RECEIVED

JAN 1, 6 2024

CITY OF CHANDLER



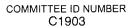
COMMITTEE ID NUMBER C-19-03

Committee Information:	Committee Name:	T OD HARRIS
ANDIDATE INFORMATION (only if	filing as a candidate com	
Office Sought:	☐ County Office:	□ Special District Office:
	☑ City/Town Office	f Chandler
Cumulative Report:		
□ Check here if this is t	the candidate committee's	mulative report for the election cycle. Also select appropriate Reporting Period be
Cumulative reporting pe	riod start date (which sup	s the start date for the Reporting Period selected below):
EPORTING 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
	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: January 1, 2021 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 August Pre-Primary Election Report: July 1, 2024 to July 20, 2024	July 21, 2024 to July 27, 2024
	2024 August Post-Primary Election (Q3) Report: July 21, 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
1	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. §§§ 1-24	3(A), 1-301 and 1-303.

FINANCIAL SUMMARY (required):

This Election Cycle to eriod Date
13700
9587.60
or





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	O Harris	
	- ,	1-16-24
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	9150	
-	(b) In-State Individuals - \$100 or Less (Aggregate)	1950	
		250	
	(c) Out-of-State Individuals (d) Candidate Committees		
	(e) Political Action Committees	2350	
	(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))	13700	
2.	Loans		at the same manufacture of the same same same same same same same sam
	(a) Loans Received (b) Forgiveness on Loans Received		
	(c) Repayment on Loans Made		
	(d) Interest Accrued on Loans Made		
	(e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))		
3.	Rebates and Refunds Received		
4.	Interest Accrued on Committee Monies		
5.	In-Kind Contributions Received		
	(a) In-State Individuals - More than \$100		
	(b) In-State Individuals - \$100 or Less (Aggregate)		
	(c) Out-of-State Individuals		
	(d) Candidate Committees		
	(e) Political Action Committees		
	(f) Political Parties		
	(g) Partnerships		
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(i) Labor Organizations (PACs & Political Parties Only)		
	(j) Candidate's Personal Assets or Property (Candidate Committees Only)		
	(k) In-Kind Contributions Subtotal (equity: add 5(a) through 5(j))		
6.	In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
7.	Extensions of Credit		
	(a) Extensions of Credit Received		
	(b) Payments on Extensions of Credit Received		
	(c) Net Extensions of Credit (subtract 7(b) from 7(a))		
8.	Joint Fundraising / Shared Expense Payments Received		
9.	Payments Received for Goods / Services		
10.	Outstanding Accounts Receivable / Debts Owed to Committee		
11.	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
12.	Miscellaneous Receipts (use cash and/or equity asapplicable)		
13.	Total Receipts (cash: add 1(m), 2(e), 3-4, 8-9, 11-12; equity: add 2(b), 5(k), 6-7(c), 10-12)	13700	



SUMMARY OF DISBURSEMENTS (Schedule B):

	Disbursements	Cash	Equity
1.	Disbursements for Operating Expenses	4112.40	
2.	Contributions Made		
	(a) Candidate Committees		
	(b) Political Action Committees		
	(c) Political Parties		SHASA JESS SHARE
	(d) Partnerships		SANCTACED BY
	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		
	(f) Labor Organizations (PAC & Political Parties Only)		
	(g) Monetary Contributions Subtotal (add 2(a) through 2(f))		
	(h) Contribution Refunds Provided to the Reporting Committee		
	(i) Monetary Contributions Total (subtract 2(h) from 2(g))		
3.	Loans		
	(a) Loans Made		
	(b) Loan Guarantees Made		
	(c) Forgiveness on Loans Made	100	
	(d) Repayment of Loans Received		Caron we are the
	(e) Accrued Interest on Loans Received		Blancon Street
	(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)	care and process of the	
	(g) Contributions Subtotal (add 5(a) through 5(f))		
6.	Independent Expenditures Made		
7.	Ballot Measure Expenditures Made		
8.	Recall Expenditures Made		
9.	Support Provided to Party Nominees (Political Parties Only)		
10.	Joint Fundraising / Shared Expense Payments Made		
11.	Reimbursements Made		A A MERS OF THE SE
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)	4112.40	



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

SCHEDULE A(1)(a)

/	Indivi	dual Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name SUSAN HWANG		Date Contribution Received 10/13/23	6550	6550	6550
	Street Address 10040 E HAPPY VALLEY					
1	SCOTTSDALE	State AZ	ZIP 85225		=	
	Occupation SELF EMPLOYED	Employer SELF EMP	LOYED		-	
F	Name Ricky Wright		Date Contribution Received 10/13/2023	300	300	300
	Street Address 2870 S Nolina Place		,		Sign is a second	
2	city Chandler	State AZ	ZIP 85286			
	Occupation Supervisor	Employer ADOT				
	Name lindsey shube		Date Contribution Received 10/11/23	250	250	250
	Street Address 9802 E Caron St					
3	City Scottsdale	State AZ	ZIP 85258	_		
	Occupation Employer Gammage and Burnham					
	Name Micheal OBrien		Date Contribution Received 10/10/2023	1000	1000	1000
	Street Address 1815 E tonto Dr					
4	city chandler	State	z _{IP} 85249			
	Occupation Self Employed	Employer Self Employ	yed			
_	Name Jennilyn Daniels		Date Contribution Received 10/10/2023	400	400	400
	Street Address 2928 E Spring Wheat Ln					
5	c _{ity} Gilbert	State AZ	ZIP 10/10/2023			
	Occupation Consultant	Employer self employ	ed			
	Enter total only if last page of s (transfer the total received this peri	schedule	-1- # line 4/-\\		9150	9150

*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 1 of 2



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	1950	1950
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(b))	1950	1950

^{*}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 Con	tributor Informa	ition	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
_{Name} Mahesh Lunani		Date Contribution Received 03/07/2022	250	250	250
Street Address 2081 Rookery Dr					
^{city} Rochester Hills	State MI	ZIP 48309			
Occupation CEO	Employer Aquasight				
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	- L			
Name		Date Contribution Received			
Street Address					
City	State	ZIP			
			-	=	
Occupation	Employer				
	Individual Con Name Mahesh Lunani Street Address 2081 Rookery Dr City Rochester Hills Occupation CEO Name Street Address City Occupation Name Street Address City Occupation Name Street Address City City City Cocupation Name Street Address City City	Name Mahesh Lunani Street Address 2081 Rookery Dr City Rochester Hills Occupation CEO State MI Occupation Street Address City State City State	Mahesh Lunani Street Address 2081 Rookery Dr City Rochester Hills MI 48309 Occupation CEO Aquasight Name Date Contribution Received Street Address City State City S	Name Date Contribution Received Date Contribution Received	Individual Contributor Information Amount Received Amount this Reporting Period (03/07/2022) Date Contribution Received (03/07/2022) 250

Arizona Secretary of State Revision 9/28/23

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





MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

Candidate Committee	e Contributor Infor	, mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Address	State	7/D			
	State	710			
iittee ID Number	State	7ID			
nittee ID Number		<u> </u>			
	Date Contribution Receive	d			
nittee Name					
t Address					
	State	ZIP			
nittee ID Number	Date Contribution Receive	ed			
nittee Name					
t Address					
	State	ZIP			
nittee ID Number	Date Contribution Receive	l	-		
mittee Name					
t Address			-		
	State	ZIP	-		
Committee ID Number Date Contribution Received			-		
mittee Name					
et Address	-				
	State	ZIP	1		
mittee ID Number	Date Contribution Receiv	ed	1		
et	hittee Name Address	Address State	Address State ZIP	Address State ZIP	Address State ZIP

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

COMMITTEE ID NUMBER C1903

MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

/	Political Action	n Committee Contribu	tor Information	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name SRP Political Involvement Con	nmittee	600	600	600	
	Street Address MAILSTOP PABTC PO Box 52					
1	PHOENIX	State AZ	85072	1 104		
	Committee ID Number C00048579	Date Contribution 10-12-2023		7		
_	Committee Name SOUTHWEST GAS ARIZONA	PAC		750	750	750
	Street Address PO BOX 52075				= =	
2	City PHOENIX	State AZ	^{ZIP} 85072			
	Committee ID Number	Date Contribution 7/16/23	Received			
	Committee Name WASTE MANAGEMENT EMPLOYEES BETTER	GOVERNMENT FUND MULTICA	NDIDATECOMMITTEE	1000	1000	1000
	Street Address 701 PENNSYLVANIA AVE NW SUITE 590					
3	city WASHINGTON	State DC	^{ZIP} 20004			
	Committee ID Number	Date Contribution 06/20/2023			-	
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution	Received	- 4-		
_	Committee Name					
	Street Address	<u> </u>				
5	City	State	ZIP			
	Committee ID Number	Date Contribution	Received			
_	Enter total only if last page of s	chedule		I	2350	2350
	(transfer the total received this period	od to "Summary of Recei	pts," line 1(e))	1.00	1 -	

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

COMMITTEE ID NUMBER C1903

MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

Political Party Cor	ntributor Informati	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name N/A					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Receive	d			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Receive	d			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Receive	ed	-		
Committee Name					
Street Address					
City	State	ZIP	_		
Committee ID Number	Date Contribution Receive	ed	_		
Committee Name					
Street Address	-				
City	State	ZIP	_		
Committee ID Number	Date Contribution Receive	ed	_		
Enter total only if last page of schedule					
	Committee Name N/A Street Address City Committee ID Number Committee ID Number Committee ID Number Committee Name Street Address City Committee ID Number Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number	Committee Name N/A Street Address City State Committee ID Number Date Contribution Receive Street Address City State Committee ID Number Date Contribution Receive Street Address City State Committee ID Number Date Contribution Receive Street Address City State Committee ID Number Date Contribution Receive Street Address City State Committee ID Number Date Contribution Receive Street Address City State Committee ID Number Date Contribution Receive Street Address City State Committee ID Number Date Contribution Receive Date Contribution Receive Date Contribution Receive Date Contribution Receive	Street Address City State	Street Address City State Contribution Received Committee ID Number Date Contribution Received Committee ID Number Committee ID Number Committee ID Number Date Contribution Received Committee ID Number	Political Party Contributor Information

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

	Partnershi	o Contributor Informat	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
-	Partnership Name N/A					
	Street Address					
1	City	State	ZIP	-	-	
	Corporation Commission File Number	Date Contribution Received	ved	-		
	Partnership Name					
	Street Address		1	_		
2	City	State	ZIP	1		
	Corporation Commission File Number	Date Contribution Recei	ved			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ved			
-	Partnership Name					
	Street Address			-		
4	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receiv	ved			
	Partnership Name					
	Street Address	!				
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ved			
	Enter total only if last page of scheo (transfer the total received this period to	dule "Summary of Receipts,"	line 1(g))			

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





MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

		/ LLC Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name N/A					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution F	Received			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
	Corporation/LLC Name					
	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	Pacahad			

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

Labor Organization	n Contributor Inform	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Labor Organization Name N/A					
Street Address	1				
City	State	ZIP	-		
Corporation Commission File Number	Date Contribution Receiv	ed			
Labor Organization Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date Contribution Receiv	red			
Labor Organization Name		N			
Street Address	55				
City	State	ZIP			in
Corporation Commission File Number	Date Contribution Receiv	ed		_	
Labor Organization Name	1				
Street Address					
City	State	ZIP	- 4		
Corporation Commission File Number	Date Contribution Receiv	ed	,	-	
Labor Organization Name		1,4,71			
Street Address					
City	State	ZIP		-	
Corporation Commission File Number	Date Contribution Receive	l ed	, ,		
Enter total only if last page of schedule (transfer the total received this period to "Sur	nmary of Receipts," I	ine 1(i))	5 .		
	Labor Organization Name N/A 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 N/A Street Address City Labor Organization Name Street Address City State Corporation Commission File Number Date Contribution Receiv Labor Organization Name Street Address City State Corporation Commission File Number Date Contribution Receiv Labor Organization Name Street Address City State Corporation Commission File Number Date Contribution Receiv Labor Organization Name Street Address City State Corporation Commission File Number Date Contribution Receiv Labor Organization Name Street Address City State Corporation Commission File Number Date Contribution Receiv	Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received	I abor Ciganization Name N/A Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received	Labor Organization Name NA Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Corporation Commission File Number Date Contribution Received

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 N/A		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer		-		
Г	Name		Date Contribution Received			
	Street Address			-		
2	City	State	ZIP			
	Occupation	Employer	1	1		
	Name		Date Contribution Received			
	Street Address			1		
3	City	State	ZIP	+		
	Occupation	Employer		-		
H	Name		Date Contribution Received			
	Street Address			-		
4	City	State	ZIP	-		
	Occupation	Employer		1		
L	Name		Date Contribution Received			
	Street Address					
5		T	T			
	City	State	ZIP			
L	Occupation	Employer				
	Enter total only if last page of schedule (transfer the total received this period to "Sun	nmary of Receipts,"	line 1(j))			

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

/	Contribut	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		Ē.	
	Name		Date Contribution Refunded			
	Street Address	7		-		
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			
		State				
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
5	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
_	Enter total only if last page of schedule	many of Bassint	" line 1/l))		J. 10.	

Schedule A(1)(I), page____ of___



LOANS RECEIVED: SCHEDULE A(2)(a)

/	Lender I	nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name	Date Loan Received				
	Street Address					
1	City	State	ZIP	-		
	Guarantor/Endorser Name	Non-Electoral Purpose? (F	PACs and Political Parties Only)	-		
	Lender Name	Date Loan Received				
	Street Address			_		
2	City	State	ZIP	-		
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)		-		
	Lender Name	Date Loan Received				
	Street Address					
3	City	State	ZIP		v	
	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)	-		

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

FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

_		Information	F	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		J			
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	<u></u>			
	Lender Name		Date Forgiveness Received			
	Street Address			-		
3	City	State	ZĮP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name	L	Date Forgiveness Received			
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received	mand of the vision		
	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	Mary of Receipts," I	ine 2(b))	<u> </u>		

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		-		

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



INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

/	Borrowei	Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Interest Accrued			-
	Street Address					
1	City	State	ZIP			a a
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Interest Accrued			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Interest Accrued			
	Street Address					
3	City	State	ZIP		_	
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Interest Accrued			
	Street Address			pi -		
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Interest Accrued	*		
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding		1		
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receipts," li	ine 2(d))			

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



STATE OF ARIZONA FRIMNOTRE FOR PAIGN

COMMITTEE ID NUMBER

REBATES	A٨	ID REFUNDS RECEIVED:					SCHED	ULE A(3)
	/	Payor Ir	nformation		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	\
		Payor Name		Date Rebate/Refund Received				
	Street Address 1 City S							
	1	City	State	ZIP	_			
		Original Purchase Amount	Reason for Refund/Rebate	3	-			
-		Payor Name		Date Rebate/Refund Received				
		Street Address			-			
	2	City	State	ZIP	-			
		Original Purchase Amount	Reason for Refund/Rebate	9				
		Payor Name		Date Rebate/Refund Received				
		Street Address						
	3	City	State	ZIP				
		Original Purchase Amount	Reason for Refund/Rebat	е				
		Payor Name		Date Rebate/Refund Received				
		Street Address]			
	4	City	State	ZIP]			
		Original Purchase Amount	Reason for Refund/Rebat	8				
		Payor Name	•	Date Rebate/Refund Received				
		Street Address						
	5	City	State	ZIP				
		Original Purchase Amount	Reason for Refund/Rebat	e				

Schedule A(3), page____ of ___

Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 3)

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)		100 11 11 11 11 11 11 11 11 11 11 11 11
Account with Interest Earned (Bank Name / Type of Account)		
Total (transfer the total received this period to "Summary of Receipts," line 4)		

Schedule A(4), page____ of ____



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

SCHEDULE A(5)(a)

	Individual Contr	ibutor Information	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Date In-P		Date In-Kind Contribution Received			
	Street Address		L		=	
1	City	State	ZIP			
	Occupation	Employer	L			
	Name		Date In-Kind Contribution Received			-
	Street Address		L			
2	City	State	ZIP			
	Occupation	Employer				
3	Name Date In-Kind Contribution Receive		Date In-Kind Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer	I			
	Name		Date In-Kind Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation Employer					
	Name Dat		Date In-Kind Contribution Received			
	Street Address		1			
5	City	State	ZIP			
	Occupation	Employer		-		

*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 ORLESS (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).



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

SCHEDULE A(5)(c)

	Candidate Committee	Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	N97Amittee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution I	I 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 "Sum	mary of Receipts,"	line 5(d))			

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

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

/	Candidate Committee	e Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name	Committee Name				
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
_	Committee Name	4.54				1001. (1000)
	Street Address		entireter a mile e a			
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
-	Committee Name					inioversia.
3	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
4	City	State	ZIP		, and a second	
	Committee ID Number Date In-Kind Contribution Received					
	Committee Name				LANCE TO THE RESERVE	
	Street Address			\$		
5	City	State	ZIP	- Transition		
	Committee ID Number	Date In-Kind Contribution	Received		1	
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5(d))					

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

	Political Action Committee	ee Contributor Inf	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 I	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 "Sum	1				

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

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

,						
_	Political Party Co	ntributor Informa	tion	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	<u></u>				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
_	Committee Name					
3	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name	1	China Caracteristics			
	Street Address		Application with the second and the			
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				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 5(f))			

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

	Partnership	o Contributor Information	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		1			
2	City	State '	ZIP	1		
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
	Partnership Name					
3	Street Address					
	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					n
4	City	State	ZIP	-		
	Corporation Commission File Number Date In-Kind Contribution Received			-		
	Partnership Name					
	Street Address			_		
5	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5(g))					

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



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

Corporation / LLC Contributor Information Amount Received Amount this Amou	
Street Address 1 City State ZIP Corporation Commission File Number Date In-Kind Contribution Received 2 City State ZIP Corporation/LLC Name Street Address 2 City State ZIP Corporation/LLC Name Street Address 3 City State ZIP Corporation/LLC Name Street Address 3 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	ulative nt this n Cycle
Corporation/LLC Name Corporation/LC Name Street Address City State ZIP Corporation/CLC Name Street Address City State ZIP Corporation/CLC Name Street Address Corporation Commission File Number Date In-Kind Contribution Received Corporation/CLC Name Street Address City State ZIP Corporation/CLC Name Street Address Corporation/CLC Name	
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 Commission File Number Date In-Kind Contribution Received Corporation Commission File Number Date In-Kind Contribution Received Street Address 4 City State ZIP	
Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Corporation Commission File Number Date In-Kind Contribution Received Corporation Commission File Number Date In-Kind Contribution Received Corporation/LLC Name Street Address 4 City State ZIP	
2 City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Corporation/LLC Name Street Address 4 City State ZIP Corporation/LLC Name Street Address	
Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Corporation/LLC Name Street Address City State ZIP	
Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address ZIP	
Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Corporation/LLC Name Street Address City State ZIP	
Corporation Commission File Number Date In-Kind Contribution Received Corporation/LLC Name Street Address City State ZIP	
Corporation Commission File Number Date In-Kind Contribution Received Corporation/LLC Name Street Address City State ZIF Date In-Kind Contribution Received	
Corporation/LLC Name Street Address City State ZIP	
Street Address City State ZIP	-4
4 City State ZIP	
City	
Corporation Commission File (Aumber	
Corporation/LLC Name	
Street Address	
5 City State ZIP	
Corporation Commission File Number Date In-Kind Contribution Received	
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5(h))	

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

	Labor Organization	Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
r	Labor Organization Name					
	Street Address	-				
2	City	-				
	Corporation Commission File Number	Date In-Kind Contribution	Received	_		
\vdash	Labor Organization Name					
	Street Address			-		
3	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address	-				
4	City	State	ZIP	-		
	Corporation Commission File Number Date In-Kind Contribution Received			-		
	Labor Organization Name					
	Street Address			-		
5	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
	Enter total only if last page of schedule (transfer the total received this period to "Sun					

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			-	-	
City	State	ZIP	-		
Asset or Property Contributed	-		-	_	
Name		Date In-Kind Contribution Received			
Street Address					
City	State	ZIP	1 .		
Asset or Property Contributed					
Name		Date In-Kind Contribution Received			
Street Address				-	
City	State	ZIP		·	
Asset or Property Contributed			-		
Name		Date In-Kind Contribution Received			
Street Address			-		
City	State	ZIP	2		
Asset or Property Contributed				F = -	
Name		Date In-Kind Contribution Received			
Street Address					
City	State	ZIP			
Asset or Property Contributed					
Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts."	line 5(j))		AL	
	Street Address City Asset or Property Contributed Name Street Address City Asset or Property Contributed	Street Address City State Asset or Property Contributed Name Street Address City State Asset or Property Contributed Name Street Address City State Asset or Property Contributed Name Street Address City State Asset or Property Contributed Name Street Address City State Asset or Property Contributed Name Street Address City State Asset or Property Contributed Name Street Address City State Asset or Property Contributed	Date In-Kind Contribution Received	Name Date In-Kind Contribution Received Street Address City State ZiP Asset or Property Contributed Street Address City State ZiP Asset or Property Contributed Street Address City State ZiP Asset or Property Contributed Street Address City State ZiP Asset or Property Contributed Street Address City State ZiP Asset or Property Contributed Street Address City State ZiP Asset or Property Contributed Street Address City State ZiP Asset or Property Contributed Street Address City State ZiP Asset or Property Contributed Street Address City State ZiP Asset or Property Contributed Street Address City State ZiP Asset or Property Contributed Enter total only if fast page of schedule	Name

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

Schedule A(6), page_____ of ____

COMMITTEE ID NUMBER

EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

Creditor Name Street Address	Information		Amount of Credit Extended	Cumulative Amount this	Cumulative Amount this
				Reporting Period	Election Cycle
Street Address					
		AMANI COMPANIAN .			
Dity	State	ZIP			
ervices or Goods Provided on Credit		Date of Extension of Credit			
Name	4949				
Street Address		as the second of	_		
City	State	ZIP			
ervices or Goods Provided on Credit		Date of Extension of Credit			
Name					
Street Address					
City	State	ZIP			
ervices or Goods Provided on Credit		Date of Extension of Credit			
lame					
street Address					
	I	1			
rity	State	ZIP			
Services or Goods Provided on Credit Date of Extension of Credit					
Name					
Street Address					
ity	State	ZIP			
ervices or Goods Provided on Credit	1	Date of Extension of Credit			
	ervices or Goods Provided on Credit Name Street Address Sity ervices or Goods Provided on Credit Hame Street Address	Street Address Street Address State ervices or Goods Provided on Credit Street Address Sity State	Alame Street Address Street Address State ZIP arvices or Goods Provided on Credit Date of Extension of Credit Name Street Address Street Address	Name Sireet Address City State ZIP Date of Extension of Credit Date of Extension of Credit Date of Extension of Credit Extreet Address City State ZIP Date of Extension of Credit Date of Extension of Credit	Name Street Address City State ZIP Date of Extension of Credit Date of Extension of Credit

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



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

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

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

COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

_	MANAGEMENT CONTROL CON	nmittee Information		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address					
1	Сіту	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	e (if applicable)			
	Committee Name		Payment Date			
	Street Address		National Control of Co	1		
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	e (if applicable)			
	Committee Name	<u> </u>	Payment Date	i		
	Street Address					
3	City	State	ZIP	-		
	MACCANATO AND A CONTRACTOR OF THE CONTRACTOR OF					
	Date of contradicional growth (if approache)	Type of offered Expense				
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)			
1	Committee Name		Payment Date			
-	Street Address				ì	
5	City	State	ZIP			
	Date of Joint Fundralsing Event (if applicable)	Type of Shared Expense	(if applicable)			-
E	Enter total only if last page of schedule		F 0			
- 4	33	Committee Name	Street Address	Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Type of Shared Expense (if applicable) Type of Shared Expense (if applicable)	Committee Name Payment Date	Payment Amount Manager Name Payment Date Payment Date

Schedule A(8), page____ of ____



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

/_		Payor Information			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			
r		Name					
	-	Street Address					
2	2	City	State	ZIP			
		Services or Goods Purchased		Payment Date			
\mathbf{f}	+	Name					
		Street Address					
	3	City	State	ZIP	_		
		Services or Goods Purchased		Payment Date			
-		Name					
		Street Address			_		
	4	Surer Auriess					
	7	City	State	ZIP			
		Services or Goods Purchased Payment Date					
Ę		Name					
		Street Address					
	5	City	State	ZIP			
		Services or Goods Purchased Payment Date		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)

/	Info	rmation	1 · · · ·	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address		a			
1	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address			-		
2	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name	P 10 10 10 10 10 10		1.0		
	Street Address	- 1 = 7,				
3		Tain				
	Ully	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			
	Enter total only if last page of schedule (transfer the total received this period to "Sumr	mary of Receipts," I	ine 10)			

Schedule A(10), page____ of ____



TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Source of Surplus Monles / Recipient of Transferred Debt		
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		
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	4				
	Street Address					
1	City	State	ZIP			
	Receipt Type	- 1 1	Receipt Date	34		
	Name					
	Street Address					
2	City	State	ZIP			
	Receipt Type	T. (Receipt Date			
_	Name	1				
	Street Address					
3	City	State	ZIP			
	Receipt Type	10 0 0	Receipt Date	-		
	Name			-		
	Street Address					
4	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
5	Street Address					
J	City	State	ZIP			
	Receipt Type		Receipt Date	1		

Schedule A(12), page____ of ____





DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

	Rec	ipient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cycl
	Name	Name Disbursement Date			-	
	Street Address					
1	City	State	ZIP	□ □ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)	☐ Credit		
	Name	Disbursement Date				
	Street Address					
2	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose?	P (PACs and Political Parties Only)	☐ Cash☐ Credit		
	Name	Disbursement Date	Disbursement Date			
	Street Address					
3	City	State	ZIP	 □ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpose	Non-Electoral Purpose? (PACs and Political Parties Only)			
	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	State	ZIP	☐ Cash☐ Credit		
	Type of Operating Expense Paid	Non-Electoral Purpose	? (PACs and Political Parties Only)	Li Credit		
	Enter total only if last page of sche (transfer the total disbursed this period	edule				

Schedule B(1), page____ of ____

Disbursements for Operating Expenses Schedule B(1)

Date Disburstment	Name	Address	Type of Expense	Amount Paid	Cumulative Amount this Report Period	Cumulative Amount this Election Cycle
1/15/2021- 12/15/2023	GODADDY	144555 N HAYDEN RD SUITE 219, SCOTTSDALE AZ 85260	PHONE SERVICE	\$411.78	\$411.78	\$411.7
12/14/23	Enterprise Bank	1281 North Warson Road · Saint Louis, MO 63132	FEES	\$0.77	\$0.77	\$0.7
7/5/23	Enterprise Bank	CC II	Checks	\$29.95	\$30.72	\$30.72
1/1/2021-12/30/23	NATIONBUILDER	520 S GRAND AVE 2ND FLOOR LOS ANGLES CA 90071	MERCH FEES	\$113.51	\$113.51	\$113.5
1/1/2021-12/30/23	419	(63)	Website Fees	\$1721.23	\$1834.74	\$1834.74
11/2/2023	Union Print Shop	49 S Sycamore St Mesa Az 85202	Printing Materials	\$160.29	\$160.29	\$160.29
8/4/2023		: (0) 	Printing Materials	310.82	471.11	471.1
11/9/23	Vangurad Strategies	1760 W Laredo St Chandler AZ85224	Consulting	100	100	100
12/14/2023	Linktree	1111 South Figueroa St Los Angles AZ	Website/ Social Links	96.20	96.20	96.20
10/13/23	Kemeticeye	8155 N 24th AVe Suite B Phoenix AZ 85021	Video	300	300	300
11/21/23	Kemeticeye	8155 N 24th AVe Suite B Phoenix AZ 85021	Video	275	575	575
9/28/2023	Extra Storage	2795 E Cottonwood Pkwy #400 Cottonwood Heights UT	Campaign Signage Storage and Materials	397.85	397.85	397.85
6/30/23	Nicholas Sacripanti	Phoenix AZ	Consulting	195	195	195
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Micropa Micr	amount c	created_st	Name	ADDRESS ADRESS					
March Marc				A CONTRACTOR OF THE PROPERTY O					
	\$250.00	10/13/2023	Scott Silberman	1642 E SHANNON St					
March Marc							dozzo		PHOFESSOR
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	\$650.00							***************************************	1
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MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

	Candidate Committee	e 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	<u> </u>	ra , to the term t			
	Street Address		Control of the Contro			
2	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP	_ □ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name	I and the second				
	Street Address		. 10			
4	City	State	ZIP	- □ Cash		
	Committee ID Number	Date Contribution Made	J	☐ Credit		
	Committee Name	I	, the state of the			<u> </u>
	Street Address	22.3110010		-		
5	City	State	ZIP	☐ Cash		
	Committee ID Number	Date Contribution Made	1	☐ Credit		
-	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	L		<u></u>		





MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

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

MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Polit	tical Party Recipient Info	ermation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name	1				
	Street Address			4		
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution	n Made	□ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP	П Оb		
	Committee ID Number	Date Contribution	n Made	□ Cash □ Credit		
	Committee Name				- 1	
3	Street Address					
	City	State	ZIP		_	- 1
	Committee ID Number	Date Contribution	n Made	☐ Cash☐ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution	n Made	□ Cash □ Credit	2 E	
	Committee Name					
5	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution	Made	□ Cash □ Credit		
	Enter total only if last page of (transfer the total disbursed this	f schedule				



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partnersh	ip Recipient Informat	iion	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City State ZIP		ZIP			
	Corporation Commission File Number	Date Contribution Mad	e	□ Cash □ Credit		
1	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	□ 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	□ Cash □ Credit				
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number Date Contribution Made			□ Cash □ Credit		

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

MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

_		/ LLC Recipient Info	ormation	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 M	lade	□ Credit		
	Corporation/LLC Name				- 1	
	Street Address					
2	City	State	ZIP	□ Cash	-	
	Corporation Commission File Number	ion Commission File Number Date Contribution Made				
	Corporation/LLC Name	Corporation/LLC Name				
	Street Address					
3	City	State	ZIP	□ Cash		
	Corporation Commission File Number	ommission File Number Date Contribution Made				
	Corporation/LLC Name			Person II.		
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	on File Number Date Contribution Made		□ Cash □ Credit		
	Corporation/LLC Name	Corporation/LLC Name				- 1
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	ade	□ Cash □ Credit		
+	Enter total only if last page of sche	Enter total only if last page of schedule transfer the total disbursed this period to "Summary of Disbursements," line 2(e))				5 1 m s

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



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Organiz	ation Recipient Inform	mation	Amount Contributor	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 Made		□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made)	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number Date Contribution Made		□ Cash □ Credit			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number Date Contribution Made		□ Cash □ Credit			
	Labor Organization Name					
	Street Address					
5	City State ZIP		ZIP			
	Corporation Commission File Number Date Contribution Made		□ Cash □ Credit			

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



CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

/	Contrib	outor Informatio	n	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	2			
	Committee Name		Date Refund Received			
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date of Original Contribution				
	Committee Name	Date Refund Received				
	Street Address					
4	City	State	ZIP			
	Committee ID Number		Date of Original Contribution		-	
_	Committee Name		Date Refund Received			-
	Street Address					
_			1			
5	City	State	ZIP			
5	Committee ID Number			_		

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



LOANS MADE:

SCHEDULE B(3)(a)

_	Borrower	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	Street Address				
2	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made	L			
	Borrower Name	Borrower Name				
	Street Address	Street Address				
3	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
r	Borrower Name					
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name Date Loan Made		•			
	Borrower Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Guarantor/Endorser Name	arantor/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)

_	Guaranto	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					
2	City	State	ZìP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address	- AND THE STATE OF				
3	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address					
4	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name		1			
	Streel Address					
5	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed	And the second s			
	Enter total only if last page of schedule (transfer the total received this period to "Sum					
	(transfer the total received this period to "Sum					

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



FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

_	/		Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Borrower Name		Date Forgiveness Made			
		Street Address					
1	1	City	State	ZIP			
		Original Amount of Loan	Amount Still Outstanding				
	1	Borrower Name		Date Forgiveness Made			
		Street Address					
2	2	City	State	ZIP			
		Original Amount of Loan	Amount Still Outstanding				
		Borrower Name		Date Forgiveness Made			
		Street Address					
3	3	City	State	ZIP			
		Original Amount of Loan Amount Still Outstanding					
r		Borrower Name		Date Forgiveness Made			
		Street Address					
4	4	City	State	ZIP			
		Original Amount of Loan Amount Still Outstanding					
		Borrower Name	L	Date Forgiveness Made			
		Street Address		-			
1	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	nmary of Disbursen	nents," line 3(c))			

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



REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

	Lender	Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Repayment Made			
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address	,		1		
2	City	State	ZIP	1		
	Original Amount Borrowed	Amount Still Outstanding		+		
	Lender Name		Date Repayment Made			
	Street Address			-		
3	City	State	ZIP	+		
	Original Amount Borrowed	Amount Still Outstanding		-		
			To a sure			
	Lender Name		Date Repayment Made			
	Street Address		-			
4	City	State	ZIP		-	
	Original Amount Borrowed	nt 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					

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



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

	Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
ame		Date Interest Accrued			
ddress					
	State	ZIP	-		
Amount Borrowed	Amount Still Outstanding				
Name		Date Interest Accrued			
ddress					
	State	ZIP			
Amount Borrowed	Amount Still Outstanding				
Lender Name		Date Interest Accrued			
Street Address					
	State	ZIP	-		
Amount Borrowed	Amount Still Outstanding				
Name		Date Interest Accrued			
Street Address					
	State	ZIP			
Amount Borrowed	Amount Still Outstanding				
Lender Name		Date Interest Accrued			
Street Address			-		
	State	ZIP	-		
Amount Borrowed	Amount Still Outstanding		-		
		Borrowed Amount Still Outstanding		Borrowed Amount Still Outstanding	Borrowed Amount Still Outstanding

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

_	Red	cipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
1	City	State	ZIP		-	
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor	,	Date Rebate/Refund Made			
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
_	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor		-	
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address		,		-	
4	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor)		
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor		-	
	Enter total only if last page of sche (transfer the total disbursed this period t	dule o "Summary of Disburs	ements," line 4)			

Schedule B(4), page____ of ____



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/	Candidate Commit	tee Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address	bet Address				
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	I Made			
	Committee Name		,			
	Street Address	Street Address				
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name	Committee Name				
	Street Address	9				
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
	Committee Name	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	n Made			

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

IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

/					
Political Action Comn	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		<u> </u>			
Street Address				:	
City	State	ZIP	4		
Committee ID Number	Date In-Kind Contribution	Made			
Committee Name					
Street Address		1			
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution Made		-		
Committee Name				w	
Street Address					
City	State	ZIP	_		
Committee ID Number	Date In-Kind Contribution Made				
Committee Name					
Street Address					
City	State	ZIP			
	1	i e	1	ı i	
	Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number Committee ID Number Committee Name Street Address City Committee ID Number City Committee ID Number Committee ID Number Committee ID Number Committee ID Number Street Address City Committee Name Street Address City Committee ID Number	Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution Street Address Street Address	Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee Name Street Address	Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee Name Street Address City Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Street Address Street Address Street Address Street Address Street Address	Political Action Committee Recipient Information Committee Name Street Address City State Zip Committee ID Number Date In-Kind Contribution Made Street Address

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

Political Party Re	ecipient Informatio	n	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name					
Street Address					
	State	ZIP			
D ID Number	Date In-Kind Contribution	Made			
Committee Name					
dress					
	State	ZIP			
e ID Number	Date In-Kind Contribution	Made			
Committee Name					
Street Address					
	State	ZIP			
Committee ID Number Date In-Kind Contribution Made					
Committee Name					
Street Address			-		
	State	ZIP	-		
e ID Number Date In-Kind Contribution Made		-			
Committee Name					
Street Address					
	State	ZIP	1		
ee ID Number	Date In-Kind Contribution	Made			
ee I	D Number	D Number Date In-Kind Contribution	State ZIP	D Number Date In-Kind Contribution Made	D Number Date In-Kind Contribution Made

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



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

	Partners	hip Recipient Inforr	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 Cont	ribution Made	**			
	Partnership Name						
	Street Address						
2	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Con	tribution Made				
_	Partnership Name						an Tie en
	Street Address						
3	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Cont	ribution Made	1			
	Partnership Name						
	Street Address					-	
4	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Conf	ribution Made			9	
	Partnership Name						
	Street Address						
5	City	State	ZIP	* (e)			
	Corporation Commission File Number	Date In-Kind Cont	ribution Made			=	

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

Corporation	/ LLC Recipient Info	rmation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Corporation/LLC Name Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contrib	ution Made	1.		
Corporation/LLC Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contril	L oution Made			
Corporation/LLC Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contri	oution Made			
Corporation/LLC Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution Made				
Corporation/LLC Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contri	oution Made			
	Corporation/LLC Name Street Address City Corporation Commission File Number Corporation Commission File Number City Corporation/LLC Name Street Address City Corporation Commission File Number Corporation Commission File Number Corporation Commission File Number Corporation Commission File Number Corporation Commission File Number Corporation/LLC Name Street Address City Corporation Commission File Number	Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address	Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name	Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address City State ZIP	Corporation / LLC Recipient Information Amount this Reporting Period Contributed Contributed Contributed Contributed Contributed Street Address City State ZIP Corporation Commission File Number Date In-Yand Contribution Marks Street Address City State ZIP Corporation Commission File Number Date In-Yand Contribution Marks ZIP Corporation Commission File Number Date In-Yand Contribution Marks ZIP Corporation Commission File Number Date In-Yand Contribution Marks ZIP Corporation Commission File Number Date In-Yand Contribution Marks ZIP Corporation Commission File Number Date In-Yand Contribution Marks ZIP Corporation Commission File Number Date In-Yand Contribution Marks ZIP Corporation Commission File Number Date In-Yand Contribution Marks ZIP Corporation Commission File Number Date In-Yand Contribution Marks ZIP Corporation Commission File Number Date In-Yand Contribution Marks ZIP Corporation Commission File Number Date In-Yand Contribution Marks ZIP Corporation Commission File Number Date In-Yand Contribution Marks ZIP ZIP ZIP ZIP

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IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

/	Labor Organ	ization Recipient Inf	formation	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 Contrib	bution Made			
_	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	bution Made			
_	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contril	bution Made			
_	Labor Organization Name					
	Street Address					
4	City	State	ZIP	<u>v</u>		
	Corporation Commission File Number	Date In-Kind Contrib	bution Made		,	
	Labor Organization Name					
	Street Address					
5	City	State	ZIP		***	
	Corporation Commission File Number	Date In-Kind Contrib	pution Made			

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INDEPENDENT EXPENDITURES MADE: SCHEDULE B(6)

/		Recipient Informati		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	-		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (inc	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 (including % supported)		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	1		-		
3	City	State	ZIP	-		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (inc	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			-		
4	City	State	ZIP			
4	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (inc	luding % opposed)	_ □ Cash		
				☐ Credit		

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COMMITTEE	ID	NUMBER	

BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

/	Expenditure	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	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(including % apposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	1444 t 1444	□ Credit		
-	Recipient Name	<u> I</u>	Mode of Advertising (TV, mail, etc)			
	Street Address					:
2	City	State	ZIP	-		
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(including % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		1			
3	City	State	ZIP	- 		
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(including % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	· · · · · · · · · · · · · · · · · · ·	_ □ Credit		
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address		1			
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 schedul (transfer the total disbursed this period to "S	e Summary of Disbursen	nents," line 7)	1		

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RECALL EXPENDITURES MADE: SCHEDULE B(8)

	Expenditure F	Recipient Informatio	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name SEE ATTACHEMENT		Mode of Advertising (TV, mail, etc)			
	Street Address					
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		called	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Office Held			☐ Credit		
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address			-		
3	City	State	ZIP	-		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Re-	called	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
4	City	State	ZIP	-		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Re	called	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		☐ Credit		
	Enter total only if last page of schedu (transfer the total disbursed this period to "	le Summany of Dishurso	ments " line 8)		4112.4	4112.40

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SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

/	Benefit	ted Candidate		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Candidate Name		Date Benefit Provided			
	Street Address		1			
1	City	State	ZIP			
	Type of Benefit Provided		<u> </u>			
	Notes:	Andrew Market				
	Candidate Name		Date Benefit Provided			
	Street Address					
2	City	State	ZIP			
	Type of Benefit Provided		L ,			
	Notes;					
	Candidate Name	Date Benefit Provided				
	Street Address					
3	City	State	ZIP			
	Type of Benefit Provided					
	Notes:	3.000.000.00				
	Candidate Name	And the same	Date Benefit Provided			
	Street Address		ina - antonia			
4	City	State	ZIP			
	Type of Benefit Provided		anne accessor o			
	Notes:					
	Enter total only if last page of schedule (transfer the total disbursed this period to "S	ummary of Disbursem	ents," line 9)	Contention Con		

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JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

			1		
Recipient	Committee Inform	ation	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name		Payment Date			
Street Address	-0				
City	State	ZIP	□ Cook		
Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	pense (if applicable)	☐ Casii		
Committee Name		Payment Date			
Street Address					
City	State	ZIP			
Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	pense (if applicable)	☐ Cash ☐ Credit		
Committee Name		Payment Date			
Street Address					
City	State	ZIP	70		
Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	pense (if applicable)	□ Cash □ Credit		
Committee Name		Payment Date			
Street Address					
City	State	ZIP			
Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	xpense (if applicable)	□ Cash □ Credit		
Committee Name		Payment Date			
Street Address					
City	State	ZIP			
Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	xpense (if applicable)	□ Cash □ Credit		
	Street Address City Date of Joint Fundraising Event (if applicable) Committee Name Street Address City Date of Joint Fundraising Event (if applicable) Committee Name Street Address City Date of Joint Fundraising Event (if applicable) Committee Name Street Address City Date of Joint Fundraising Event (if applicable) Committee Name Street Address City Date of Joint Fundraising Event (if applicable) Committee Name Street Address City Date of Joint Fundraising Event (if applicable)	Street Address City State Date of Joint Fundraising Event (if applicable) Type of Shared Ex Committee Name Street Address City State Date of Joint Fundraising Event (if applicable) Type of Shared Ex Committee Name Street Address City State Date of Joint Fundraising Event (if applicable) Type of Shared Ex Committee Name Street Address City State Date of Joint Fundraising Event (if applicable) Type of Shared Ex Committee Name Street Address City State Date of Joint Fundraising Event (if applicable) Type of Shared Ex Committee Name Street Address City State State State State State Street Address City State	Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address City State ZIP Committee Name Payment Date Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address City State ZIP	Street Address City State ZiP Cash Credit Committee Name Payment Date Street Address City State ZiP Cash Credit Committee Name Payment Date Street Address City State ZiP Cash Credit Committee Name Payment Date Cash Cash Cash Cash Cash Cash Cash Cash Committee Name Payment Date Cash C	Sireet Address City State Clay State Type of Shared Expense (if applicable) Committee Name Payment Date Clash Credit Committee Name Sireet Address City State Type of Shared Expense (if applicable) Committee Name Payment Date Committee Name Payment Date Committee Name Payment Date Committee Name City State Type of Shared Expense (if applicable) Committee Name Payment Date Cash Credit Committee Name Sireet Address City State Type of Shared Expense (if applicable) Committee Name Payment Date Cash Credit Committee Name State City State Zip Committee Name Payment Date Cash Credit Committee Name State City State Zip Committee Name Payment Date Cash Credit Committee Name State City State Zip Cash Credit Cash Credit Committee Name State City State Zip Cash Credit Cash Credit Cash Credit Cash Credit Cash Credit Cash Credit Committee Name State Zip Cash Credit Cash

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REIMBURSEMENTS MADE:

SCHEDULE B(11)

/						
	R	ecipient Information	1	Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		,			
	Street Address					
1	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit	,	
	Name					
	Street Address			_		
2	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
-	Name		3			
	Street Address					
3	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit	-	
4	Name					
4	Street Address	la.				
	City	State	ZIP	☐ Cash		
	Services or Goods Reimbursed		Reimbursement Date	☐ Credit	,	
	Name					
	Street Address					
5	City	State	ZIP	☐ Cash		
,	Services or Goods Reimbursed Reimbursement Date			☐ Credit		
+	Enter total only if last page of sch (transfer the total disbursed this period	nedule			31	

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OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

	Debt In	formation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address			-		
1	City	State	ZIP	-		
	Type of Account Payable or Debt Owed	I	Date that Debt Accrued	_		
	Name					
	Street Address			1	,	
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 (transfer the total received this period to "Sum	mary of Receipts,"	line 12)			

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TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

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



MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

	Recipient Information			Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
1	Street Address					
	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Credit		
	Name					
	Street Address					
2	City		ZIP	□ Cook		
	Disbursement Type		Disbursement Date	☐ Cash☐ Credit		
	Name					
3	Street Address					
	City		ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit	☐ Cash☐ Credit	
	Name					
	Street Address					
4	City		ZIP	_		
	Disbursement Type		Disbursement Date	☐ Cash☐ Credit		
5	Name					
	Street Address					
	City	State	ZIP	\dashv		
	Disbursement Type		Disbursement Date	□ Cash □ Credit		

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AGGREGATE OF DISBURSEMENTS - \$250 OR LESS:

SCHEDULE B(15)

	Cumulative Amount this Reporti Period	ng 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 Disbursement	" line 15)	

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