

JUL 1 8 2022

CITY OF CHANDLER CITY CLERK



City/Town Office: Chandler

□ County Office:

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT COMMITTEE ID NUMBER

COMMITTEE INFORMATION (required):

	Committee Information:	Committee Name:	Rick Heumann 20 Council
CAN	DIDATE INFORMATION (only if filing	as a candidate com	mittee):

Office Sought:

Special District Office:

School Board District:

Cumulative Report:

Check here if this is the candidate committees 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):

\square	REPORTING PERIOD	REPORT DUE
	2020 4 th Quarter Report: October 18, 2020 to December 31, 2020	January 1, 2021 to January 15, 2021
	2021 March Pre-Election Report (Local Only): January 1, 2021 to February 20, 2021	February 21, 2021 to February 27, 202
	2021 March Post-Election (Q1) Report (Local Only): February 21 to March 31, 2021	April 1, 2021 to April 15, 2021
	2021 Quarter 1 Report: January 1, 2021 to March 31, 2021	April 1, 2021 to April 15, 2021
	2021 May Pre-Election Report (Local Only): April 1, 2021 to May 1, 2021	May 2, 2021 to May 8, 2021*
	2021 May Post-Election (Q2) Report (Local Only): May 2, 2021 to June 30, 2021	July 1, 2021 to July 15, 2021
	2021 Quarter 2 Report: April 1, 2021 to June 30, 2021	July 1, 2021 to July 15, 2021
	2021 August Pre-Election Report (Local Only): July 1, 2021 to July 17, 2021	July 18, 2021 to July 24, 2021
	2021 August Post-Election (Q3) Report (Local Only): July 18, 2021 to September 30, 2021	October 1, 2021 to October 15, 2021
	2021 Quarter 3 Report: July 1, 2021 to September 30, 2021	October 1, 2021 to October 15, 2021
	2021 November Pre-Election Report (Local Only): October 1, 2021 to October 16, 2021	October 17, 2021 to October 23, 2021
	2021 November Post-Election (Q4) Report (Local Only): October 17, 2021 to December 31, 2021	January 1, 2022 to January 15, 2022
	2021 Quarter 4 Report: October 1, 2021 to December 31, 2021	January 1, 2022 to January 15, 2022
	2022 March Pre-Election Report (Local Only): January 1, 2022 to February 19, 2022	February 20, 2021 to February 26, 202
	2022 March Post-Election (Q1) Report (Local Only): February 20, 2022 to March 31, 2022	April 1, 2022 to April 15, 2022
	2022 Quarter 1 Report: January 1, 2022 to March 31, 2022	April 1, 2022 to April 15, 2022
	2022 May Pre-Election Report (Local Only): April 1, 2022 to April 30, 2022	May 1, 2022 to May 7, 2022
	2022 May Post-Election (Q2) Report (Local Only): May 1, 2022 to June 30, 2022	July 1, 2022 to July 15, 2022
	2022 Quarter 2 Report: April 1, 2022 to June 30, 2022	July 1, 2022 to July 15, 2022
/	2022 Pre-Primary Election Report: July 1, 2022 to July 16, 2022	July 17, 2022 to July 23, 2022
	2022 Post-Primary Election (Q3) Report: July 17, 2022 to September 30, 2022	October 1, 2022 to October 15, 2022
	2022 Pre-General Election Report: October 1, 2022 to October 22, 2022	October 23, 2021 to October 29, 2022
	2022 Post-General Election (Q4) Report: October 23, 2022 to December 31, 2022	January 1, 2023 to January 17, 2023*
	Final Campaign Finance Report Prior to Committee Termination: End of Previous Period through Today's Date	Same Date of Termination
$\overline{\ }$	*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>i.e.</i> ending balance from the previous reporting period)		
(b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)		
(c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)		
(d) = Balance at close of reporting period	\$ 6,379.64	

Committees with financial activity must file the cover page, summary of receipts, summary of disbursements, and any schedules that contain financial activity.



COMMITTEE ID NUMBER	
c17-09	25

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.

Rick Heumann

Printed Name of Committee Treasurer

Signature of Committee Treasurer

07/01/2022

Date



SUMMARY OF RECEIPTS (Schedule A):

	Receipts	Cash	Equity	
۱.	Monetary 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	, , ,	The second second	
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)			
	(i) Labor Organizations (PACs & Political Parties Only)			
	(j) Candidate's Personal Monies (Candidate Committees Only)			
	(k) Monetary Contributions Subtotal (add 1(a) through 1(j))			
	(I) Refunds Given Back to Contributors			
	(m) Net Monetary Contributions (subtract 1(I) from 1(k))			
2.	Loans			
	(a) Loans Received			
	(b) Forgiveness on Loans Received (c) Repayment on Loans Made			
	(d) Interest Accrued on Loans Made			
	(e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))			
3.	Rebates and Refunds Received			
	Interest Accrued on Committee Monies			
1. 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))			
3.	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))			
3.	Joint Fundraising / Shared Expense Payments Received	<ul> <li>The second se</li></ul>		
э. Э.	Payments Received for Goods / Services			
	·			
	Outstanding Accounts Receivable / Debts Owed to Committee		1 1 1	
	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)			
12.	Miscellaneous Receipts (use cash and/or equity as applicable) 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)			



#### SUMMARY OF DISBURSEMENTS (Schedule B):

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



# STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

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

SCHEDULE A(1)(a)

	Individual	Contributor Informa	ation	Amount Received	Amount this Reporting Period	Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1						
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			
	Occupation	Employer				
	Name		Date Contribution Received			
	Sireet Address					
4	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
F			······			
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page of scheol (transfer the total received this period to	dule Summary of Receip	ts," line 1(a))			
	*If in-state individual contribu				1	A/4)/_)



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

# STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

SCHEDULE A(1)(b)

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	Cumulative Amount this Reporting Period	Cumulative Amount this Electio 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))		

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



SCHEDULE A(1)(c)

MONETARY	CONTRIBUTIONS	RECEIVED	FROM (	OUT-OF-STAT	E INDIVIDUALS
	001411/100110140		1110101	001 01 01/1	E 110101001120

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



SCHEDULE A(1)(d)

MONETARY	CONTRIBUTIONS	FROM CANDIDATE	COMMITTEES:

/	Candidate Comm	nittee Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	ved			
	Committee Name					
	Street Address			-		
2	City	State	ZIP	-		
	Committee ID Number	Date Contribution Receiv	/ed			
-	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	/ed	-		
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	/ed			
	Committee Name					
	Street Address			-		
5	City	State	ZIP			
	Committee ID Number Date Contribution Received					
	Enter total only if last page of sched (transfer the total received this period to	lule "Summary of Receipts,"	line 1(d))	<u>.</u>		
·	• · · · · · · · · · · · · · · · · · · ·			e		I
		Sch	edule A(1)(d), page o	I		



COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

nmittee ID Number II nmittee Name et Address	ee Contributor Int	ZIP	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
ret Address	Date Contribution Receive	d	-		
nmiltee ID Number II nmiltee Name	Date Contribution Receive	d	-		
nmittee ID Number	Date Contribution Receive	d	-		
nmiltee Name et Address nmiltee ID Number	State		-		
ret Address nmittee ID Number		ZIP			
nmittee ID Number		ZIP	-		
nmittee ID Number		ZIP		1	
	Date Contribution Receive				
nmittee Name		ted	-		
mmmer redite					
et Address					
	State	ZIP	-		
Committee ID Number Date Contribution Received			-		
nmittee Name					
vet Address	-				
,	State	ZIP	-		
nmittee ID Number	er Date Contribution Received				
nmittee Name					
eet Address	-				
,	State	ZIP	-		
Committee ID Number Date Contribution Received			-		
ter total only if last page of schedule ansfer the total received this period to "Sumr	nary of Receipts,"	ine 1(e))	.1		
	nittee Name t Address nittee ID Number tt Address nittee ID Number tt Address nittee ID Number	It Address	I Address  It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address I	niltee Name  I Address  I Address  It Address  It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Address It Addre	niltee Name I Address It Address



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

# STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

SCHEDULE A(1)(f)

/	Political Part	ty Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulat Amount Election C
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Rec	elved			
	Committee Name					
	Street Address		n ferende est errere ministra est en annon ministra est de communa de communa de communa de communa de communa			
2	City	State	ZIP			
	City					
	Committee ID Number	Date Contribution Rec	ceived			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Red	ceived			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Rec	ceived			
	Committee Name					
	Street Address					
5	City	State	State ZIP			
	Committee ID Number	Date Contribution Red	ceived			
	Enter total only if last page of sched	dule				
	(transfer the total received this period to	"Summary of Receipts				
$\langle \rangle$		Sc	hedule A(1)(f), page	of		



COMMITTEE ID NUMBER

SCHEDULE A(1)(g)

MONETARY	CONTRIBUTIONS	FROM F	PARTNERSHIPS

	Partnersh	nip Contributor Informa	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Rec	eived			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number Date Contribution Received					
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Re	ceived			
	Partnership Name					
	Street Address				:	
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Re	sceived			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Re	eceived			
_	Enter total only if last page of sch (transfer the total received this period	nedule to "Summary of Receipt	s," line 1(g))	1		
	L		ichedule A(1)(g), p		<u>.</u>	



SCHEDULE A(1)(h)

MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs
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/	Corporation	/ LLC Contributor Info	rmation	Amount Rec	eived Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cycle
	Corporation/LLC Name Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Rec	eived			
	Corporation/LLC Name	Corporation/LLC Name				
	Street Address					
2	City	State	ZIP			
	Carporation Commission File Number	Date Contribution Red	Date Contribution Received			
	Corporation/LLC Name					
	Street Address	Sireet Address				
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Rec	celved			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Rec	zeived			
	Corporation/LLC Name	I				-
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Corporation Commission File Number Date Contribution Received				
	Enter total only if last page of sch (transfer the total received this period	edule to "Summary of Receipts	," line 1(h))			
	Lan					



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

# STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

SCHEDULE A(1)(i)

	Labor Organi	zation Contributor	Information	Amount Received	Amount this Reporting Period	Amount this Election Cycl
L	abor Organization Name					
s	Street Address					
1 0	City State ZIP					
c	Corporation Commission File Number	Date Contribution	Received			
L	abor Organization Name					
s	Street Address					
2	City State ZIP					
c	Corporation Commission File Number	Date Contributio	n Received			
L	abor Organization Name					
s	Street Address					
3	City	State	ZIP			
6	Corporation Commission File Number	Date Contributio	n Received			
	abor Organization Name					
5	Street Address					
4	Zity	State	ZIP			
c	Corporation Commission File Number	Date Contributio	on Received			
	abor Organization Name	L				
5	Street Address					
5	City	State	ZIP			,
4	arporation Commission File Number Date Contribution Received					
E	Enter total only if last page of sch transfer the total received this period					



COMMITTEE ID NUMBER

SCHEDULE A(1)(j)

MONETARY	CONTRIBUTIONS	FROM	CANDIDATE'S	PERSONAL	MONIES
MONCIANT	CONTRIBUTIONS	<b>LUNI</b>	CANDIDATES	FERSONAL	MONES

/	Candida	te Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Date Contribution Received					
	Street Address	1				
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
-+	Name	1	Date Contribution Received			
	Street Address		1			
3	City	State	ZIP			
	Occupation	Employer				
-+	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
	Name	.I	Date Contribution Received			
	Street Address	_ <b>I</b>				
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page of schedule (transfer the total received this period to "Sur	nmary of Receipts,	' line 1(j))			



COMMITTEE ID NUMBER

SCHEDULE A(1)(I)

REFUNDS	GIVEN	BACK	то со	NTRIBL	ITORS:

	Contributo	r 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	<u></u>				
2	City State		ZIP	_		
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
3	City	State	ZIP	_		
	ID Number (if applicable)	Date of Original Contribution				
	Name		Date Contribution Refunded			
	Street Address					
4	City	State	ZIP			
	ID Number (if applicable)	1	Date of Original Contribution			
-	Name		Date Contribution Refunded			
	Street Address	.1	1			
5	City	State	ZIP			
	ID Number (if applicable) Date of Original Contribution					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(I))			 	



COMMITTEE ID NUMBER

SCHEDULE A(2)(a)

LOANS RECEIVED:

/		Lender Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	ander Name Date Loan Received					
	Street Address					
1	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purp	ose? (PACs and Political Parties Only)	1		
	Lender Name	Date Loan Receive	ed			
	Street Address					
2	City	State ZIP				
	Guarantor/Endorser Name	Non-Electoral Purp	ose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Receive	ed			
	Street Address	treet Address				
3	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purp	ose? (PACs and Political Parties Only)			
	Lender Name					
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purp	ose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Receiv	ed			
	Street Address	Street Address				
5	City	State	State ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)				
	Enter total only if last page of a (transfer the total received this per	schedule	ts," line 2(a))			

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



SCHEDULE A(2)(b)

#### FORGIVENESS ON LOANS RECEIVED:

/	/	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 Outstandi	ing			
	Lender Name		Date Forgiveness Received			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstandi	ing			
	Lender Name	I	Date Forgiveness Received			
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstandi	ing			-
	Lender Name		Date Forgiveness Received			
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstand	ing			
	Lender Name	H	Date Forgiveness Received			
	Street Address		I			
5	City	State	ZIP			
	Original Amount of Loan Amount Still Outstanding					
	Enter total only if last page of s (transfer the total received this perio	chedule od to "Summary of Receipts	s," line 2(b))	L		
	·		chedule A(2)(b), page			



REPAYMENT ON LOANS MADE:

# STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

Cumulative Amount this Election Cycle

SCHEDULE A(2)(c)

/		Borrower Information		Amount Repaid	Cumulative Amount this Reporting Period
	Borrower Name		Date Repayment Received		
	Street Address		1		
1	City	Slate	ZIP	_	
	Original Amount Borrowed	Amount Still Outstz	anding		
	Borrower Name	İ	Date Repayment Received		
	Street Address		I		
2	City	State	ZIP		
	Original Amount Borrowed	Amount Still Outsta	Inding		
	Borrower Name		Date Repayment Received		
	Street Address			_	
3	City	State	ZIP	_	
	Original Amount Borrowed	Amount Still Outsta	nding		
	Borrower Name		Date Repayment Received		
	Street Address			_	
4	City	State	ZIP	-	
	Original Amount Borrowed	Amount Still Outsta	nding		
	Borrower Name		Date Repayment Received		
	Street Address		I	_	
5	City	State	ZIP		
	Original Amount Borrowed	Amount Still Outsta	nding		
	Enter total only if last page of s (transfer the total received this peri	chedule			

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



COMMITTEE ID NUMBER

SCHEDULE A(2)(d)

	Borrowe	er Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Interest Accrued			
	Street Address	Street Address				
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	)			
	Borrower Name		Date Interest Accrued			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	1			
	Borrower Name	<u> </u>	Date Interest Accrued			
	Street Address		1			
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	<u> </u>			
-	Borrower Name Da		Date Interest Accrued			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	]			
	Borrower Name		Date Interest Accrued			
	Street Address	Street Address				
5	City	State	ZIP			
	Original Amount Borrowed Amount Still Outstanding					
	Enter total only if last page of schedule (transfer the total received this period to "Su	mmary of Receipts,	' line 2(d))	I		



CO	MMITTEE ID NUMBER
c1	7-09

SCHEDULE A(3)

REBATES AND REFUNDS RECEIVED:

/	Payor I	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	State	ZIP	-		
	Original Purchase Amount	Reason for Refund/Rebate	e			
	Payor Name	<u>, , , , , , , , , , , , , , , , , , , </u>	Date Rebate/Refund Received			
	Street Address		I	-		
2	City	State	ZIP	1		
	Original Purchase Amount	Reason for Refund/Rebate	e	-		
	Payor Name		Date Rebate/Refund Received			
	Street Address		1	-		
3	City	State	ZIP	-		
	Original Purchase Amount	Reason for Refund/Rebate	e	-		
	Payor Name	<u>I</u>	Date Rebate/Refund Received			.,
	Street Address			-		
4	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	e			
	Payor Name	I <u></u>	Date Rebate/Refund Received	-		
	Street Address	Street Address		-		
5	City	State	ZIP	-		
	Original Purchase Amount	Reason for Refund/Rebate	le	-		
	Enter total only if last page of schedule (transfer the total received this period to "Surr	mary of Receipts," I	line 3)	.1		
		Scheo	dule A(3), page of			



COMMITTEE ID NUMBER

SCHEDULE A(4)

#### INTEREST ACCRUED ON COMMITTEE MONIES:

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

Schedule A(4), page____ of ____



COMMITTEE ID NUMBER

/	Indi	ividual Contributor Inforr	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Γ	Name		Date In-Kind Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer		-		
	Name		Date In-Kind Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer	I	-		
	Name		Date In-Kind Contribution Received			
	Street Address	Shellddar				
4				_		
	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address			-		
5	City	State	ZIP	-		
	Occupation	Employer				
	Enter total only if last page o (transfer the total received this pe	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5(a))				



COMMITTEE ID NUMBER

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

SCHEDULE A(5)(b)

/		Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Cumulative In-Kind Contributions from Individuals - \$100 or Less		
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5(b))		

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

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





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

SCHEDULE A(5)(c)

ame				Reporting Period	Election Cycl
		Date In-Kind Contribution Received			
Ireet Address			-		
City State		ZIP	-		
ccupation	Employer				
ame	I	Date In-Kind Contribution Received			
reet Address			_		
ty	State	ZIP	-		
scupation	Employer		-		
ame		Date in-Kind Contribution Received			
reet Address			-		
ty	State	ZIP	-		
ccupation	Employer		-		
Ime		Date In-Kind Contribution Received			
reet Address				-	
ty	State	ZIP	-		
cupation	Employer		-		
ame		Date In-Kind Contribution Received			
reet Address			-		
ty	State	ZIP			
scupation	Employer				
nter total only if last page of s ansfer the total received this peri	chedule od to "Summary of Recei	pts," line 5(c))	1		
	xupation   me   reat Address   y   cupation   me   eet Address   y	cupation     Employer       ime     State       y     State       cupation     Employer       ime     State       y     State       ime     Employer       ime     State       y     State       ime     Employer       ime     Employer	ccupation     Employer       ime     Date In-Kind Contribution Received       reat Address     ZIP       ccupation     Employer       rme     Date In-Kind Contribution Received       eet Address     ZIP       rme     Imployer       rme     Date In-Kind Contribution Received       eet Address     ZIP       cupation     Employer       rme     Date In-Kind Contribution Received       eet Address     ZIP       rme     Date In-Kind Contribution Received       eet Address     ZIP	coupationEmployerranDate In-Kind Contribution Receivedvel AddressZiPcoupationEmployerrankDate In-Kind Contribution Receivedvert AddressDate In-Kind Contribution ReceivedrankEmployerrank AddressZiPcoupationStateyStatecoupationEmployerrankEmployerrankStateyStatecoupationEmployerrankEmployerrankStateyStatecoupationEmployerrankEmployerrankStateyStateyStatecoupationEmployerrankStateyStateyStatecoupationEmployerrankStateyStateyStateyStateyStateyStateyStateyStateyStateyStateyStateyStateyStateyStateyStateyStateyStateyStateyStateyStateyStateyStateyStateyStateyStateyStatey <td>auguston     Engloyer       auguston     Engloyer       aet Address     2P       cugation     Engloyer       galae     2P       cugation     Engloyer       aet Address     2P       cugation     Engloyer       galae     2P       cugation     Engloyer       galae     2P       cugation     Engloyer       galae     2P       cugation     Engloyer       y     Data In-Kind Contribution Received       cugation     Engloyer</td>	auguston     Engloyer       auguston     Engloyer       aet Address     2P       cugation     Engloyer       galae     2P       cugation     Engloyer       aet Address     2P       cugation     Engloyer       galae     2P       cugation     Engloyer       galae     2P       cugation     Engloyer       galae     2P       cugation     Engloyer       y     Data In-Kind Contribution Received       cugation     Engloyer



COMMITTEE ID NUMBER

### IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

/	Candidate Committe	ee Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
ŀ	Committee ID Number Date In-Kind Contribution Received					
	Committee Name					
-	Street Address					
3	City	State	ZIP			
-	Committee ID Number	Date In-Kind Contribution	a Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received	-		
	Committee Name					
	Street Address					
5	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contributio	n Received			
	Enter total only if last page of schedul (transfer the total received this period to "S	e ummary of Receipts,"	line 5(d))	<u></u>		
	Ľ			۶f		
$\setminus$		Sch	edule A(5)(d), page c	л		



SCHEDULE A(5)(e)

#### IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

				1	t		
/		on Committee Contributor I	nformation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Committee Name						
	Street Address						
1	City	State	ZIP				
	Committee ID Number	Date In-Kind Contributio	n Received				
	Committee Name						
	Street Address						
2	City	State	ZIP				
	Committee ID Number	Date In-Kind Contributio	n Received				
	Committee Name						
	Street Address						
3	City	State	ZIP				
	Committee ID Number	Date In-Kind Contributio	n Received				
	Committee Name						
-	Street Address						
4	City	State	ZIP				
	Committee ID Number	Date In-Kind Contributio	n Received		-		
	Committee Name	<b>I</b>				- Longer - Ing - Manufactur	
	Street Address						
5	City	State	ZIP				
	Committee ID Number Date In-Kind Contribution Received						
	Enter total only if last page of (transfer the total received this pe	schedule riod to "Summary of Receipts."	line 5(e))				
	,	; or recorpto,		I			



COMMITTEE ID NUMBER

SCHEDULE A(5)(f)

_	

IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

	Political Party C	ontributor Informat	lion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
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			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	I Received			
	Enter total only if last page of schedule (transfer the total received this period to "Su	mmary of Receipts."	line 5(f))	1		
	<u>I'</u>		edule A(5)(f), page			



COMMITTEE ID NUMBER

SCHEDULE A(5)(g)

IN-KIND	CONTRIBUTIONS	FROM PARTNERSHIPS:	
	00111100110110		

·	Partners	hip Contributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name				, toporning r anou	
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	ution Received			
	Partnership Name					
	Street Address					
2	City	Slate	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	ution Received			
	Partnership Name	, <b>I</b>				
3	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	ution Received			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	ution 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 sch (transfer the total received this period	nedule to "Summary of Receipt:	s," line 5(g))			
	Li		chedule A(5)(g), pa			



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

/	Corporation /	LLC Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
ł	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Received			
	Corporation/LLC Name	I				
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Received			
	Corporation/LLC Name					
	Street Address	aet Address				
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributio	n Received			
	Corporation/LLC Name	<u> </u>				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributio	n Received			
	Enter total only if last page of sch (transfer the total received this period	edule to "Summary of Receipts,"	line 5(h))			



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

# STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

SCHEDULE A(5)(i)

·	Labor Organ	ization Contributor	Information	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Labor Organization Name					
	Street Address					1
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cor	ntribution Received			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Co	ntribution Received			
	Labor Organization Name	I				
	Street Address	eet Address				
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Co	ntribution Received			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Col	ntribution Received			
	Labor Organization Name					
	Street Address					
5	City	State	qip			
	Corporation Commission File Number	Corporation Commission File Number Date In-Kind Contribution Received				
	Enter total only if last page of sch (transfer the total received this period	edule to "Summary of Rece	apts." line 5(i))			
					l.	<u> </u>



COMMITTEE ID NUMBER

SCHEDULE A(5)(j)

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

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



COMMITTEE ID NUMBER

SCHEDULE A(6)

# Source Information Amount Received

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

/	Source	Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Date In-Kind Donation Received				
	Street Address		1			
1	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address					
2	<b>O</b> hu	I	1	-		
	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address	het Address				
3	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address			_		
4	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address					
Б			T			
	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,"	ine 6)			



COMMITTEE ID NUMBER

SCHEDULE A(7)(a)

#### EXTENSIONS OF CREDIT RECEIVED:

/	Credito	r Information		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					
2	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		I			
	Street Address	Street Address				
5	City	State	ZIP			
	Services or Goods Provided on Credit	Services or Goods Provided on Credit Date of Extension on				
	Enter total only if last page of schedule (transfer the total received this period to "Su	mmary of Receipt	(a)			
		anary or receipt			_L	L



SCHEDULE A(7)(b)

/	Crodi	or Information		Payment Amount on Credit		Cumula
r	<b>,</b>			Extended	Amount this Reporting Period	Amount Election
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address					
2	City	State	ZIP	-		
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit	-		
	Name					
	Sireet Address	-				
3	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
			-			
	Street Address					
4	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Originally Provided on Credit					
	Enter total only if last page of schedul (transfer the total received this period to "Si	e Immani of Rece	ints " line 7/h))	I	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	



COMMITTEE ID NUMBER

SCHEDULE A(8)

/					Cumulative	Cum
	Payor Co	ommittee Informa	ation	Payment Amount	Amount this Reporting Period	Amo Electi
	Committee Name		Payment Date			
	Street Address					
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	ixpense (if applicable)			
_	Committee Name		Payment Date			
-	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)			
	Committee Name Payment Date			-		
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)			
_	Committee Name	I	Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)			
	Enter total only if last page of sche	dule		L		
	(transfer the total received this period to	"Summary of Rece	eipts," line 8)			

Schedule A(8), page____ of ____



COMMITTEE ID NUMBER

SCHEDULE A(9)

PAYMENTS	RECEIVED	FOR	GOODS/SER	VICES
1 / 1 / 1 / 1 / 1 / 1 / 1		1 013	00000000	VIOLO.

	Payo		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Purchased	•	Payment Date			
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
3	Name					
	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					
	Street Address					
5	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Enter total only if last page of schedule (transfer the total received this period to "Su					
	L		······································			


COMMITTEE ID NUMBER

# OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

	Ir	formation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
_	Name					
	Street Address					
2	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address	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	L	Date that Debt Accrued			
	Name	<u>eumenen minen (</u> 1000 e 0000 e 200m an	1			
	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 "Summary of Receipts," line 10)			<b>I</b>		
		<u>, , , , , , , , , , , , , , , , , , , </u>	,			<u>_I</u>



TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

(transfer the total received this period to "Summary of Receipts," line 11)

Total

Cumulative Amount this Reporting Cumulative Amount this Election Period 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 Monies / Recipient of Transferred Debt Source of Surplus Monies / Recipient of Transferred Debt

Schedule A(11), page____ of ____

SCHEDULE A(11)



COMMITTEE ID NUMBER

SCHEDULE A(12)

	Sou	rce Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
2	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name		L			
	Street Address					
3	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
4	City	State	ZIP			
		<b>I</b>	Receipt Date			
	Name					
	Street Address					
5	City	State	ZIP			
	Receipt Type Receipt Date					
	Enter total only if last page of scheo (transfer the total received this period to	ule Summary of Rece	ipts." line 12)			
	<u>N</u>	,, ,, ,,			I	<u>.</u>



COMMITTEE ID NUMBER

SCHEDULE B(1)

#### DISBURSEMENTS FOR OPERATING EXPENSES:

	F	Recipient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	lame Disbursement Date					
	Street Address	_				
1	City	State	ZIP			
	Type of Operating Expense Paid		se? (PACs and Political Parties Only)	□ Cash □ Credit		
-	Name	Disbursement Date	3			-
	Street Address					
2	City	State	ZIP	_		
	Type of Operating Expense Paid	Non-Electoral Purpo	se? (PACs and Political Parties Only)	□ Cash □ Credit		
_						
	Name Disbursement Date					
	Irreet Address					
3	City	State ZIP		□ Cash		
	Type of Operating Expense Pald	Non-Electoral Purpo	se? (PACs and Political Parties Only)	Credit		
	Name	Disbursement Date				
	Street Address					
4	City	State	ZIP	 □ Cash		
	Type of Operating Expense Paid		Non-Electoral Purpose? (PACs and Political Parties Only)			
	Name	Disbursement Date				
	Street Address			-		
5	City	State	ZIP	 □ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpo	se? (PACs and Political Parties Only)			
	Enter total only if last page of so (transfer the total disbursed this peri	cnedule od to "Summary of Disbur	sements," line 1)			



COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	Candidate	Committee Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Cammittee ID Number	Date Contribution Mad	e			
	Committee Name					
	Street Address					
2	City	Slate	ZIP	□ Cash		
	Committee ID Number	Date Contribution Mac	de			
	Committee Name	I				
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Mac	de	□ Credit		
	Committee Name	I				
	Street Address	**************************************				
4	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Ma	de	Credit		
	Committee Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Ma	de	Credit		
	Enter total only if last page of (transfer the total disbursed this p	schedule eriod to "Summary of Disburg	sements," line 2(a))			
			chedule B(2)(a), pa			



COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

	F	mmittee Recipient	Information	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cycl
	Committee Name Street Address					
,			· · · · · · · · · · · · · · · · · · ·			
1	City	State	ZIP	🗆 Cash		
	Committee ID Number	Date Contribution Mac	le			
	Committee Name					
	Street Address					
2	City State ZIP					
	Committee ID Number Date Contribution Made		□ Cash □ Credit			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number Date Contribution Made		□ Cash □ Credit			
_	Committee Name					
	Street Address					
ŧ	City State ZIP					
	Committee ID Number	Date Contribution Ma	de	□ Cash □ Credit		
┥	Committee Name					
	Street Address					
5	City	State ZIP				
	Committee ID Number Date Contribution Made		□ Cash □ Credit			
	Enter total only if last page of sched (transfer the total disbursed this period to	ule "Summary of Disburs	ements," líne 2(b))	<u> </u>		
-	· · · · · · · · · · · · · · · · · · ·		······································		t	



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

## STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

SCHEDULE B(2)(c)

	Politic	al Party Recipient Inform	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulativ Amount th Election Cy
	Committee Name					
	Street Address					
1	City	State	ZIP	🗆 Cash		
	Committee ID Number	Date Contribution M	ade	Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution N	łade	□ Credit		
	Committee Name	L				
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution N	fade	🗆 Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution M	/ade	□ Cash □ Credit		
	Committee Name	I				
	Street Address					
5	City	State ZIP		□ Cash		
	Committee ID Number	Date Contribution	Made	□ Cash		
	Enter total only if last page of (transfer the total disbursed this p	f schedule beriod to "Summary of Disbu	ursements," line 2(c))	I		
			Schedule B(2)(c), pa	ge of		



SCHEDULE B(2)(d)

	MONETARY	CONTRIBL	JTIONS T	OPARTN	VERSHIPS
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	Partners	hip Recipient Inform	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this
	Partnership Name Street Address				Reporting Period	Election Cycl
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	ade	□ Cash □ Credit		
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number Date Contribution Made		□ Cash □ Credit			
	Partnership Name					
	Street Address	Street Address				
3	City	City State ZIP				
	Corporation Commission File Number	Date Contribution M	lade	□ Cash		
	Partnership Name	••••••••••••••••••••••••••••••••••••••				***************************************
	Street Address					
4	City State ZIP					
	Corporation Commission File Number	Corporation Commission File Number Date Contribution Made		□ Cash □ Credit		
	Partnership Name					
	Street Address					
5	City	State ZIP				
	Corporation Commission File Number	Date Contribution N	lade	□ Cash □ Credit		
	Enter total only if last page of sche (transfer the total disbursed this period	edule to "Summary of Disbu	rsements," line 2(d))	I		
			chedule B(2)(d), pa	· · · · · · · · · · · · · · · · · · ·	1	



COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	/LLC Recipient Inform	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made	.I	□ Credit		
	Corporation/LLC Name					
	Street Address					
2	City State ZIP		□ Cash			
	Corporation Commission File Number Date Contribution Made					
-	Corporation/LLC Name					
	Street Address					
3	City	State ZIP		 □ Cash		
	Corporation Commission File Number Date Contribution Made					
	Corporation/LLC Name					
	Street Address					
4	ity State ZIP		 Cash			
	Corporation Commission File Number	Date Contribution Made				
	Corporation/LLC Name					
	Street Address					
5	City State ZIP					
	Corporation Commission File Number Date Contribution Made		□ Cash □ Credit			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(e))			L		



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

## STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

SCHEDULE B(2)(f)

•	Labor Orga	nization Recipient In	formation	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 N	Aade .	□ Cash □ Credit		
	Labor Organization Name	I				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution I	Made	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number Date Contribution Made		□ Cash □ Credit		l	
	Labor Organization Name					
	Street Address					1
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution N	Made	□ Cash □ Credit		
	Labor Organization Name	I				****
	Street Address					
5	City	State ZIP				
	Corporation Commission File Number Date Contribution Made		□ Cash □ Credit			
_	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(f))			I		
4						



CONTRIBUTION REFUNDS RECEIVED:

### STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

SCHEDULE B(2)(h)

		Contributor Informat	ion	Amount Refunded	Cumulative Amount this Reporting Period	Cumulativ Amount Election Cy
	Committee Name		Date Refund Received			
	Street Address	- Marca Marc				1
1	City	State	ZIP			1
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
2	City	State	ZIP			
	Committee ID Number		Date of Original Contribution	_		
	Committee Name	<u></u>	Date Refund Received			
	Street Address					
3	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address		I			
4	City	State	ZIP			
	Committee ID Number	L	Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address		l			
5	City	State	ZIP			
	Committee ID Number	L	Date of Original Contribution			
	Enter total only if last page of (transfer the total disbursed this p	f schedule beriod to "Summary of E	lisbursements," line 2(h))			
			<u> </u>			



SCHEDULE B(3)(a)

LOANS MADE:

/	Borrower	Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc		
	Borrower Name					
	Street Address					
1	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made	1	-		
	Borrower Name	[				
	Street Address			_		
2	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made	1			
	Borrower Name					
	Street Address					
3	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
-	Street Address	Street Address				
5	City	Slate	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Enter total only if last page of schedule (transfer the total received this period to "Sumr	nary of Disburseme	ents," line 3(a))			



COMMITTEE ID NUMBER

SCHEDULE B(3)(b)

I OAN	GUARAN ⁻	TEES	MADE:
20/114	00/11/11		

/	GL	arantor 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	. <u> </u>			
	Guarantor Name					
	Street Address					
2	City	State	ZIP			
	Borrower Name	Date Loan Guarantee	d			
_	Guarantor Name					
	Street Address					
3	City	State	ZIP			
	Borrower Name	Date Loan Guarantee	d			
_	Guarantor Name	<u>l</u>				
	Street Address	Ireet Address				
4	City	State	ZIP			
	Borrower Name	Date Loan Guarantee	d			
	Guarantor Name	1				
	Street Address					
5	City	State	ZIP			
	arrower Name Date Loan Guaranteed					
	Enter total only if last page of sch (transfer the total received this period	edule to "Summary of Disburse	ments," line 3(b))	<u>l</u>		
			, \-//			<u></u>



SCHEDULE B(3)(c)

#### FORGIVENESS ON LOANS MADE:

1 City Origina Borrow Street / City Origina	t Address	State Amount Still Outstanding State	Date Forgiveness Made ZIP Date Forgiveness Made			
1 City Origina Borrow Street / City Origina Borrow Street /	nal Amount of Loan	Amount Still Outstanding	Date Forgiveness Made			
City Origina Borrow Street / Origina Borrow Street / 3	t Address	Amount Still Outstanding	Date Forgiveness Made			
2 City Origina Street /	t Address	State				
2 City Origina Borrow Street /	t Address nal Amount of Loan					
2 City Origina Borrow Street	nal Amount of Loan		ZIP			
Origina Borrow Street	nal Amount of Loan		ZIP		I	
Borrow Street		Amount Shill Outstand				
Street ,	wer Name	Amount Still Outstanding	L	-		
3		Borrower Name				
3 City	t Address	I				
		State	ZIP			
Origina	nal Amount of Loan	Amount Still Outstanding				
Borrow	Iorrower Name		Date Forgiveness Made			
Street	t Address					
4 City		Slate	ZIP			
Origina	nal Amount of Loan	Amount Still Outstanding		_		
Borrow	wer Name		Date Forgiveness Made			
Street	Street Address					
5 city		State	ZIP			
Origina	Original Amount of Loan Amount Still Outstanding		L			
Entei (trans	er total only if last page of schedule sfer the total disbursed this period to "Sum	nmary of Disbursem	nents," line 3(c))			
		Sebo	dule B(3)(c), page	of		



COMMITTEE ID NUMBER

SCHEDULE B(3)(d)

	Lender Information			Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name	<u>, and a supervision of the supe</u>	Date Repayment Made			
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	nding			
-	Lender Name		Date Repayment Made			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	Inding			
	Lender Name		Date Repayment Made			
3	Street Address					
	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstz	unding			
	Lender Name	I	Date Repayment Made			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outst	anding			
	Lender Name		Date Repayment Made		-	
	Street Address	Streat Address				
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outst	anding			
	Enter total only if last page of so (transfer the total disbursed this per	chedule iod to "Summary of Disb	ursements," line 3(d))	1		
						L <u></u>



COMMITTEE ID NUMBER

SCHEDULE B(3)(e)

ACCRUED	INTEREST	ON LOANS	RECEIVED:

Lender Information				Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Interest Accrued			
	Street Address			- <b>-</b>		
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	- <u> </u>			
	Lender Name	. F	Date Interest Accrued			
	Street Address		-			
2	City	State	ZIP			
	Original Amount Borrowed Amount Still Outstanding					
	Lender Name	.1	Date Interest Accrued			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name	- <b>J</b>	Date Interest Accrued			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name	1	Date Interest Accrued			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	mmary of Disburse	ments," line 3(e))	1		
	https://www.energian.com/anergian.com/anergian.com/anergian.com/anergian.com/anergian.com/anergian.com/anergian					



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

#### STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

SCHEDULE B(4)

/	Rec	ipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cyc
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
1	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			l
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			l
	Name of Original Payor	L	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	1	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	<u>I</u>	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	edule	sements " line (1)			



SCHEDULE B(5)(a)

#### IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

Candidate Committee Recipient Information				Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name Street Address					
1		·····				
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	ution Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
-	Committee ID Number	Date In-Kind Contrib	ution Made			
_	Committee Name	I				
	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	Date In-Kind Contrib	ution Made			
+	Committee Name					
	Street Address					
5	City	State	ZIP			
-	Committee ID Number Date In-Kind Contribution Made					
	Enter total only if last page of so (transfer the total disbursed this perior	hedule od to "Summary of Disbur	sements," line 5(a))			
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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

	Political Action	Committee Recipien	t Information	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cycl
	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contri	bution Made			
	Committee Name	I				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Made			
	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Made			
	Committee Name					
	Street Address					
ł	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ibution Made			
_	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number Date In-Kind Contribution Made					
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 5(b))						
<b>ل</b> ىد.		······				



SCHEDULE B(5)(c)

IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

/	Political Party R	ecipient Informati	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number Date In-Kind Contribution Made					
	Committee Name	l				
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name	1				
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	mmary of Disbursen	nents," line 5(c))			
$\setminus$		Sche	edule B(5)(c), page of			/



COMMITTEE ID NUMBER

SCHEDULE B(5)(d)

	Partners	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
T	Partnership Name Street Address					
-						
	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 Contribution Made					
-	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cor	ntribution Made			
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cor	ntribution Made			
-	Partnership Name					
5	Street Address					
	City	State	ZIP			
	Corporation Commission File Number Date In-Kind Contribution Made					
	Enter total only if last page of scl (transfer the total disbursed this perio	hedule d to "Summary of Dis	bursements," line 5(d))			
-	L'	- -	Schedule B(5)(d), pa			



SCHEDULE B(5)(e)

IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

/	Corporation / LLC	Recipient Informa	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	l Made			
	Corporation/LLC Name	<b>I</b>				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number					
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Corporation/LLC Name					
5	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number Date In-Kind Contribution Made					
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sun	nmary of Disbursem	ents," line 5(e))			
		Sch	nedule B(5)(e), page c	of		



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

#### STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

SCHEDULE B(5)(f)

	Labor Organ	ization Recipient Info	rmation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Labor Organization Name Street Address				Reporting Period	Election Cyt
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	tion Made			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	ution Made			
	Labor Organization Name		,			
	Street Address					
3	City State ZIP					
	City					
	Corporation Commission File Number	Date In-Kind Contrib				
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	ution Made			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number Date In-Kind Contribution Made					
	Enter total only if last page of scl (transfer the total disbursed this peric	nedule d to "Summary of Disbu	rsements," line 5(f))			
	p					L



SCHEDULE B(6)

#### INDEPENDENT EXPENDITURES MADE:

	Expenditure	Recipient Informa	ition	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cycl
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (i	ncluding % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	– □ Credit		
-	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
2	City	State	ZIP			
	Candidate(s) Supported (including % supported) Candidate(s) Opposed (in		ncluding % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	Credit		
	Recipient Name	<u> </u>	Mode of Advertising (TV, mail, etc)			
	Street Address		-			
3	City	State	ZIP	-		
	Candidate(s) Supported (including % supported) Candidate(s) Opposed (inc		Including % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	Credit		
+	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address					
ŀ	City	State	ZIP			
	Candidate(s) Supported (Including % supported)	Candidate(s) Opposed (Including % opposed)		□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	Credit		
	Enter total only if last page of schedul (transfer the total disbursed this period to "S	Le Summary of Disburs	ements," line 6)	1		



COMMITTEE ID NUMBER

#### BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

	Expenditure F	Recipient Informatio	ิก	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name Mode of Advertising (TV, mail, etc)					
	Street Address					
1	City	State	ZIP	-		
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(including % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		- □ Credit		
	Reciptent Name	I	Mode of Advertising (TV, ma≋, etc)			
	Street Address			1		
2	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed (including % of		(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	<u></u>				
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	I	Mode of Advertising (TV, mail, etc)			
	Street Address			-		
4	City	State	ZIP	1		
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	 I (including % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	bate of First Publication, Display, Delivery, or Broadcast Election Month/Year				
	Enter total only if last page of schedul (transfer the total disbursed this period to "3	e Summary of Disburse	ments," line 7)			



COMMITTEE ID NUMBER

SCHEDULE B(8)

RECALL	EXPENDITUR	RES MADE

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



COMMITTEE ID NUMBER

SCHEDULE B(9)

SUPPORT PROVIDED TO PARTY NOMINEES (POLITIC	CAL PARTIES ONLY):
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	Benefitt	ed 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					
	Notes:		-			
	Candidate Name		Date Benefit Provided			
	Street Address		1	-		
2	City	State	ZIP			
	Type of Benefit Provided	<u></u>				
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
3	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
-	Candidate Name		Date Benefit Provided			
	Street Address	Street Address				
4	City	State	ZIP	_		
	Type of Benefit Provided					
	Notes:					
	Enter total only if last page of schedul (transfer the total disbursed this period to "s	e Summary of Disburse	ments," line 9)			



COMMITTEE ID NUMBER

SCHEDULE B(10)

/	Recipient	Committee Infor	mation	Payment Amount	Cumulative Amount this Reporting Period	Cur Am Elect
	Committee Name Payment Date					
	Street Address					
1	City State ZIP		ZIP			
				□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)	Credit		
	Committee Name		Payment Date			
	Street Address		I			
2	City State		ZIP			
				□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)	Credit		
	Committee Name		Payment Date			
	Streat Address					
3	City	State	ZIP			
				□ Cash		
	Date of Joint Fundralsing Event (if applicable)			Credit		
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
				□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	xpense (if applicable)	Credit		
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundralsing Event (if applicable)	Tune of Chart 4		□ Cash □ Credit		
	Sale of Joint Fundraising Event (II applicable)	t (if applicable) Type of Shared Expense (if applicable)				
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 10)					
$\overline{\ }$					s	



COMMITTEE ID NUMBER

SCHEDULE B(11)

#### REIMBURSEMENTS MADE:

	Recipien	Information		Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Рате					
	Street Address					
1	City	State	ZIP			
	Services or Goods Reimbursed	<u></u>	Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
2			ZIP			
	City			□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	Credit		
	Name					
3	Street Address					
	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
4	Street Address					
	City	State	ZIP			1
	Services or Goods Relimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
5	Street Address					
	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	mmary of Disbu	ursements," line 11)			



COMMITTEE ID NUMBER

SCHEDULE B(12)

OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:
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	Debt	nformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Type of Account Payable or Debt Owed	1	Date that Debt Accrued			
-	Name					
	Street Address					
2	City	State	ZIP	-		
	Type of Account Payable or Debt Owed		Date that Debt Accrued	-		
	Name		<u> </u>			
	ireet Address					
3	City	Slale	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name		1			<del>, , , , , , , , , , , , , , , , , , , </del>
	Street Address					
4	City	State	ZIP	_		
	Type of Account Payable or Debt Owed	1	Date that Debt Accrued	_		
	Name					
ŀ	Street Address			_		
5	Cily	State	ZIP			
	ype 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 "Surr	mary of Disbursem	ents," line 12)			



COMMITTEE ID NUMBER

#### TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

	Cumulative Amount this Reporting Period	Cumulative Amount this Electior 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)		

Schedule B(13), page____ of ____



COMMITTEE ID NUMBER

SCHEDULE B(14)

#### MISCELLANEOUS DISBURSEMENTS:

	Recipier	nt Informatior	1	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Name					<u> </u>
1	Street Address					
	City	State	ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
2	City	State	ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
	City	State	ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name	<u></u>				••••
4	Street Address					
	City	State	ZIP			
	Disbursement Type	1	Disbursement Date	□ Cash □ Credit		
	Name		I			
_	Street Address					
	City	State	ZIP			
	Disbursement Type Disbursement Date		□ Cash □ Credit			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	Immary of Diet	pursements." line 14)	L		



#### AGGREGATE OF DISBURSEMENTS - \$250 OR LESS:

SCHEDULE B(15)

Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle

Schedule B(15), page____ of ____