COMMITTEE ID NUMBER
26-NP-003

MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

Partnership Recipient Information				Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Partnership Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
2	Partnership Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
3	Partnership Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
4	Partnership Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
5	Partnership Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(d))				\$ 0.00		

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26-NP-003

MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

Corporation / LLC Recipient Information				Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Corporation/LLC Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number		Date Contribution Made			
2	Corporation/LLC Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number		Date Contribution Made			
3	Corporation/LLC Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number		Date Contribution Made			
4	Corporation/LLC Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number		Date Contribution Made			
5	Corporation/LLC Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number		Date Contribution Made			
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(e))				\$ 0.00		

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**STATE OF ARIZONA
COMMITTEE CAMPAIGN
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26-NP-003

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

Labor Organization Recipient Information				Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Labor Organization Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number		Date Contribution Made			
2	Labor Organization Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number		Date Contribution Made			
3	Labor Organization Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number		Date Contribution Made			
4	Labor Organization Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number		Date Contribution Made			
5	Labor Organization Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number		Date Contribution Made			
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(f))				\$ 0.00		

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
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CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

Contributor Information				Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name		Date Refund Received			
	Street Address					
	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
2	Committee Name		Date Refund Received			
	Street Address					
	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
3	Committee Name		Date Refund Received			
	Street Address					
	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
4	Committee Name		Date Refund Received			
	Street Address					
	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
5	Committee Name		Date Refund Received			
	Street Address					
	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(h))				\$ 0.00		

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
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26-NP-003

LOANS MADE:

SCHEDULE B(3)(a)

Borrower Information				Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Borrower Name					
	Street Address					
	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
2	Borrower Name					
	Street Address					
	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
3	Borrower Name					
	Street Address					
	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
4	Borrower Name					
	Street Address					
	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
5	Borrower Name					
	Street Address					
	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 3(a))				\$ 0.00		

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
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COMMITTEE ID NUMBER
26-NP-003

LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

Guarantor Information				Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Guarantor Name					
	Street Address					
	City	State	ZIP			
	Borrower Name		Date Loan Guaranteed			
2	Guarantor Name					
	Street Address					
	City	State	ZIP			
	Borrower Name		Date Loan Guaranteed			
3	Guarantor Name					
	Street Address					
	City	State	ZIP			
	Borrower Name		Date Loan Guaranteed			
4	Guarantor Name					
	Street Address					
	City	State	ZIP			
	Borrower Name		Date Loan Guaranteed			
5	Guarantor Name					
	Street Address					
	City	State	ZIP			
	Borrower Name		Date Loan Guaranteed			
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 3(b))				\$ 0.00		

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



**STATE OF ARIZONA
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FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

Borrower Information				Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Borrower Name		Date Forgiveness Made			
	Street Address					
	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
2	Borrower Name		Date Forgiveness Made			
	Street Address					
	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
3	Borrower Name		Date Forgiveness Made			
	Street Address					
	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
4	Borrower Name		Date Forgiveness Made			
	Street Address					
	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
5	Borrower Name		Date Forgiveness Made			
	Street Address					
	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 3(c))				\$ 0.00		

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



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REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

Lender Information				Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Lender Name		Date Repayment Made			
	Street Address					
	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
2	Lender Name		Date Repayment Made			
	Street Address					
	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
3	Lender Name		Date Repayment Made			
	Street Address					
	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
4	Lender Name		Date Repayment Made			
	Street Address					
	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
5	Lender Name		Date Repayment Made			
	Street Address					
	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 3(d))				\$ 0.00		

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



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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
1	Lender Name		Date Interest Accrued		
	Street Address				
	City	State	ZIP		
	Original Amount Borrowed	Amount Still Outstanding			
2	Lender Name		Date Interest Accrued		
	Street Address				
	City	State	ZIP		
	Original Amount Borrowed	Amount Still Outstanding			
3	Lender Name		Date Interest Accrued		
	Street Address				
	City	State	ZIP		
	Original Amount Borrowed	Amount Still Outstanding			
4	Lender Name		Date Interest Accrued		
	Street Address				
	City	State	ZIP		
	Original Amount Borrowed	Amount Still Outstanding			
5	Lender Name		Date Interest Accrued		
	Street Address				
	City	State	ZIP		
	Original Amount Borrowed	Amount Still Outstanding			
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 3(e))			\$ 0.00		

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



**STATE OF ARIZONA
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26-NP-003

REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

Recipient Information			Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name of Original Payor				
	Date Rebate/Refund Made				
	Street Address				
	City	State			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment		
2	Name of Original Payor				
	Date Rebate/Refund Made				
	Street Address				
	City	State			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment		
3	Name of Original Payor				
	Date Rebate/Refund Made				
	Street Address				
	City	State			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment		
4	Name of Original Payor				
	Date Rebate/Refund Made				
	Street Address				
	City	State			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment		
5	Name of Original Payor				
	Date Rebate/Refund Made				
	Street Address				
	City	State			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment		
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 4)			\$ 0.00		

Schedule B(4), page ___ of ___



**STATE OF ARIZONA
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IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

Candidate Committee Recipient Information			Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
1	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date In-Kind Contribution Made				
2	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date In-Kind Contribution Made				
3	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date In-Kind Contribution Made				
4	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date In-Kind Contribution Made				
5	Committee Name					
	Street Address					
	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 "Summary of Disbursements," line 5(a))			\$ 0.00			

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



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IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

Political Action Committee Recipient Information			Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
1	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date In-Kind Contribution Made				
2	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date In-Kind Contribution Made				
3	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date In-Kind Contribution Made				
4	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date In-Kind Contribution Made				
5	Committee Name					
	Street Address					
	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 "Summary of Disbursements," line 5(b))			\$ 0.00			

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



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IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

Political Party Recipient Information				Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
2	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
3	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
4	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
5	Committee Name					
	Street Address					
	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 "Summary of Disbursements," line 5(c))				\$ 0.00		

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



**STATE OF ARIZONA
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IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

Partnership Recipient Information				Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Made				
2	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Made				
3	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Made				
4	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Made				
5	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Made				
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 5(d))				\$ 0.00		

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IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

Corporation / LLC Recipient Information				Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Corporation/LLC Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number		Date In-Kind Contribution Made			
2	Corporation/LLC Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number		Date In-Kind Contribution Made			
3	Corporation/LLC Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number		Date In-Kind Contribution Made			
4	Corporation/LLC Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number		Date In-Kind Contribution Made			
5	Corporation/LLC Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number		Date In-Kind Contribution Made			
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 5(e))				\$ 0.00		

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IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

Labor Organization Recipient Information				Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number		Date In-Kind Contribution Made			
2	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number		Date In-Kind Contribution Made			
3	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number		Date In-Kind Contribution Made			
4	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number		Date In-Kind Contribution Made			
5	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number		Date In-Kind Contribution Made			
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 5(f))				\$ 0.00		



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INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

Expenditure Recipient Information			Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Recipient Name		Mode of Advertising (TV, mail, etc)		
	Street Address				
	City	State	ZIP		
	Candidate(s) Supported (including % supported)		Candidate(s) Opposed (including % opposed)		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought		
		<input type="checkbox"/> Cash <input type="checkbox"/> Credit			
2	Recipient Name		Mode of Advertising (TV, mail, etc)		
	Street Address				
	City	State	ZIP		
	Candidate(s) Supported (including % supported)		Candidate(s) Opposed (including % opposed)		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought		
		<input type="checkbox"/> Cash <input type="checkbox"/> Credit			
3	Recipient Name		Mode of Advertising (TV, mail, etc)		
	Street Address				
	City	State	ZIP		
	Candidate(s) Supported (including % supported)		Candidate(s) Opposed (including % opposed)		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought		
		<input type="checkbox"/> Cash <input type="checkbox"/> Credit			
4	Recipient Name		Mode of Advertising (TV, mail, etc)		
	Street Address				
	City	State	ZIP		
	Candidate(s) Supported (including % supported)		Candidate(s) Opposed (including % opposed)		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought		
		<input type="checkbox"/> Cash <input type="checkbox"/> Credit			
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 6)			\$ 0.00		



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BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

Expenditure Recipient Information			Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Recipient Name		<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Mode of Advertising (TV, mail, etc)				
	Street Address				
	City	State ZIP			
	Ballot Measure(s) Supported (including % supported)				
Date of First Publication, Display, Delivery, or Broadcast		Election Month/Year			
2	Recipient Name		<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Mode of Advertising (TV, mail, etc)				
	Street Address				
	City	State ZIP			
	Ballot Measure(s) Supported (including % supported)				
Date of First Publication, Display, Delivery, or Broadcast		Election Month/Year			
3	Recipient Name		<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Mode of Advertising (TV, mail, etc)				
	Street Address				
	City	State ZIP			
	Ballot Measure(s) Supported (including % supported)				
Date of First Publication, Display, Delivery, or Broadcast		Election Month/Year			
4	Recipient Name		<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Mode of Advertising (TV, mail, etc)				
	Street Address				
	City	State ZIP			
	Ballot Measure(s) Supported (including % supported)				
Date of First Publication, Display, Delivery, or Broadcast		Election Month/Year			
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 7)			\$ 0.00		

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RECALL EXPENDITURES MADE:

SCHEDULE B(8)

Expenditure Recipient Information				Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Recipient Name		Mode of Advertising (TV, mail, etc)	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?		Candidate Sought to be Recalled			
	Date of First Publication, Display, Delivery, or Broadcast		Office Held			
2	Recipient Name		Mode of Advertising (TV, mail, etc)	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?		Candidate Sought to be Recalled			
	Date of First Publication, Display, Delivery, or Broadcast		Office Held			
3	Recipient Name		Mode of Advertising (TV, mail, etc)	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?		Candidate Sought to be Recalled			
	Date of First Publication, Display, Delivery, or Broadcast		Office Held			
4	Recipient Name		Mode of Advertising (TV, mail, etc)	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?		Candidate Sought to be Recalled			
	Date of First Publication, Display, Delivery, or Broadcast		Office Held			
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 8)				\$ 0.00		

Schedule B(8), page ___ of ___



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SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

Benefitted Candidate			Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
1	Candidate Name					
	Date Benefit Provided					
	Street Address					
	City	State				ZIP
	Type of Benefit Provided					
Notes:						
2	Candidate Name					
	Date Benefit Provided					
	Street Address					
	City	State				ZIP
	Type of Benefit Provided					
Notes:						
3	Candidate Name					
	Date Benefit Provided					
	Street Address					
	City	State				ZIP
	Type of Benefit Provided					
Notes:						
4	Candidate Name					
	Date Benefit Provided					
	Street Address					
	City	State				ZIP
	Type of Benefit Provided					
Notes:						
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 9)			\$ 0.00			

Schedule B(9), page ___ of ___



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JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

Recipient Committee Information				Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name		Payment Date	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)		Type of Shared Expense (if applicable)			
2	Committee Name		Payment Date	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)		Type of Shared Expense (if applicable)			
3	Committee Name		Payment Date	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)		Type of Shared Expense (if applicable)			
4	Committee Name		Payment Date	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)		Type of Shared Expense (if applicable)			
5	Committee Name		Payment Date	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)		Type of Shared Expense (if applicable)			
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 10)				\$ 0.00		



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REIMBURSEMENTS MADE:

SCHEDULE B(11)

Recipient Information				Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date			
2	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date			
3	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date			
4	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date			
5	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date			
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 11)				\$ 0.00		



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OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

Debt Information				Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name					
	Street Address					
	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
2	Name					
	Street Address					
	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
3	Name					
	Street Address					
	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
4	Name					
	Street Address					
	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
5	Name					
	Street Address					
	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 "Summary of Receipts," line 12)				\$ 0.00		



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



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MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

Recipient Information				Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Disbursement Type		Disbursement Date			
2	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Disbursement Type		Disbursement Date			
3	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Disbursement Type		Disbursement Date			
4	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Disbursement Type		Disbursement Date			
5	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Disbursement Type		Disbursement Date			
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 14)				\$ 0.00		



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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)		