COMMITTEE IN	NFORMATION	(required)):
--------------	-------------------	------------	----

	Committee Information:	Committee Name:	
CANE	DIDATE INFORMATION (only if fi	ling as a candidate committee	e):
	Office Sought.	☐ Statewide Office:	☐ State Legislature:
		☐ County Office:	☐ City/Town Office:
חבחמ	OPTING DEDICE (shook and):		

REPORTING PERIOD (check one):

REPORTING PERIOD	REPORT DUE
2018 4 th Quarter Report: October 21, 2018 to December 31, 2018	January 1, 2019 to January 15, 2019
2019 March Pre-Election Report (Local Only): January 1, 2019 to February 23, 2019	February 24, 2019 to March 4, 2019*
2019 1st Quarter Report (Local Only): February 24, 2019 to March 31, 2019	April 1, 2019 to April 15, 2019
2019 1st Quarter Report: January 1, 2019 to March 31, 2019	April 1, 2019 to April 15, 2019
2019 May Pre-Election Report (Local Only): April 1, 2019 to May 4, 2019	May 5, 2019 to May 13, 2019*
2019 2 nd Quarter Report (Local Only): May 5, 2019 to June 30, 2019	July 1, 2019 to July 15, 2019
2019 2 nd Quarter Report: April 1, 2019 to June 30, 2019	July 1, 2019 to July 15, 2019
2019 August Pre-Election Report (Local Only): July 1, 2019 to August 10, 2019	August 11, 2019 to August 19, 2019*
2019 3 rd Quarter Report (Local Only): August 11, 2019 to September 30, 2019	October 1, 2019 to October 15, 2019
2019 3 rd Quarter Report: July 1, 2019 to September 30, 2019	October 1, 2019 to October 15, 2019
2019 October Pre-Election Report (Local Only): October 1, 2019 to October 19, 2019	October 20, 2019 to October 28, 2019*
2019 4 th Quarter Report (Local Only): October 20, 2019 to December 31, 2019	January 1, 2020 to January 15, 2020
2019 4 th Quarter Report: October 1, 2019 to December 31, 2019	January 1, 2020 to January 15, 2020
2020 March Pre-Election Report (Local Only): January 1, 2020 to February 22, 2020	February 23, 2020 to March 2, 2020*
2020 1st Quarter Report (Local Only): February 23, 2020 to March 31, 2020	April 1, 2020 to April 15, 2020
2020 1st Quarter Report: January 1, 2020 to March 31, 2020	April 1, 2020 to April 15, 2020
2020 May Pre-Election Report (Local Only): April 1, 2020 to May 2, 2020	May 3, 2020 to May 11, 2020*
2020 2 nd Quarter Report (Local Only): May 3, 2020 to June 30, 2020	July 1, 2020 to July 15, 2020
2020 2 nd Quarter Report: April 1, 2020 to June 30, 2020	July 1, 2020 to July 15, 2020
2020 August Pre-Election Report: July 1, 2020 to August 8, 2020	August 9, 2020 to August 17, 2020*
2020 3 rd Quarter Report: August 9, 2020 to September 30, 2020	October 1, 2020 to October 15, 2020
2020 October Pre-Election Report: October 1, 2020 to October 17, 2020	October 18, 2020 to October 26, 2020*
2020 4 th Quarter Report: October 18, 2020 to December 31, 2020	January 1, 2021 to January 15, 2021
Final Campaign Finance Report Prior to Committee Termination	End of Previous Period through Today's Date

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

FINANCIAL SUMMARY (required):

	Activity	Cash Activity This Reporting Period	Election Cycle to Date			
(a)	Committee value at the beginning of this reporting period (i.e. ending balance from the previous reporting period)					
(b)	+ Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)					
(c)	- Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)					
(d)	= Balance at close of reporting period					
	☐ Check here if no financial activity during the reporting period. Lines (a)-(d) still must be completed, but only this cover page need be filed.					



SUMMARY OF RECEIPTS (Schedule A):

/			
	Receipts	Cash	Equity
1.	Monetary Contributions Received		
	(a) Individuals - More than \$50		
	(b) Individuals - \$50 or Less (Aggregate)		
	(c) Candidate Committees		
	(d) Political Action Committees		
	(e) Political Parties		
	(f) Partnerships		
	(g) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(h) Labor Organizations (PACs & Political Parties Only)		
	(i) Candidate's Personal Monies (Candidate Committees Only)		
	(j) Monetary Contributions Subtotal (add 1(a) through 1(i))		
	(k) Refunds Given Back to Contributors		
	(I) Net Monetary Contributions (subtract 1(k) from 1(j))		
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) Individuals - More than \$50		
	(b) Individuals - \$50 or Less (Aggregate)		
	(c) Candidate Committees		
	(d) Political Action Committees		
	(e) Political Parties		
	(f) Partnerships		
	(g) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(h) Labor Organizations (PACs & Political Parties Only)		
	(i) Candidate's Personal Assets or Property (Candidate Committees Only)		
	(j) In-Kind Contributions Subtotal (equity: add 5(a) through 5(i))		
6.	In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
7.	Extensions of Credit		
	(a) Extensions of Credit Received		
	(b) Payments on Extensions of Credit Received		
	(c) Net Extensions of Credit (subtract 7(b) from 7(a))		
8.	Joint Fundraising / Shared Expense Payments Received		
9.	Payments Received for Goods / Services		
10.	Outstanding Accounts Receivable / Debts Owed to Committee		
11.	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
12.	Miscellaneous Receipts		1
13.	Total Receipts (cash: add 1(l), 2(e), 3-4, 8-9, 11-12; equity: add 2(b), 5(j), 6-7, 10-12)		

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



MONETARY CONTRIBUTIONS RECEIVED FROM INDIVIDUALS - MORE THAN \$50 DURING ELECTION CYCLE:*

SCHEDULE A(1)(a)

	Individual Contr	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			
				-		
	Street Address					
2	City	State	ZIP			
	Occupation	Employer		-		
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP	<u> </u> -		
	Occupation	Employer		_		
	Secupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP	-		
	Occupation	Employer		_		
	Name		Date Contribution Received			
				-		
	Street Address					
5	City	State	ZIP			
	Occupation	Employer	1			
	Enter total only if last page of schedule	l		1		
	(transfer the total received this period to "Summary of Receipts,"		I			

*If contributions of \$50 or less are listed on Schedule A(1)(b), do not include them on Schedule A(1)(a).

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

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS RECEIVED FROM INDIVIDUALS - \$50 OR LESS (AGGREGATE):*

SCHEDULE A(1)(b)

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

*If contributions of more than \$50 are listed on Schedule A(1)(a), do not include them on Schedule A(1)(b).



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(c)

	Candidate Committee	e Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle				
	Committee Name									
	Street Address									
1	City	State	ZIP							
	Committee ID Number	Date Contribution Receive	I ed							
	Committee Name									
	Street Address									
2	City	State	ZIP							
	Committee ID Number	Date Contribution Receive	<u> </u> ed							
	Committee Name									
	Street Address									
3	City	State	ZIP							
	Committee ID Number	Date Contribution Receive	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	ed							
	Enter total only if last page of schedule									
	(transfer the total received this period to "Summary of Receipts,"	(transfer the total received this period to "Summary of Receipts," line 1(c))								

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(d)

Political Action	Committee Contributor	Information	Amount Received		Cumulative Amount this Election Cycle
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Rec	ceived			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Re	ceived			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Re	ceived			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Re-	Date Contribution Received			
Committee Name					
Street Address					
City	State	ZIP			
	Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number Committee Name Street Address City Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number Committee Name Street Address City Committee Name Street Address City Committee Name	Committee Name Street Address City State Committee ID Number Date Contribution Recommittee ID Number Committee ID Number Date Contribution Recommittee ID Number D	Street Address City State ZIP Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee Name Street Address Street Address	Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received City State ZIP Committee ID Number Date Contribution Received City State ZIP Committee ID Number Date Contribution Received City State ZIP Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received City State ZIP Committee ID Number Date Contribution Received City State ZIP Committee ID Number Date Contribution Received City State ZIP Committee ID Number Date Contribution Received City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received	Political Action Committee Contributor Information Amount Received Amount this Reporting Period Committee Name Sizest Address City State Committee ID Number Committee ID Number Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Committee ID Number Date Contribution Received Committee ID Number Committee ID Number Date Contribution Received Committee ID Number Committee ID Number Date Contribution Received Committee ID Number Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Committee ID Number Date Contribution Received Committee ID Number Committee ID Number Date Contribution Received Committee ID Number Sized Address City Sale Zip Committee ID Number Date Contribution Received Committee ID Number Committee ID Number Date Contribution Received Committee ID Number Committee ID Number Date Contribution Received Committee ID Number Committee ID Number Date Contribution Received Committee ID Number Committee ID Number Date Contribution Received Committee ID Number Committee ID Number

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(e)

1 c c c c c c c c s 3	B 197 1 B 1 G					
1 c c c c c c c c s 3	Political Party Co	ntributor Informat	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	committee Name					
2 0 0	treet Address					
2 c c c s	iity	State	ZIP			
2 c c c s	committee ID Number	Date Contribution Receive	I ded			
2 0 0	Committee Name	l.				
c c	treet Address					
c s	sity	State	ZIP			
s 3	committee ID Number	Date Contribution Receive	ed			
3 -	committee Name					
3 c	treet Address					
	sity	State	ZIP			
С	committee ID Number	Date Contribution Received				
С	Committee Name					
S	treet Address					
4 c	sity	State	ZIP			
С	Committee ID Number	Date Contribution Receive	ed			
С	Committee Name					
S	treet Address					
5 c	ity	State	ZIP	-		
С	committee ID Number	Date Contribution Receive	ed	_		
E		1				

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(f)

/						
	Partnership Cor	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	ed			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name					
	Street Address					
5			,			
J	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Received				
	Enter total only if last page of schedule					
	(transfer the total received this period to "Summary of Receipts.	" line 1(f))				

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



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(g)

	Corporation / LLC	Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name				. 0	j
	Street Address			_		
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed	-		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ved	_		
	Corporation/LLC Name					
	Street Address			_		
3		1				
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ved			
	Corporation/LLC Name					
	Street Address			_		
4	City	State	ZIP	_		
	Corporation Commission File Number	Date Contribution Receiv	red			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP	1		
	Corporation Commission File Number	Date Contribution Receiv	ved	1		
F	Enter total only if last page of schedule	<u> </u>				
ackslash	(transfer the total received this period to "Summary of Receip					

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(h)

	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 Contribution Receive	led			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP	<u> </u> 		
	Corporation Commission File Number	Date Contribution Received				
	Labor Organization Name					
	Street Address					
4	City	State	ZIP	_		
	Corporation Commission File Number	Date Contribution Received				
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
	Enter total and if last some of ask and a					
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts	." line 1(h))				

Schedule A(1)(h), page ____ of ___



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(i)

	Candidate	e Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			·
	Street Address			<u> </u>		
1	City	Chata	7/10			
	City	State	ZIP			
	Occupation	Employer				
F	Name		Date Contribution Received			
	Street Address					
2						
	City	State	ZIP			
	Occupation	Employer	1			
	Name		Date Contribution Received			
	Street Address					
3						
	City	State	ZIP			
	Occupation	Employer	1	-		
	Name		Date Contribution Received			
	Street Address					
4		1				
'	City	State	ZIP			
	Occupation	Employer	1	-		
-	Name		Date Contribution Received			
	Street Address					
	Sileet Address					
5	City	State	ZIP			
	Occupation	Employer	<u> </u>	-		
\vdash	Enter total only if last page of schedule					
L	(transfer the total received this period to "Summary of Receipts,"	' line 1(i))				

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(k)

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

Schedule A(1)(k), 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					
City	State	ZIP			
Guarantor/Endorser Name	Non-Electoral Purpose?	PACs and Political Parties Only)			
Lender Name	Date Loan Received				
Street Address					
City	State	ZIP			
Guarantor/Endorser Name		PACs and Political Parties Only)			
Lender Name	Date Loan Received				
Street Address					
City	State	ZIP			
Guarantor/Endorser Name		PACs and Political Parties Only)			
Lender Name	Date Loan Received				
Street Address					
City	State	ZIP			
Guarantor/Endorser Name		(PACs and Political Parties Only)			
Lender Name	Date Loan Received				
Street Address					
City	State	ZIP			
Guarantor/Endorser Name		(PACs and Political Parties Only)			
Enter total only if last page of schedule	<u> </u>				
	Lender Name Street Address City Guarantor/Endorser Name Lender Name Enter total only if last page of schedule	Street Address City State Guarantor/Endorser Name Non-Electoral Purpose? Lender Name Date Loan Received Street Address City State Guarantor/Endorser Name Non-Electoral Purpose? Lender Name Date Loan Received Street Address City State Guarantor/Endorser Name Non-Electoral Purpose? Lender Name Date Loan Received Street Address City State Guarantor/Endorser Name Date Loan Received Street Address City State Guarantor/Endorser Name Date Loan Received Street Address City State Guarantor/Endorser Name Non-Electoral Purpose? Lender Name Date Loan Received Street Address City State Guarantor/Endorser Name Non-Electoral Purpose? City State Guarantor/Endorser Name Non-Electoral Purpose?	Date Loan Received	Date Loan Received	Lender Information Lender Name Date Loan Received Date Loan Received

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



FORGIVENESS ON LOANS RECEIVED: SCHEDULE A(2)(b)

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

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



REPAYMENT ON LOANS MADE: SCHEDULE A(2)(c)

	Borrower	Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Repayment Received			
	Street Address			-		
1	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding	<u> </u>	-		
	Borrower Name		Date Repayment Received			
	Street Address			-		
2	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Borrower Name		Date Repayment Received			
	Street Address			-		
3	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		_		
	Borrower Name		Date Repayment Received			
	Street Address					
4	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		_		
	Borrower Name		Date Repayment Received			
	Street Address					
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 "Summary of Receipts."	line 2(c))				

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

INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

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

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

REBATES AND REFUNDS RECEIVED:

SCHEDULE A(3)

_		nformation		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Payor Name Da		Date Rebate/Refund Received			
	Street Address					
1	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	9			
	Borrower Name		Date Rebate/Refund Received			
	Street Address					
2	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	9			
	Borrower Name		Date Rebate/Refund Received			
	Street Address					
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	<u> </u>			
	Borrower Name	I	Date Rebate/Refund Received			
	Street Address					
4	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	9			
	Borrower Name	I	Date Rebate/Refund Received			
	Street Address		ı			
5	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	<u>I</u>			
	Enter total only if last page of schedule	l		l		
	(transfer the total received this period to "Summary of Receipts."	line 3)				

Schedule A(3), page ____ of

COMMITTEE ID NUMBER

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

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

Schedule A(4), page ____ of ____



IN-KIND CONTRIBUTIONS RECEIVED FROM INDIVIDUALS - MORE THAN \$50 DURING ELECTION CYCLE:*

SCHEDULE A(5)(a)

	Individual Conti	ibutor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address		L	-		
1	City	State	ZIP	-		
	Occupation	Employer	L	-		
	Name		Date In-Kind Contribution Received			
	Street Address			-		
2	City	State	ZIP	_		
	Occupation	Employer		_		
	Name		Date In-Kind Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
4	City	State	ZIP	_		
	Occupation	Employer		_		
	Name		Date In-Kind Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer		-		
	Enter total only if last page of schedule					
	(transfer the total received this period to "Summary of Receipts,"	line 5(a))				

*If in-kind contributions of \$50 or less are listed on Schedule A(5)(b), do not include them on Schedule A(5)(a).

Schedule A(5), page ____ of

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS RECEIVED FROM INDIVIDUALS - \$50 OR LESS (AGGREGATE):*

SCHEDULE A(5)(b)

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

^{*}If contributions of more than \$50 are listed on Schedule A(5)(a), do not include them on Schedule A(5)(b).

Schedule A(5)(b), page ____ of ____



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(c)

/	Candidate Committee	e Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name	1				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received	\dashv		
	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 "Summary of Receipts,"	" line 5(c))				

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(d)

Political Action	n Committee Contributor	Information	Amount Received		Cumulative Amount this Election Cycle
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribut	ion Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribut	tion Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribut	tion Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribut	tion Received			
Committee Name					
Street Address					
City	State	ZIP			
	Committee Name Street Address City Committee ID Number Committee Name Street Address City Committee ID Number Committee Name Street Address City Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number Committee ID Number Committee Name Street Address City Committee Name Committee Name Committee ID Number	Committee Name Street Address City State Committee ID Number Date In-Kind Contribut Street Address City State Committee ID Number Date In-Kind Contribut Committee Name Street Address City State Committee Name Street Address City State Committee ID Number Date In-Kind Contribut Street Address City State Committee ID Number Date In-Kind Contribut Committee ID Number Date In-Kind Contribut Committee Name Street Address City State Committee ID Number Date In-Kind Contribut Committee Name	Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received	Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received City State ZIP Committee ID Number Date In-Kind Contribution Received City State ZIP Committee ID Number Date In-Kind Contribution Received City State ZIP Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received City State ZIP Committee ID Number Date In-Kind Contribution Received City State ZIP Committee ID Number Date In-Kind Contribution Received City State ZIP Committee ID Number Date In-Kind Contribution Received City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received City State ZIP Committee ID Number Date In-Kind Contribution Received	Political Action Committee Contributor Information Amount Received Amount this Reporting Period Committee Name Street Address Cry State Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Committee ID Number Committee ID Number Date In-Kind Contribution Received Committee ID Number Committee ID Number Committee ID Number Date In-Kind Contribution Received Committee ID Number Committee ID Number Committee ID Number Committee ID Number Date In-Kind Contribution Received Committee ID Number Committee ID Number

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(e)

	Political Party	y Contributor Informa	ation	Amount Receive	Cumulative d Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contributio	on Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contributio	on Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contributio	on Received			
	Committee Name					
	Street Address	t Address				
,	City	State	ZIP			
	Committee ID Number	Date In-Kind Contributio	on Received			

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(f)

	Partnership Con	tributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name	I				
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule					
	(transfer the total received this period to "Summary of Receipts."	line 5(f))				

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



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(g)

Corporation / LLC C	Contributor Inform	ation	Amount Received	Cumulative Amount this	Cumulative Amount this
				Reporting Period	Election Cycle
Street Address			- i		
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution F	Received			
Corporation/LLC Name					
Street Address					
Dity	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	Received			
Corporation/LLC Name					
Street Address					
Dity	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	Received			
Corporation/LLC Name					
Street Address					
Dity	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	Received			
Corporation/LLC Name	I				
Street Address			-		
Dity	State	ZIP	-		
Corporation Commission File Number	Date In-Kind Contribution	Received	-		
Enter total only if last page of schedule			<u> </u>		
	Corporation/LLC Name Corporation Commission File Number Corporation/LLC Name Corporation Commission File Number Corporation/LLC Name Corporation/LLC Name Corporation/LLC Name Corporation/LLC Name Corporation/LLC Name Corporation Commission File Number Corporation Commission File Number Corporation/LLC Name Corporation Commission File Number Corporation Commission File Number	Corporation/LLC Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Corporation Commission File Number Date In-Kind Contribution 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/LLC Name Street Address City State ZIP Date In-Kind Contribution Received Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Corporation/LLC Name	Corporation/LLC Name Street Address Chy State Corporation Commission File Number Date In-Kind Contribution Received Corporation/LLC Name Street Address Chy State ZIP Corporation Commission File Number Date In-Kind Contribution Received Corporation/LLC Name Street Address Chy State ZIP Corporation/LLC Name Street Address Chy State ZIP Corporation/LLC Name Street Address Chy State ZIP Corporation/LLC Name Corporation/LLC Name Date In-Kind Contribution Received Corporation/LLC Name Street Address Chy State ZIP Corporation/LLC Name Corpora	Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Corporation Commission File Number Date In-Kind Contribution Received

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(h)

/						
	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 In-Kind Contribution	Received			
	Labor Organization Name					
	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					

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



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

SCHEDULE A(5)(i)

/				1	Cumulative	Cumulative	
′	Candidate	Information		Amount Received	Amount this Reporting Period	Amount this Election Cycle	
	Name		Date In-Kind Contribution Received				
	Street Address						
1	City	State	ZIP				
	Asset or Property Contributed						
	Name		Date In-Kind Contribution Received				
	Street Address			_			
2	City	State	ZIP				
	Asset or Property Contributed						
	Name		Date In-Kind Contribution Received				
	Street Address						
3	City	State	ZIP				
	Asset or Property Contributed	otato	£11				
	Name		Date In-Kind Contribution Received				
	Street Address						
4	City	State	ZIP				
	Asset or Property Contributed						
	Name		Date In-Kind Contribution Received				
	Street Address		1	1			
5	City	State	ZIP				
	Asset or Property Contributed	<u> </u>	1				
	Enter total only if last page of schedule						
	(transfer the total received this period to "Summary of Receipts,"	line 5(i))					

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



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

SCHEDULE A(5)(e)

/	Source I	nformation		Amount Received	Cumulative Amount this	Cumulative Amount this
	Name		Date In-Kind Donation Received		Reporting Period	Election Cycle
	Street Address			_		
1	City	State	ZIP	_		
	Type of Item Donated			-		
	Name		Date In-Kind Donation Received			
	Street Address			-		
2	City	State	ZIP	-		
	Type of Item Donated			-		
	Name		Date In-Kind Donation Received			
-	Street Address			-		
3	City	State	ZIP	-		
	Type of Item Donated		-			
	Name		Date In-Kind Donation Received			
	Street Address		1	-		
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	<u> </u>	1	-		
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts,"			1		

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



EXTENSIONS OF CREDIT RECEIVED: SCHEDULE A(7)(a)

Creditor	nformation		Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
ne					
eet Address					
/	State	ZIP			
vices or Goods Provided on Credit		Date of Extension of Credit			
me					
eet Address					
,	State	ZIP			
rices or Goods Provided on Credit		Date of Extension of Credit			
ne					
eet Address					
ı	State	ZIP			
Services or Goods Provided on Credit		Date of Extension of Credit			
me					
eet Address					
1	State	ZIP			
Services or Goods Provided on Credit		Date of Extension of Credit			
me					
Street Address					
1	State	ZIP			
vices or Goods Provided on Credit		Date of Extension of Credit			
/ /ice	es or Goods Provided on Credit er total only if last page of schedule	State es or Goods Provided on Credit	State ZIP es or Goods Provided on Credit Date of Extension of Credit er total only if last page of schedule	State ZIP Date of Extension of Credit Principles or Goods Provided on Credit Date of Extension of Credit	State ZIP Date of Extension of Credit Per total only if last page of schedule

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



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

	Creditor	Information		Payment Amount on Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Name				-		
	Street Address						
1		T	T	-			
	City	State	ZIP				
	Services or Goods Originally Provided on Credit	Services or Goods Originally Provided on Credit					
	Name						
	Street Address						
2		ı	T	_			
	City	State	ZIP				
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit				
	Name						
	Street Address			<u> </u>			
3							
	City	State	ZIP				
	Services or Goods Originally Provided on Credit	Date of Original Extension of Credit					
	Name						
	Street Address			-			
4	City	State	ZIP				
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit				
	Name						
	Street Address						
5	City	State	ZIP				
	Services or Goods Originally Provided on Credit	I	Date of Original Extension of Credit	1			
	Enter total only if last page of schedule						
\ L	(transfer the total received this period to "Summary of Receipts."	line 7(b))					

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



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor C	committee Informa	ition	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date		. 5	,
	Street Address		I			
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	(pense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	(pense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	xpense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	xpense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	(pense (if applicable)			

Schedule A(8), page ____ of ___



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

	Pavor li	nformation		Payment Amount	Cumulative Amount this	Cumulative Amount this
	i ayor ii	iioiiiiatioii		1 dyment / modrit	Reporting Period	Election Cycle
	Name					
	Street Address					
	Silect Address					
1	City	State	ZIP	-		
	Services or Goods Purchased		Payment Date			
	Name					
	Name					
	Street Address			-		
2		T				
_	City	State	ZIP			
	Services or Goods Purchased		Payment Date	-		
	Name		I			
				_		
	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	-		
	City	State	ZIF			
	Services or Goods Purchased	<u> </u>	Payment Date	1		
	Enter total only if last page of schedule					
	(transfer the total received this period to "Summary 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				. 0	
	Street Address					
1	City	State	ZIP	_		
	Type of Account Receivable or Debt Owed		Date that Debt Accrued	-		
	Name					
	Street Address			_		
2	City	State	ZIP	_		
	Type of Account Receivable or Debt Owed		Date that Debt Accrued	_		
	Name					
	Street Address			_		
3	City	State	ZIP	_		
	Type of Account Receivable or Debt Owed		Date that Debt Accrued	_		
	Name					
	Street Address			_		
4	City	State	ZIP	_		
	Type of Account Receivable or Debt Owed		Date that Debt Accrued	_		
	Name					
	Street Address			1		
5	City	State	ZIP	1		
	Type of Account Receivable or Debt Owed		Date that Debt Accrued	1		
	Enter total only if last page of schedule					
_	(transfer the total received this period to "Summary of Receipts."	line 10)				

Schedule A(10), page ____ of ___

COMMITTEE ID NUMBER

TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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

Schedule A(11), page ____ of ____



MISCELLANEOUS RECEIPTS: SCHEDULE A(12)

/				1	Cumulative	Cumulative
	Source I	nformation		Amount	Amount this Reporting Period	Amount this
	Name					
	Street Address					
1	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address		-			
2	City	State	ZIP			
	Receipt Type		Receipt Date	_		
	Name					
	Street Address			-		
3	City	State	ZIP	-		
	Receipt Type		Receipt Date	_		
	Name					
	Street Address			-		
4	City	State	ZIP	_		
	Receipt Type		Receipt Date	_		
	Name					
5	Street Address					
כ	City	State	ZIP			
	Receipt Type		Receipt Date			
	Enter total only if last page of schedule					

Schedule A(12), page ____ of ___



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

	Rec	cipient Information	Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Name	Disbursement Date				
	Street Address	<u> </u>				
1	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpos	ee? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date				
	Street Address					
2	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpos	e? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date	Disbursement Date			
	Street Address					
3	City	State	ZIP	 □ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpos	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Name	Disbursement Date				
	Street Address					
4	City	State	ZIP			
	Type of Operating Expense Paid		e? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date				
	Street Address					
5	City	State	ZIP	 □ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpos	e? (PACs and Political Parties Only)	☐ Credit		



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

	Candidate Committee	e Recipient Inform	mation	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	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
,	Street Address					
3	City	State	ZIP	☐ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP	☐ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name	1				
	Street Address					
5	City	State	ZIP	☐ Cash ☐ Credit		
	Committee ID Number	Committee ID Number Date Contribution Made				
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disburse	ements," line 2(a))				
		Sche	edule B(2)(a), page o	f		



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

,	Political Ac	tion Committee Recipien	t Information	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution M	Made	□ Credit		
	Committee Name					
2	Street Address					
-	Committee ID Number	State Date Contribution	ZIP	☐ Cash☐ Credit		
	Committee ID Number Date Contribution Made Committee Name			- Orealt		
3	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution	Made	□ Cash □ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution	Date Contribution Made			
	Committee Name	1				
	Street Address					
5	City	State	ZIP	☐ Cash		
	Committee ID Number	Date Contribution	Made	□ Credit		

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



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Political Party Recipient Information			Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		□ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP			
				☐ Cash☐ Credit		
	Committee ID Number	Date Contribution Made		- Orean		
	Committee Name					
_	Street Address	Street Address				
5	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		□ Credit		
	Enter total only if last page	of schedule				



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partnership Red	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Partnership Name		Treporting Feriou	Liection Cycle		
F	Street 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		
	Partnership Name					
-	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		
	Partnership Name					
	Street Address					
_	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		☐ Cash☐ Credit		
	Enter total only if last page of schedule	Date Continuution Made		_ oroun		



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	/ LLC Recipient Inform	mation	Amount Contributed	Cumulative Amount this	Cumulative Amount this
	Corporation/LLC Name	·		Contributed	Reporting Period	Election Cycle
	Street Address	Street Address				
1		leu i	Laun			
	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Mad	e	☐ Credit		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mad	de	☐ Cash☐ Credit		
	Corporation/LLC Name					
-						
•	Street Address					
3	City	State	ZIP	☐ Cash		
	Corporation Commission File Number	Date Contribution Mad	de	□ Credit		
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
		Date Contribution Mad	do.	☐ Cash☐ Credit		
	Corporation Commission File Number	Date Contribution was	ie	L Credit		
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mad	de	□ Cash □ Credit		

Schedule B(2)(e), page ____ of ___



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

				Amount	Cumulative	Cumulative
	Labor Organization	Contributor	Amount this Reporting Period	Amount this Election Cycle		
	Labor Organization Name					
	Street Address					
1		1	1			
•	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made	1	□ Cash		
	Labor Organization Name					
	Street Address					
2			1			
_	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made	•	☐ Credit		
	Labor Organization Name					
	Street Address			<u>_</u>		
3	City	State	ZIP			
	ou,			☐ Cash☐ Credit		
	Corporation Commission File Number	mission File Number Date Contribution Made				
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
		Date Contribution Made		☐ Cash☐ Credit		
	Corporation Commission File Number	Date Contribution Made				
_	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		☐ Cash☐ Credit		
	Date Contribution made					

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



CONTRIBUTION REFUNDS RECEIVED: SCHEDULE B(2)(h)

	Contributo	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name	Date Refund Received				
	Street Address		<u> </u>	-		
1	City	State	ZIP	-		
	Committee ID Number	L	Date of Original Contribution	-		
	Committee Name		Date Refund Received			
	Street Address		-			
2	City	State	ZIP	-		
	Committee ID Number		Date of Original Contribution	-		
	Committee Name		Date Refund Received			
	Street Address					
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		Date of Original Contribution	-		
	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 "Summary of Disburse	ments," line 2(h))				

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



LOANS MADE: SCHEDULE B(3)(a)

	· Information		Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Borrower Name					
Street Address					
ty	State	ZIP	-		
uarantor/Endorser Name	Date Loan Made				
prrower Name					
Street Address					
ty	State	ZIP			
uarantor/Endorser Name	Date Loan Made				
Borrower Name					
reet Address					
ty	State	ZIP			
uarantor/Endorser Name	Date Loan Made				
orrower Name					
Street Address					
ty	State	ZIP	_		
uarantor/Endorser Name	Date Loan Made				
orrower Name					
Street Address			_		
ty	State	ZIP			
uarantor/Endorser Name	Date Loan Made				
nter total on	ly if last page of schedule		ly if last page of schedule	ly if last page of schedule	ly if last page of schedule

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



LOAN GUARANTEES MADE: SCHEDULE B(3)(b)

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

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



FORGIVENESS ON LOANS MADE: SCHEDULE B(3)(c)

/	Borrowe	r Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name	Date Forgiveness Made				
1	Street Address					
	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name	ı	Date Forgiveness Made			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address	<u> </u>				
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address	Street Address				
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	<u> </u>			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disburs	oments " line 3(c))				

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



REPAYMENT ON LOANS RECEIVED: SCHEDULE B(3)(d)

/				Ī	, 	
_	Lender I	nformation		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Repayment Made			
	Street Address		l			
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Enter total only if last page of schedule					
	(transfer the total disbursed this period to "Summary of Disburse	ments," line 3(d))				

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



INTEREST ACCRUED ON LOANS RECEIVED:

SCHEDULE B(3)(e)

			1	Cumulative	Cumulative
Lender I	nformation		Amount of Interest Accrued	Amount this Reporting Period	Amount this Election Cycle
Lender Name		Date Interest Accrued			
Street Address	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				
Lender Name		Date Interest Accrued			
Street Address					
City	State	ZIP	-		
Original Amount Borrowed	Amount Still Outstanding				
Lender Name		Date Interest Accrued			
Street Address	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					
	Lender Name Street Address City Original Amount Borrowed Lender Name Street Address City Oniginal 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	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 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 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 Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Date Interest Accrued	Lender Name Date Interest Accrued	Reporting Period Date Interest Accrosed Account Sall Custamating Lender Name Date Interest Accrosed Date Interest Accrosed Date Interest Accrosed Accrosed Accr

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		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		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					
4	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
5	City	State	ZIP	_		
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor	_		
	Enter total only if last page of sche (transfer the total disbursed this period to "Summary of					
	1	· · · · · · · · · · · · · · · · · · ·				

Schedule B(4), page ____ of



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

	Candidate Committe	e Recipient Inforr	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					-
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	I Made			
	Committee Name					
	Street Address	Street Address				
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made	-		
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
	Committee Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule					
	(transfer the total disbursed this period to "Summary of Disburse					

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

Political Action Committee Name Street Address Committee ID Number Committee ID Number	State Date In-Kind Contribution	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Street Address Sity Committee ID Number		ZIP			
Committee ID Number		ZIP			l.
Committee ID Number		ZIP		1	ı
	Date In-Kind Contributio				ı
Committee Name		n Made			ı
Street Address					ı
Sity	State	ZIP			ı
Committee ID Number	Date In-Kind Contribution	on Made			ı
Committee Name					
Street Address					ı
Sity	State	ZIP			ı
Committee ID Number	Date In-Kind Contribution	on Made			ı
Committee Name					
					ı
treet Address					ı
City	State	ZIP			1
Committee ID Number	Date In-Kind Contribution	on Made			ı
Committee Name					
Street Address					ı
City	State	ZIP			ı
Committee ID Number	Date In-Kind Contribution	on Made			ı
St St St St	ommittee ID Number treet Address ity ommittee ID Number ommittee Name treet Address ity ommittee ID Number ommittee ID Number ommittee ID Number ommittee ID Number ommittee Name treet Address ity ommittee Name treet Address ity ommittee ID Number	ommittee ID Number Date In-Kind Contribution ommittee Name treet Address ity State Date In-Kind Contribution ommittee ID Number Date In-Kind Contribution ommittee Name treet Address ity State Date In-Kind Contribution ommittee ID Number Date In-Kind Contribution ommittee Name treet Address ity State Date In-Kind Contribution ommittee Name treet Address ity Date In-Kind Contribution ommittee Name treet Address ity Date In-Kind Contribution ommittee ID Number Date In-Kind Contribution ommittee ID Number Date In-Kind Contribution	ommittee ID Number Date In-Kind Contribution Made ommittee Name Itreet Address State ZIP Date In-Kind Contribution Made ommittee Name Itreet Address Ity State ZIP ommittee ID Number Date In-Kind Contribution Made ommittee ID Number Date In-Kind Contribution Made ommittee ID Number Date In-Kind Contribution Made ommittee Name Itreet Address Ity State ZIP ommittee Name Itreet Address Ity Date In-Kind Contribution Made	ommittee ID Number Date In-Kind Contribution Made treet Address Date In-Kind Contribution Made Date In-Kind Contribution Made Date In-Kind Contribution Made Date In-Kind Contribution Made Treet Address Date In-Kind Contribution Made Date In-Kind Contribution Made	ommittee ID Number Date In-Kind Contribution Made Freet Address By State ZIP Ommittee ID Number Date In-Kind Contribution Made Freet Address By State ZIP Ommittee ID Number Date In-Kind Contribution Made Freet Address By State ZIP Ommittee ID Number Date In-Kind Contribution Made Freet Address By State ZIP Ommittee ID Number Date In-Kind Contribution Made Freet Address By State ZIP Ommittee ID Number Date In-Kind Contribution Made Freet Address By State ZIP Ommittee ID Number Date In-Kind Contribution Made

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

		ecipient Information	on	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 I	Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
•	Committee ID Number	Date In-Kind Contribution	<u> </u> Made			
	Committee Name	<u> </u>				
_	Street Address					
3	City	State	ZIP			
Ī	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
-	Street Address					
4	City	State	ZIP			
-	Committee ID Number	Date In-Kind Contribution Made				
	Committee Name					
	Street Address					
5	City	State	ZIP			
ŀ	Committee ID Number	Date In-Kind Contribution	Made			

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



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

	Partners	hip Recipient Information	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name	rtnership Name				
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made	_		
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Partnership Name	Partnership Name				
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Partnership Name					
	Street Address	Street Address				
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Date In-Kind Contribution Made			
	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 sch	edule	1			

Schedule B(5)(d), page ____ of ____

IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

	Corporation	n / LLC Recipient Infor	Corporation / LLC Recipient Information						
	Corporation/LLC Name			Reporting Period	Election Cycle				
	Street Address								
1	City	State	ZIP						
	Corporation Commission File Number	Date In-Kind Contribu	ution Made						
	Corporation/LLC Name								
	Street Address								
2	City	State	ZIP						
	Corporation Commission File Number	Date In-Kind Contribu	ution Made						
	Corporation/LLC Name								
	Street Address								
3	City	State	ZIP						
	Corporation Commission File Number	Date In-Kind Contribu	ution Made						
	Corporation/LLC Name								
	Street Address								
4	City	State	ZIP						
	Corporation Commission File Number	Date In-Kind Contribu	ution Made						
	Corporation/LLC Name	Corporation/LLC Name							
	Street Address								
5	City	State	ZIP						
	Corporation Commission File Number	Date In-Kind Contribu	ution Made						
	Enter total only if last page of sch								

Schedule B(5)(e), page ____ of ___



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

/				Amount	Cumulative	Cumulative
	T	n Recipient Inform	nation	Contributed	Amount this Reporting Period	Amount this Election Cycle
	Labor Organization Name					
	Street Address		-			
1	City	State	ZIP	_		
	Corporation Commission File Number	Date In-Kind Contribution	Made	-		
	Labor Organization Name					
	Street Address		<u> </u> -			
2		-				
_	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Labor Organization Name					
	Street Address			-		
3	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	n Made	-		
	Labor Organization Name					
	Street Address		-			
4	City	State	ZIP	-		
				-		
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Labor Organization Name	Labor Organization Name				
	Street Address		1			
5	City	State	ZIP	1		
	Corporation Commission File Number	Date In-Kind Contribution	n Made	-		
	Enter total only if last page of schedule	<u> </u>				
	(transfer the total disbursed this period to "Summary of Disbu					

Schedule B(5)(f), page ____ of ___



INDEPENDENT EXPENDITURES MADE: SCHEDULE B(6)

	Expenditure	Recipient Information	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (inclu	uding % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address	L				
2	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (inclu	uding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
	Recipient Name	Mode of Advertising (TV, mail, etc)				
	Street Address	l				
3	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (inclu	uding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
	Recipient Name	ı	Mode of Advertising (TV, mail, etc)			
	Street Address		ı			
4	City	State	ZIP			
	Candidate(s) Supported (including % supported)	s) Supported (including % supported) Candidate(s) Opposed (including % opposed)		☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ □ Credit		
	Enter total only if last page of schedul	1				
	(transfer the total disbursed this period to "Summary of Disb	ursements," line 6)				

Schedule B(6), page ____ of ____



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

	Expenditure I	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			
	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					
2	City	State	ZIP			
_	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(including % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			_		
3	City	State	ZIP	_		
J	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			_		
	City	State	ZIP			
4	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(including % opposed)			
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Cash☐ Credit		

Schedule B(7), page ____ of ____



RECALL EXPENDITURES MADE: SCHEDULE B(8)

/	Expenditure	Recipient Informati	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			1
	Street Address					
1	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Re	ecalled	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		- □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
2	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Re	ecalled	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Office Held			☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Re	ecalled	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address	Street Address				
4	City	State	ZIP			
•	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Recalled		_ □ Cash		
		Office Held		☐ Credit		

Schedule B(8), page ____ of ____



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

	Bene	fitted Candidate		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Candidate Name		Date Benefit Provided			·
	Street Address					
1	City	State	ZIP			
	Type of Benefit Provided	Type of Benefit Provided				
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
2	City	State	ZIP			
	Type of Benefit Provided	Type of Benefit Provided				
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
3	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
4	City	State	ZIP			
	Type of Benefit Provided	Type of Benefit Provided				
	Notes:	Notes:				
	Enter total only if last page of sched	ıle				
	(transfer the total disbursed this period to "Summary of Dis					

Schedule B(9), page ____ of ____



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

/	Recipient	Committee Inform	nation	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address	Street Address				
1	City	State	ZIP	G Cook		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	spense (if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	spense (if applicable)	□ Casii		
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	spense (if applicable)	□ Cash □ Credit		
	Committee Name	L	Payment Date			
	Street Address					
4	City	State	ZIP	G Cook		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	xpense (if applicable)	☐ Cash☐ Credit		
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP	ПС		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	spense (if applicable)	☐ Cash☐ Credit		
_	Enter total only if last page of scheo					
_	,,	,				



REIMBURSEMENTS MADE: SCHEDULE B(11)

	Recipient Information			Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP	☐ Cash		
	Services or Goods Reimbursed	•	Reimbursement Date	☐ Credit		
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

	,						
	_	Debt In	formation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Name					
		Street Address					
1	1	City	State	ZIP			
		Type of Account Payable or Debt Owed		Date that Debt Accrued			
r		Name		<u> </u>			
		Street Address					
2	2	City	State	ZIP			
		Type of Account Payable or Debt Owed	<u> </u>	Date that Debt Accrued			
ŀ		Name					
		Street Address					
3	3	City	State	ZIP			
	-	Type of Account Payable or Debt Owed		Date that Debt Accrued			
t		Name					
		Street Address					
4	1	City	State	ZIP			
	-	Type of Account Payable or Debt Owed	<u> </u>	Date that Debt Accrued			
f		Name					
	-	Street Address					
5	5	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued				
f		Enter total only if last page of schedule			l		
$\setminus L$		(transfer the total received this period to "Summary of Receipts,"	line 12)				

Schedule B(12), page ____ of ___

COMMITTEE ID NUMBER

TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Total (transfer the total disbursed this period to "Summary of Disbursements," line 14)		

Schedule A(13), page ____ of ____



MISCELLANEOUS DISBURSEMENTS: SCHEDULE B(14)

Recipient Information				Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
1	Street Address					
	City		ZIP	☐ Cash		
	Disbursement Type		Disbursement Date	□ Credit		
	Name					
	Street Address					
2	City		ZIP	□ Cash		
	Disbursement Type	1	Disbursement Date	□ Credit		
	Name					
	Street Address					
3	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Credit		
	Name					
	Street Address					
4	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Casii		
	Name					
	Street Address					
5	City	State	ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Enter total only if last page of schedule					

Schedule B(12), page ____ of ___