

COMMITTEE ID NUMBER c1903

COMMITTEE INFORMATION (required):

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The same	lutani lutani	0	20	24	AM	hund	il i	

	Committee Information:	Committee Name:	ELECT OD HARRIS		
CANI	Committee Information: Committee Name: ELECT OD HARRIS NDIDATE INFORMATION (only if filing as a candidate committee): Office Sought: □ County Office: □ Special District Office: □ School Board District: □ Cumulative Report: □ Check here if this is the candidate committee's first, cumulative report for the election cycle. Also select appropriate Reporting Period below.				
	Office Sought:		CITY OF CHANDLER		. 12
	☐ Check here if this is the		first, cumulative report for the elect		ting Period below.

REPORTING PERIOD (check one):

REPORTING PERIOD

REPORT DUE

2023 March Pre-Election Report (Local Only): January 1, 2023 to February 25, 2023

February 26, 2023 to March 4, 2023

	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
/	2024 November Pre-General Election Report: October 1, 2024 to October 19, 2024	October 20, 2024 to October 26, 2024
	2024 November Post-General Election (Q4) Report: October 20, 2024 to December 31, 2024	January 1, 2025 to January 15, 2025
	Final Campaign Finance Report Prior to Committee Termination: End of Previous Period through Today's Date	Same Date of Termination

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

FINANCIAL SUMMARY (required):

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)	\$ 355.97	
(b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)	\$ 25.00	\$ 59,521.25
(c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)	\$ 14.84	\$ 64,630.34
(d) = Balance at close of reporting period	\$ 366.13	
☐ 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.	e completed, but only this	cover page and the



COMMITTEE ID NUMBER
C1903

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		10/25/2024
Printed Name of Committee Treasurer	Signature of Committee Treasurer	Date

SUMMARY OF RECEIPTS (Schedule A):

/	Descision	Cash	Equity
	Receipts	Casn	Equity
1.	Monetary Contributions Received		
	(a) In-State Individuals - More than \$100	10-20-10-10-10-10-10-10-10-10-10-10-10-10-10	
	(b) In-State Individuals - \$100 or Less (Aggregate)	25	The state of the s
	(c) Out-of-State Individuals		Wood President Co.
	(d) Candidate Committees	(4-)	Dreich teath is the
	(e) Political Action Committees		
	(f) Political Parties		s consponential 4.34 N
	(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)	9.2 (200.000.000.000.000.000.000.000.000.000	
	(k) Monetary Contributions Subtotal (add 1(a) through 1(j))	The sylvent back files	
	(I) Refunds Given Back to Contributors	287 a	
_	V.		
2.	(m) Net Monetary Contributions (subtract 1(I) from 1(k)) Loans		
۷.	(a) Loans Received		
	(b) Forgiveness on Loans Received		
	(c) Repayment on Loans Made	7 21 02	
	(d) Interest Accrued on Loans Made	handail s	
	(e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))	r a Fermi	
3.	Rebates and Refunds Received		
4.	Interest Accrued on Committee Monies	management of the latter of	the Park Park Parks and July
5.	In-Kind Contributions Received		
	(a) In-State Individuals - More than \$100	AND THE LOW	
	(b) In-State Individuals - \$100 or Less (Aggregate)		There y life and the second
	(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)	(100 m) (100 m) (100 m) (100 m)	Carried to the control of
	(i) Labor Organizations (PACs & Political Parties Only)	are entended to the	
	(j) Candidate's Personal Assets or Property (Candidate Committees Only)	A SHARE WAS AND A SHARE WAS A	
	(k) In-Kind Contributions Subtotal (equity: add 5(a) through 5(j))		4 6 1
6.	In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
7.	Extensions of Credit		
	(a) Extensions of Credit Received		
	(b) Payments on Extensions of Credit Received		
	(c) Net Extensions of Credit (subtract 7(b) from 7(a))		
8.	Joint Fundraising / Shared Expense Payments Received		
9.	Payments Received for Goods / Services		
040000	Outstanding Accounts Receivable / Debts Owed to Committee	The state of the s	1771 - 170 - 172
0.0	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
	Miscellaneous Receipts (use cash and/or equity asapplicable)		
	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)	25	

SUMMARY OF DISBURSEMENTS (Schedule B):

	Disbursements	Cash	Equity
1.	Disbursements for Operating Expenses	14.84	
2.	Contributions Made		to a fine stope of year
	(a) Candidate Committees		
	(b) Political Action Committees		and out-place in
	(c) Political Parties		a mark mality (in
	(d) Partnerships		
	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		
	(f) Labor Organizations (PAC & Political Parties Only)		
	(g) Monetary Contributions Subtotal (add 2(a) through 2(f))		
	(h) Contribution Refunds Provided to the Reporting Committee		
	(i) Monetary Contributions Total (subtract 2(h) from 2(g))		Table Sanda San
3.	Loans		AT THE STATE OF TH
	(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))		
6.	Independent Expenditures Made		on the sound of
7.	Ballot Measure Expenditures Made		ASSESS AND
8.	Recall Expenditures Made		
9.	Support Provided to Party Nominees (Political Parties Only)		
10.	Joint Fundraising / Shared Expense Payments Made		
11.	Reimbursements Made		I SO TENERS AND YALL
12.	Outstanding Accounts Payable / Debts Owed by Committee		
13.	Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)		
14.	Miscellaneous Disbursements		
15.	Aggregate of Disbursements - \$250 or Less		
16.	Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15)	14.84	



COMMITTEE ID NUMBER C1903

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

SCHEDULE A(1)(a)

/	Individ	dual Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received		7,0 1	
	Street Address					
1	City	Amount Received Date Contribution Received Employer				
	Occupation	Employer			* *	
	Name		Date Contribution Received			
	Street Address			- 457 (1 · · · · · · · · · · · · · · · · · ·		
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		\dashv		

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

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



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	25	5055.55
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(b))	25	5055.55

^{*}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 ____





MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

/	In	ndividual Contributor Informa	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address			-		
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name	1	Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name	1	Date Contribution Received			
	Street Address					
4	City	Stale	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address	Street Address				
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page (transfer the total received this	of schedule period to "Summary of Receipts	s," line 1(c))			

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



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

/	Candidate Committe	e Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
2		Т	T			
	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed.			
	Committee Name	Committee Name				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	<u>l</u>		×	
	Enter total only if last page of schedule (transfer the total received this period to "Sun	nmary of Receipts," I	ine 1(d))			

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

	Political Actio	on Committee Contribu	utor Information	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	n Received	1 2 3		
_	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution	n Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution	n Received			
	Committee Name		l			
	Street Address	İ				
4						
	City	State	ZIP			
	Committee ID Number	Date Contribution	n Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
ł	Committee ID Number	Date Contribution	Received			

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

/						
_	Political Party Co	ntributor Informat	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address			-		
1	City	State	ZIP	-		
	Committee ID Number	Date Contribution Receive	d			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	I ed			
	Committee Name	I				
	Street Address					
3	City	State	ZIP	•		
	Committee ID Number	Date Contribution Receive	I ed			
	Committee Name	I				
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ad			
	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)

,							
	Partners	hip Contributor Inform	ation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name						
	Street Address						
1	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Re	ceived				
	Partnership Name				-		
	Street Address						
2	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Re	ceived				
	Partnership Name						
	Street Address					= -	
3	City	State	ZIP			-	
	Corporation Commission File Number	oration Commission File Number Date Contribution Received					
_	Partnership Name				-		
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number	Dale Contribution Received					
_	Partnership Name						
	Street Address						
5	City						
	Corporation Commission File Number	Date Contribution Re	ceived				
					a		
	Enter total only if last page of sch (transfer the total received this period	nedule I to "Summary of Receipts	s," line 1(g))			36.50	

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



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

_	Corporation / LLC	Contributor Inforn	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address	_				
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed	-		
r	Corporation/LLC Name					
	Street Address			-		
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	red			
L						
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receiv	red			
	Corporation/LLC Name					
	Street Address					
4		_				
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	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 "Sun	mary of Receipts "	line 1(h))			
	Lucinos in crotal received tills bellog to 2011	imary or neceipts, 1	IIIC 1(II))			

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

_	Labor Organi:	zation Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Recei	ived			
	Labor Organization Name	,				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Rece	<u>l</u> ived		A I	
	Labor Organization Name	,				
	Street Address	 				* - 1 = 1
3	City	State	ZIP			
	Corporation Commission File Number	Commission File Number Date Contribution Received				
F	Labor Organization Name		- 0			
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Recei	ived			
-	Labor Organization Name					
	Street Address					
5	City	State	ZIP		-	
	Corporation Commission File Number	Date Contribution Recei	ved	-		
	Enter total only if last page of sche (transfer the total received this period to	edule	line 1/i)\			
	Luanaier me rorar received mis heurog r	o Cummary of Receipts,	IIIIO 1(1))			

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

Candidate	e Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
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			-		
City	State	ZIP	-		
Occupation	Employer		_		
Name	L	Date Contribution Received			
Street Address			-		
City	State	ZIP	-		
Occupation	Employer		-		
Name		Date Contribution Received			
Street Address			-		
City	State	ZIP	-		
Occupation	Employer				
	Street Address City Occupation Name Street Address City Street Address City State Occupation Employer Name Street Address City State Occupation Employer Name Street Address City State City State City State City State City State City State Cocupation Employer Name Street Address City State Street Address 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 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 City State ZIP Occupation Employer Name ZIP Occupation Employer Name ZIP Occupation Employer Name ZIP Occupation Employer Name ZIP	Name State Address Street Address City State Address Street Address Street Address City State Sta	Name Sized Address City Coupalition City State City City State City C		

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

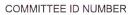


REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

/	Contribute	or Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		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			
	Name	Date Contribution Refunded				
	Street Address			_		
3	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
,	Street Address					
4	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
5	City	State	ZIP			
	ID Number (if applicable)	l	Date of Original Contribution	-		

Schedule A(1)(I), page____ of___





LOANS RECEIVED:

SCHEDULE A(2)(a)

/		r Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name	Date Loan Received				
	Street Address			-		
1	City	State	ZIP	-		
	Guarantor/Endorser Name	Non-Electoral Purpose?	PACs and Political Parties Only)	-		
_	Lender Name	Date Loan Received				
	Street Address	_1		-		
2	City	State	ZIP	-		
	Guarantor/Endorser Name	Non-Electoral Purpose?	PACs and Political Parties Only)	-		
	Lender Name	Date Loan Received				
	Street Address					
3 City	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose?	PACs and Political Parties Only)	-		
	Lender Name	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 (transfer the total received this period to "Su	mmary of Receipts."	line 2(a))			
	(Manisor the total reserved this period to Gu	Timary of Neccipis,				

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



FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

/		Lender Information		Amount Forgiver	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Forgiveness Rec	eived		
	Street Address	1				9
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outsta	inding			
	Lender Name		Date Forgiveness Rec	eived		
	Street Address					1
2	City	State	ZIP			-
	Original Amount of Loan	Amount Still Outsta	nding			
	Lender Name		Date Forgiveness Rec	eived		
	Street Address	1				
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outsta	nding			
	Lender Name		Date Forgiveness Recei	ved		
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan	al Amount of Loan Amount Still Outstanding				
	Lender Name		Date Forgiveness Receive	ved		
	Street Address					
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstar	nding			
	Enter total only if last page of so (transfer the total received this perio	L chedule d to "Summary of Receip	ts," line 2(b))			

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



REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

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

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



INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

-						
		Borrower Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Interest Accrued		3	
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outst	anding			
	Borrower Name		Date Interest Accrued			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outst	anding			
_	Borrower Name		Date Interest Accrued			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outst	anding			
_	Borrower Name		Date Interest Accrued			
	Street Address		1		-	
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	anding			
_	Borrower Name		Date Interest Accrued			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta				

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

c1903



STATE OF ARIZONA FRIMNUTERE FOR PAIGN

COMMITTEE ID NUMBER

/					Cumulative	Cumulative
_	Payor Information			Amount Rebated or Refunded	Amount this Reporting Period	Amount this
	Payor Name		Date Rebate/Refund Received	1		
	Street Address					
1	City	State	ZIP			
	Original Purchase Amount	Reason for Refu	nd/Rebate			
-	Payor Name		Date Rebate/Refund Received			
	Street Address					
2						
	City	State	ZIP			
	Original Purchase Amount Reason for Refund/Reba		nd/Rebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refu	nd/Rebate			
F	Payor Name		Date Rebate/Refund Received			
4	Street Address					
	City	State	ZIP			
	Original Purchase Amount	Reason for Refu	nd/Rebate			
r	Payor Name		Date Rebate/Refund Received			
	Street Address					
5	City	State	ZIP			
	Original Purchase Amount	Reason for Refur	nd/Rebate			

Schedule A(3), page____ of ___

COMMITTEE ID NUMBER

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

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

Schedule A(4), page____ of ____



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

SCHEDULE A(5)(a)

/		ributor Informatio		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name Date		Date In-Kind Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer		•		
	Name	L	Date In-Kind Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
	Name	L	Date In-Kind Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 5(a))			

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

Schedule A(5), 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))		

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

^{*}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	Contributor Infor	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Streel Address	reel Address				
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	I Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number					
	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 "Sum	mary of Receipts," I	line 5(d))	I		

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



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

/	Candidate Con	nmittee Contributor I	nformation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Received			
	Committee Name	Committee Name				
	Street Address					
2	City	State	ZIP	1		
	Committee ID Number	Date In-Kind Contrib	ution Received			
	Committee Name	Committee Name				
	eet Address			-		
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Received			
	Committee Name	Committee Name				
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	Date In-Kind Contribution Received			
	Committee Name					
	Street Address					
5	City	State	ZIP	1		
	Committee ID Number	Date In-Kind Contribu	ution Received			
	Enter total only if last page of sche (transfer the total received this period to	dule "Summary of Receipts	s," line 5(d))	1 102	5 10	

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(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	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	I				
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name	L				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts." I	ine 5(e))			
	r	,	1 //			

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

/						
_	Political Party Co	ontributor Informa	tion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name				-	
L	Street Address	,				
1	City	State	ZIP			
	Committee ID Number Date In-Kind Contribution Received				- , "	4) - 1 11
	Committee Name					23. P 1
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received			
-	Committee Name	1				
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			
\vdash	Committee Name					4
	Street Address	,			4	
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received	- x		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," li	ine 5(f))			

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

_	Partnership Con	tributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	I Received			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number Date In-Kind Contribution Received					
r	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	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	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 / Li	_C Contributor I	nformation	(b) (c)	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name Street Address						
	Circuit Address				-		
1	City	State	ZIP			-	
	Corporation Commission File Number	Date In-Kind Cont	tribution Received	-	-		
	Corporation/LLC Name			=_		- =	
	Street Address		-	-			
2	City	State	ZIP	P	*		
	Corporation Commission File Number	Date In-Kind Con	tribution Received				
	Corporation/LLC Name						
	Street Address			1			
3	City	State	ZIP				
	Corporation Commission File Number Date In-Kind Contribution Received				-,		
	Corporation/LLC Name			1	_		
	Street Address				_		
4	City	State	ZIP		*		
	Corporation Commission File Number	Date In-Kind Con	tribution Received				
	Corporation/LLC Name						* or * *
	Street Address						
5	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Cont	ribution Received				
	Enter total only if last page of schedu (transfer the total received this period to "\$	lle Summary of Recei	pts," line 5(h))				

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

	Labor Organization	Contributor Inforn	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date 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			
	Carporation 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," I	line 5(i))			

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



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

SCHEDULE A(5)(j)

/						
	Ca	indidate Information	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address	1				
1	1 city	State	ZIP	-		
	Asset or Property Contributed	_				
	Name		Date In-Kind Contribution Received			
	Street Address					
2	2 City	State	ZIP			
	Asset or Property Contributed			-		
	Name		Date In-Kind Contribution Received			
	Street Address			-		
3	3 City	State	ZIP	_		-
	Asset or Property Contributed			-		
-	Name		Date In-Kind Contribution Received			
	Circuladdore					
	Street Address					
4	City	State	ZIP			
	Asset or Property Contributed				of Sec	
	Name		Date In-Kind Contribution Received			- 1
	Street Address		1			
5	City	State	ZIP			-
	Asset or Property Contributed		1			
	Enter total only if last page of scholtransfer the total received this period to	edule to "Summary of Rece	ipts," line 5(j))	-		/

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



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

SCHEDULE A(6)

	Source I	nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	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					
r	Name		Date In-Kind Donation Received			
	Street Address					
3	City	State	ZIP			
	Type of Item Donaled					
	Name		Date In-Kind Donation Received			
	Street Address					
4	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address					
5	City	State	ZIP			
	Type of Item Donated					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	many of Receipts "	line 6)			
_	The second of the bound to sell the second to second t	y or recoupts,				

Schedule A(6), page____ of ____



EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

/	C	reditor Information	1	Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	1 city	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address					
2	2 City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit	_		
	Name					
	Street Address		1			
3	3 city	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
_	Name					
	Street Address		<u> </u>			
4	1 City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit	-	-	
	Name .	Name .				
F	Street Address					
5	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Enter total only if last page of sche (transfer the total received this period to	edule o "Summary of Rece	ipts," line 7(a))			and the selection



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

Creditor Information				Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Name	Name				
Street Address					
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			
Name					
Street Address					
3 City	State	ZIP			
Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
Name					
Street Address					
4 City	State	ZIP			
Services or Goods Originally Provided on Credit		Date of Original Extension of Credit	_		
Name					
Street Address					
5 City	State	ZIP			
Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
Enter total only if last page of schedule (transfer the total received this period to "Su					
3	Street Address City Services or Goods Originally Provided on Credit Name Street Address City Services or Goods Originally Provided on Credit Name Street Address City Services or Goods Originally Provided on Credit Name Street Address City Services or Goods Originally Provided on Credit Name Street Address City Services or Goods Originally Provided on Credit Name Street Address City Services or Goods Originally Provided on Credit Name	Street Address City State Services or Goods Originally Provided on Credit Name Street Address City State Services or Goods Originally Provided on Credit Name Street Address City State Services or Goods Originally Provided on Credit Name Street Address City State Services or Goods Originally Provided on Credit Name Street Address City State Services or Goods Originally Provided on Credit Name Street Address City State Services or Goods Originally Provided on Credit	Street Address City State ZIP Services or Goods Originally Provided on Credit Date of Original Extension of Credit Name Street Address City State ZIP Services or Goods Originally Provided on Credit Date of Original Extension of Credit Name Street Address City State ZIP Services or Goods Originally Provided on Credit Date of Original Extension of Credit Name Street Address City State ZIP Services or Goods Originally Provided on Credit Date of Original Extension of Credit Name Street Address City State ZIP Services or Goods Originally Provided on Credit Date of Original Extension of Credit Name Street Address City State ZIP Services or Goods Originally Provided on Credit Date of Original Extension of Credit Name	Name Street Address City State ZIP Services or Goods Originally Provided on Credit Date of Original Extension of Credit	Name Street Address State ZIP State ZIP State Goods Originally Provided on Credit State ZIP State Goods Originally Provided on Credit Date of Original Extension of Credit State ZIP ZIP

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



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor Col	mmittee Information		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address			7		
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable) Type of Shared Expense		e (if applicable)			
2	Committee Name		Payment Date			
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	e (if applicable)	-		
	Committee Name		Payment Date			- 41
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)			
-	Committee Name		Payment Date			
	Street Address			1		
4	City	State	ZIP		-	
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)			
5	Committee Name		Payment Date			
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)			
	Enter total only if last page of schedu (transfer the total received this period to "S			· · · · · · · · · · · · · · · · · · ·		

Schedule A(8), page____ of ____



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

_	Payor II	nformation		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
1	Street Address			-		
	City	State	ZIP	-		
	Services or Goods Purchased		Payment Date			
r	Name					
2	Street Address			-		
	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
3	Street Address					
	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
H	Name					
4	Street Address					
	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
L	Name					
5	Street Address					
	City State ZIP					
		- Ciule				
	Services or Goods Purchased		Payment Date			
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 9)						

Schedule A(9), page____ of ____



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

Information Amount the Reporting Period States States Address 1 Cay State 12P Type of Account Receivable or Data Closed Date find Data Account Receivable or Data Closed Data that Data Account Receivable or Data Closed Data that Data Account Receivable or Data Closed Name Street Address 3 City State 12P Type of Account Receivable or Data Owed Data that Data Account Receivable or Data Owed Account Name Breat Address 4 City State 2P Type of Account Receivable or Data Owed Date that Data Account Receivable or Data Owed Account Date that Data Account Receivable or Data Owed Account Date that Data Account Receivable or Data Owed Account Receivable or Data Owed Account Breat Address 5 City State 2P Type of Account Receivable or Data Owed Date that Data Account Date that Data Account Enter Intel Total Only if last page of Schodulie Commission Herotolia Treceived filts period to 1'Summary of Receipts,' line 10)		,						
Binest Address 1 City Binest Address Date that Debt Account Breakhable or Date David David Date that Debt Account Breakhable or Date David Date that Debt Account Name Binest Address 2 City Globe ZIP Type of Account Breakhable or Date David Date that Debt Account Date that Debt Account Account Name Sizest Address 3 City Globe ZIP Type of Account Breakhable or Date David Date that Debt Account Date that Debt Account Account Date that Debt Account	/_	_	Infor	mation		Amount	Amount this	Amount this
Type of Account Receivable or Date Owed Date that Debt Account Name Steed Address 2 City Type of Account Receivable or Date Owed Date that Debt Account Seed Address 3 City Slade 2 IP Type of Account Receivable or Date Owed Date that Debt Account Date that Debt Account Name Sineal Address 4 City Type of Account Receivable or Date Owed Date that Debt Account Name Sineal Address 4 City Type of Account Receivable or Date Owed Date that Debt Account Name Sineal Address 5 City Slade ZIP Type of Account Receivable or Date Owed Date that Debt Account					1			
Type of Account Receivable or Debt Owed Name Street Address			Street Address					
Name Street Address 2 City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued Name Street Address 3 City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued Name Street Address 4 City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued Name Street Address 5 City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued Name Street Address 5 City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued Date that Debt Accrued Date that Debt Accrued		1	City	Stale	ZIP		5 10 10 10 10	
Street Address Street Address State St		3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
2 City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued Name Street Address 3 City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued Name Street Address 4 City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued Name Street Address 5 City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued Date that Debt Accrued			Name					
Type of Account Receivable or Delst Owed Name Street Address 3 City State ZIP Type of Account Receivable or Delst Owed Date that Delst Accrued Name Street Address 4 City State ZIP Type of Account Receivable or Delst Owed Date that Delst Accrued Name Street Address 5 City State ZIP Type of Account Receivable or Delst Owed Date that Delst Accrued			Street Address					
Name Street Address 3 Oity State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued Name Street Address 4 Oity State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued Name Street Address 5 Oity State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued Name Street Address 5 Oity State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued	1	2	City	State	ZIP			
Street Address 3 City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued 4 City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued Name Street Address 5 City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued		3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	Type of Account Receivable or Debt Owed Date that Debt Accrued					
3 City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued Name Street Address 4 City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued Name Street Address 5 City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued			Name					
Type of Account Receivable or Debt Owed Date that Debt Accrued Name Street Address City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued Date that Debt Accrued			Street Address	-				
Name Street Address 4 City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued Name Street Address 5 City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued	1	3	City	State	ZIP			
Street Address City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued Name Street Address City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued			Type of Account Receivable or Debt Owed		Date that Debt Accrued	-		
Type of Account Receivable or Debt Owed Date that Debt Accrued Name Street Address City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued	\vdash		Name					
Type of Account Receivable or Debt Owed Date that Debt Accrued Name Streat Address City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued			Street Address					
Name Street Address City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued	4	4	City	State	ZIP			
Street Address 5 City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued			Type of Account Receivable or Debt Owed		Date that Debt Accrued			
Type of Account Receivable or Debt Owed Date that Debt Accrued			Name					
Type of Account Receivable or Debt Owed Date that Debt Accrued			Street Address					
	5	5	City	State	ZIP			
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 10)			Type of Account Receivable or Debt Owed		Date that Debt Accrued			
		+	Enter total only if last page of schedule	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)

/	The second secon	e Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Street Address	, '				1
	1					
1	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
2	City	State	ZIP			
	Receipt Type Receipt Date		Receipt Date			
	Name					
	Street Address					
3	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
4	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
5	Street Address					
		State	ZIP	-		
5	City	0.0.0				

COMMITTEE ID NUMBER
C1903

DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/	R	ecipient Information		Amount Paid	Cumulative Amount this	Cumulative Amount thi
					Reporting Period	Election Cyc
	Name	Disbursement Date OCT 16, 2024	4	14.84	14.87	156.94
	GO DADDY	001 16, 2024	+	\dashv		
	Street Address 2155 E WARNER					
1	City	State	ZIP	\dashv		
	TEMPE	AZ		П Caab		
	Type of Operating Expense Paid	Non-Electoral Purpose	e? (PACs and Political Parties Only)	□ Cash ☑ Credit		
	PHONE					
	Name	Disbursement Date				
	Street Address					
2	City	State	ZIP	-		
				□ Cash		
	Type of Operating Expense Paid		Non-Electoral Purpose? (PACs and Political Parties Only)			
_	Name	Disbursement Date		+		
	Street Address					
3	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose	e? (PACs and Political Parties Only)	☐ Cash ☐ Credit		
	Name	Disbursement Date				
	Street Address					
4	City	State	ZIP			
				☐ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpose	e? (PACs and Political Parties Only)	☐ Credit		
	Name	Disbursement Date				
	Street Address					
5	City	State	ZIP	□ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpos	e? (PACs and Political Parties Only)	☐ Credit		
	Type of Operating Expense ratio					

Schedule B(1), page____ of ____

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

	Candidate	e Committee Recipient Ir	oformation	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 Ma	ade	□ Credit		
	Committee Name					-1 -1
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution M	ade	□ Cash □ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP	- 1		
	Committee ID Number	Date Contribution M	ade	□ Cash □ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution M	ade	☐ Cash☐ Credit	_	
-	Committee Name					
	Streel Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Ma	ade	☐ Cash☐ Credit		
\dashv	Enter total only if last page of (transfer the total disbursed this pe	schedule				

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



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

/	Political Action Commi	ttee Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Committee Name	l.				
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Made	L	☐ Cash☐ Credit		
	Committee Name	1				
	Street Address					
1	City	State	ZIP	☐ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address	Street Address				
5	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	I	☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	mmary of Disbursen	nents," line 2(b))			
		0-1-	edule B(2)(b), page c	of		J

MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

		Political Party Recipient Informa	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Mad	le	□ Cash □ Credit		
	Committee Name	I				
	Street Address	1 1				
2	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP		-,	
	Committee ID Number	Date Contribution Mad	de	□ Cash □ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Mac	de	☐ Cash☐ Credit		
_	Committee Name					
	Street Address					
5	City	State	State ZIP			
	Committee ID Number	Date Contribution Mad	le	☐ Cash☐ Credit		
	Enter total only if last page	1				

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



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	ship Recipient Informa	tion	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 Contribution Mad	de	□ Cash □ Credit		
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit		
	Partnership Name					
	Street Address					
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 Ma-	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	nedule				

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	n / LLC Recipient In	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address		; ;			
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution	Made	□ Credit		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution	Made	☐ Credit	7 7 4	
_	Corporation/LLC Name					1
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	☐ Cash☐ Credit		
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Corporation Commission File Number Date Contribution Made		□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Enter total only if last page of sch (transfer the total disbursed this period	edule				

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



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Organia	zation Recipient Infor	mation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name				Treporting Pendu	Liection Cycle
1	Street Address					
	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made		□ Credit		
	Labor Organization Name					
2	Street Address					
2	City	State	ZIP	□ Cash		
	Corporation Commission File Number Labor Organization Name	Date Contribution Made	e	☐ Credit		
	Street Address					
3	City State ZIP					
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
_	Labor Organization Name					
	Street Address	Street Address				
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
5	City	State ZIP		□ Cash		
	Corporation Commission File Number	Date Contribution Made		□ Credit		
-	Enter total only if last page of sche (transfer the total disbursed this period to	dule to "Summary of Disburse	ements," line 2(f))			



CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

	Cor	ntributor Informatio	on	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	2011		
	Committee Name		Date Refund Received			
	Street Address					
4						
4	City	State	ZIP			
	Committee ID Number		Date of Original Contribution	10		
	Committee Name	Committee Name				
	Street Address					
5	City	State	ZIP			
	Committee ID Number		Date of Original Contribution	- 1	-	

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



LOANS MADE: SCHEDULE B(3)(a)

/	Borrower Name	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					
	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name	Borrower Name				
	Street Address					
3	City	State	ZIP			
	Guarantor/Endorser Name Date Loan Made					
	Borrower Name	1				
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name	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	mary of Receipts,"	line 3(a))			

Schedule B(3)(a), page___of ___



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

/		Guarantor	r Information		Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Guarantor Name						
	Street Address						
1	City		State	ZIP			
	Borrower Name		Date Loan Guaranteed				
	Guarantor Name						
	Street Address	s					
2	City		State	ZIP			
	Borrower Name		Date Loan Guaranteed				
	Guarantor Name					1	
	Street Address						
3	City		State	ZIP			
	Borrower Name	İ	Date Loan Guaranteed	ile sy .			
	Guarantor Name						
	Street Address			50 -			
4	City		State	ZIP			
	Borrower Name	1	Date Loan Guaranteed				
	Guarantor Name			p. 10 m 10 m			
	Street Address	ddress					
5	City		State	ZIP			
	Borrower Name		Date Loan Guaranteed				
	Enter total only if last page (transfer the total received this	of schedule	mary of Receipts," I	ine 3(b))			

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



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

/	Borrower	Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Forgiveness Made			
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address					
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 "Sur					

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



REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

	Lende	er Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Γ	Lender Name		Date Repayment Made		, rispanning ransa	
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	1			
Г	Lender Name		Date Repayment Made	_		
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name	1	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 "S	e Summary of Disburser	ments," line 3(d))			

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



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

/	Lender I	nformation		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Interest Accrued			
	Street Address					
1	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	L	-		
	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	I	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 "Sur	mmary of Disbursen	nents," line 3(e))			

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

/	Re	cipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cyc
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address	1				
1	City	State	ZIP *			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
_	Name of Original Payor		Date Rebate/Refund Made			
-	Street Address				-	
3	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor	- 1	-	
_	Name of Original Payor		Date Rebate/Refund Made			
	Street Address	i				
)					
4	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
5	City	State	ZIP			
				_		

Schedule B(4), page____ of ____



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

	Candidate Committe	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	L Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name	l				
	Streel Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
\vdash	Committee Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	I				

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

/	J. 192	ion Committee Recipie	nt Information	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 Con	tribution Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Cor	tribution Made			
-	Committee Name				1	
	Street Address					
3	City	State	ZIP	1	_	
	Committee ID Number	Date In-Kind Con	Date In-Kind Contribution Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Con	tribution Made			
_	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Con	ribution Made			

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

Political Party F	Recipient Informati	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name					
Street Address					
	State	ZIP			
e ID Number	Date In-Kind Contribution	I Made	-		
Committee Name					
Street Address					
	State	ZIP			
e ID Number	Date In-Kind Contribution	n Made			
Committee Name					
dress					
	State	ZIP			
e ID Number	Date In-Kind Contribution	n Made			
e Name					
Street Address					
	State	ZIP			
e ID Number	Date In-Kind Contribution	n Made			
e Name					
Street Address					
	State	ZIP			
ee ID Number	Date In-Kind Contribution	n Made			
		lumber Date In-Kind Contribution		lumber Date In-Kind Contribution Made	lumber Date In-Kind Contribution Made

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



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

/ Г	Partnership Name	Recipient Informatio		Amount	Cumulative	Cumulative
	Partnership Name		on	Contributed	Amount this Reporting Period	Amount this Election Cycle
	Street Address					
1						
Ι΄	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Partnership Name					
	Street Address					
2			T		- '-	
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Partnership Name			1		
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made		-	
	Partnership Name					
	Street Address		-			
4			-			
'	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Partnership Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made	200		
	Enter total only if last page of schedule (transfer the total disbursed this period to "S	e Summary of Disbursem	nents," line 5(d))			

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

_	Corporation / LLC	Recipient Informa	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	I 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	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 "Su	mmany of Dishursen	nents " line 5/e\\			

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



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

		tion 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 Contribut	ion Made			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribut	tion Made			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP	1		
	Corporation Commission File Number	Date In-Kind Contribut	ion Made			
	Labor Organization Name				-,	
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribut	ion Made			
	Labor Organization Name	Labor Organization Name				<i>3</i>
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributi	on Made			
	Enter total only if last page of schedu (transfer the total disbursed this period to '	le Summary of Disburse	ements," line 5(f))			

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



INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

/		Recipient Information		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	Luding % 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 (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					
3	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					
4	City	State	ZIP			
	Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % supported)		uding % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	☐ Credit		
	Enter total only if last page of schedul (transfer the total disbursed this period to "t	e Summary of Disburse	ments," line 6)	L		

Schedule B(6), page____ of ___



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

/	Expenditure	Recipient Informat	ion	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
	City 1	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	d (including % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit	7	
r	Recipient Name		Mode of Advertising (TV, mail, etc)			28 8 5 5
	Street Address					
2	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed		d (including % opposed)	□ Cash	- 1	
	Date of First Publication, Display, Delivery, or Broadcast Election Month/Year		_ □ Credit			
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address					
3	3 City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	d (including % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
r	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
4	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	I (including % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Election Month/Year			_ □ Credit		
	Enter total only if last page of schedu (transfer the total disbursed this period to "	le Summary of Disburser	ments," line 7)			W 2

Schedule B(7), page____ of ___



RECALL EXPENDITURES MADE: SCHEDULE B(8)

/	Expenditure I	Recipient Informatio	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			1		
1	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		- □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
2	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Rec		alled	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Office Held			_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	zalled	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Office Held			_ □ Credit		
_	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		1			
4	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		
	Enter total only if last page of schedul (transfer the total disbursed this period to ".	e Summary of Disburser	ments," line 8)			

Schedule B(8), page___ of ___



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

/		Benefitted Candidate	9	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Candidate Name		Date Benefit Provided			
	Street Address					
1	City	State	ZIP			
	Type of Benefit Provided		p == 1	1 mm		
	Notes:		4			
	Candidate Name		Date Benefit Provided			-972
	Street Address		1			
2	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
3	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name	195. 1	Date Benefit Provided			
	Street Address	1 *				
4	City	State	ZIP			
	Type of Benefit Provided					
3	Notes:				-	
+	Enter total only if last page of	of schedule				

Schedule B(9), page____ of ____



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

/	Recipient C	Committee Informatio	n	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address		1			
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		J			
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	☐ Credit	☐ 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			
	Streel Address		1			
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
_	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
_	Enter total only if last page of sched (transfer the total disbursed this period to	l ule				
	(transfer the total disbursed this period to	"Summary of Disburser	ments," line 10)			

Schedule B(10), page____ of ____

COMMITTEE ID NUMBER

REIMBURSEMENTS MADE:

SCHEDULE B(11)

_	F	Recipient Informatio	n	Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
1	Street Address					
1	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed	'	Reimbursement Date	□ Credit		
	Name	1				1
	Street Address					
2	City	State	ZIP	T O I		
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit	==	
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Enter total only if last page of sch (transfer the total disbursed this perio					

Schedule B(11), page____ of ____



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

/	Debt Ir	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		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					
	Enter total only if last page of schedule (transfer the total received this period to "Sun	nmary of Receipts,"	line 12)			

Schedule B(12), page____ of ____

COMMITTEE ID NUMBER

TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

	-	
	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Recipient of Surplus Monles / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		9 =
Recipient of Surplus Monles / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		7.
Total (transfer the total disbursed this period to "Summary of Disbursements," line 13)		<u> </u>

Schedule A(13), page____ of ____



MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

		Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
4	Street Address					
1	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	☐ Credit		
	Name					
	Street Address					
2	City		ZIP	□ Cash		
	Disbursement Type	Disbursement Date	□ Credit			
	Name					
3	Street Address					
	City		ZIP	□ Cash		
	Disbursement Type	Disbursement Date	□ Credit		9	
	Name					
	Street Address					
4	City		ZIP	□ Cash		
	Disbursement Type	Disbursement Date	□ Casii			
	Name					
	Street Address					
5	City	State	ZIP	П C		
	Disbursement Type Disbursement Date			□ Cash □ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disburs	ements," line 14)			

COMMITTEE ID NUMBER

AGGREGATE OF DISBURSEMENTS - \$250 OR LESS:

SCHEDULE B(15)

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

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