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JAN 15 2025

CITY OF CHANDLER COMMITTEETY CHERK (required):



COMMITTEE ID NUMBER c-1903

Committee Information:	Committee Name:	Elect OD Harris	
INFORMATION (only if fi	ling as a candidate comn	nittee):	
Office Sought:	☐ County Office:		☐ Special District Office:

Cumulative Report:

□ Check here if this is the candidate committee's first, cumulative report for the election cycle. Also select appropriate Reporting Period below. Cumulative reporting period start date (which supersedes the start date for the Reporting Period selected below): _____

REPORTING PERIOD (check one):

/	REPORTING PERIOD	REPORT DUE
	2023 March Pre-Election Report (Local Only): January 1, 2023 to February 25, 2023	February 26, 2023 to March 4, 2023
	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
8	2023 August Pre-Election Report (Local Only): July 1, 2023 to July 15, 2023	July 16, 2023 to July 22, 2023
	2023 August Post-Election (Q3) Report (Local Only): July 16, 2023 to September 30, 2023	October 1, 2023 to October 16, 2023*
	2023 Quarter 3 Report: July 1, 2023 to September 30, 2023	October 1, 2023 to October 16, 2023*
	2023 November Pre-Election Report (Local Only): October 1, 2023 to October 21, 2023	October 22, 2023 to October 28, 2023
	2023 November Post-Election (Q4) Report (Local Only): October 22, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
	2023 Quarter 4 Report: October 1, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
	2024 March Pre-Election Report (Local Only): January 1, 2024 to February 24, 2024	February 25, 2024 to March 2, 2024
V.	2024 March Post-Election (Q1) Report (Local Only): February 25, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
	2024 Quarter 1 Report: January 1, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
	2024 May Pre-Election Report (Local Only): April 1, 2024 to May 4, 2024	May 5, 2024 to May 11, 2024
	2024 May Post-Election (Q2) Report (Local Only): May 5, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
	2024 Quarter 2 Report: April 1, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
	2024 July Pre-Primary Election Report: July 1, 2024 to July 13, 2024	July 14, 2024 to July 20, 2024
	2024 July Post-Primary Election (Q3) Report: July 14, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
	2024 Quarter 3 Report: July 1, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
	2024 November Pre-General Election Report: October 1, 2024 to October 19, 2024	October 20, 2024 to October 26, 2024
/	2024 November Post-General Election (Q4) Report: October 20, 2024 to December 31, 2024	January 1, 2025 to January 15, 2025
	Final Campaign Finance Report Prior to Committee Termination: End of Previous Period through Today's Date	Same Date of Termination

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

FINANCIAL SUMMARY (required):

Activity	Cash Activity This Reporting Period	Election Cycle to Date
(a) Committee value at the beginning of this reporting period (i.e. ending balance from the previous reporting period)	\$ 366.13	
(b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)	\$ 387.80	\$ 59,909.05
(c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)	\$ 6,835.79	\$ 71,466.13
(d) = Balance at close of reporting period	(\$ 6,087.86)	
Chack here if filing no financial activity during the reporting period. Lines (a)-(d) still must be	a completed but only this	cover page and the

Check here if filing no financial activity during the reporting period. Lines (a)-(d) still must be completed, but only this cover page and the following page need to be filed.



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

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

OD HARRIS	OD HARRIS	1/15/2025
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	387.80	COLOR DE COL
	(b) In-State Individuals - \$100 or Less (Aggregate)		valinte virginia en la
	(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)		
_			
_	(k) Monetary Contributions Subtotal (add 1(a) through 1(j))		
_	(I) Refunds Given Back to Contributors		
2	(m) Net Monetary Contributions (subtract 1(I) from 1(k))		
2.	Loans (a) Loans Received		
	(b) Forgiveness on Loans Received	BERT WEDELLAND	
	(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		NIA -
	(d) Candidate Committees		
	(e) Political Action Committees		
	(f) Political Parties		
_	(g) Partnerships		
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		Sell
	(i) Labor Organizations (PACs & Political Parties Only)		144
	(j) Candidate's Personal Assets or Property (Candidate Committees Only)		pinsi.
	(k) In-Kind Contributions Subtotal (equity: add 5(a) through 5(j))	STATE OF STATE	1624
3.	In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
, <u> </u>	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))		
3.	Joint Fundraising / Shared Expense Payments Received		
١.	Payments Received for Goods / Services		
	Outstanding Accounts Receivable / Debts Owed to Committee		
-	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
	Miscellaneous Receipts (use cash and/or equity as applicable)		
	Total Receipts (cash: add 1(m), 2(e), 3-4, 8-9, 11-12; equily: add 2(b), 5(k), 6-7(c), 10-12)	387.80	

SUMMARY OF DISBURSEMENTS (Schedule B):

	Disbursements	Cash	Equity
1.	Disbursements for Operating Expenses	41.88	
2.	Contributions Made		
	(a) Candidate Committees		
	(b) Political Action Committees		
	(c) Political Parties		
	(d) Partnerships		American Control of the last
	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		THE THE THE
	(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		THE THE PARTY IN
	(a) Loans Made		
	(b) Loan Guarantees Made		
	(c) Forgiveness on Loans Made		
	(d) Repayment of Loans Received		N. Named L. J.
	(e) Accrued Interest on Loans Received		E MANTE CH
	(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		93
	(d) Partnerships		
	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		
	(f) Labor Organizations (PAC & Political Parties Only)		No.
	(g) Contributions Subtotal (add 5(a) through 5(f))		14
6.	Independent Expenditures Made		
7.	Ballot Measure Expenditures Made		(Cray/Irene All II)
8.	Recall Expenditures Made		
9.	Support Provided to Party Nominees (Political Parties Only)		
10.	Joint Fundraising / Shared Expense Payments Made		
11.	Reimbursements Made		
12.	Outstanding Accounts Payable / Debts Owed by Committee		6793.91
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)	41.88	6793.91

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

SCHEDULE A(1)(a)

	Individu	ual Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	JERERMY BASHA		Date Contribution Received 11/27/2024	193.90	693.90	693.90
-20	Street Address 15 N bullmoose Cir					
1	CHANDLER	State AZ	85224			
	Occupation ENTREPRENEUR	SELF EMP	PLOYED			
	MICHEAL SONORAN		Date Contribution Received 11/27/2024	193.90	193,90	1443.90
	Street Address 1815 E Tonto Dr	· · · · · · · · · · · · · · · · · · ·				
2	CIIY CHANDLER	State AZ	85249			
	Occupation Employer ENTRPENEUR SELF EMI		PLOYED			
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
1	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation Employer					
+	Name		Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer				
+	Enter total only if last page of sci (transfer the total received this period	redule			387.80	2137.80

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

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

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

SCHEDULE A(1)(b)

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

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

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



MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

/		ndividual Contributor Informat	1900	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address				,	
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
3	City	State ZIP Employer				
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer				
-	Enter total only if last page	e of schedule s period to "Summary of Receipts,"				

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



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

/		Committee Contributor	Information	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution (Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution F	Received			
_	Committee Name					
	treel Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution F	Received			
_	Committee Name		otaria (Magazaria)			
a.	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution F	Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution F	Pecebart			

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

/		on Committee Contribu	tor Information	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution	Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution	Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution	Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution	Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution	200000			

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

1						
	Political Party Co	ntributor Informat	lion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
2	City	State	ZIP	-		
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	l ed		Cumulative Amount this Reporting Period	
	Committee Name	I.				
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	l ed			
	Committee Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	I ded			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 1(f))			

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





MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

	Partners	hip Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution R	eceived			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution F	Received			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution R	Received			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution R	ecelved			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution R	ecelved			

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



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

Corporation / LLC Contributor Information Amount Received Amount this Reporting Per Corporation/LLC Name	
Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Oate Contribution Received Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Corporation/LLC Name Corporation Commission File Number Date Contribution Received	Amount this
1 City State ZIP Corporation Commission File Number Date Contribution Received Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Corporation Commission File Number Date Contribution Received Corporation/LLC Name	
Corporation Commission File Number Date Contribution Received Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Corporation Commission File Number Date Contribution Received	
Corporation/LC Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Corporation/LLC Name	
Street Address City State ZIP Corporation Commission File Number Date Contribution Received Corporation/LLC Name	
2 City State ZIP Corporation Commission File Number Date Contribution Received Corporation/LLC Name	
Corporation Commission File Number Date Contribution Received Corporation/LLC Name	
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 Received	
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(h))	





MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

/	Labor Organ	ization Contributor I	nformation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name				, , , ,	•
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
_	Labor Organization Name					
2	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
	Labor Organization Name					
	Street Address	Street Address				
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Received				
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution I	Received			

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

	Candidate	Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address			-		
2	City	State	ZIP	-		
	Occupation	Employer				
_	Name	1	Date Contribution Received			
3	Street Address					
	City	State	ZIP			
	Occupation	Employer				
	Name		Ton combat posses			
			Date Contribution Received			
4	Street Address					
	City	State	ZIP			
2	Occupation	Employer	X			
Ī	Name		Date Contribution Received			
	Street Address					
5	City	State	ZIP	1 1		
	Occupation	Employer		1		

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





REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

				ST.		
/	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			
_	Name		Date Contribution Refunded			
	Street Address					
2	City	State	ZIP			
	ID Number (if applicable)	1	Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
3	City	State	ZIP			
	ID Number (if applicable)	Date of Original Contribution				
	Name		Date Contribution Refunded			
	Street Address					
4	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution	1		
	Name		Date Contribution Refunded	-		
	Street Address		1	-		
5	City	State	ZIP			
7		II.	1	1 1	1	

Schedule A(1)(I), page____ of__





LOANS RECEIVED: SCHEDULE A(2)(a)

	50.00	ender Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name	Date Loan Received				
	Street Address					
1	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpo	se? (PACs and Political Parties Only)			
	Lender Name	Date Loan Receive	d			
	Streel Address					
2	City	State	ZIP			
	Guarantor/Endorser Name	arantor/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only)				
	Lender Name	Date Loan Receive	d			
	Street Address					
3	City	State	ZIP			
	Guarantor/Endorser Name	1500	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Receive	d			
	Street Address					
4	City	State	ZIP	- v		
	Guarantor/Endorser Name	WATER CONTRACTOR OF THE PARTY O	se? (PACs and Political Parties Only)			
-	Lender Name	Date Loan Receive	d			
	Street Address				2	
5	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpo	se? (PACs and Political Parties Only)			
	Enter total only if last page of scho (transfer the total received this period t	11.7	s " line 2(a))			
_	Andrew the total received this period t	o duminary of Receipt	a, ine £(a))			



FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

/		Lender Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cycl
	Lender Name		Date Forgiveness Received			
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outsta	anding			
	Lender Name	Harman Harman	Date Forgiveness Received			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outsta	anding			
	Lender Name		Date Forgiveness Received			
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outsta	unding			
	Lender Name		Date Forgiveness Received			
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan	triginal Amount of Loan Amount Still Outstanding				
-	Lender Name		Date Forgiveness Received			
	Street Address					
5	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outsta	nding	-		

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 Outs	tanding			
	Borrower Name		Date Repayment Received			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outs	tanding			
	Borrower Name		Date Repayment Received			
	Streel Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outs	tanding			
	Borrower Name		Date Repayment Received			
	Street Address					
4	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outs	tanding			
	Borrower Name		Date Repayment Received			
	Street Address	Street Address				
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outs	tanding			

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



INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

/		Borrower Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Interest Accrued	And the strip of the	Troporting Forton	
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outs	tanding			
	Borrower Name		Date Interest Accrued			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outs	tanding			
	Borrower Name		Date Interest Accrued			
	Street Address					
3	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outst	landing			
	Borrower Name		Date Interest Accrued			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outst	anding			
	Borrower Name		Date Interest Accrued			
	Street Address	Street Address				
5	City	State	ZIP			
-	Original Amount Borrowed	Amount Still Outst	anding	-		

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

c-1903



STATE OF ARIZONA FRIMNUTERERANIPAIGN

COMMITTEE ID NUMBER

		Payor Information		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Payor Name		Date Rebate/Refund Received			
7	Street Address					
1	City	State	ZIP			
	Original Purchase Amount	Reason for Refund	Rebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
2	City	State	ZIP			
	Original Purchase Amount	Reason for Refunda	Rebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address	Street Address				
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refunda	Rebale			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
4	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/	Rebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address	Street Address				
5	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/	Rebate			
_	Enter total only if last page of (transfer the total received this per					

Schedule A(3), page____ of ___

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

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

Schedule A(4), page___ of ___



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

SCHEDULE A(5)(a)

/	Individual Con	tributor Informa	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date in-Kind Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Nama		Date In-Kind Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer		-		
	Name		Date in-Kind Contribution Received			
	Street Address	Street Address				
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 ___

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

SCHEDULE A(5)(b)

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

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



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

SCHEDULE A(5)(c)

/	Candidate Commit	ee Contributor Info	rmation	Amount Received	Cumulative Amount this	Cumulative Amount this
	Committee Name				Reporting Period	Election Cycle
	Streel Address		-	6		
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received			
7	Committee Name					
	Streel Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received			
	Committee Name	.77				
	Streel Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Enter total only if last page of scheduli (transfer the total received this period to "Su	e mmary of Receipts "	line 5(d))			

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



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

/	Candidate	Committee Contributor In	nformation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Committee Name						
	Street Address						
1	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribu	tion Received				
	Committee Name						
	Street Address						
2	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribu	ution Received		-		
	Committee Name						
	Street Address						
3	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribu	ution Received				
	Committee Name						
	Street Address						
4	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribu	tion Received				
	Committee Name						
	Street Address	Street Address					
5	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribu	tion Received				
	Enter total only if last page of (transfer the total received this pe						

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

IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

	ion Committee Contributo	r Information	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Sommitted Willia					
Street Address					
State ZIP					
Committee ID Number	Date In-Kind Contribu	ution Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contrib	ution Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contrib	ution Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contrib	ution Received			
Committee Name					
Street Address					
City	State	ZIP			
	1	1			
	Committee Name 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 Name Street Address City State Committee ID Number Date In-Kind Contrib Street Address City State Committee ID Number Date In-Kind Contrib Street Address City State Committee Name Street Address City State Committee ID Number Date In-Kind Contrib Street Address City State Committee ID Number Date In-Kind Contrib Street Address City State Committee ID Number Date In-Kind Contrib Committee ID Number Date In-Kind Contrib Street Address	Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Street Address Street Address	Street Address City State 23P Committee (D Number Date In-Kind Contribution Received	Political Action Committee Contributor Information Amount Received Amount this Reporting Period Street Address City State 219 Committee ID Number Date In-Nime 229 Committee ID Number Date In-Nime Street Address Street Address

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

	Politi	cal Party Contributor Info	ormation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cyc
	Committee Name				2.00	
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ribution Received			
	Committee Name					
	Street Address				ă:	
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Received			
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contri	bution Received		1 1	
	Committee Name					
	Street Address	Street Address				
,	City	State	ZIP			
	Committee ID Number	Date In-Kind Contri	bution Received			

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

IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

193						
	Partnership Co	ontributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name	State ZIP Table In-Kind Contribution Received State ZIP Oate In-Kind Contribution Received The Number Date In-Kind Contribution Received The State ZIP The Number Date In-Kind Contribution Received The Number Date In-Kind Contribution Received The State ZIP The Number Date In-Kind Contribution Received The State ZIP The Number Date In-Kind Contribution Received The State ZIP The Number Date In-Kind Contribution Received				
	Street Address					
2	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Date In-Kind Contribution Received			
H	Partnership Name					
	Street Address		-			
3	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
	Partnership Name					
	Street Address			-		
4	City	State	ZIP	-		
	Corporation Commission File Number	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 schedul (transfer the total received this period to "Si	e ummary 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 Info	ormation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name						
	Street Address						
1	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contribu	ition Received				
	Corporation/LLC Name						
	Street Address						
2	City	Stale	ZIP				
	Corporation Commission File Number	Date In-Kind Contrib	ution Received				
	Corporation/LLC Name						
	Street Address						
3	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contribu	Illon Received				
	Corporation/LLC Name						
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contribu	ition Received				
_	Corporation/LLC Name	Corporation/LLC Name					
	Street Address						
5	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contribu	tion 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	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address			-		
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address	-				
2	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address		-			
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name	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 "Sur					

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



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

SCHEDULE A(5)(j)

	Candidate	Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address					
1	City	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address					
3	City	State	ZIP			
	Asset or Property Contributed					
	Date In-Kind Contribution Rec					
	Street Address					
4	City	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Sireel Address					
5	City	State	ZIP			
	Asset or Property Contributed					
+	Enter total only if last page of schedule (transfer the total received this period to "Sumn					



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

SCHEDULE A(6)

	Source I	nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Donation Received			
	Street Address					
1	City	State	ZIP			
	Type of Item Donated	,				
	Name		Date In-Kind Donation Received			
ŀ	Street Address					
2	City	State	ZIP	-		
	Type of Item Donated	7-		-		
	Name		Date In-Kind Donation Received			
5	Street Address		-			
3	City	State	ZIP			
ŀ	ype of Item Donated					
1	Name		Date In-Kind Donation Received			
	Street Address					
1	City	State	ZIP			
	Type of Item Donaled					
	Name	Date In-Kind Donation Received				
	Street Address					
5	City	State	ZIP			
	Type of Item Donated	Type of Item Danated				
1	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts	," line 6)			



EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

	Cri	editor Information	1	Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Provided on Credit	Date of Extension of Credit				
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Provided on Credit Date of Extension of Credit					
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit	-		

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

PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

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

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



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor C	Committee Informa	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Committee Name		Payment Date			./4
	Street Address					
1	City	State	ZIP			
	Date of Joint Fundralsing Event (if applicable) Type of Shared Ex		ixpense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundralsing Event (If applicable)	Type of Shared E	expense (if applicable)			
	Committee Name		Payment Date		,	
	Street Address					
3	City	State	ZIP			
100	Date of Joint Fundralsing Event (if applicable)	Type of Shared E	xpense (if applicable)			
	Committee Name	Payment Date				
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundralsing Event (if applicable)	Type of Shared E	xpense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	xpense (if applicable)			
-	Enter total only if last page of sche (transfer the total received this period to	dulo				

Schedule A(8), page____ of ____

PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

	¥	yor 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			
	Name					
	Streel Address					
2	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
3	Street Address					
	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
5	Street Address					
	City	State	ZIP			
	Services or Goods Purchased		Payment Date			



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

	Į.	nformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Type of Account Receivable or Dabt Owed		Date that Debt Accrued			
	Name					
	Street Address					
2	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
+	Name	Name				
	Street Address					
3	City	State	ZIP			
	Type of Account Receivable or Debt Owed	Date that Debt Accrued				
	Name					
	Street Address					
4	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Type of Account Receivable or Debt Owed	Type of Account Receivable or Debt Owed Date that Debt Accrued				
-	Enter total only if last page of schedu (transfer the total received this period to "S	le				

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 Monles / Recipient of Transferred Debt		
Source of Surplus Monles / Recipient of Transferred Debt		
Source of Surplus Monies / Recipient of Transferred Debt		
Source of Surplus Monies / Recipient of Transferred Dabt		
Total (transfer the total received this period to "Summary of Receipts," line 11)		

Schedule A(11), page____ of ____



MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

	Source	Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Receipt Type	1	Receipt Date			
	Name					
	Street Address					
2	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
3	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
4	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
	City	State	ZIP	-		
	Receipt Type		Receipt Date			
-	Enter total only if last page of schedule (transfer the total received this period to "Sum		l 40)			
_	uransier the total received this period to "Sum	mary of Receipts," I	ine (Z)			



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/		Recipient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Disbursement Dat		29.68	29.68	186.62
	GODADDY	11/16/2024	AND 12/16/2024		900900 P (P) (P)	
	Street Address					
1	2155 E WARNER					
1	City	State	ZIP			
	CHANDLER	AZ		☐ Cash		
	Type of Operating Expense Paid	100	ose? (PACs and Political Partles Only)	☑ Credit		
	PHONE					
	Name STRIDE MERCH	Disbursement Dat	Disbursement Date		12.20	12.20
	Street Address 2300 CORPORATE PARK DR					
2	City	State	ZIP			
	HERNDON	VA		II Cook		
	Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only)		☐ Cash ☐ Credit		
	MERCHANT FEE					
	Name	Disbursement Dal	0			
	Street Address	1				
3	City	State	ZIP	□ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only)		☐ Credit		
	Name	Disbursement Dat	Disbursement Date			
	Street Address					
4	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purp	ose? (PACs and Political Parties Only)	☐ Cash☐ Credit		
	Name	Disbursement Dat	e			
	Street Address					
5	City	State	ZIP	☐ Cash		
	Type of Operating Expense Paid	Non-Electoral Purp	ose? (PACs and Political Parties Only)	☐ Credit		
		Total Edition Purposes (PAGS and Political Parties Only)				

Schedule B(1), page____ of ____



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

	Candidate Committe	e Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name Street Address					
	500017001000					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name				v	
200	Street Address					
2	City	State	ZIP	Cook.		
9	Committee ID Number	Date Contribution Made		☐ Cash	☐ Cash☐ Credit	
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		□ Credit		
	Committee Name	I.				
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number Date Contribution Made			☐ Cash		
1	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursem	nents," line 2(a))			



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

	Ç	n Committee Recipient I	nformation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Mad	e	□ Cash □ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Mad	ia .	□ Cash □ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Mad	de	□ Cash □ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Centribution Mad	de	□ Cash □ Credit		
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Committee ID Number Date Contribution Made		□ Cash □ Credit		
	Enter total only if last page of s (transfer the total disbursed this pe	chedule riod to "Summary of Disburs	ements," line 2(b))			



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Poli	itical Party Recipient Inform	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name				710	
	Street Address					
1	City	State	ZIP	7.0×4		
	Committee ID Number	Date Contribution Mad	de	□ Cash □ Credit		
	Committee Name					
	Street Address					
	City	State	ZIP	- I Cook		
	Committee ID Number	Date Contribution Ma	de	□ Cash □ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Ma	de	□ Credit		
	Committee Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Mad	de	□ Credit		
	Committee Name					
	Street Address					
İ	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Mad	ie	□ Credit		
+	Enter total only if last page of	of schedule period to "Summary of Disburs				

MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	ship Recipient Inforn	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 Contribution I	Made	□ Cash □ Credit		
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Partnership Name					
3	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	☐ Cash☐ Credit		
-	Enter total only if last page of sci (transfer the total disbursed this perio	nedule				



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	n / LLC Recipient Ir	nformation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Dale Contribution	Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	n Made	☐ Cash☐ Credit		
	Corporation/LLC Name					
	Street Address		8			
3	City	State	ZIP	E Overh		
	Corporation Commission File Number	Date Contribution	n Made	☐ Cash☐ Credit		
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP	77.000h		
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP	☐ Cash		
	Corporation Commission File Number	Date Contribution Made		☐ Credit		
	Enter total only if last page of sch (transfer the total disbursed this period	edule				

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Organiza	ation Recipient Infor	mation	Amount	Cumulative Amount this	Cumulative Amount this
	Labor Organization Name		Contributor	Reporting Period	Election Cycle	
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made	0	□ Credit		
	Labor Organization Name	1				
	Street Address					
2	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Mad	le	□ Credit		
	Labor Organization Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Corporation Commission File Number Date Contribution Made			□ Credit		
	Labor Organization Name	<u></u>				
	Street Address					
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Mad	le	□ Credit		
	Labor Organization Name	<u>k</u>				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mad	le	□ Cash □ Credit		
	Enter total only if last page of scheo (transfer the total disbursed this period to	lule o "Summary of Disburs	ements," line 2(f))			
_	Li.					



CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

/	Contribute	or 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	ΖIP			
	Committee ID Number	Date of Original Contribution				
	Committee Name		Date Refund Received			
	Street Address					
3	City	State	ZIP			
	Committee ID Number	2)	Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
4	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
5	City	State	ZIP			
	Committee ID Number		Date of Original Contribution	-		

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



LOANS MADE:

SCHEDULE B(3)(a)

1				ř.	1	
		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					
2	City	State	ZIP			
	Guarantor/Endorser Name Date Loan Made					
	Borrower Name					
	Street Address					
3	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name	Dale Loan Made				
	Borrower Name					
	Street Address					
5	City	State	ZIP			
	Guaranter/Endorser Name	Date Loan Made				
	Enter total only if last page of (transfer the total received this per	schedule				

Schedule B(3)(a), page___of ___



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

/	Guarantor Name	Guarantor Information		Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Street Address					
1	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address					
2	City	State	ZIP	_		
	Borrower Name Date Loan Guaranteed					
	Guarantor Name					
	Street Address	reas				
3	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed	Date Loan Guaranteed			
	Guarantor Name	——————————————————————————————————————				
	Street Address			1		
4	City	State .	ZIP	1		
	Borrower Name	Date Loan Guaranteed	*			
	Guarantor Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Enter total only if last page of s	schedule od to "Summary of Receipts,"	' line 3(b))	V.		

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	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	1/2			
	Borrower Name		Date Forgiveness Made			
	Street Address		32-			
2	City	State	ZIP			
	Original Amount of Loan	inal Amount of Loan Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding		-		
	Borrower Name	Date Forgiveness Made				
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address			-		
5	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding		-		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sun	nmary of Disbursem	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 Outs	standing			
	Lender Name	P	Date Repayment Made			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outs	standing			
	Lender Name	Date Repayment Made				
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outs	tanding			
	Lender Name		Date Repayment Made			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outs	tanding			
	Lender Name		Date Repayment Made			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed Amount Still Outstanding					

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

ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

			197		
Len	der Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cyc
Lender Name		Date Interest Accrued		, ,	
Street Address	Street Address				
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstandi	ng			
Lender Name		Date Interest Accrued			
Street Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstandi	ng			
Lender Name		Date Interest Accrued			
Street Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstandi	ng			
Lender Name	Date Interest Accrued				
Street Address					
City	State	ZIP			
Original Amount Borrowed Amount Still Outstanding		ng			
Lender Name		Date Interest Accrued			
Street Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstandi	ng			
	Lender Name Street Address City Original Amount Borrowed Street Address City State Original Amount Borrowed Amount Still Outstands Eender Name Street Address City State Original Amount Borrowed Amount Still Outstands Eender Name Street Address City State Original Amount Borrowed Amount Still Outstands Eender Name Street Address City State Original Amount Borrowed Amount Still Outstands Eender Name Street Address City State Original Amount Borrowed Amount Still Outstands Ender Name Street Address City State Street Address City State	Lender Name Date Interest Accrued	Carder Name Date Interest Accrued	Lender Name Lender Name Lender Name State Amount State Amount State Lender Name Date Interest Accoused State Amount State ZIP Original Amount Borrowed ZIP ZIP ZIP ZIP ZIP ZIP ZIP ZI	

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

REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

/	Re	cipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount thi 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	dule to "Summary of Disburs	ements," line 4)			

Schedule B(4), page____ of ____

IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/	Candidate	e Committee Recipient Info	rmation	Amount	Cumulative Amount this	Cumulative Amount this
_	Committee Name	o committee recipient mic	mation	Contributed	Reporting Period	Election Cycle
	Street Address					
i i	\$ \(\text{\$1}\)\(\text{\$2}\)\(\					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	on Made			
	Committee Name	Committee Name				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contributi	on Made			
+	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contributi	on Made			
Ī	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 Contributi	on Made			
	Enter total only if last page of (transfer the total disbursed this p	schedule eriod to "Summary of Disburse	aments," line 5(a))			

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

/	Political Act	ion Committee Recipient	Information	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Made			
	Committee Name					
	Street Address					
2	City	State ZIP				
	Committee ID Number	Date In-Kind Contrib	ution Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Committee ID Number Date In-Kind Contribution Made				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Made			
	Enter total only if last page of (transfer the total disbursed this p	schedule eriod to "Summary of Disbur	sements," line 5(b))			

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

IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

PORTE DE LA CONTRACTION DEL LA CONTRACTION DE LA	ical Party Recipient Inforr	nation	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 Contrib	ution Made			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contril	bution Made			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contril	oution Made			
Committee Name					
Street Address					
City	State	ZIP			
Committee D Number	Date In-Kind Contribution Made				
Committee Name					
Street Address					
City	State	ZIP			
nmittee ID Number Date In-Kind Contribution Made					
	Committee Name Street Address City Committee ID Number Committee ID Number City Committee ID Number Committee Name Street Address City Committee ID Number Street Address City Committee ID Number Committee ID Number	Committee Name Street Address City State Committee ID Number Date In-Kind Contrib Committee Name Street Address City State Committee ID Number Date In-Kind Contrib Committee ID Number Date In-Kind Contrib Committee Name Street Address City State Committee ID Number Date In-Kind Contrib Street Address City State Committee ID Number Date In-Kind Contrib Committee ID Number State City State Committee ID Number Date In-Kind Contrib Street Address City State State SIP Committee ID Number Date In-Kind Contribution Made City State Size Size City State Size Size City Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made City State Size Size City State Size Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State Size City State Size City State City State Size City State City State Size City State City State City State Size City State City State Committee ID Number Committee ID Number Committee ID Number State City State City	Contributed Committee Name Street Address City State Date In-Kind Contribution Marie Committee ID Number Committee Name Street Address City State ZIP Committee Name City Committee Name Committee Name Committee Name Committee ID Number Committee ID Number Committee Name Street Address City Committee Name Street Address City Committee Name Street Address City State ZIP Committee Name Committee ID Number Committee ID Number Street Address City Committee ID Number Street Address City State ZIP Committee Name Committee ID Number Street Address City State ZIP Committee Name Committee ID Number Street Address City State ZIP Committee Name Committee Name Street Address City State ZIP Committee Name Committee Name Street Address City State ZIP	Political Party Recipient Information Contribute Street Address City State City State Committee Name Street Address City State Street Address City Committee Name Street Address City Committee Name Street Address City Committee Name Committee Name Committee Name Committee Name City Committee Name Committee Name City Committee Name Ci	

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



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

_	Partner	ship 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 Cont	ribution Made				
	Partnership Name						
	Street Address						
3	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Cont	ribution Made				
	Partnership Name						
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contribution Made					
	Partnership Name						
	Street Address						
5	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Cont	ibution Made				

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

IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

1							
	Corporation	n / LLC Recipient Inf	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Corporation/LLC Name						
	Street Address						
1	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contr	bution Made				
	Corporation/LLC Name						
	Street Address						
2	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contr	ibution Made				
	Corporation/LLC Name						
	Street Address						
3	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contr	bution Made				
	Corporation/LLC Name						
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contr	bution Made		-		
	Corporation/LLC Name						
	Street Address						
5	City	State	ZIP				



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

	Labor Orga	nization Recipient I	nformation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Laber Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cor	tribution Made			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cor	ntribution Made			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cor	ntribution Made			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Made				
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Made			
+	Enter total only if last page of sch (transfer the total disbursed this perio	- dula				

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

INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

_		Recipient Informa		Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (ii	ncluding % 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)		acluding % apposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	icluding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
	City	State	ZIP			
1		Candidate(s) Opposed (including % apposed)				
1	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	cluding % apposed)	□ Cash □ Credit		

Schedule B(6), page___ of ___





BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

	Expenditure	Recipient Info	ormation	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cycl
-55	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s)	Opposed (including % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Ye	ear	— □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			_		
2	City	State	ZIP			
040	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s)	Opposed (including % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Ye	ar	□ 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/Yea	or ·	□ Credit		
	Recipient Name	<i>y</i>	Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City.	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s)	Opposed (including % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Yea	ır	☐ Credit		
1	Enter total only if last page of schedul					

Schedule B(7), page____ of ___

RECALL EXPENDITURES MADE:

SCHEDULE B(8)

		Recipient Inform	06.076.004	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			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to t	pe Recalled	☐ 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?	Opposing Issuance of Recall Order? Candidate Sought to be Recalled		□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	□ Cash □ Credit				
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
3	City	State	ZIP			
3	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Recalled				
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		☐ Cash☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
	Notice on ARIZHONA					
4	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Recalled		□ Cash □ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		_ Li Credit		
	Enter total only if last page of schedul (transfer the total disbursed this period to ":	E Summary of Disbu	ursements " line 8)			



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

/		Benefitted Candidat	e	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Candidate Name		Date Benefit Provided			
	Street Address					
1	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address			-		
2	City	State	ZIP	1		
36	Type of Benefit Provided			-		
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
3	City	State	ZIP			
	Type of Benefit Provided			1		
	Notes:			1		
1	Candidate Name		Date Benefit Provided			
	Street Address					
1	City	State	ZIP			
	Type of Benefit Provided					
	Nates:					
+	Enter total only if last page o (transfer the total disbursed this p	2 7 99				

Schedule B(9), page____ of ____

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

	50	Committee Informa		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address					
1	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)	☐ Credit		
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP	otalet mannet		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)	☐ Cash☐ Credit		
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	inse (if applicable)	☐ Cash☐ Credit		
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundralsing Event (if applicable) Type of Shared Expense (if applicable)		inse (if applicable)	□ Cash □ Credit		
	Enter total only if last page of sched	dule				
	Enter total only if last page of scheo (transfer the total disbursed this period to	Summary of Disbur	sements," line 10)			



REIMBURSEMENTS MADE:

SCHEDULE B(11)

	Recipien	Information		Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP	T Cook		
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address					
2	City	State	ZIP	E Cook		
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
	Name					
Ì	Street Address					
3	City	State	ZIP	□ Cash		
	Services or Goods Relimbursed	Reimbursement Date	☐ Credit			
	Name					
	Street Address					
4 -	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		
E	Enter total only if last page of schedule transfer the total disbursed this period to "Sun	nmary of Disbursen	nents," line 11)	,		

OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

	T Lind Strategy from	formation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	UNION PRINT SHOP			6793.91	6793.91	6793.91
	Street Address 49 S SYCAMORE ST STE 3					
1	City MESA	State AZ	zip 85202			
	Type of Account Payable or Debt Owed PRINT MARKETING MAILERS	1	Date that Debt Accrued			
	Name					
	Street Address					
2	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
3	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
4	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
5	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
+	Enter total only if last page of schedule (transfer the total received this period to "Sum					

Schedule B(12), page____ of ____



TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

	i	
	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monles / Source of Transferred Debt		li li
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monles / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt	7	
Total (transfer the total disbursed this period to "Summary of Disbursements," line 13)		

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MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

	Recipient	Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City		ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
2	City		ZIP			
	Disbursement Type	Disbursement Date	☐ Cash☐ Credit			
	Name					
	Street Address					
3	City		ZIP			
	Disbursement Type	Disbursement Date	□ Cash □ Credit			
	Name					
	Street Address					
4	City		ZIP			
	Disbursement Type	I	Disbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
5	City	State	ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbure	sements." line 14\			
=	E					

AGGREGATE OF DISBURSEMENTS - \$250 OR LESS:

SCHEDULE B(15)

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

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