COMMITTEE ID NUMBER 22-NP-008

COMMITTEE INFORMATION (required):

E INFORMATION (only	if filing as a candidate committee):	
Office Sought:	☐ County Office:	☐ Special District Office:
	□ City/Town Office: Lake Havasu City of	☐ School Board District:

☐ Check here if this is the candidate committees 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) 10-13-22 REPORTING PERIOD (check one):

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

Reporting deadline extended to next business day 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.

Cash Activity This Election Cycle to Reporting Period Date
ting period (i.e. ending balance from the 177.05
ush column) for this reporting period) 2280.35 07-20-22
nts," line 16 (cash column) for this reporting period) 2457.40 10-13-22
0
e reporting period. Lines (a)-(d) still must be completed, but only this co





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

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

Michele Lin		10-13-22	
2.7 (10)			
Printed Name of Committee Treasurer	Signature of Committee Treasurer	Date	



27-NP-008

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

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

Michele Lin		10-13-22
Printed Name of Committee Treasurer	Signature of Committee Treasurer	 Date



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)		
	(c) Out-of-State Individuals		Harry Charles
_	(d) Candidate Committees		
	(e) Political Action Committees		
	(f) Political Parties		
	(g) Partnerships		
	(h) Corporations & Limited Liabitity Companies (PACs & Political Parties Only)		
	All the second transfer of the second transfe	1000	
_	(i) Labor Organizations (PACs & Political Parties Only)	1280.35	
_	(j) Candidate's Personal Monies (Candidate Committees Only)	1200.00	
_	(k) Monetary Contributions Subtotal (add 1(a) through 1(j))		
_	(I) Refunds Given Back to Contributors		
_	(m) Net Monetary Contributions (subtract 1(l) from 1(k))		
2.	Loans (a) Loans Received		
	(b) Forgiveness on Loans Received		
	(c) Repayment on Loans Made		
	(d) Interest Accrued on Loans Made		
	(e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))		
3	Rebates and Refunds Received		
4:	Interest Accrued on Committee Monies		
5.	In-Kind Contributions Received		
	(a) In-State Individuals - More than \$100		
	(b) In-State Individuals - \$100 or Less (Aggregate)		
	(c) Out-of-State Individuals		
	(d) Candidate Committees		
	(e) Political Action Committees		
	(f) Political Parties		
	(g) Partnerships		
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(i) Labor Organizations (PACs & Political Parties Only)		
	(j) Candidate's Personal Assets or Property (Candidate Committees Only)		
	(k) In-Kind Contributions Subtotal (equity: add 5(a) through 5(j))		
6.	In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
7.	Extensions of Credit		
	(a) Extensions of Credit Received		
	(b) Payments on Extensions of Credit Received		
	(c) Net Extensions of Credit (subtract 7(b) from 7(a))		
8.	Joint Fundraising / Shared Expense Payments Received		
9.	Payments Received for Goods / Services		
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, 8-9, 11-12; equity: add 2(b), 5(k), 6-7(c), 10-12)	2280.35	



SUMMARY OF DISBURSEMENTS (Schedule B):

	Disbursements	Cash	Equity
1.	Disbursements for Operating Expenses		
2,	Contributions Made		
	(a) Candidate Committees		
	(b) Political Action Committees		
	(c) Political Parties		
	(d) Partnerships		
	(e) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(f) Labor Organizations (PACs & 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		The state of the s
	(f) Total Loans (cash: add 3(a), 3(d) & 3(e); equity: add 2(b) & 2(c))		
4.	Rebates and Refunds Made (Non-Contributions)	1177.05	
5.	Value of In-Kind Contributions Provided		
	(a) Candidate Committees	MANUFACTURE IN	
	(b) Political Action Committees		
	(c) Political Parties		
	(d) Partnerships		
	(e) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(f) Labor Organizations (PACs & Political Parties Only)		
	(g) Contributions Subtotal (add 5(a) through 5(f))		
6.	Independent Expenditures Made		THE INCHES
7.	Ballot Measure Expenditures Made		TAN HOUSE
8	Recall Expenditures Made		
9.	Support Provided to Party Nominees (Political Parties Only)		
10.	Joint Fundraising / Shared Expense Payments Made		a standard S
11:0	Reimbursements Made		PROPERTY OF
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 (use cash and/or equity as applicable)		
15	Aggregate of Disbursements - \$250 or Less (use cash and/or equity as applicable)		
16.	Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15)	1177.05	



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

SCHEDULE A(1)(a)

_	4	ributor Informatio		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1	City	Slate	ZIP			
	Occupation	Employer				
	Name	Į	Date Contribution Received			-
	Street Address			-		
2	City	State	ZIP			
	Occupation	Employer		-		
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer		-		
	Name	Į	Date Contribution Received			
	Sireel Address					
4	City	State	ZIP	-		
	Occupation	Employer				
_	Name		Date Contribution Received			
	Street Address			-		
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 "	ine 1(a))			

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

Schedule A(1)(a), page 3 of 10



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

SCHEDULE A(1)(b)

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

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



MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

/				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer		_		
	Name		Date Contribution Received			
Ì	Street Address					
2	City	State	ZIP		1	
Ì	Occupation	Employer	I			
1	Name	l·	Date Contribution Received			
Ì	Street Address		I.			
3	City	State	ZIP			
İ	Occupation	Employer	L			
1	Name	J	Date Contribution Received			
İ	Street Address					
4	City	State	ZIP			
Ì	Occupation	Employer	L			
1	Name	<u>I</u>	Date Contribution Received			
	Street Address		Į.			
5	City	Stale	ZIP			
	Occupation	Employer	I.—			
+	Enter total only if last page of schedule (transfer the total received this period to "Sum		1			

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

MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(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	ΖΪΡ			
		Committee ID Number	Date Contribution Receive	ed			
Ì		Committee Name					
		Street Address			i		
	2	City	State	ZIP			-
	į.	Committee ID Number	Date Contribution Receive	ed			
ł		Committee Name					
		Street Address					
	3	City	State	ZIP			
İ	0	Committee ID Number	Date Contribution Receive	ed			
Ì		Committee Name					
		Street Address					
	4	City	State	ZIP			
	2	Committee ID Number	Date Contribution Receive	L ed			
		Committee Name					
	1	Street Address					
	5	Cily	State	ZIP			
	3	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				
	_						

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

COMMITTEE ID NUMBER 22-NP-008

MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

/	Political Action Commit	tee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name LHPFFA PAC Street Address			1000		
L						
1	city Lake Havasu City	State AZ	ZIP 86405			
	Committee ID Number 200002326	Date Contribution Receive 7/20/22	ed			
	Committee Name					
	Street Address					
2	City	State	ZIP	-		
	Committee ID Number	Date Contribution Receiv	ed			
_	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	l ed			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	led			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts " I	ine 1(e))		1000	1000
_	L	, 2	\=//			

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





MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

9						
	Political F	Party Contributor Informa	tion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
8	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	red			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Cammittee ID Number	Date Contribution Recei	ved			
-	Committee Name					
	Street Address					
3	Gity	State	ZIP			
	Committee ID Number Date Contribution Received					
	Committee Name					
	Street Address					
4	4 city	Stale	ZIP			
	Committee ID Number	Committee ID Number Date Contribution Received				
	Committee Name					
	Street Address	Street Address				
5	5 city	State	ZIP	-		
	Committee ID Number	Date Contribution Recei	ived			
F	Enter total only if last page of so (transfer the total received this perio	chedule of Receipts,"	line 1(f))			

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

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

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





MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

_	Corporation / LLC C	Contributor Inform	ation	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	ed			
	Corporation/LLC Name					
	Streel Address					
2	City	Slale	ZIP	•		
	Corporation Commission File Number	Date Contribution Receive	ed			
	Corporation/LLC Name					
	Street Address					
3	Cily	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
	Corporation/LLC Name	<u></u>				
	Street Address			-		
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	l ed			
r	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receiv	l ed			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts."	line 1(h))			
	P	, (C.C.)	* **		·	

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

COMMITTEE ID NUMBER 22-NP-008

MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS

SCHEDULE A(1)(i)

/	Labor Organization	Contributor Inforn	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	d			
	Labor Organization Name					
	Street Address					
2	City	Slate	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
_	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
_	Labor Organization Name	L				
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	<u>l</u>			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	many of Receipts " I	ine 1(i))		1000	

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



COMMITTEE ID NUMBER 22-NP -008

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
Г	Name Michele Lin		Date Contribution Received 7/13/22	1280.35		
	Street Address					
1	c _{ity} lake havasu city	State az	ZIP 86406			
	Оссирабол	Employer	di .			
	Name	4	Date Contribution Received			
	Street Address					
2	City	Slate	ZIP			
	Occupation	Employer				
Г	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			5
	Оссиравол	Employer				
F	Name Date C		Date Contribution Received			
	Street Address					
4	City	State	ZIP			=
	Occupation	Employer				
F	Name		Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page of (transfer the total received this p	of schedule	nts " line 1(i))			



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

/	Contributo	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Michele Lin		Date Contribution Refunded 10-13-22	1177.05		1107.05
4	Street Address		<u> </u>			
1	city Lake Havasu	State AZ	86406			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Sireet Address					
2	City	State	ZIP		Ï	
	ID Number (if applicable)		Date of Original Contribution			
_	Name		Date Contribution Refunded			
	Street Address					
3	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Dale Contribution Refunded			
	Streel Address					
4	City	State	ZIP	1		
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address			1		
5	City	State	ZIP	1		
	ID Number (if applicable)		Date of Original Contribution	-		
	Enter total only if last page of schedule (transfer the total received this period to "Sumr	mary of Receipts," li	Ine 1(I))			

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





LOANS RECEIVED: SCHEDULE A(2)(a)

/	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			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)				
	Lender Name	Date Loan Received				
	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (I 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)				ē.
	Lender Name	Date Loan Received				
	Streel Address					
4	City	State	ZIP			
	Guarantor/Endorser Name		PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address					
5	City	Slate	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," i	ine 2(a))			

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



FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

/	Lender I	nformation		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Forgiveness Received			
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	1.			
	Lender Name	Į.	Dale Forgiveness Received			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	·			
	Lender Name Date Forgivenes		Date Forgiveness Received			
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	M.			
	Lender Name	•	Date Forgiveness Received			
	Street Address		1			
4	City	State	ZIP			
	Original Amount of Loan	t of Loan Amount Still Outslanding				
	Lender Name		Dale Forgiveness Received			
	Street Address					
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 2(b))					

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



REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

00	Borrower	Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Repayment Received			
	Street Address		I			
1	City	Slate	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
Ī	Borrower Name		Date Repayment Received			
	Street Address					
2	City	State	ZIP	1		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Borrower Name		Date Repayment Received			
	Street Address			-		
3	City	Slale	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Sireet Address			_		
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address				·_	
5	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding				

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

INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

/	/	Borrower	Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Borrower Name		Date Interest Accrued			
		Street Address		11			
'	1	City	State	ZIP			
		Original Amount Borrowed	Amount Still Outstanding				
r		Borrower Name	l	Date Interest Accrued			
		Street Address					
2	2	City	State	ZIP			
		Original Amount Borrowed	Amount Still Outstanding				
r		Borrower Name		Date Interest Accrued			
		Street Address					
3	3	City	State	ZIP			
		Original Amount Borrowed	Amount Still Outstanding				
		Borrower Name		Dale Interest Accrued			
		Street Address					
4	4	City	State	ZIP			
	İ	Original Amount Borrowed Amount Still Outstanding					
		Borrower Name	l.	Date Interest Accrued			
		Street Address		l			
5	5	City	State	ZIP			
		Original Amount Borrowed	Amount Still Outstanding				
-	+	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts " I	ine 2(d))			
_	_	,	, -: ::===:p:=; ·	\ -//			

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



REBATES AND REFUNDS RECEIVED:

SCHEDULE A(3)

/	Payor	Information		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Payor Name		Date Rebate/Refund Received			
	Street Address					
1	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebat	e			
	Payor Name	1	Date Rebate/Refund Received			
	Street Address					
2	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebat	0			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebat	e			
	Payor Name	Date Rebate/Refund Received				
	Street Address		Į.			
4	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebat	<u>I</u> e			
	Payor Name		Date Rebate/Refund Received			
	Sireel Address			1		
5	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebat	0:			
_	Enter total only if last page of schedule (transfer the total received this period to "Sur	1		<u> </u>		

Schedule A(3), page ____ of ___

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Account with Interest Earned (Bank Name / Type of Account)		
Account with Interest Eamed (Bank Name / Type of Account)		
Account with Interest Eamed (Bank Name / Type of Account)		
Account with Interest Eamed (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)

/	Individual Contr	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	<u> </u>	Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name	l.	Date In-Kind Contribution Received			
	Street Address		l,	-		
3	City	State	ZIP			
	Occupation	Employer	ľ.			
	Name	L	Date In-Kind Contribution Received			
	Streel Address					
4	City	State	ZIP			
	Occupation	Employer		-		
	Name		Date In-Kind Contribution Received			
	Street Address					
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 5(a))			

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

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

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

SCHEDULE A(5)(b)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Cumulative In-Kind Contributions from Individuals - \$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),





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

SCHEDULE A(5)(c)

_		ributor Informatio		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Name Street Address		Date In-Kind Contribution Received				
		Τ.	T				
	City	State	ZIP				
	Occupation	Employer					
	Name		Date In-Kind Contribution Received				
	Street Address						
2	City	State	ZIP				
	Occupation	Employer					
	Name	I.	Date In-Kind Contribution Received				
	Street Address		I.	•			
3	City	State	ZIP				
	Occupation	Employer					
	Name	Date In-Kind Contribution Received					
	Street Address						
ا '	City	State	ZIP				
	Occupation	Employer					
	Name	-	Date In-Kind Contribution Received				
	Street Address		λ			Y.,	
5	City	State	ZIP				
	Occupation	Employer).				
1	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5(c))						



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

/	Candidate Committee	e Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
2	Cíty	State	ŻIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Dale In-Kind Contribution	Received			
	Committee Name	I.				
	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," li	ine 5(d))			

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

_	Political Action Commi	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			
r	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received			
r	Committee Name	1				
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received			
-	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
H	Committee Name	<u>, </u>				
	Street Address					
5	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	n Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sui	mmary of Receipts."	line 5(e))			
_						

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			
	Committee Name	I.			_	
	Street Address	Street Address				
2	City	Slate	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name	l;				
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
	Committee Name	<u>I</u> .				
	Street Address					
4	City	State	ZIP			
	Committee ID Number	mber Date In-Kind Contribution Received				
	Committee Name	<u></u>				
	Street Address		9			
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	line 5(f))			

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

IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

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

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





IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

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

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	I.				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
-	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	line 5(i))			

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

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

SCHEDULE A(5)(j)

2						
	Candid	ate Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Г	Name		Date In-Kind Contribution Received			***
	Street Address					
1	City	State	ZIP	-		
	Asset or Property Contributed					
Ī	Name		Date In-Kind Contribution Received			
	Street Address		_1	- 2		
2	2 City	State	ZIP			
	Silv	Ciaco				
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address			1		
3	3	-11	T.			
	City	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address		1			
4	1 City	State	ZIP	-		
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address	Street Address		1		
5) City	State	ZIP	-		
	City	Giate	C-IT			
	Asset or Property Contributed					
Ī	Enter total only if last page of schedul (transfer the total received this period to "Si	e Immany of Passint	e " line 5(i))			
	Thransier the total received this period to "Si		Schedule A(5)(j), page o	f		

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

SCHEDULE A(6)

/	Source	Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Name		Date In-Kind Donation Received				
	Street Address						
1	City	State	ZIP				
	Type of Item Donated		I.				
	Name		Date In-Kind Donation Received				
	Street Address						
2	City	State	ZIP				
	Type of Item Donated						
	ame		Date In-Kind Donation Received				
	Street Address						
3	City	State	ZIP				
	Type of Item Donated						
	Name		Date In-Kind Donation Received				
	Street Address						
4	City	State	ZIP				
	Type of Item Donated						
	Name		Date In-Kind Donation Received				
	Street Address					1	
5	City	State	ZIP				
	Type of Item Donated						
-	Enter total only if last page of schedule (transfer the total received this period to "Sun						

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					
	Sireet Address					
1	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name		I.			
	Sireel Address	Street Address				
2	City	Stale	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Provided on Credit Date of Extension of Credit					
	Name					
	Streel Address					
4	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit	:		
	Name		I.			
	Streat Address					
5	City	State	ZIP			
	Services or Goods Provided on Credit	11	Date of Extension of Credit			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts." I	line 7(a))			
_						

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
	lame					
	Street Address					
1	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
2	Street Address					
	City	State	ZIP		1	
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
3	Sireel Address					
	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					
5	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 "Sum					
_	frameter the total received this belied to Sum	mary or neceipts,	mre r(D))			

Arizona Secretary of State Revision 12/29/21 (fillable format)

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



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

Payor Co	mmittee Information	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
tee Name		Payment Date			
ddress					
	State	ZIP			
Date of Joint Fundraising Event (if applicable) Type of Shared Expense (se (if applicable)			
Committee Name		Payment Date			
Street Address					
	State	ZIP			
Joint Fundraising Event (if applicable)	Type of Shared Expens	se (if applicable)			
Committee Name		Payment Date			
Street Address					
	State	ZIP			
loint Fundraising Event (if applicable)	Type of Shared Expens	se (if applicable)			
Committee Name		Payment Date			
Street Address					
	State	ZIP	_		
loint Fundraising Event (if applicable)	Type of Shared Expens	se (if applicable)	-		
tee Name		Payment Date			
Street Address					
	State	ZIP			
loint Fundraising Event (if applicable)	Type of Shared Expens	se (if applicable)			
tot	al only if last page of schedu	Fundraising Event (if applicable) Type of Shared Expen all only if last page of schedule	Fundraising Event (if applicable) Type of Shared Expense (if applicable)	Fundraising Event (if applicable) Type of Shared Expense (if applicable) all only if last page of schedule	Fundraising Event (if applicable) Type of Shared Expense (if applicable) all only if last page of schedule

Schedule A(8), page____ of ____

PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

/		of a section] 	Cumulative	Cumulative	
	Name	nformation		Payment Amount	Amount this Reporting Period	Amount this Election Cycle	
	Street Address						
1	City	State	ZIP				
	Services or Goods Purchased	4:	Payment Date				
	Name						
	Streel Address						
2	City	State	ZIP				
	Services or Goods Purchased		Payment Date	-			
	Name						
	Street Address						
3	City	State	ZIP				
	Services or Goods Purchased	Payment Date					
	Name						
	Street Address						
4	City	State	ZIP				
	Services or Goods Purchased		Payment Date				
	Name						
	Street Address						
5	City	State	ZIP				
	Services or Goods Purchased		Payment Date				
_	Enter total only if last page of schedule						
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 9)				

Schedule A(9), page____ of ____



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

/	Infor	mation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name	L.				
	Street Address					
2	2 City	State	ZIP			
	Type of Account Receivable or Debt Owed	<u> </u>	Date that Debt Accrued			
-	Name					
	Street Address			-		
3	3 City	State	ZIP			
	Type of Account Receivable or Debt Owed	Date that Debt Accrued				
-	Name					
	Street Address					
4	4	r	r			
	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
5	City	State	ZIP			
	Type of Account Receivable or Debt Owed	<u>.</u>	Date that Debt Accrued	:		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts " I	ine 10)			
_	The second and police to delin	, 5	,			

Schedule A(10), page____ of ____



TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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

Schedule A(11), page____ of ____



MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

_		Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Street Address					
1	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
2	Streel Address	T.				
	Gity	State	ZIP			
	Receipl Type		Receipt Date			
	Name					
3	Streel Address		1			
ľ	diy	Slate	ZIP			
		Receipt Type Receipt Date				
	Name					
4	Streel Address		19			
	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name	Name				
5	Street Address	ı	T	-		
	Oily	State	ZIP			
	Receipt Type		Receipl Date			
	Enter total only if last page of schedule (transfer the total received this period to "Sun	nmary of Receipts,"	line 12)			

Schedule A(12), page____ of ____

COMMITTEE ID NUMBER 22-NP-008

DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/		Recipient Information				Cumulative Amount this Election Cycle
	Murphy Broadcasting	Disbursement Da 7/14/22	a te	1280.35		1280.35
	Street Address 2068 Mcculloch Blvd N Suite d					
1	City Lake Havasu City	State AZ	86403	□ Cash		
	Type of Operating Expense Paid Radio Ad	Non-Electoral Pur	pose? (PACs and Political Parties Only)	□ Credit		
	Name	Disbursement Da	ate			
	Street Address	Ar-				
2	City	State	ZIP	- I - Court		
	Type of Operating Expense Paid	Non-Electoral Pur	pose? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Da	ate			
	Streel Address	Street Address				
3	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Pur	pose? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Da	ate			
	Sireet Address	l,				
4	City	State	ZIP			
	Type of Operating Expense Paid		pose? (PACs and Political Parties Only)	☐ Cash☐ Credit		
	Name	Disbursement Da	ale			
	Streel Address					
5	City	Stale	ZIP	☐ Cash		
	Type of Operating Expense Paid		pose? (PACs and Political Parties Only)	□ Credit		
	Enter total only if last page of sci (transfer the total disbursed this perio	hedule	urcomente " ling 4\			
	(transfer the total dispulsed this pend	od to Summary of Disbi	ursements, line i)			

MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	/	Candidate Committee	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle			
		Committee Name						
1		Street Address						
ľ		City	State	ZIP	□ Cash			
		Committee ID Number	Date Contribution Made		☐ Credit			
		Committee Name						
	Streel Address City State ZIP							
2	2	City	State	ZIP	□ Cash			
		Committee ID Number	Date Contribution Made		☐ Credit			
		Committee Name						
		Street Address						
3	3	City	State	ZIP				
		Committee ID Number		│ □ Cash □ Credit				
		Committee Name						
		Street Address						
4	1	City	State	ZIP	□ Cash			
	Ì	Committee ID Number	Date Contribution Made		☐ Credit			
	Ì	Committee Name						
		Street Address						
5	5	City	State	ZIP	☐ Cash			
		Committee ID Number	Date Contribution Made		☐ Credit			
		Enter total only if last page of schedule (transfer the total disbursed this period to "Sun	nmary of Disbursen	nents," line 2(a))				
			Caba	edule B(2)(a), page of			.9	



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

	110	Committee Recipier	nt Information	Amount Contributed	Amount this Reporting Period	Amount this Election Cycle	
				Amount Contributed Reporting Period Cumulative Amount this Reporting Period Cycle Cash Credit Cash Credit Cash Credit Cash Credit			
	City	State	ZIP	□ Cash			
	Committee Name						
	Committee ID Number Committee Name Street Address City State ZIP Committee ID Number Date Contribution Made Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date Contribution Made Committee ID Number Date Contribution Made Committee ID Number Date Contribution Made Committee ID Number Date Contribution Made Committee ID Number Date Contribution Made			-			
	City	State	ZIP	□ Cash			
	Committee ID Number	Aumber Date Contribution Made					
	Committee Name						
	Street Address						
3	City	State	ZIP	□ Cash			
	Committee ID Number	Date Contribution	Made				
	Committee Name	:					
	Street Address	_					
4	City	State	ZIP	ПСоор	1		
	Committee ID Number	Date Contribution	Made				
	Committee Name						
	Street Address						
5	Cily	State	ZIP	□ Cook			
	Committee ID Number	Date Contribution	Made	☐ Casn			
+	Enter total only if last page of sc (transfer the total disbursed this perio	hedule					



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

		arty Recipient Informa	tion	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	:	☐ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
9	Committee ID Number	Date Contribution Mad	e	☐ Cash☐ Credit		
_	Committee Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Mad	Date Contribution Made			
ĺ	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Mad	e	□ Cash □ Credit		
	Committee Name					
10000	Street Address					
5	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Mad	e	☐ Credit		
-	Enter total only if last page of sch (transfer the total disbursed this perior	nedule				

MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partnership Re	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Partnership Name	artnership Name				
	Street Address	eet Address				
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Partnership Name		_			
	Street Address			-		
2	City	State	ZIP			
-	Corporation Commission File Number	Date Contribution Made		☐ Cash☐ Credit		
	Parlnership Name					
20	Street Address		_			
3	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Made		☐ Cash☐ Credit		
	Partnership Name					
	Street Address			-		
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		☐ Cash☐ Credit		
	Partnership Name					
	City State ZIP Corporation Commission File Number Date Contribution Made			-		
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		☐ Cash☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur					



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs;

SCHEDULE B(2)(e)

	Corporation /	LLC Recipient Inform	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Corporation/LLC Name						
	Street Address						
1	City	State	ZIP	□ Cash			
	Corporation Commission File Number	Date Contribution Mad	e	☐ Credit			
	Corporation/LLC Name						
	Sireet Address						
2	City	Slate	ZIP				
	Corporation Commission File Number	lion Commission File Number Date Contribution Made		☐ Cash☐ Credit			
_	Corporation/LLC Name						
	Street Address						
3	Cily	State	ZIP				
	Corporation Commission File Number	Date Contribution Mad	le	☐ Cash☐ Credit			
	Corporation/LLC Name						
	Street Address						
4	City	Slate	ZIP				
	Corporation Commission File Number	Date Contribution Mad	de	□ Cash □ Credit			
_	Corporation/LLC Name						
	Street Address						
5	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Mad	de	□ Cash □ Credit			
				1		1	

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Organ	nization Recipient In	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Labor Organization Name						
	Street Address						
1	City	State	ZIP	□ Cash			
	Corporation Commission File Number	Date Contribution !	Made	☐ Credit			
	Labor Organization Name						
	Street Address						
2	City	State	ZIP				
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit			
	Labor Organization Name						
3 -	Street Address						
	City	State	ZIP				
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit			
	Labor Organization Name						
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number	Date Contribution	Made	☐ Cash☐ Credit			
	Labor Organization Name						
	Street Address						
5	City	State	ZIP				
	Corporation Commission File Number	Date Contribution	Made	☐ Cash☐ Credit			
	Enter total only if last page of sch (transfer the total disbursed this perior	nedule d to "Summary of Disb	ursements," line 2(f))				



CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

	Contributo	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Date Refund Received			
	Street Address		I.			
1	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
2	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Cate Refund Received			
	Street Address		<u></u>			
3	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
4	City	State	ZIP	;		
	Committee ID Number	Committee ID Number				
	Committee Name		Date Refund Received			
	Street Address					
5	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 "Sun	nmary of Disbursen	nents," line 2(h))			

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



LOANS MADE:

SCHEDULE B(3)(a)

E	Borrower Information		Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
Borrower Name						
Street Address						
City	Slate	ZIP				
Guarantor/Endorser Name	Date Loan Made					
Borrower Name						
Street Address						
City	State	ZIP				
Guaranlor/Endorser Name	Dale Loan Made			1		
Borrower Name						
Street Address						
City	State	ZIP				
Guarantor/Endorser Name	Date Loan Made	Date Loan Made				
Borrower Name						
Street Address						
Cily	State	ZIP		-		
Guarantor/Endorser Name	otor/Endorser Name Date Loan Made					
Borrower Name						
Street Address						
City	City State ZIP					
Guarantor/Endorser Name	Date Loan Made					
	Borrower Name Street Address City Guarantor/Endorser Name Street Address City Guarantor/Endorser Name Borrower Name Street Address City Guarantor/Endorser Name Street Address City Guarantor/Endorser Name Borrower Name Borrower Name Street Address City Guarantor/Endorser Name	Street Address City Slate Guarantor/Endorser Name Date Loan Made Borrower Name Street Address City State Borrower Name Street Address City State Borrower Name Street Address City State City State Guarantor/Endorser Name Date Loan Made Borrower Name Street Address City State Borrower Name Borrower Name Street Address City State Borrower Name Street Address City State Guarantor/Endorser Name Date Loan Made Borrower Name Street Address City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State 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Schedule B(3)(a), page____of ____



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

_		r Information		Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Guarantor Name					
	Street Address	at Address				
1	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed	1			
-	Guarantor Name					
	Street Address					
2	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
_	Guarantor Name					
	Street Address					
3	City	State	ZIP	ę.		
	Borrower Name	Date Loan Guaranteed				
L						
	Guarantor Name					
	Streel Address	Streel Address				
4	City	Slate	ZIP			
	Borrower Name Date Loan Guaranteed					
	Guarantor Name					
	Street Address					
5	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed	1			
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Disburseme	nts," line 3(b))			

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



FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

/	Borrower	Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Borrower Name		Date Forgiveness Made			
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
Ī	Borrower Name	li .	Date Forgiveness Made			
	Street Address		I.			
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
-	Borrower Name		Date Forgiveness Made			
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
F	Borrower Name	l .	Date Forgiveness Made			
	Sireet Address		I.			
4	City	State	ZIP			
	Original Amount of Loan	Amount of Loan Amount Still Outstanding				
-	Borrower Name		Date Forgiveness Made			
	Street Address					
5	City	State	ZIP			
3	Original Amount of Loan	Amount Still Outstanding	Į,			
-	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Dishursen	nents " line 3(c))	L		
_	1	,				

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



REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

Lender Information Amount Repaid Amount this							
Sireet Address City State ZIP Original Amount Borrowed Amount Still Outstanding Lender Name Date Repayment Made Sireet Address Zip Original Amount Borrowed Amount Still Outstanding Lender Name Date Repayment Made Sireet Address Zip Original Amount Borrowed Amount Still Outstanding Lender Name Date Repayment Made Street Address Zip Original Amount Borrowed Amount Still Outstanding Lender Name Date Repayment Made	Cumulative Amount this Election Cycle	Amount this	Amount Repaid		nformation	Lender	
1 City State ZIP Diginal Amount Borrowed Amount Still Outstanding Lender Name Date Repayment Made Street Address 2 City State ZIP Original Amount Borrowed Amount Still Outstanding Lender Name Date Repayment Made Street Address 3 City State ZIP Original Amount Borrowed Amount Still Outstanding Lender Name Date Repayment Made Street Address 4 Lender Name Date Repayment Made				Date Repayment Made		der Name	
Original Amount Borrowed Amount Still Outslanding Lender Name Date Repayment Made Street Address Lender Name Date Repayment Made Lender Name Date Repayment Made Street Address Lender Name Date Repayment Made Lender Name Date Repayment Made Street Address Lender Name Date Repayment Made Lender Name Date Repayment Made						el Address	
Lender Name Date Repayment Made				ZIP	State		1
Street Address City State 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					Amount Still Outslanding	inal Amount Borrowed	
City State ZiP				Date Repayment Made	L.	der Name	
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				Sireet Address			
Lender Name Date Repayment Made			6	ZIP	State		2
Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Lender Name Date Repayment Made Street Address					Amount Still Outstanding	inal Amount Borrowed	
City State ZIP Original Amount Borrowed Amount Still Outstanding Lender Name Date Repayment Made Street Address				Date Repayment Made		der Name	
Original Amount Borrowed Armount Still Outstanding Lender Name Date Repayment Made Street Address				Street Address			
Lender Name Date Repayment Made Street Address				ZIP	Stale		3
Street Address 4					Amount Still Outstanding	inal Amount Borrowed	
4				Date Repayment Made		der Name	
City State ZIP						et Address	
				ZIP	State		4
Original Amount Borrowed Amount Still Outstanding					Amount Still Outstanding	inal Amount Borrowed	
Lender Name Date Repayment Made				Date Repayment Made		der Name	
Street Address					Street Address		
5 City State ZIP				ZIP	Cily State		5
Original Amount Borrowed Amount Still Outstanding					Amount Still Outstanding	inal Amount Borrowed	
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 3(d))				conto ^o lino 2/d\\	man, of Ci-harm	er total only if last page of schedule	

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

ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

Lender	Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Lender Name		Date Interest Accrued			
Street Address		J			
City	City				
Original Amount Borrowed	Amount Still Outstanding				
Lender Name		Date Interest Accrued			
Street Address		1			
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding	<u></u>			
Lender Name Date Interest Accrued		Date Interest Accrued			
Street Address					
City	Slate	ZIP			
Original Amount Borrowed	Amount Still Outstanding	ļ			
Lender Name		Date Interest Accrued			
Street Address					
City	State	ZIP			
Original Amount Borrowed Amount Still Outstanding					
Lender Name		Date Interest Accrued			
Street Address					
City	State	ZIP	-		
Original Amount Borrowed	Amount Still Outstanding				
Enter total only if last page of schedule (transfer the total disbursed this period to "S	ummary of Disburser	ments," line 3(e))			
	Lender Name Street Address City Original Amount Borrowed Lender Name Street Address City Original Amount Borrowed Lender Name Street Address City Original Amount Borrowed Lender Name Street Address City Original Amount Borrowed Lender Name Street Address City Original Amount Borrowed Lender Name Street Address City Original Amount Borrowed	Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding	Lander Name Date Interest Accrued	Lender Name Date Interest Accoused Street Address City State ZiP Original Amount Borrowed Amount Still Outstanding Lender Name Date Interest Accoused Street Address City State ZiP Original Amount Borrowed Amount Still Outstanding Lender Name Date Interest Accoused Street Address City State ZiP Original Amount Borrowed Amount Still Outstanding Lender Name Date Interest Accoused Street Address City State ZiP Original Amount Borrowed Amount Still Outstanding Lender Name Date Interest Accoused Street Address City State ZiP Original Amount Borrowed Amount Still Outstanding Lender Name Date Interest Accoused	Lender Information Lender Information Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data interest Accound Data

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

/	Red	cipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor	II.	Date Rebate/Refund Made			
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor	k .	Date Rebate/Refund Made			
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address		I			
4	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor	Name of Original Payor				
	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	dule				
	(transfer the total disbursed this period	to "Summary of Disburs				

Schedule B(4), page____ of ___



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

Candidate Committe Committee Name Street Address	ee Recipient Inforr	mation	Amount Contributed	Cumulative Amount this	Cumulative Amount this		
				Reporting Period	Election Cycle		
Street Address		Committee Name					
City	State ZIP						
Committee ID Number	Date In-Kind Contribution	Made					
Committee Name							
Street Address							
City	State	ZIP					
Committee ID Number	Date In-Kind Contribution	Made					
Committee Name							
Street Address							
City	State	ZIP					
Committee ID Number	Date In-Kind Contribution	Made					
Committee Name							
Street Address							
Cily	State	ZIP					
Committee ID Number Date In-Kind Contribution Made							
Committee Name							
Street Address							
City	State	ZIP					
Committee ID Number	Date In-Kind Contribution	Made					
	Committee ID Number Committee Name Street Address City Committee ID Number Committee Name Street Address City Committee ID Number Committee ID Number	Committee ID Number Date In-Kind Contribution Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution Committee Name Street Address City State Committee Name Street Address Committee Name Date In-Kind Contribution Committee ID Number Date In-Kind Contribution	Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made	Committee ID Number Date In-Kind Contribution Made Street Address City State ZIP Committee (ID Number Date In-Kind Contribution Made Committee Name Street Address Street Address City State ZIP Committee Name Street Address Street Address Street Address Street Address Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made	Committee ID Number Date In-Kind Contribution Made Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made		

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

			21	x 74		
_	Political Action Commit	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Committee Name					
	Street Address	ć				
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
-	Committee Name					
	Street Address			2		
2	City	State	ZIP	1		
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name	l.				
	Street Address					
4	City	State	ZIP			
	Committee ID Number Date In-Kind Contribution Made			_		
	Committee Name					
1	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	I Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursen				

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

IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

	,							
/	<i>[</i>	Political Party Re	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						
	3	City	State	ZIP				
	8	Committee ID Number Date In-Kind Contribution Made						
8		Committee Name						
	(8	Street Address						
	4	City	State	ZIP				
		Committee ID Number Date In-Kind Contribution Made						
		Committee Name	L					
		Street Address						
	5	City	Slate	ZIP				
		Committee ID Number	Committee ID Number Dale In-Kind Contribution Made					
		Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 5(c))				

IN-KIND CONTRIBUTIONS TO PARTNERSHIPS

SCHEDULE B(5)(d)

. 2						
/	Partnership R	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	-		
	Parlnership Name					
	Street Address			1		
2	City	State	ZIP	•		
	Corporation Commission File Number	Date In-Kind Contribution	n Made	-		
	Partnership Name					
	Street Address					
3	City	State	ZIP	-		
	Corporation Commission File Number	rporation Commission File Number Date In-Kind Contribution Made				
	Partnership Name	Partnership Name				
	Street Address			1		
4	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	n Made	-		
	Partnership Name	Partnership Name				
	Street Address			†		
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made	-		
	Enter total only if last page of schedule (transfer the total disbursed this period to "S)	monts " line E(d')			

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

IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

Corporation / LLC	Deciniont Inform		Amount	Cumulative	Cumulative
	Recipient informa	ation	Contributed	Amount this Reporting Period	Amount this Election Cycle
Corporation/LLC Name					
Sireet Address			1		
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	Made			
Corporation/LLC Name					
Street Address			1		
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	n Made	-		
Corporation/LLC Name					
Street Address			1		
City	State	ZIP	-		
Corporation Commission File Number	Date In-Kind Contribution	n Made	1		
Corporation/LLC Name	l.				
Street Address	-				
City	State	ZIP			
Corporation Commission File Number Date In-Kind Contribution Made			-		
Corporation/LLC Name	Į.				
Street Address			1		
State ZIP			1		
Corporation Commission File Number	Date In-Kind Contribution	n Made	-		
	Corporation Commission File Number Corporation/LLC Name Street Address City Corporation/LLC Name Street Address City Corporation Commission File Number Corporation/LLC Name Street Address City Corporation/LLC Name Street Address City Corporation/LLC Name Street Address City Corporation Commission File Number Corporation Commission File Number Corporation Commission File Number Corporation/LLC Name	Corporation Commission File Number Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Corporation Commission File Number Date In-Kind Contribution Street Address City State Corporation/LLC Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Corporation Commission File Number Date In-Kind Contribution Corporation Commission File Number Date In-Kind Contribution	Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address Street Address City State ZIP Corporation/LLC Name Street Address Street Address	Corporation Commission File Number Date In-Kind Contribution Made Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation Commission File Number Date In-Kind Contribution Made Corporation Commission File Number Date In-Kind Contribution Made Corporation Commission File Number Date In-Kind Contribution Made Corporation CLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation Commission File Number Date In-Kind Contribution Made Corporation Commission File Number Date In-Kind Contribution Made Corporation Commission File Number Date In-Kind Contribution Made	Corporation Commission File Number Date in Kind Contribution Made Street Address City State Corporation Commission File Number Date in Kind Contribution Made ZIP Corporation Commission File Number Date in Kind Contribution Made ZIP Corporation Commission File Number Date in Kind Contribution Made ZIP Corporation Commission File Number Date in Kind Contribution Made ZIP Corporation Commission File Number Date in Kind Contribution Made ZIP Corporation Commission File Number Date in Kind Contribution Made ZIP Corporation Commission File Number Date in Kind Contribution Made

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
Γ	Labor Organization Name					
	Street Address					
1	Cily	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
Г	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	oration Commission File Number Date In-Kind Contribution Made				
	Labor Organizalion Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	mmary of Disbursen	nents," line 5(f))			

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



INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

ju	Recipient Informat	· ·	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Recipient Name		Mode of Advertising (TV, mail, etc)			
Street Address		-	1		
City	State	ZIP	1		
Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	cluding % opposed)	☐ Cash		
Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	- □ Credit		
Recipient Name		Mode of Advertising (TV, mail, etc)			
Street Address		_	1		
City	State	ZIP	1		
Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	cluding % opposed)	☐ Cash		
Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ Li Credit		
Recipient Name		Mode of Advertising (TV, mail, etc)			
Street Address			1		
City	State	ZIP			
Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	cluding % opposed)	□ Cash		
Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ Credit		
Recipient Name		Mode of Advertising (TV, mail, etc)			
Street Address			1		
City	State	ZIP			
Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	Liciuding % opposed)	☐ Cash		
Date of First Publication, Display, Delivery, or Broadcast	Election Month∕Year	Office Sought	Li Credit		
	Street Address City Candidate(s) Supported (including % supported) Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City Candidate(s) Supported (including % supported) Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City Candidate(s) Supported (including % supported) Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City Street Address City Candidate(s) Supported (including % supported)	Street Address City State Candidate(s) Supported (including % supported) Candidate(s) Opposed (in Date of First Publication, Display, Delivery, or Broadcast Election Month/Year Recipient Name Street Address City State Candidate(s) Supported (including % supported) Candidate(s) Opposed (in Date of First Publication, Display, Delivery, or Broadcast Election Month/Year Recipient Name Street Address City State Candidate(s) Supported (including % supported) Candidate(s) Opposed (in Date of 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Candidate(n) Supported (including % supported) Candidate(n) Supported (including % supported)

Schedule B(6), page____ of ___



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

/	4	Recipient Informatio	Time to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same t	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			1		
1	City	State	ZIP	-		
	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		
2	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(including % opposed)	□ Cash		
	Date of First Publication, Oisplay, Delivery, or Broadcast	Election Month/Year		☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	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					
4	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		
Ī	Enter total only if last page of schedul (transfer the total disbursed this period to "\$	e Summary of Disbursen	nents " line 7)	In .		

Schedule B(7), page____ of ___





RECALL EXPENDITURES MADE:

SCHEDULE B(8)

Expenditure F	Recipient Informatio	n	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Recipient Name		Mode of Advertising (TV, mail, etc)			
Street Address					
City	State	ZIP	1		
Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Reca	alled	☐ Cash		
Date of First Publication, Display, Delivery, or Broadcast	Office Held		- □ Credit		
Recipient Name		Mode of Advertising (TV, mail, etc)			
Street Address		l.			
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		ļ.			
City	State	ZIP			
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			-		
City	State	ZIP		1	
Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled			
			□ Cash □ Credit		
Date of First Publication, Display, Delivery, or Dioaccast	Silice Field				
	Recipient Name Street Address City Supporting or Opposing Issuance of Recall Order? Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City Supporting or Opposing Issuance of Recall Order? Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City Supporting or Opposing Issuance of Recall Order? Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City Supporting or Opposing Issuance of Recall Order? Date of First Publication, Display, Delivery, or Broadcast Recipient Name	Street Address City State Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Rec Date of First Publication, Display, Delivery, or Broadcast Office Held Recipient Name Street Address City State Date of First Publication, Display, Delivery, or Broadcast Office Held Recipient Name Street Address City State Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Rec City State Street Address City State Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Rec Street Address City State Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Rec City State Street Address City State Street Address City State Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Rec Street Address	Street Address Street Address Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled Calc of First Publication, Deplay, Delivery, or Broadcast City Street Address City State ZIP Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled Mode of Advertising (TV, mail, etc) Street Address City State ZIP Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled Recipient Name Mode of Advertising (TV, mail, etc) Street Address City State ZIP Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled Recipient Name Mode of Advertising (TV, mail, etc) Street Address City State ZIP Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled City State ZIP Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled	Recipient Name Mode of Advertising (TV, mail, etc)	Expenditure Recipient Information Recipient Name Mode of Advertising (TV, mal, etc) Street Address City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City Cientidate Scaght to be Recalled City Cientidate City Cientidate City Cientidate City State City Cientidate Cientidate City Cientidate City Cientidate City Cientidate City Cientidate City Cientidate City Cientidate City Cientidate City Cientidate City Cientidate City Cientidate Cientidate City Cientidate City Cientidate City Cientidate City Cientidate City Cientidate City Cientidate City Cientidate City Cientidate City Cientidate City Cientidate City Cientidate City Cientidate City Cientidate City Cientidate City Cientidate City Cientidate City Cientidate City City Cientidate City City City City City City City City City City City City City City City City City City City City City City City City City City City City City



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

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

Schedule B(9), page____ of ____

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

_	Recipient	Committee Infor	mation	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address					
1	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared B	Expense (if applicable)	□ Credit		
	Committee Name		Payment Date			
	Street Address					
2	City	Slate	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)				
	Committee Name		Payment Dale			
	Sireet Address					
4	City	State	ZIP	T 0		
	Date of Joint Fundraising Event (if applicable)	Type of Shared I	Expense (if applicable)	☐ Cash☐ Credit		
	Committee Name	<u> </u>	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 scheo (transfer the total disbursed this period to	dule				
	(transfer the total disbursed this period to	"Summary of Dis	bursements," line 10)			



REIMBURSEMENTS MADE:

SCHEDULE B(11)

1				¥.	i i	
	Recipient	Information		Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Sorvices or Goods Reimbursed		Reimbursement Date	☐ Credit		
	Name					
	Sireet Address					
2	City	State	ZIP	T Oark		
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address	Street Address			io	
3	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
	Name					
1	Street Address					
4	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
-	Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
+	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur					

OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

	Debt	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Name					
	Street Address					
1	City	Slate	ZIP			
	Type of Account Payable or Debt Owed	- 1	Date that Debt Accrued			
	Name		L			
	Street Address					
2	City	State	ZIP			
	Type of Account Payable or Debt Owed		Oate that Debt Accrued			
	Name					
	Street Address	reet Address				
3	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
4	City	State	ZIP			
	Type of Account Payable or Debt Owed	<u></u>	Date that Debt Accrued			
	Name					
	Street Address					
	City	State	ZIP	1		
5				_		I I

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 Debl		
Recipient of Surplus Monies / Source of Transferred Debt		1
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 B(13), page____ of ____



MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

1	Recipient	Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	Slale	ZIP	□ Cash		
	Disbursement Type		Disbursement Date	☐ Credit		
	Name					
	Street Address		IV.			ē .
2	City	State	ZIP	□ Cash		
	Disbursement Type		Disbursement Dale	☐ Credit		
	Name		- 10			
	Street Address					
3	City	State	ZIP	□ Cash		
	Disbursement Type		Disbursement Date	☐ Credit		
	Name		-			
	Street Address					
4	City	State	ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Credit		
	Name		L.			
	Street Address					
5	City	State	ZIP	☐ Cash		
	Disbursement Type	E	Disbursement Date	□ Cash □ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	mmary of Disburs	sements," 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 (If disbursements of \$250 or less are listed on any of the other disbursement schedules, do not include them on Schedule B(15))		
Enter total only if last page of schedule (transfer the total received this period to "Summary of Disbursements," line 15)		

Schedule B(15), page____ of ____