RECEIVED

OCT 24 2024

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER
C1903

CITY OF CHANDLER COMMETTE WE OF CHANDLER

REPORTING PERIOD (check one):

DIDATE	INFORMATION (only if filing	ig as a candidate comn	nittee):	
	Office Sought:	☐ County Office:		☐ Special District Office:
		☑ City/Town Office	: CHANDLER	☐ School Board District:

	REPORTING PERIOD	REPORT DUE
	2023 March Pre-Election Report (Local Only): January 1, 2023 to February 25, 2023	February 26, 2023 to March 4, 2023
	2023 March Post-Election (Q1) Report (Local Only): February 26, 2023 to March 31, 2023	April 1, 2023 to April 15, 2023
	2023 Quarter 1 Report: January 1, 2023 to March 31, 2023	April 1, 2023 to April 17, 2023
	2023 May Pre-Election Report (Local Only): April 1, 2023 to April 29, 2023	April 30, 2023 to May 6, 2023
	2023 May Post-Election (Q2) Report (Local Only): April 30, 2023 to June 30, 2023	July 1, 2023 to July 15, 2023
	2023 Quarter 2 Report: April 1, 2023 to June 30, 2023	July 1, 2023 to July 17, 2023
	2023 August Pre-Election Report (Local Only): July 1, 2023 to July 15, 2023	July 16, 2023 to July 22, 2023
	2023 August Post-Election (Q3) Report (Local Only): July 16, 2023 to September 30, 2023	October 1, 2023 to October 16, 2023*
	2023 Quarter 3 Report: July 1, 2023 to September 30, 2023	October 1, 2023 to October 16, 2023*
	2023 November Pre-Election Report (Local Only): October 1, 2023 to October 21, 2023	October 22, 2023 to October 28, 2023
	2023 November Post-Election (Q4) Report (Local Only): October 22, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
	2023 Quarter 4 Report: October 1, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
	2024 March Pre-Election Report (Local Only): January 1, 2024 to February 24, 2024	February 25, 2024 to March 2, 2024
	2024 March Post-Election (Q1) Report (Local Only): February 25, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
	2024 Quarter 1 Report: January 1, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
	2024 May Pre-Election Report (Local Only): April 1, 2024 to May 4, 2024	May 5, 2024 to May 11, 2024
	2024 May Post-Election (Q2) Report (Local Only): May 5, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
	2024 Quarter 2 Report: April 1, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
	2024 July Pre-Primary Election Report: July 1, 2024 to July 13, 2024	July 14, 2024 to July 20, 2024
,	2024 July Post-Primary Election (Q3) Report: July 14, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
	2024 Quarter 3 Report: July 1, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
1000	2024 November Pre-General Election Report: October 1, 2024 to October 19, 2024	October 20, 2024 to October 26, 2024
	2024 November Post-General Election (Q4) Report: October 20, 2024 to December 31, 2024	January 1, 2025 to January 15, 2025
	Final Campaign Finance Report Prior to Committee Termination: End of Previous Period through Today's Date *Reporting deadline extended to next business day if deadline date is a holiday or Sunday. A.R.S. §§§ 1-24	Same Date of Termination

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) 	\$ 14,001.71	
(b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)	\$ 6,346.25	\$ 59,496.25
(c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)	\$ 19,991.99	\$ 64,615.50
(d) = Balance at close of reporting period	\$ 355.97	
☐ Check here if filing <u>no</u> financial activity during the reporting period. Lines (a)-(d) still must be following page need to be filed	pe completed, but only this	cover page and the



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

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

od harris	od harris	10/23/2024
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	1698.05	
	(b) In-State Individuals - \$100 or Less (Aggregate)	250	
		3398.20	
	(c) Out-of-State Individuals (d) Candidate Committees	3330,20	
	(e) Political Action Committees	1000	
		1000	
	(f) Political Parties		
	(g) Partnerships		
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(i) Labor Organizations (PACs & Political Parties Only)		
	(j) Candidate's Personal Monies (Candidate Committees Only)		
	(k) Monetary Contributions Subtotal (add 1(a) through 1(j))		
	(I) Refunds Given Back to Contributors		
	(m) Net Monetary Contributions (subtract 1(I) 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)	G S Black S C C H	
	(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	I LENGTH TO THE	
9.	Payments Received for Goods / Services	and the second	
10.	Outstanding Accounts Receivable / Debts Owed to Committee	a that	
	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)	1 - 1	11 1 1 1 1 1 1
	Miscellaneous Receipts (use cash and/or equity asapplicable)	1 = 1 -	
	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)	6346.25	

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SUMMARY OF DISBURSEMENTS (Schedule B):

	Disbursements	Cash	Equity
1.	Disbursements for Operating Expenses	19991.99	
2.	Contributions Made		
-	(a) Candidate Committees		
	(b) Political Action Committees		
	(c) Political Parties		
	(d) Partnerships		personal co
	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		
	(f) Labor Organizations (PAC & Political Parties Only)		150 - 100 - 17
	(g) Monetary Contributions Subtotal (add 2(a) through 2(f))		
	(h) Contribution Refunds Provided to the Reporting Committee		
	(i) Monetary Contributions Total (subtract 2(h) from 2(g))		
3.	Loans		
	(a) Loans Made		
	(b) Loan Guarantees Made		
	(c) Forgiveness on Loans Made		
	(d) Repayment of Loans Received		
	(e) Accrued Interest on Loans Received		
	(f) Total Loans (cash: add 3(a), 3(d) & 3(e); equity: add 2(b) & 2(c))		
4.	Rebates and Refunds Made (Non-Contributions)		
5.	Value of In-Kind Contributions Provided		
	(a) Candidate Committees		
	(b) Political Action Committees		
	(c) Political Parties		
	(d) Partnerships		
	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		
	(f) Labor Organizations (PAC & Political Parties Only)		
	(g) Contributions Subtotal (add 5(a) through 5(f))	1400 1800 0001 2000	
6.	Independent Expenditures Made		
7.	Ballot Measure Expenditures Made		
8.	Recall Expenditures Made		
9.	Support Provided to Party Nominees (Political Parties Only)		
10.	Joint Fundraising / Shared Expense Payments Made		
11.	Reimbursements Made		
12.	Outstanding Accounts Payable / Debts Owed by Committee	organización agración na	14463.21
13.	Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)		
14.	Miscellaneous Disbursements		
15.	Aggregate of Disbursements - \$250 or Less		
16.	Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15)	19991.99	14463,21

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

SCHEDULE A(1)(a)

/	Individu	al Contributor Inforn	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Carlos Brown		Date Contribution Received 7/16/24	242.45	242.45	242.45
	Street Address 1204 E Kesler PI,		•			
1	city chandler	State az	^{ZIP} 85225			
	Occupation Attorney	Employer Carlos Bro	wn Law			
	Name Tamara Jamison		Date Contribution Received 8/1/2024	970.70	970.70	970.70
	Street Address 201 W Alegre Dr	es j	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		10,000	
2	city LITCHFIELD PARK	State AZ	zip 85340			
	Occupation Business Development	Employer CORE				
	Name JASON SANTOR		Date Contribution Received 8/2/24	242.45	242.45	242.45
	Street Address 4240 E Morrison Ranch Pkwy					
3	city GILBERT	State AZ	zip 85296			
	Occupation CONSTRUCTION	Employer CORE				
	Name JAMES FARAIA	-	Date Contribution Received 8/2/2024	242.45	242.45	242.45
	Street Address 3948, E. Juanita Ave		,			
4	city GILBERT	State AZ	ZIP 85234			
	Occupation CONSTRUCTION	Employer CORE				
	Name		Date Contribution Received			
	Street Address	Street Address				
5	City	State	ZIP			
	Occupation	Employer				
_	Enter total only if last page of sol (transfer the total received this period	nedule	nts " line 1(a))		1698.05	1698.05

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

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



COMMITTEE ID NUMBER c1903

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	250	5025.55
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(b))	250	5025.55

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

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

COMMITTEE ID NUMBER c1903

MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

	Individual Contributor Informa	Date Contribution Received	Amount Received	Cumulative Amount this Reporting Period	Amount th Election Cy
Alexis Sarez			3398.20	3398.20	3398.20
1690 electric Ave					
City Venice	State CA	90291			
Occupation Self Employed	Self Employe	eed			
Name	Name				
Street Address		- 1		_	
City	State	ZIP			
Occupation	Employer				
Name		Date Contribution Received			
Street Address					
City	State	ZIP			
Occupation	Employer				
Name		Date Contribution Received			
Street Address					
City	State	ZIP			
Occupation Employer					
Name		Date Contribution Received			
Street Address	Street Address				
City	State	ZIP			
Occupation	Employer				
	e of schedule is period to "Summary of Receipts			3398.20	3398,20

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



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

/	Candidate Committee	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	ed			
_	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Committee ID Number Date Contribution Received				
	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	ID Number Date Contribution Received				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	nd			
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receipts," li	ine 1(d))			

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

/	Political Action Committ	ee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	City State ZIP				
	Committee ID Number	Date Contribution Receive	d			
	Committee Name	Committee Name				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name	Committee Name				
	Street Address					
3	City	State	ZIP			-
	Committee ID Number	Date Contribution Received				
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed	, ,		
	Committee Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ad .			
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receipts," li	ine 1(e))			

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

/						
_	Political Party Co	ntributor Informat	iion	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	ed.			
_	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
_						
	Committee Name					
	Street Address					
	0.001710000					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
4		I	I			
	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed.			
	Committee Name					
	Street Address					
5						
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
_	Entern Antal and although					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts." li	ine 1(f))			
		- ' '				

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

/	_	Partnership Con	tributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Partnership Name Street Address			- 2		
		Silest Address					
	1	City	State	ZIP			
		Corporation Commission File Number	Date Contribution Receive	d			
		Partnership Name			-		
		Street Address				-	,
į	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 Received					
		Partnership Name					
		Street Address			-	_	
	4	City	State	ZIP	- 1		
		Corporation Commission File Number Date Contribution Received			,		
		Partnership Name	I				
		Street Address					
	5	City	State	ZIP			
		Corporation Commission File Number	Date Contribution Receive	I.			
		Enter total only if last page of schedule (transfer the total received this period to "Sumi		9.70			

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



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

_	Corporation / LLC (Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address	Street Address				
1	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receive	ed			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	led			
	Corporation/LLC Name					
	Street Address	Street Address				
3	City	State	ZIP			
	Corporation Commission File Number Date Contribution Received					
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Received				
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Enter total only if last page of schedule (transfer the total received this period to "Sum					

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



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 Labor Organization Name	Date Contribution Receive	ed			
	Street Address					
2	City	State	ZIP		,	
	Corporation Commission File Number	Date Contribution Receive	ed	-		
	Labor Organization Name					
3	Street Address City State ZIP				-	
	Corporation Commission File Number	Date Contribution Receive		-		
_	Labor Organization Name					1
	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 Receive	ed			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 1(i))			

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

_		e Information		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	y.	Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name Date Contribution Received					
	Street Address					
3	City	State	ZIP			
	Occupation	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				
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receipts," I	ine 1(j))			

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



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	10	Date Contribution Refunded			
	Street Address					
1	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
2	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution	Sec. 12		
_	Name		Date Contribution Refunded			
	Street Address					
3	City	State	ZIP	1		
	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 nage of schedule					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 1(I))			

Schedule A(1)(I), page____ of___



LOANS RECEIVED:

SCHEDULE A(2)(a)

/		nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name Date Loan Received					
	Street Address			-		
1	City	State	ZIP			
	Sily	State	ZIF			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address					
2		I	T			
	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)	-		
			,			
_	Lender Name	Date Loan Received				
	Street Address			1		
2						
3	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)				
_	Lender Name	Date Loan Received				
	Leinei Wallie	Date Loan Received				
	Street Address			-		
4	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address					
5	City	State	ZIP	-		
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)				
	Enter total only if last page of schedule					
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receipts," I	ine 2(a))			
_						

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



FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

_	Lender	Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Forgiveness Received			
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address					
2	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding			_	
F	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					
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 "Sum	2		. 17		

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



REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

_	Borrowei	- 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		-		
	Borrower Name		Date Repayment Received			
	Street Address			1		
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 "Sum	mary of Receipts " II	ine 2(c))			
_		,				



INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

Borrow	er Information		Amount of Interest Accrued	Alliount tino	Cumulative Amount this Election Cycle
Borrower Name		Date Interest Accrued			
Street Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding	9			
Borrower Name		Date Interest Accrued			
Street Address					
City	State	ZIP			
		g			
Borrower Name		Date Interest Accrued			
Sireet Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding	9			
Borrower Name	-	Date Interest Accrued			
Street Address		!		-	
City	State	ZIP			
Original Amount Borrowed Amount Still Outstanding		9		-	
Borrower Name		Date Interest Accrued			
Street Address	9				
City	State	ZIP			
	Borrower Name Street Address City Original Amount Borrowed Borrower Name Street Address City Original Amount Borrowed Borrower Name Street Address City Original Amount Borrowed Street Address City Original Amount Borrowed Borrower Name Street Address City Original Amount Borrowed	Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address	Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address	Borrower Name Borrower Name Street Address Street Address Street Address Street Address Street Address City State ZIP Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Date Interest Accrued Street Address City Date Interest Accrued Date Interest Accrued Street Address City Date Interest Accrued Date Interest Accrued	Borrower Information Borrower Information Borrower Information Borrower Information Borrower Information Street Address City State City City State City State City City State City State City City State City City State City City State City City

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

C1903



STATE OF ARIZONA FRIMMOTRE FOR PAIGN

COMMITTEE ID NUMBER

	ND REPUNDS RECEIVED:					SCHED
	P	ayor 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/Re	ebate			
_	Payor Name		Date Rebate/Refund Received			
	Street Address					
2	City	State	ZIP	-		
	Original Purchase Amount	Reason for Refund/Re	ebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Re				
		Neason of Neighborn	avaite .			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
4	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Re	ebale			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
5	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Re		_		

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)		1
Total (transfer the total received this period to "Summary of Receipts," line 4)		9 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 Cont	ributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			,
	Street Address					
1						
Ι΄	City	State	ZIP			
	Occupation	Employer				
L						
	Name		Date In-Kind Contribution Received			
	Street Address					
	Street Address					
2	Olt.	1	T			
	City	State	ZIP			
	Occupation	Employer				
	Companion	Employer				
-	Name		Date In-Kind Contribution Received			
			Date III-Kind Contribution Received			
	Street Address					
3	City	State	ZIP			
		- Claid				
	Occupation	Employer				
	Name	L	Date In-Kind Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
		-				
	Streel Address					
5						
"	City	State	ZIP			
	Occupation	Employer				
_						
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	manu of Decelet. "	in = F(n))			
<u></u>	Cularister the total received this period to "Sumi	nary of Receipts," I	ine o(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), page____ of ___

COMMITTEE ID NUMBER

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 1(b))		

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

COMMITTEE ID NUMBER
C1903

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

SCHEDULE A(5)(c)

_	Candidate Committee	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Committee Name					
	Street Address	Street Address				
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address	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					
	Streel 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)(c), page____ of ___



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

_	Candidate Committee	ee Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address	Street Address				
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received	-		
\vdash	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	ommittee ID Number Date In-Kind Contribution Received				
-	Committee Name					
	Street Address	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 "Su	mmary of Receipts," I	ine 5(d))	, ,		

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

/	Political Action Commit	tee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address	Street Address				
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address			•		
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	er 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(e))			

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

,						
/	Political Party Co	ntributor Informat	iion	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	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		*	
	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 "Sumi	mary of Receipts," I	ine 5(f))			100

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

/		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 In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
_	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	lion 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 "Sum	mary of Receipts," I	ine 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					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
	Street Address					
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					
	Corporation/LLC Name					
	Street Address			-		
4	City	State	ZIP	-		
	Corporation Commission File Number	oration Commission File Number Date In-Kind Contribution Received				
	Corporation/LLC Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	I Received	-		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	I mary of Receipts," I	ine 5(h))			



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
	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	oration 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					
	(transfer the total received this period to "Sum	mary of Receipts," li	ne 5(i))			

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



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

SCHEDULE A(5)(j)

	Candidate	e Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Date In-Kind Contribution Received				
	Street Address					
1	City	State	ZIP			
	Asset or 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					
	Name	Date In-Kind Contribution Received				
	Street Address		-	-		
4	City	State	ZIP	-		
	Asset or Property Contributed			-		
_	Name D		Date In-Kind Contribution Received			
	Street Address					
5	City	State	ZIP	_	= -	
	Asset or Property Contributed					
_	Enter total only if last page of schedule (transfer the total received this period to "Sum				1 N 1 N 1	



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

SCHEDULE A(6)

/		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					
	Name		Date In-Kind Donation Received			
	Street Address			-		
2	City	State	ZIP	-		
	Type of Item Donated			-		
	Name		Date In-Kind Donation Received			
	Street Address		1			
3	City	State	ZIP	_		
	Type of Item Donated			-		
L	Name Date In-Kind Donation Received					
	Street Address					
4	City	T				
	City	State	ZIP			
L	Type of Item Donaled					
	Name		Date In-Kind Donation Received			
_	Street Address	Street Address				
5	City	State	ZIP			
	Type of Item Donated					
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receipts,"	line 6)			
		Sche	edule A(6), page o	f		



EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

_	Creditor	Information		Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address	Street Address				
1	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address					
2	City	State	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					
	Street Address					
4	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit	_	,	
	Name					
	Street Address				-	
5	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
-	Enter total only if last nage of schedule					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	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
	Street Address					
1	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit	dit		
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Originally Provided on Credit Date of Original Extension of Credi		Date of Original Extension of Credit			
	Name					
	Street Address					
4	City	State	ZIP			
			Date of Original Extension of Credit			
	Name					
	Street Address					
	City Services or Goods Originally Provided on Credit	State	ZIP			
			Date of Original Extension of Credit			
	Enter total only if last page of schedule (transfer the total received this period to "Sumi					

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



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor Co	mmittee Informatior		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address					
1	City	State	ZIP	3		
	Date of Joint Fundraising Event (if applicable) Type of Shared Expense (i		se (if applicable)			
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP		-	
	Date of Joint Fundralsing Event (if applicable)	Type of Shared Expens	se (if applicable)		-	
_	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expens	se (if applicable)			
_	Committee Name Payment Date					
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable) Type of Shared Expense (se (if applicable)			
_	Committee Name		Payment Date			
5	Street Address					
	City	State	ZIP		-	
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expens	se (if applicable)			
_	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 8)					

Schedule A(8), page____ of ____



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

_	Payor I	nformation		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address			_		
1	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street 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 (transfer the total received this period to "Sumr	ne 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					
1	City	State	ZIP		- 17	
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
2	2 City	State	ZIP	1		
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
-	Name					
	Street Address	SS				
3	3 City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
4	1 City	State	ZIP			
			Date that Debt Accrued			
	Type of Account Receivable or Debt Owed		Date that best Accided			
	Name					
	Street Address					
5	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			4
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receipts," I	ine 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 Monles / 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)

_	Source I	nformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Street Address	,				
	Sireet Address			,		
1	City	State	ZIP		_	
	Receipt Type	3	Receipt Date	* .		
	Name					
	Street Address					
2	City	State	ZIP	7 4		
	Receipt Type		Receipt Date			
	Name					
	Street Address	,				
3	City	State	ZIP			
	Receipt Type	2 2 .	Receipt Date			
	Name					
	Street Address					
4	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
5	City	State	ZIP			
	Receipt Type		Receipt Date			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts " I	ine 12)			
	A STATE OF THE LOCAL POSCENSOR WITH POLICE TO COMM	,				

Schedule A(12), page____ of ____



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/		nt Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Disbursement Date				
	Street Address					
1	City	State	ZIP			
		State	215			
	Type of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)	☐ Cash ☐ Credit		
				L Orcan		
	Name	Disbursement Date				
	Street Address					
2						
_	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)	☐ Cash ☐ Credit		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(17100 and 1 difficult lattes Only)	Li Credit		
_	Name	Disbursement Date				
	Street Address					
_						
3	City	State	ZIP			
				☐ Cash		
	Type of Operating Expense Paid		(PACs and Political Parties Only)	☐ Credit		
_						
	Name	Disbursement Date				
	Street Address					
4	City	State	ZIP	_		
				☐ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)	☐ Credit		
	Name	Disbursement Date				
	Street Address					
5	City	T ₀ , ,	ZIP	_		
	City	State	ZIP	☐ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)	☐ Credit		
			,			
	Enter total only if last page of schedule					
	(transfer the total disbursed this period to "Su	mmary of Disburser	ments," line 1)			

Disbursements for Operating Expenses Schedule B(1)

Date Disburstment	Name	Address	Type of Expense	Amount Paid	Cumulative Amount this Report Period	Gumulative Amount this Election Cycle
9/19/2024	EXTRA SPACE	2795 E Cottonwood Pkwy #400 Cottonwood Heights UT	STORAGE	\$139.70	\$419.10	\$1422.50
8/20/2024	EXTRA SPACE	2795 E Cottonwood Pkwy #400 Cottonwood Heights UT	STORAGE	\$139.70	\$279.40	\$1282.80
8/15/2024	WIX	500 TERRY A FRANCOIS BLVD 6TH FLOOR SAN FRANSICO CA 94158	MARKETING ADS	\$531.50	\$1063.00	\$1457.77
8/13/2024	ESTELLA CONSULTING	500 North Estrella Park Way Suite b2 Goodyear AZ 85338	CONSULTANT	\$6200.00	\$6200.00	\$6200.00
8/1/2024	CHAVEZ QUESZADA	Chandler AZ	CAMPAIGN SIGNS SUBCONTRACTOR	\$700.00	\$700.00	\$700.00
8/2/2024	CIRCLE	2020 w Warner Chandler az	GAS FOR SINAGE PICK UP	\$40.00	\$120.02	\$120.02
8/2/2024	GOOGLE	MOUNTAIN VIEW, CA	MARKETING	\$12.98	\$22.98	\$788.98
8/1/2024	FACEBOOK	1 HACKER WAY MENLO PARK GA 94025	MARKETING ADS	\$128.27	\$578.27	\$578.27
7/30/2024	Union Print Shop	49 S Sycamore St Mesa Az 85202	MAILER	\$406.13	\$406.13	\$16270.80
7/30/2024	CIRCLE K	2020 w Warner Chandler az	GAS FOR SINAGE TEAM	\$30.00	\$137.04	\$137.04
7/29/2024	FACEBOOK	1 HACKER WAY MENLO PARK CA 94025	MARKETING ADS	\$450.00	\$450.00	\$450.00
7/30/2024	SHERATON	5594 w Wildhorse pass	CAMPAIGN WATCH and Victor PARTY FOR TEAM AND VOLUNTEERS. CAMPAIGN DEBRIEF AND ACTION REPORT FIELD AND FINANCE	\$1525.99	\$1525.99	\$1525.9\$
7/29/2024	GIRCLE K	2020 w Warner Chandler	GAS FOR SIGNAGE TEAM	\$50.02	\$107.04	\$107.04
7/29/2024	CRACKER BARREL	5022 E CHANDLER BLVD CHANDLER AZ	FOOD FOR TEAM MEETING	\$73.84	\$73.84	\$73.84
7/26/2024	MARMERA FILMS	130 N CENTRAL AVE PHOENIX AZ 85004	VIDEO	\$100.00	\$100.00	\$200.00
7/24/2024	Kemetic Eye Entertainment	130 N CENTRAL AVE PHOENIX AZ 85004	VIDEO	\$550.00	\$550.00	\$3450.00
7/24/2024	HULU ADS	SANTA MONICA, CA	MARKETING ADS	\$413,87	\$641.21	
7/24/2024	CIRCLE K	2020 w Warner Chandler	GAS FOR SIGNAGE	\$57.02	\$57.02	\$57.02
7/24/2024	THE UPS STORE	1940 w chandler blvd chandler az 85524	MAILERS	\$2999.92	\$2999.92	\$2999.92
7/22/24	Times media group	1900 W BROADWAY RD TEMPE AZ 85282	PRINT ADS	\$568.88	\$568.88	\$3413.28
7/22/2024	GOOGLE		ADS	\$10.00	\$10.00	\$760.00

Date Disburstment	Name	Address	Type of Expense	Amount Paid	Cumulative Amount this Report Period	Cumulative Amount this Election Cycle
7/19/2024	EXTRA SPACE	2795 E Cottonwood Pkwy #400 Cottonwood Heights UT	STORAGE SPACE	\$139.70	\$139.70	\$1143.10
7/17/2024	Union Print Shop	49 S Sycamore St Mesa Az 85202	PRINTING MATERIALS	\$2126.02	\$2126.02	\$15864.67
7/17/2024	WIX	500 TERRY A FRANCOIS BLVD 6TH FLOOR SAN FRANSICO CA 94158	MARKETING	\$531.50	\$531,50	\$926.27
7/17/2024	NEWS LINK	2145 e Warner rd suite 102 tempe az	PRINT ADS	\$356.30	\$356.30	\$712.60
7/17/2024	HULU ADS	SANTA MONICA, CA	MARKETING ADS	\$227.34	\$227.34	\$227.34
7/15-9/30/2024	GODADDY	2155 E WARNER RD TEMPE AZ	PHONE	\$45.67	\$45.67	\$142.07
7/15-9/30/2024	BLIP	1881 W Traverse Pkwy Suite E #333 Lehi UT 84043	MARKETING ADS	\$1437.64	\$1437.64	\$1437.64
				\$19991.99	\$21874.01	\$62448.96
		- IAA	****			
			2-41	-		



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

_	Candidate Commit	tee Recipient Infor	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		
L	Committee ID Number	☐ Credit				
	Committee Name					
3	Street Address					
	City	State	ZIP	□ Cash □ Credit		
	Committee ID Number	Date Contribution Made		- Oredit		,
	Committee Name Street Address			_		
4		State ZIP		_		
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
F	Committee Name					
	Street Address					
5	City	State	ZIP	☐ Cash		
	Committee ID Number	Date Contribution Made	1	☐ Cash ☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "S	e ummary of Disburser	ments," line 2(a))			
_		C-L	edule B(2)(a), page	of		,
1		30116	cadie b(z)(a), page	J		



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

/	Political Action Com	mittee Recipient In	formation	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	2 city	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
3	3 City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
1	1 City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address			_		
,	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "S	limmary of Dishurson	nents " line 2/h\\			
-		,	-, -,			



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

Political F	Party Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
nittee Name					
t Address					
	State	ZIP			
nittee ID Number	Date Contribution I	Made	□ Cash □ Credit	=	
nittee Name					= = = =
t Address					
	State	ZIP			
nittee ID Number	Date Contribution	Made	☐ Cash☐ Credit		
nittee Name					8 e 1
t Address					
	State	ZIP			
nittee ID Number	Date Contribution	Made	☐ Cash☐ Credit	1= -	
nittee Name		,			511
t Address					
	State	ZIP	E		
nittee ID Number	Date Contribution	Made	☐ Cash☐ Credit		
nittee Name					
t Address					
	State	ZIP			
nittee ID Number	Date Contribution	Made	☐ Cash☐ Credit		
		mber Date Contribution I		Date Contribution Made ☐ Cash☐ ☐ Credit☐ ☐ Cr	Date Contribution Made ☐ Cash ☐ Credit ☐ Credit

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



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

/				1	1	
_	Partners	ship Recipient Informa	tion	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnersnip Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Mad	de	☐ Casii		
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit		
_	Partnership Name					
	Street Address	S				
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit		
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mad	de	□ Cash □ Credit		
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mad	de	□ Cash □ Credit		
_	Enter total only if last page of sch (transfer the total disbursed this period	edule d to "Summary of Disburs	ements." line 2(d)\			
_			hedule B(2)(d), pa			



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	/ LLC Recipient In	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name				2	
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution	Made	☐ Credit		
_	Corporation/LLC Name					
	Street Address					-
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	n Made	☐ Cash☐ Credit		_
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP	□ Cook		
	Corporation Commission File Number	Date Contribution	n Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution	Made	☐ Casii	,	
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution	Made	□ Credit		
	Enter total only if last page of sch	andula .				

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	ization Recipient Infor	mation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Labor Organization Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date Contribution Made	8	□ Cash □ Credit		
Labor Organization Name	<u>'</u>				
Street Address					
City	State	ZIP	□ Cook		
Corporation Commission File Number	Date Contribution Mad	e	☐ Cash		
Labor Organization Name					
Street Address					
City	State	ZIP	ПСоор		
Corporation Commission File Number	Date Contribution Mad	e	☐ Cash		
Labor Organization Name					
Street Address					
City	State	ZIP	П Ch		
Corporation Commission File Number	Date Contribution Mad	e	□ Cash □ Credit		
Labor Organization Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date Contribution Made	2	☐ Cash ☐ Credit		
Enter total only if last page of sche	edule to "Summary of Disburse	ements " line 2(f\)			
	Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number	Labor Organization Name Street Address City State Corporation Commission File Number Date Contribution Mad Labor Organization Name Street Address City State Corporation Commission File Number Date Contribution Mad Labor Organization Name Street Address City State Corporation Commission File Number Date Contribution Mad Labor Organization Name Street Address City State Corporation Commission File Number Date Contribution Mad Labor Organization Name Street Address City State City State Corporation Commission File Number Date Contribution Mad Labor Organization Name Street Address City State Corporation Commission File Number Date Contribution Mad Labor Organization Name	Street Address City State ZIP Corporation Commission File Number Date Contribution Made Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Made Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Made Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Made Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Made Street Address City State ZIP Corporation Commission File Number Date Contribution Made	Labor Organization Name Street Address City State ZijP Cash Credit Corporation Commission File Number Date Contribution Made Credit Labor Organization Name Street Address City State ZijP Cash Credit Labor Organization Name Date Contribution Made Credit Labor Organization Name Cash Credit Labor Organization Name Date Contribution Made Credit Labor Organization Name Cash Credit Labor Organization Name Cash Credit Labor Organization Name Date Contribution Made Credit Labor Organization Name Cash Credit Labor Organization Name Cash Credit Labor Organization Name Date Contribution Made Credit Labor Organization Name Cash Cash Credit Labor Organization Name Cash Cash Cash Cash Credit Labor Organization Name Cash Cash Cash Cash Credit Labor Organization Name Cash Cash	Labor Organization Recipient Information Contributor Co



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					
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		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			1
	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 "Sur	nmary of Disburser	ments," line 2(h))			,

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



LOANS MADE: SCHEDULE B(3)(a)

/		r Information		Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name					
	Street Address					
1	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name	1				
	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name Date Loan Made					
	Borrower Name					
	Street Address					
3	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Enter total only if last page of schedule (transfer the total received this period to "Sum					

Schedule B(3)(a), page____of ____



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

					O. was dath a
Guaran	tor Information		Amount Guaranteed	Amount this	Cumulative Amount this Election Cycle
Guarantor Name					
Street Address	Street Address				
City	State	ZIP			
Borrower Name	Date Loan Guaranteed				
Guarantor Name	1				
Street Address					
City	State	ZIP			
Borrower Name	Date Loan Guaranteed				
Guarantor Name					
Street Address					
City .	State	ZIP			
orrower Name Date Loan Guaranteed					
Guarantor Name					
Street Address					
City	State	ZIP			
Borrower Name Date Loan Guaranteed					
Guarantor Name					
Street Address					
City	State	ZIP			
	Date Loan Guaranteed		-	1	
	Guarantor Name Street Address City Borrower Name Guarantor Name Street Address City Borrower Name Guarantor Name Street Address City Borrower Name Street Address City Borrower Name Guarantor Name Guarantor Name Street Address City Street Address City Borrower Name Street Address City Borrower Name	Street Address City State Borrower Name Date Loan Guaranteed Guarantor Name Street Address City State Borrower Name Date Loan Guaranteed Guarantor Name Street Address City State Borrower Name Date Loan Guaranteed Guarantor Name Date Loan Guaranteed City State Borrower Name Date Loan Guaranteed Guarantor Name Street Address City State Guarantor Name Street Address City State Borrower Name Date Loan Guaranteed	Street Address City State ZIP Borrower Name Date Loan Guaranteed Guarantor Name Street Address City State ZIP Borrower Name Date Loan Guaranteed Guarantor Name Street Address City State ZIP Borrower Name Date Loan Guaranteed City State ZIP Borrower Name Date Loan Guaranteed City State ZIP Borrower Name Date Loan Guaranteed Cuarantor Name Street Address City State ZIP Borrower Name Date Loan Guaranteed	Guarantor Name Street Address City State ZIP Borrower Name Date Loan Guaranteed Cuaranteer Name Date Loan Guaranteed City State ZIP Borrower Name Date Loan Guaranteed Guaranteer Name Guaranteer Name Date Loan Guaranteed Guaranteer Name Street Address City State ZIP Borrower Name Date Loan Guaranteed Guaranteer Name Guaranteer Name Date Loan Guaranteed	Guarantor Name Sized Address City State ZiP Borrower Name Clay State ZiP Borrower Name Date Lean Guaranteed Sized Address City State ZiP Borrower Name Date Lean Guaranteed Clay State ZiP Borrower Name Clay State ZiP Borrower Name Sized Address City State ZiP Borrower Name Clay State ZiP Borrower Name Sized Address City State ZiP Borrower Name Clay State ZiP Borrower Name Date Loan Guaranteed Clay State ZiP Borrower Name Clay State ZiP Borrower Name Clay State ZiP Borrower Name Sized Address City State ZiP Borrower Name Clay State ZiP Borrower Name Date Loan Guaranteed Sized Address City State ZiP Borrower Name Date Loan Guaranteed

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



FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

Borrower Information Amount Forgiven Amount this Amount		
Borrower Name Date Forgiveness Made	; A	Cumulative Amount th Election Cycl
Tolly City		
Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address ZIP Original Amount of Loan Amount Still Outstanding Date Forgiveness Made Street Address ZIP Original Amount of Loan Amount Still Outstanding Date Forgiveness Made Street Address ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made		
Borrower Name City City State Amount Still Outstanding Borrower Name Date Forgiveness Made ZIP Date Forgiveness Made Street Address Street Address Street Address Gity State ZIP Original Amount of Loan Amount Still Outstanding Date Forgiveness Made Street Address Gity Dispinal Amount of Loan Amount Still Outstanding Date Forgiveness Made ZIP Original Amount of Loan Date Forgiveness Made		
Street Address City State ZIP Original Amount of Loan Amount SIII Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount SIII Outstanding Street Address City State ZIP Original Amount of Loan Amount SIII Outstanding Street Address City State ZIP Original Amount of Loan Amount SIII Outstanding Street Address City State ZIP Original Amount of Loan Amount SIII Outstanding Street Address City State ZIP		
2 City State ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP		
Original Amount of Loan Amount Still Outstanding Borrower Name Street Address City Original Amount of Loan Amount Still Outstanding Date Forgiveness Made ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made ZIP Original Amount of Loan Amount Still Outstanding Borrower Name City Street Address ZIP		
Borrower Name Street Address City State Original Amount of Loan Amount Still Outstanding Date Forgiveness Made Street Address Amount Still Outstanding Date Forgiveness Made Street Address Lity Date Forgiveness Made		
Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP		
City State ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP		
City State ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Data Forgiveness Made Street Address City State ZIP		
Borrower Name Date Forgiveness Made Street Address City State ZIP		
Street Address 4 City State ZIP		
4 City State ZIP		
City State ZIP		
Original Amount of Loan Amount Still Outstanding		
Borrower Name Date Forgiveness Made		
Street Address		
5 City State ZIP		
Original Amount of Loan Amount Still Outstanding		
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 3(c))		

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



REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

	Lender I	nformation		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Repayment Made			
	Street Address			7 9		
1	City	State	ZIP	78		
	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 "Sur	nmary of Disbursen	nents," line 3(d))			

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	Street Address				
1						
ļ '	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Interest Accrued			
	Street Address			-		
2	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Lender Name		Date Interest Accrued			
	Street Address		-			
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding		-		
	Lender Name		Date Interest Accrued			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name	<u> </u>	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 disbursed this period to "Sun	nmary of Disbursem	nents," line 3(e))			

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

	cipient Information		Amount Rebated /	Cumulative	Cumulative
Name of Original Payor			Refunded	Amount this Reporting Period	Amount this Election Cycle
	Name of Original Payor				
Street Address					
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					
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		, <u> </u>			
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					
City	State	ZIP	1		
Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
Name of Original Payor	· ·	Date Rebate/Refund Made			
Street Address					
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				
	Name of Original Payor Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Street Address City Corporation File Number (if applicable)	Name of Original Payor Street Address City State Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Street Address City State Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Street Address City State Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Street Address City State Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Street Address City State Corporation Commission File Number (if applicable) Original Payment Amount The state of Original Payor Street Address City State Corporation Commission File Number (if applicable) Original Payment Amount	Name of Original Payor Date Rebate/Refund Made Street Address 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 City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made	Name of Original Payor Date Rebate/Refund Made City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Date of Original Payment Name of Original Payor Date Rebate/Refund Made City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made	Name of Original Payor Date Rebate/Refund Made City State ZiP Corporation Commission File Number (if applicable) Original Payment Amount Date of Original Payment Date Rebate/Refund Made Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP Date Rebate/Refund Made Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made

Schedule B(4), page____ of ____



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/	Candidate Committe	e Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address			_		
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
_	Committee Name					
	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					
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 "Sun	nmary of Disbursem	nents," line 5(a))			

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

/	Political Action Comm	nittee Recipient Inf	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name	_				
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name	1				
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n 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	n Made			
	Committee Name	2				
Street Address						
City State ZIP		ZIP				
	Committee ID Number	Date In-Kind Contribution	n Made			
_	Enter total only if last page of schedule					
	Enter total only if last page of schedule (transfer the total disbursed this period to "So	ummary of Disburser	ments," line 5(b))			1 - 1x 1

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

/						
_	Political Party R	ecipient Informati	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	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					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursem	nents," line 5(c))			

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



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

/	Partnersh	ip Recipient Inform	nation	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 Contri	bution Made			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Made	* * * * * * * * * * * * * * * * * * * *		
_	Partnership Name					7
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Made			
_	Partnership Name					
	Street Address				i .	
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	Date In-Kind Contribution Made		- ,	
_	Partnership Name					
	Street Address					
5	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contr	ibution Made			
	Enter total only if last page of sche (transfer the total disbursed this period					

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

_	Corporation / LLC	Recipient Inform	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	poration Commission File Number Date In-Kind Contribution Made				
	Corporation/LLC 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 "Sur					

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



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

	Labor Organ	ization Recipient Info	rmation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	tion Made			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	ution Made			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	ution Made			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	ution Made	1		
	Labor Organization Name					
	Street Address			1		
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	ution Made			
-	Enter total only if last page of sch (transfer the total disbursed this period	edule	coments " line 5/f))			
1	Imanaier me rorai dispursed mis perior	a to Guillinally of Disbuil	33o.n.a, mile 0(1))			



INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

/		Recipient Informati	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 (Incl	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					
2	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (incli	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					
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	1	Mode of Advertising (TV, mail, etc)			
	Street Address			-		
4	City	State	ZIP			
	Candidate(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 schedule (transfer the total disbursed this period to "S	i Summary of Disbursen	nents," line 6)			
\		Sal	nedule B(6), page of _			



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

			1	Cumulativa	Cumulative
Expenditure	Recipient Informatio	,	Expenditure Amount	Cumulative Amount this Reporting Period	Amount th
pient Name		Mode of Advertising (TV, mail, etc)			
et Address					
	State	ZIP			
ot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(including % opposed)	☐ Cash		
of First Publication, Display, Delivery, or Broadcast	Election Month/Year		- □ Credit		
pient Name		Mode of Advertising (TV, mail, etc)			
at Address			_		
	State	ZIP			
ot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed (including % opposed)		☐ Cash	200	
of First Publication, Display, Delivery, or Broadcast	very, or Broadcast Election Month/Year		☐ Credit		
pient Name		Mode of Advertising (TV, mail, etc)			
et Address					
	State	ZIP			
ot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(including % opposed)	☐ Cash☐ Credit	2.8	
of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ Credit		
pient Name		Mode of Advertising (TV, mail, etc)			
Street Address					
	State	ZIP			
ot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed (including % opposed)		☐ Cash		
of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ Li Credit		
of First Pul	blication, Display, Delivery, or Broadcast	blication, Display, Delivery, or Broadcast Election Month/Year	blication, Display, Delivery, or Broadcast Election Month/Year	□ Cash □ Credit blication, Display, Delivery, or Broadcast Election Month/Year	□ Cash □ Credit blication, Display, Delivery, or Broadcast Election Month/Year

Schedule B(7), page____ of ___



RECALL EXPENDITURES MADE: SCHEDULE B(8)

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

Schedule B(8), page____ of ___



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

		Benefitted 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		* * * * * * * * * * * * * * * * * * * *			
	Notes:					
_	Candidate Name		Date Benefit Provided			
	Street Address			+		
	City	State	ZIP			
2		Cido				
	Type of Benefit Provided					
	Notes:					0.
	Candidate Name	· · · · · · · · · · · · · · · · · · ·	Date Benefit Provided			
	Street Address					5 i
3	City	State	ZIP			
	Type of Benefit Provided			7		
	Notes:					- 1
-	Candidate Name	ī	Date Benefit Provided			
	Street Address	Street Address				,
	City	State	ZIP	-		
4	Type of Benefit Provided	Type of Benefit Provided				- =
	Notes:					
	Enter total only if last page of (transfer the total disbursed this p	f schedule period to "Summary of Disb	ursements," line 9)			

Schedule B(9), page____ of ___



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

/	Recipient Co	mmittee Informatio	n	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			-
	Street Address					
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	[(if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (I (if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundralsing Event (if applicable)	Type of Shared Expense (I if applicable)	□ Cash □ Credit		
_	Enter total only if last page of schedule					
_	(transfer the total disbursed this period to "Su	ımmary of Disbursem	nents," line 10)			

Schedule B(10), page____ of ____



REIMBURSEMENTS MADE:

SCHEDULE B(11)

/	Recipio	ent Information		Reimbursement Amount	Cumulative Amount this	Cumulative Amount this
	Name				Reporting Period	Election Cycle
	Street Address	treet Address				
1	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	□ Credit		
	Name	1				
	Street Address					
2	City	State	ZIP	☐ Cash		
	Services or Goods Reimbursed		Reimbursement Date	☐ Credit		
	Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	☐ Credit		
	Name					==
1	Street Address	L				
	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	- Credit		T T
	Name	ı				
	Street Address	State	ZIP			
	City Services or Goods Reimbursed	Side	Reimbursement Date	☐ Cash☐ Credit		
-						
	Enter total only if last page of schedul (transfer the total disbursed this period to "\$	e Summary of Disbu	ursements," line 11)		14.70	

Schedule B(11), page____ of ____



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

_		nformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address			-		
1	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued	-		
	Name					
	Street Address			-		
2	City	State	ZIP	-		
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
3	City	State	ZIP			
	Type of Account Payable or Debt Owed	L	Date that Debt Accrued			
	Name					
	Street Address					
4	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
5	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receipts," li	ne 12)			

Schedule B(12), page____ of ____

COMMITTEE ID NUMBER

TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

	1	
	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Total (transfer the total disbursed this period to "Summary of Disbursements," line 13)	1	

Schedule A(13), page____ of ____



MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

_		Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
,	Street Address					
1	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Credit		
	Name					
	Street Address					
2	City		ZIP	□ Cash		
	Disbursement Type	I	Disbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
3	City		ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
4	City		ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
+	Name					
	Street Address					
5	City	State	ZIP			
	Disbursement Type	L	Disbursement Date	□ Cash □ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sun	nmary of Disburse	ments," line 14)			



AGGREGATE OF DISBURSEMENTS - \$250 OR LESS:

SCHEDULE B(15)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Cumulative of Disbursements - \$250 or Less		
Enter total only if last page of schedule (transfer the total received this period to "Summary of Disbursements," line 15)		

Schedule B(15), page____ of