APR 1 2024

CITY OF CHANDLER CITY CLERK



C17-09

COMMITTEE INFORMATION (required):

	Committee Information:	Committee Name:	RICK HEUMANN 20 COUNCIL	
CANDIDA	TE INFORMATION (only if filing	as a candidate comn	nittee):	
	Office Sought:	☐ County Office:		☐ Special District Office:
		☑ City/Town Office	: CHANDLER	☐ School Board District:
	Cumulative Report:			
	☐ Check here if this is the ca	andidate committee's t	first, cumulative report for the election cycl	e. Also select appropriate Reporting Period below.
	Cumulative reporting period s	start date (which supe	ersedes the start date for the Reporting F	Period selected below):
REPORT	ING PERIOD (check one):			

_	DEDORTING DEDICE	DEDORT DUE
	REPORTING PERIOD	REPORT DUE
	2023 March Pre-Election Report (Local Only): January 1, 2023 to February 25, 2023	February 26, 2023 to March 4, 2023
	2023 March Post-Election (Q1) Report (Local Only): February 26, 2023 to March 31, 2023	April 1, 2023 to April 15, 2023
	2023 Quarter 1 Report: January 1, 2023 to March 31, 2023	April 1, 2023 to April 17, 2023
	2023 May Pre-Election Report (Local Only): April 1, 2023 to April 29, 2023	April 30, 2023 to May 6, 2023
	2023 May Post-Election (Q2) Report (Local Only): April 30, 2023 to June 30, 2023	July 1, 2023 to July 15, 2023
	2023 Quarter 2 Report: April 1, 2023 to June 30, 2023	July 1, 2023 to July 17, 2023
	2023 August Pre-Election Report (Local Only): July 1, 2023 to July 15, 2023	July 16, 2023 to July 22, 2023
	2023 August Post-Election (Q3) Report (Local Only): July 16, 2023 to September 30, 2023	October 1, 2023 to October 16, 2023*
	2023 Quarter 3 Report: July 1, 2023 to September 30, 2023	October 1, 2023 to October 16, 2023*
	2023 November Pre-Election Report (Local Only): October 1, 2023 to October 21, 2023	October 22, 2023 to October 28, 2023
	2023 November Post-Election (Q4) Report (Local Only): October 22, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
	2023 Quarter 4 Report: January 1, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
	2024 March Pre-Election Report (Local Only): January 1, 2024 to February 24, 2024	February 25, 2024 to March 2, 2024
	2024 March Post-Election (Q1) Report (Local Only): February 25, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
✓	2024 Quarter 1 Report: January 1, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
	2024 May Pre-Election Report (Local Only): April 1, 2024 to May 4, 2024	May 5, 2024 to May 11, 2024
	2024 May Post-Election (Q2) Report (Local Only): May 5, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
	2024 Quarter 2 Report: April 1, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
	2024 August Pre-Primary Election Report: July 1, 2024 to July 20, 2024	July 21, 2024 to July 27, 2024
	2024 August Post-Primary Election (Q3) Report: July 21, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
	2024 Quarter 3 Report: July 1, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
	2024 November Pre-General Election Report: October 1, 2024 to October 19, 2024	October 20, 2024 to October 26, 2024
	2024 November Post-General Election (Q4) Report: October 20, 2024 to December 31, 2024	January 1, 2025 to January 15, 2025
	Final Campaign Finance Report Prior to Committee Termination: End of Previous Period through Today's Date	Same Date of Termination
	*Reporting deadline extended to next business day if deadline date is a holiday or Sunday. A.R.S. §§§ 1-24	3(A), 1-301 and 1-303.

FINANCIAL SUMMARY (required):

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)	\$ 6,379.64	
(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	
Check here if filing no financial activity during the reporting period. Lines (a)-(d) still must I following page need to be filed.	pe completed, but only this	cover page and the



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		04/01/2024
Printed Name of Committee Treasurer	Signature of Committee Treasurer	Date



SUMMARY OF RECEIPTS (Schedule A):

/	Receipts	Cash	Equity
1.	Monetary Contributions Received		
	(a) In-State Individuals - More than \$100		
	(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)		Berlin and an analysis of the second
	(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(l) from 1(k))		
2.	Loans		
	(a) Loans Received		
	(b) Forgiveness on Loans Received	Experience and made to place and an arm	
	(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 In-Kind Contributions Received		
5.			The state of the s
	(a) In-State Individuals - More than \$100		
	(b) In-State Individuals - \$100 or Less (Aggregate) (c) Out-of-State Individuals		
	(d) Candidate Committees		
	(e) Political Action Committees		
	(f) Political Parties		
	(g) Partnerships		
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(i) Labor Organizations (PACs & Political Parties Only)		
	(j) Candidate's Personal Assets or Property (Candidate Committees Only)		
	(k) In-Kind Contributions Subtotal (equity: add 5(a) through 5(j))		
6.	In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
7.	Extensions of Credit		
	(a) Extensions of Credit Received		
	(b) Payments on Extensions of Credit Received		
	(c) Net Extensions of Credit (subtract 7(b) from 7(a))		
8.	Joint Fundraising / Shared Expense Payments Received		
9.	Payments Received for Goods / Services		
10.		1998 (1998) 1998 (1998) 1998 (1998) 1998 (1998) 1998 (1998) 1998 (1998) 1998 (1998) 1998 (1998) 1998 (1998) 19	
	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity asapplicable)		
12.	Miscellaneous Receipts (use cash and/or equity asapplicable) Total Receipts (cash: add 1(m), 2(e), 3-4, 8-9, 11-12; equity: add 2(b), 5(k), 6-7(c), 10-12)		



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)	La Riversia de la Carte de la	
	(g) Monetary Contributions Subtotal (add 2(a) through 2(f))		
	(h) Contribution Refunds Provided to the Reporting Committee		
	(i) Monetary Contributions Total (subtract 2(h) from 2(g))		
3.	Loans		
	(a) Loans Made		
	(b) Loan Guarantees Made		
	(c) Forgiveness on Loans Made		
	(d) Repayment of Loans Received		
	(e) Accrued Interest on Loans Received		
	(f) Total Loans (cash: add 3(a), 3(d) & 3(e); equity: add 2(b) & 2(c))		
4.	Rebates and Refunds Made (Non-Contributions)		
5.	Value of In-Kind Contributions Provided		1/45/大学等5/1/1912/4-1/1
	(a) Candidate Committees		
	(b) Political Action Committees		Transactions at the
	(c) Political Parties		
	(d) Partnerships		
	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)	ye maxiya gyana	******
	(f) Labor Organizations (PAC & Political Parties Only)		
	(g) Contributions Subtotal (add 5(a) through 5(f))		AND THE STATE OF T
6.	Independent Expenditures Made		
7.	Ballot Measure Expenditures Made	***************************************	
8.	Recall Expenditures Made		
9.	Support Provided to Party Nominees (Political Parties Only)		
10.	Joint Fundraising / Shared Expense Payments Made		
11.	Reimbursements Made		
12.	Outstanding Accounts Payable / Debts Owed by Committee		The state of the s
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)		



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

SCHEDULE A(1)(a)

/		Individual Contributor Information	on	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		Date Contribution Received			
	Street Address	Abdition				
3	City	State	ZIP			
-	Occupation	Employer				
	Name		Date Contribution Received			
-	Street Address					
4	City	State	ZIP			
-	Occupation	Employer				
	Name		Date Contribution Received			
-	Street Address					
5	City	State	ZIP			
- 1	,					
-	Оссираtiоп	Employer		1		

 * 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))		

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

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



MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

/	Individual Con	tributor Informatio	on	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	<u></u>	Date Contribution Received			
f	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name	<u> </u>	Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer	<u> </u>			
_	Enter total only if last page of schedule (transfer the total received this period to "Sun	nmary of Receipts,"	line 1(c))			



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

Candidate (Committee Contributor	Information	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name			No. 100 100 100 100 100 100 100 100 100 10		
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution	Received			
Committee Name					CONTINUE CAME AND ADDRESS CONTINUES
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution	Received			
Committee Name			Make a second control of the second control		
Street Address	ATT - 1-1				
City	State	ZIP			
Committee ID Number	Date Contribution	Received	And the state of t		
Committee Name	PANTINIST INTO MATERIA.	2012/A.A	***************************************		
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution	Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution	Received			
	Committee Name Street Address City Committee ID Number Committee ID Number City Committee ID Number Committee ID Number Committee ID Number Street Address City Committee ID Number Committee Name Street Address City Committee ID Number Committee ID Number	Committee Name Street Address City State Committee ID Number Date Contribution Committee ID Number Date Contribution Committee ID Number Date Contribution Committee Name Street Address City State City State Committee Name Street Address City State Committee ID Number Date Contribution Committee ID Number Date Contribution Committee Name Street Address City State Committee Name Street Address City State Committee Name Street Address City State Committee ID Number Date Contribution Committee ID Number Date Contribution	Street Address City State ZIP Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received City State ZIP Committee ID Number Date Contribution Received	Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received City State ZIP Committee ID Number Date Contribution Received City Date Contribution Received City State ZIP Committee ID Number Date Contribution Received City State ZIP Committee ID Number Date Contribution Received City State ZIP Committee ID Number Date Contribution Received City State ZIP Committee ID Number Date Contribution Received City State ZIP Committee ID Number Date Contribution Received City State ZIP Committee ID Number Date Contribution Received City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received	Reporting Period Concentities Name Street Address Cing State ZiP Concentities Name Street Address Cing State ZiP Concentities Name Street Address Cing State ZiP Concentities Name Concentities Name Cing State ZiP Concentities Name Concentities Name State Address Concentities Name State Address Concentities Name Concentities Name Concentities Name State Address Concentities Name Con

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

/	Political Actio	on Committee Contributo	or Information	Amount Receive	Cumulative d Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address		Andrew Williams			
1	City	State	ZIP			
	Committee ID Number	Date Contribution R	eceived			
	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 R	eceived			
	Committee Name	onavoline verses				
	Street Address					
4	City	State	ZíP			
	Committee ID Number	Date Contribution R	eceived			
	Committee Name					
	Street Address					
- [City	State	ZIP			
5	City					

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

	Politi	cal Party Contributor Info	rmation	Amount Receive	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution R	eceived			
-	Committee Name					
	Street Address			ARTICLE MARKET IN A TO THE PARTY OF THE PART		
2	City	State	ZIP			
	Committee ID Number	Date Contribution F	Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution F	Received			
	Committee Name					
	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 8	Received			
_	Enter total only if last page (transfer the total received this page)	of schedule				



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

,						
/	Partners	hip Contributor Informat	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name		7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
	Street Address	Street Address				
1	Сйу	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ved			
	Partnership Name	L				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ved			
	Partnership Name					
	Street Address		-			
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ved			
	Partnership Name		***************************************			·
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	red			
···	Partnership Name					
	Sireet Address					
5	City .	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Enter total only if last page of sch (transfer the total received this period t	edule	ing 4(g))			
	triansier life total received this period t	o ouninary of Receipts, 1	me (g))			

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



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

Corporation / LLC Contributor Information Amount Received Amount this Amount										
Corporation Commission File Number Composition Commission File Nu	t this	Cumula Amount Election (is	Amount this	Amount Received	nation	ontributor Inform	Corporation / LLC (
Corporation Connelisation File Number Corporation Connelisation File Number Corporation Connelisation File Number Corporation Connelisation File Number Corporation Commission File Number Corporation Commission File Number Corporation Commission File Number Corporation Commission File Number Date Contiluation Received								ation/LLC Name	Corp	
Corporation Commission File Number Date Contribution Received Corporation Commission File Number Corporation Commission File Number Corporation Commission File Number Date Contribution Received Corporation Commission File Number Date Contribution Received Corporation Commission File Number Date Contribution Received Corporation Commission File Number Corporation Commission File Number Date Contribution Received Corporation Commission File Number Corporation Commission File Number Date Contribution Received Corporation Commission File Number Corporation Commission File Number Date Contribution Received								Address	Sire	
Corporation/LLC Name Street Address 2 Chy Corporation Commission File Number Date Contribution Received Sheet Address Date Contribution Received					_	ZIP	State		1 City	
Street Address ZIP Corporation Commission File Number Date Contribution Received						<u>l</u>	Date Contribution Receive	ation Commission File Number	Соп	
City Character Commission File Number Date Contribution Received Corporation/LC Name Corporation/LC Name Contribution Received Corporation/LC Name Corporation/LC Nam		Secretaria de la compositiva della compositiva d						ation/LLC Name	Corp	
Corporation Commission File Number Date Contribution Received Corporation Commission File Number Corporation Commission File Number Date Contribution Received								Address	Stre	
Corporation/LLC Name Sitreet Address City State ZIP Corporation Commission File Number Date Contribution Received City State ZIP City State ZIP Corporation Commission File Number Date Contribution Received City State ZIP Corporation Commission File Number Date Contribution Received City State ZIP Corporation/LLC Name Sitreet Address City State ZIP Corporation/LLC Name Sitreet Address City State ZIP City State ZIP					-	ZIP	State		2 City	
Street Address Corporation/LLC Name Street Address Corporation/LLC Name Date Contribution Received Corporation/LLC Name Street Address City Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address City State ZIP						<u>l</u>	Date Contribution Receive	ation Commission File Number	Corp	
State ZIP								ation/LLC Name	Cor	
City Corporation Commission File Number Date Contribution Received Corporation/LLC Name Street Address City Corporation Commission File Number Date Contribution Received Date Contribution Received City Corporation Commission File Number Date Contribution Received						Street Address				
Corporation/LLC Name Street Address City Corporation Commission File Number Date Contribution Received City Corporation/LLC Name Street Address City Corporation/LLC Name Street Address City State ZIP					-	ZIP	State		3 City	
Street Address City State ZIP Corporation Commission File Number Date Contribution Received Street Address City State ZIP Corporation/LLC Name Street Address City State ZIP City State State ZIP City State ZIP City						l red	Date Contribution Receive	ation Commission File Number	Cor	
4 City State ZIP Corporation Commission File Number Date Contribution Received Corporation/LLC Name Street Address City State ZIP								ation/LLC Name	Cor	
City State ZIP Corporation Commission File Number Date Contribution Received Corporation/LLC Name Street Address City State ZIP Date Contribution Received ZIP					_			Address	Stre	
Corporation/LLC Name						ZIP	State		4 City	
Street Address City State ZIP		l			-	L red	Date Contribution Receive	ation Commission File Number	Cor	
5 City State ZIP								ation/LLC Name	Cor	
City State ZIP		l			-	Street Address				
Corporation Commission File Number Date Contribution Received						ZIP	State		5 City	
		ĺ			-	red	Date Contribution Receiv	ation Commission File Number	Cor	
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(h))					<u> </u>	line 1(h))	mary of Receipts "	r total only if last page of schedule	En	

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

	Labor Organizatio	n Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	1 city	State	ZIP	_		
				1		
	Corporation Commission File Number	Date Contribution Receiv	ed			
r	Labor Organization Name					
	Street Address			-		
2	2 City	State	ZIP			
			<u> </u>			
	Corporation Commission File Number	Date Contribution Receiv	ved			
	Labor Organization Name					
	Street Address		-			
3	City	State	ZIP	_		
			<u></u>			
	Corporation Commission File Number	Corporation Commission File Number Date Contribution Received				
	Labor Organization Name					
	Street Address					
4	1 City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
			, very service and the service			
	Labor Organization Name					
	Street Address				1	
5	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 "Su	mmary of Receipts," l	ine 1(i))			

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

		Candidate Information	1	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			: :
	Occupation	Employer				1
	Name		Date Contribution Received			
	Street Address	A A A A A A A A A A A A A A A A A A A				ı
2	City	State	ZIP			ı
	Occupation	Employer				ı
	Name		Date Contribution Received			
	Street Address					ı
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer		_		
	Name		Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page (transfer the total received this	period to "Summary of Recei	pts," line 1(j))			



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

Contributor Information Amount Refunded Amount this Reporting Period Items State Address Toty Other of Conjust Contributor Date of Conjust Contributor Date of Conjust Contributor Other of Conjust Contributor							
Street Auditories	/	Contrib	utor Information	. 400 000	Amount Refunded	Amount this	Amount this \
1	Γ	Name		Date Contribution Refunded			
Date of Original Contribution Stand Address		Street Address			_		
Name Date Contribution Rehanded City State ZiP	1	1 city	State	ZIP			
Street Address Stre		ID Number (if applicable)		Date of Original Contribution			
City State ZIP		Name		Date Contribution Refunded			Vellegive .
Date of Original Contribution		Street Address					
Name Street Address City ID Number (if applicable) Date Contribution Rehanded Street Address Date of Original Contribution Date Contribution Rehanded Street Address City Dhamber (if applicable) Date of Original Contribution Date Contribution Rehanded Street Address City Dhamber (if applicable) Date of Original Contribution Date of Original Contribution Date of Original Contribution Street Address City State Date Contribution Rehanded	2	2 City	State	ZIP	_		
Street Address To Number (if applicable) Name Street Address To Number (if applicable) Date of Original Contribution Date of Original Contribution Date of Original Contribution Street Address To Number (if applicable) Date of Original Contribution Street Address To Number (if applicable) Street Address Street Address Date On Included		1D Number (if applicable)		Date of Original Contribution	_		
State ZIP		Name		Date Contribution Refunded			
ID Number (if applicable) Date of Original Contribution Date Contribution Retunded Street Address City State ZIP Date of Original Contribution Date Contribution Retunded Street Address Date of Original Contribution Date of Original Contribution Date of Original Contribution Street Address Date of Original Contribution Date of Original Contribution Date of Original Contribution Date of Original Contribution ZIP		Street Address			_		
Name Street Address Date Contribution Refunded	3	3 City	State	ZIP			
Street Address City State ZIP		ID Number (if applicable)		Date of Original Contribution			
A City State ZIP ID Number (if applicable) Date of Original Contribution Date of Original Contribution Date Contribution Refunded Street Address City State ZIP		Name		Date Contribution Refunded			
Date of Original Contribution Date of Original Contribution		Street Address					
Name Date Contribution Refunded	4	4 City	State	ZIP			
Street Address City State ZIP		ID Number (if applicable)		Date of Original Contribution			
5 City State ZIP		Name		Date Contribution Refunded			· · · · ·
City		Street Address					
ID Number (if applicable) Date of Original Contribution	5	City	State	ZIP	-		
		ID Number (if applicable)		Date of Original Contribution			
		Enter total only if last page of schedul (transfer the total received this period to "Si	immary or Receipts,	mie 1(1))	····		



LOANS RECEIVED: SCHEDULE A(2)(a)

_		der Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name	Date Loan Receive	d			
	Street Address					
1	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpo	se? (PACs and Political Parties Only	<u> </u>		
	Lender Name	Date Loan Receive	d			West Control of the C
	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpo	se? (PACs and Political Parties Only			
_	Lender Name	Date Loan Receive	d			THE CONTRACT OF THE CONTRACT O
	Street Address					
3 7	City	State	ZIP			
	Guaranter/Endorser Name	Non-Electoral Purpo	I se? (PACs and Political Parties Only	,		
	Lender Name	Date Loan Receive	d			
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpo	se? (PACs and Political Parties Only			
	Lender Name	Date Loan Receive	d			BOOMS AND THE STATE OF THE STAT
	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpo	se? (PACs and Political Parties Only)			
-	Enter total only if last page of schedu					

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



FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

/	Le	ender Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Forgiveness Received			
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstandi	ng			
	Lender Name		Date Forgiveness Received			
	Street Address	· · · · · · · · · · · · · · · · · · ·				
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstandir	ng	_		
	Lender Name		Date Forgiveness Received			
	Street Address					
3	City	State .	ZIP	_		
	Original Amount of Loan	Amount Still Outstandin	g			
	Lender Name		Date Forgiveness Received			
	Street Address					
4	City	State	ZIP		i	
	Original Amount of Loan	Amount Still Outstanding			THE STATE OF THE S	
\dashv	Lender Name		Date Forgiveness Received			
-	Street Address					
5	City	State	ZIP			
L	Original Amount of Loan	Amount Still Outstanding				

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 Outsta	nding			
	Borrower Name		Date Repayment Received			
	Street Address					
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 Outstanding		anding			
	Borrower Name		Date Repayment Received			
	Street Address	7	<u>,, </u>			
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	anding			
	Волоwег Name		Date Repayment Received			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	anding			
	Enter total only if last page of	schedule riod to "Summary of Recei	(



INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

/	В	orrower Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Interest Accrued			
	Sireet Address	****				
1	City	State	ZiP			
	Original Amount Borrowed	Amount Still Outsta	nding			
	Borrower Name	<u> </u>	Date Interest Accrued			
	Street Address	undertaken				
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	nding			
	Borrower Name		Date Interest Accrued			
	Street Address	- Water Paris William	<u> </u>			
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstan	nding			
	Borrower Name		Date Interest Accrued			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed Amount Still Outstanding		nding			
	Borrower Name		Date Interest Accrued			
5	Street Address					
	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstar	ding			

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

C17-09



STATE OF ARIZONA FRIMINGERE COMPAIGN

COMMITTEE ID NUMBER

/		Payor Information		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
P	Payor Name		Date Rebate/Refund Received	*****		,
	Street Address	V 7 VV 0.000 Andrews	<u> </u>			
1	City	State	ZIP	-		
	Original Purchase Amount	Reason for Refund	d/Rebate	_		
	Payor Name		Date Rebate/Refund Received			Maria de la composição
	Street Address					
2	City	State	ZIP	_		
	Original Purchase Amount	Reason for Refund	₩Rebate	_		
	Payor Name		Date Rebate/Refund Received	White the second		-
	Street Address			_		
3	City	State	ZIP	_		
	Original Purchase Amount	Reason for Refund	d∕Rebate	_		
	Payor Name		Date Rebate/Refund Received			-
	Streel Address			-		
4	City	State	ZIP	-		
	Original Purchase Amount	Original Purchase Amount Reason for Refund/Rebate		_		
	Payor Name		Date Rebate/Refund Received			
	Street Address			-		
5	City	State	ZIP			
	Original Purchase Amount	Reason for Refund	∜Rebate	-		

Schedule A(3), page____ of ____

COMMITTEE	ID	NUMBE	ΞR
-----------	----	-------	----

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

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

Schedule A(4), page____ of ____

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

SCHEDULE A(5)(a)

_	In	dividual Contributor Informa	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address			-		
1	Сііу	State	ZIP	-		
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer		-		
1	Name	0.02200000-0000000000000000000000000000	Date In-Kind Contribution Received			
-	Street Address			-		
3	City	State	ZIP	1		
	Occupation	Employer		-		
	Name		Date In-Kind Contribution Received			
	Street Address			-		
4	City	State	Zib	-		
	Occupation	Employer	100000000000000000000000000000000000000	_		
	Name		Date In-Kind Contribution Received			
	Street Address			_		
5	City	State	ZIP			
-	Occupation	Employer		-		

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).

C17-09

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

SCHEDULE A(5)(c)

/	Candidate Committee	e Contributor Infor	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 In-Kind Contribution	I. Received			
	Committee Name	<u> </u>				
	Street Address		A A A A A A A A A A A A A A A A A A A			
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name		2007-04-04-04-04-04-04-04-04-04-04-04-04-04-			
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address	Michigan & All Indian Association (1997)				
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name	<u> </u>				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	I Received			
		1				

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



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

/	Cano	didate Committee Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address	Street Address				
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name	<u> </u>				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name	L				
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

/	Political Actio	n Committee Contributo	or 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 In-Kind Contrit	oution Received				
	Committee Name	2000 BTORRIANO S - 6000 ANNO BENEVA BANGO BA					
	Street Address						
2	City	State	ZIP				
	Committee ID Number	Date In-Kind Contri	bution Received		-		
	Committee Name					Mysessamay and a same	
	Street Address						
3	City	State	ZIP				
	Committee ID Number	Date In-Kind Contri	bution Received				
	Committee Name						
	Street Address						
4	City	State	ZIP				
	Committee ID Number	Date In-Kind Contri	bution Received				
-	Committee Name						
	Street Address						
5	City	State	ZIP	***************************************			
	Committee ID Number	Date In-Kind Contri	bution Received				
_	Enter total only if last page of (transfer the total received this per	l schedule					

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

	Politi	cal Party Contributor Info	ormation	Amount Receive	Cumulative d Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ribution Received			
	Committee Name					
	Street Address					
2	Сііу	State	ZIP			
	Committee ID Number	Date In-Kind Con	tribution Received		The state of the s	İ
	Committee Name					
	Street Address					l
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Con	tribution Received			I
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Conl	ribution Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ribution Received			
_	Enter total only if last page of (transfer the total received this p	l of schedule				



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

	Partners	hip Contributor Infor	mation	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 Contr	ibution Received	- 0 A MANAGE PAR		
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Received			
	Partnership Name					
	Street Address				1	
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Received			
	Partnership Name			***************************************		Ween development of the second
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Conti	ribution Received			
	Partnership Name					HAMILE AND CONTROL OF THE CONTROL OF
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ribution Received	***************************************		
	Enter total only if last page of sch (transfer the total received this period					

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



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

Corporation / Ll	LC Contributor Inforr	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
poration/LLC Name					
et Address					
	State	ZIP			
poration Commission File Number	Date In-Kind Contribution	n Received			
porationALC Name		1777-1878-1979-1971			
et Address					
	State	ZIP			
poration Commission File Number	Date In-Kind Contribution	n Received			
ooration/LLC Name					
et Address	_				
	State	ZIP			
oration Commission File Number	Date In-Kind Contribution	n Received			
oration/LLC Name		SECTION 100 (100 (100 (100 (100 (100 (100 (100			
et Address					
C-201	State	ZIP			
oration Commission File Number	Date In-Kind Contribution	n Received			
oration/LLC Name					
it Address					
	State	ZIP			
oration Commission File Number	Date In-Kind Contribution	Received	_		
		on Commission File Number Date In-Kind Contribution		on Commission File Number Date In-Kind Contribution Received	on Commission File Number Date In-Kind Contribution Received



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

	Labor Organi	ization Contributor Inf	ormation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name		and the second s			
	Street Address	1117 1417 1417 1417 1417 1417 1417 1417	MANUS			
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	tion Received			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP	- TO ANY ANY AND		
	Corporation Commission File Number	Date In-Kind Contribu	l ution Received			
	Labor Organization Name	OHO OH HI		- 24-1103-96-09-000-040-040-040-040-040-040-040-040-		
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	ution Received			
-	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	ution Received			
	Labor Organization Name					
	Street Address	T-9-4-40-18-47-40-48-48-48-48-48-48-48-48-48-48-48-48-48-				
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	Lution Received	NO. 00.000 CO. 00.000 CO. 00.000		
	Enter total only if last page of sch (transfer the total received this period	nedule to "Summary of Receipts	s," line 5(i))			



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

SCHEDULE A(5)(j)

/	Candid	ate 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				_		
3	Сћу	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address			1		
4	,	State	ZIP	<u> </u> 		
	City	State	211			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address			-		
5	City	State	ZIP			
	Asset or Property Contributed					
	Asset of Property Continuous					
	Enter total only if last page of schedule (transfer the total received this period to "Su	e ummary of Receip	ots," line 5(j))			
			Schedule A(5)(j), page o			

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

SCHEDULE A(6)

		Source Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative ` Amount this Election Cycle
	Name		Date In-Kind Donation Received			
	Street Address					
1	City	State	ZIP	_		
	Type of Item Donated					
_	Name		Date In-Kind Donation Received			
	Street Address			_		
2	City	State	ZIP			
	Type of Item Donated					
_	Name		Date In-Kind Donation Received	MAN (MAN (MAN (MAN (MAN (MAN (MAN (MAN (PROCESSOR BOOK AND
	Street Address					
3	City	State	ZIP			
	Type of Item Donated			_		
_	Name	NYTA-VOLUMENTONIO DALLA-LIVE MARINE, I MARINE MARINE VICTORIO DE CAMBRILLA DE CAMBR	Date In-Kind Donation Received		MATERIAL STATE OF THE STATE OF	
	Street Address	***************************************		_		
ı	City	State	ZIP	_		
	Type of Item Donated			_		
_	4.00					
	Name		Date In-Kind Donation Received			
	Street Address					
	City	State	ZIP			
	Type of Item Donated					
	Enter total only if last page of (transfer the total received this pe	schedule				

Schedule A(6), page_____ of ____



EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

	Credit	or Information		Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Sireet 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		ALL COMMENTS OF THE STREET, TH			
1	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
1	Enter total only if last page of schedule (transfer the total received this period to "Su					

COM	MIT	TEE	ID	NU	JME	BER
-----	-----	-----	----	----	-----	------------

PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

_		r Information		Payment Amount on Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Originally Provided on Credit	Date of Original Extension of Cred	lit little and the second seco			
	Name				CONTRACTOR	
	Street Address					
2	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Crec	fit		
	Name					
	Street Address					
3	City	ZIP				
	Services or Goods Originally Provided on Credit		Date of Original Extension of Cred	lit .		
	Name	:				
	Street Address					
4	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Cred	lit		
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Cred	THE STATE OF THE S		
	Enter total only if last page of school de					
	Enter total only if last page of schedule (transfer the total received this period to "Su	mmary of Rece	ipts," line 7(b))	- Million discourse and the second se		



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor Co	mmittee Information	ı	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address					
1	City	State	ZIP	_		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	e (if applicable)			
	Committee Name		Payment Date			
	Street Address		_			
2	City	State	ZIP			
	Date of Joint Fundraising Event (If applicable)	Type of Shared Expense	e (if applicable)	_		
	Committee Name	www.	Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	e (if applicable)			
	Committee Name		Payment Date			
				_		
,	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)			
5	Committee Name		Payment Date			
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)			
	Enter total only if last page of schedu (transfer the total received this period to ":	ule Summary of Receipts "	line 8)	_1		

PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

	Payor I	nformation		Payment Amount	Cumulative Amount this Reporting Period	Cumulative \ Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name	**************************************				
	Street Address	WITA				
2	City	State	ZIP			
	Services or Goods Purchased		Payment Oate			
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Purchased		Payment Oate			
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Purchased		Payment Oate			
_	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 "Sum	Enter total only if last page of schedule transfer the total received this period to "Summary of Receipts," line 9)				



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

/	1	nformation		Amount	Cumulative Amount this	Cumulative Amount this
	Name				Reporting Period	Election Cycle
	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					
			MANAGEMENT OF THE PROPERTY OF			
2	Street Address					
3	City	State	ZIP	-		
	Type of Account Receivable or Debt Owed	Date that Debt Accrued				
	Name		İ			
	Street Address					
4	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Type of recount records of Deat offer					
	Name					
	Street Address	Street Address				
	City	State	ZIP			
5		1	I	ı		



TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Source of Surplus Monies / Recipient of Transferred Debt		
Source of Surplus Monies / Recipient of Transferred Debt		
Source of Surplus Monies / Recipient of Transferred Debt		
Source of Surplus Monies / Recipient of Transferred Debt		
Source of Surplus Monies / Recipient of Transferred Debt		
Total (transfer the total received this period to "Summary of Receipts," line 11)		

Schedule A(11), page____ of ____



MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

_		Source Information		Amount	Cumulative Amount this Reporting Period	Cumulative \ Amount this Election Cycle
	Name					
	Street Address	Street Address				
1	City	State	ZIP			ı
	Receipt Type		Receipt Date			ı
	Name					
	Street Address	- 11-010	MANAGE TATTAN			
2	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
3	City	State	ZIP			
	Receipt Type	I	Receipt Date			
	Name					
	Street Address		<u> </u>			
4	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Receipt Type		Receipt Date			
	Enter total only if last page of so (transfer the total received this period	chedule od to "Summary of Receip	ots," line 12)			

DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

100000000000000000000000000000000000000	Disbursement Di State Non-Electoral Pur	ZIP pose? (PACs and Political Parties Only)	□ Cash □ Credit	Reporting Period	Election Cycle
of Operating Expense Paid t Address of Operating Expense Paid	Non-Electoral Pur Disbursement Di State Non-Electoral Pur	pose? (PACs and Political Parties Only) ate			
t Address of Operating Expense Paid	Non-Electoral Pur Disbursement Di State Non-Electoral Pur	pose? (PACs and Political Parties Only) ate			
t Address of Operating Expense Paid	Non-Electoral Pur Disbursement Di State Non-Electoral Pur	pose? (PACs and Political Parties Only) ate			
t Address of Operating Expense Paid	Disbursement Di State Non-Electoral Pur	ziP			
t Address of Operating Expense Paid	State Non-Electoral Pur	ΖΙΡ			
of Operating Expense Paid	Non-Electoral Pur				
3	Non-Electoral Pur				
3		pose? (PACs and Political Parties Only)			
100000000000000000000000000000000000000			□ Cash □ Credit		
100000000000000000000000000000000000000	Disbursement Da				
	Name Disbursement Oate				
Street Address					
	State	ZIP			
of Operating Expense Paid	Non-Electoral Pur	pose? (PACs and Political Parties Only)	☐ Cash☐ Credit		
,	Disbursement Da	Disbursement Date			
t Address					
	State	ZIP			
of Operating Expense Paid	Non-Electoral Pur	pose? (PACs and Political Parties Only)	□ Cash □ Credit		
2	Oisbursement Da	tte			
		11,100			1
t Address					
	State	ZIP	☐ Cash		
of Operating Expense Paid		Dose? (PACs and Political Parties Only)	Li Credit		
		ursements," line 1)			
•••	Operating Expense Paid	Oisbursement Da Address State Operating Expense Paid \[\text{Non-Electoral Purp} \]	Oisbursement Date Address State ZIP Operating Expense Paid Non-Electoral Purpose? (PACs and Political Parties Only)	Oisbursement Date State ZIP Cash Coperating Expense Paid Non-Electoral Purpose? (PACs and Political Parties Only)	Operating Expense Paid Disbursement Date ZIP Cash Credit Non-Electoral Purpose? (PACs and Political Parties Only)

COMMITTEE	ID	NUMBER
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MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	Candida	te Committee Recipient Int	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address			***************************************		
1	City	State	ZIP	□ Cook		
	Committee ID Number	Date Contribution Ma	de	□ Cash □ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Committee ID Number	□ Credit				
	Committee Name					
3	Street Address		·			
	City	State	ZIP	□ Cash		
	Committee ID Number Date Contribution Made			☐ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Ma	de	□ Credit		
	Committee Name					
	Street Address	3-336-310-00-21-11				
5	City	State	ZIP	□ Cash		
	Committee ID Number	Committee ID Number Date Contribution Made				
	Enter total only if last page o (transfer the total disbursed this	of schedule period to "Summary of Disburs	sements," line 2(a))			
	(transfer the total disbursed this	period to "Summary of Disburs	sements," line 2(a))	e of		



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

	Political Action Commi	ttee Recipient Inf	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative ` Amount this Election Cycle
	Committee Name					
	Streel Address					
	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	100000000000000000000000000000000000000	□ Credit		ı
	Committee Name					
	Street Address					ı
***************************************	City	State	ZIP			ı
	Committee ID Number Date Contribution Made		□ Cash □ Credit			
	Committee Name					
***************************************	Street Address					
***************************************	City	State	ZIP			
	Committee ID Number Dale Contribution Made		□ Cash □ Credit			
	Committee Name					
	Street Address		*************************************			
	City	State	ZIP			
ŀ	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name		W			
	Street Address					
	City State ZIP		ZIP			
ŀ	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 2(b))			
7		initially of Diobardan	10110, 11110 2(0))			



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Politic	cal Party Recipient Infor	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
Committee Name						
	Street Address	***************************************				
	City	State	ZIP			
	Committee ID Number	Date Contribution &	Made	□ Cash □ Credit		
	Committee Narne	I				
	Street Address					
City State ZIP						
	Committee ID Number	Date Contribution I	Made	☐ Cash☐ Credit		
	Committee Name					•
-	Street Address				77	
l	City	State	ZIP			
	Committee ID Number	Date Contribution N	Made	☐ Cash☐ Credit		
	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution N	Made	☐ Cash☐ Credit		
	Committee Name	The state of the s	MODELLA MARKETTA			***************************************
	Street Address					
	Dity	State	ZIP			
	Committee ID Number	Date Contribution N		☐ Cash☐ Credit		
E	Enter total only if last page of transfer the total disbursed this pe	schedule eriod to "Summary of Disbu	rsements," line 2(c))			

MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	hip 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			n-1000000 State and construction to the construction of the constr		
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Partnership Name					
	Street Address					
3	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	VANTO 135 SE SECURIO				
5	City	State	ZIP			
	Corporation Commission File Number	ration Commission File Number Date Contribution Made		□ Cash □ Credit		
	Enter total only if last page of sch (transfer the total disbursed this period	ledule	Ursements " line 2(d))	l		

COMMITTEE	ID	NUMBER

MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation /	LLC Recipient Infor	rmation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address	<u>. , , , , , , , , , , , , , , , , , , ,</u>				
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit		
	Corporation/LLC Name					WARE
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address			<u> </u>		
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	rde	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
-	City	· State	ZIP	□ Cash		
-	Corporation Commission File Number	Date Contribution Ma	Date Contribution Made			
	Corporation/LLC Name					
-	Street Address					
L	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mad	de	☐ Cash☐ Credit		
I	Enter total only if last page of scheo transfer the total disbursed this period to	dule	sements " line 2(e))			



COMMITTEE ID NUMBER	

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Orga	nization Recipient Inform	ation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name				Reporting Feriou	Election Cycle
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
-	Labor Organization Name	200000000000000000000000000000000000000				
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
1	Labor Organization Name		W. L			
	Street Address					
3 -	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		☐ Cash☐ Credit		
	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
1	Labor Organization Name					We see a second
-	Street Address	130/45/44				
-	City	Stale	ZIP			
-	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Enter total only if last page of scl (transfer the total disbursed this perio	hedule	ients " line 2/fi)			·
1	(all all of the control of the police	a to Cumillary of Disburson	icito, mic z(i))			



CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

Contributo	r Information		Amount Refunded	Cumulative Amount this	Cumulative Amount this
Committee Name				Reporting Period	Election Cycle
		Date Refund Received			l
Street Address			_		
City	State	ZIP			
Committee ID Number		Date of Original Contribution	-		
Committee Name		Date Refund Received			-
Street Address			-		
City	State	ZIP	-		
Committee ID Number		Date of Original Contribution			
Committee Name		Date Refund Received			
Street Address			-		
City	State	ZIP	-		
Committee ID Number		Date of Original Contribution			
Committee Name		Date Refund Received			
Street Address					
City	State	ZIP			
Committee ID Number		Date of Original Contribution	_		
Committee Name		Date Refund Received			
Street Address			-		
City	State	ZIP		William III	
Committee ID Number		Date of Original Contribution			
	Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number Committee Name Street Address City Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number	Committee Name Street Address City State Committee ID Number Committee Name Street Address City State City State City State Committee ID Number Street Address City State	Committee Name Date Refund Received Street Address City State ZIP Committee ID Number Date of Original Contribution Committee Name Street Address City State ZIP Committee ID Number Date of Original Contribution Committee ID Number Date of Original Contribution Committee ID Number Date of Original Contribution Committee Name Date Refund Received Street Address City State ZIP Committee ID Number Date of Original Contribution Committee ID Number Date of Original Contribution Committee ID Number Date of Original Contribution Committee Name Date of Original Contribution Street Address Street Address	Committee Name Street Address City State ZIP Committee ID Number Date of Original Contribution Committee ID Number Date Refund Received Street Address City State ZIP Committee ID Number Date of Original Contribution Date of Original Contribution Committee ID Number Date of Original Contribution Committee Name Committee ID Number	

Schedule B(2)(h), page____ of____

LOANS MADE:

SCHEDULE B(3)(a)

/	B-	orrower 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		A			
	Street Address					
3	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name			- O O O O O O O O O O O O O O O O O O O		
	Street Address				no.	
4	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Enter total only if last page of sch (transfer the total received this period	nedule to "Summary of Receipts	,* line 3(a))			

Schedule B(3)(a), page____of ____



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

	Guarantor Information		Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Guarantor Name					
Street Address					
City	State	ZIP			
Borrower Name	Date Loan Guarante	ed			
Guarantor Name					
Street Address					
City	State	ZIP			
Воггоwer Name	Date Loan Guarante	ed			
Guarantor Name					
Street Address					
City	State	ZIP			
Borrower Name	Date Loan Guarante	ed			
Guarantor Name					
Street Address					
City	State	ZIP			
Borrower Name	Date Loan Guarante	ed			
Guarantor Name		. 19141111111111111111111111111111111111			
Street Address	A TOTAL OF THE STATE OF THE STA	A AL-AND POWER PROPERTY OF THE PARTY OF THE			
City	State	ZIP			
	Date Loan Guarante				
	Guarantor Name Street Address City Borrower Name Guarantor Name Street Address City Borrower Name Guarantor Name Street Address City Borrower Name City Borrower Name Guarantor Name Street Address City Street Address	Street Address City State Borrower Name Date Loan Guarante Guarantor Name Street Address City State Borrower Name Date Loan Guarante Guarantor Name Street Address City State City State Borrower Name Date Loan Guarante City State Borrower Name Date Loan Guarante Guarantor Name City State Street Address City State Guarantor Name Street Address City State Street Address City State Street Address City State ZIP Borrower Name Date Loan Guaranteed Guarantor Name Street Address City State ZIP Borrower Name Date Loan Guaranteed City State ZIP Borrower Name Date Loan Guaranteed Guarantor Name Street Address City State ZIP Borrower Name Date Loan Guaranteed City State ZIP Borrower Name Date Loan Guaranteed City State ZIP Borrower Name Date Loan Guaranteed Guarantor Name Street Address City State ZIP Guarantor Name Street Address City Date Loan Guaranteed Guarantor Name Street Address City State ZIP Guarantor Name Date Loan Guaranteed Guarantor Name Street Address City State ZIP Borrower Name Date Loan Guaranteed Street Address	Guarantee Name Seed Address City State Outer Address City Outer Address Outer Addr	Guaranter Name Sized Address City State ZiP Berrover Name Date Loan Guaranteed City State ZiP Berrover Name Sized Address City State ZiP Berrover Name Date Loan Guaranteed City State ZiP Sized Address City State ZiP	

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



FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

			1		
Borr	ower Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Borrower Name		Date Forgiveness Made			
Street Address					
СНУ	State	ZIP			
Original Amount of Loan	Amount Still Outstan	ding			
Borrower Name		Date Forgiveness Made			
Street Address					
City	State	ZIP			
Original Amount of Loan	Amount Still Outstand	ding			
Borrower Name		Date Forgiveness Made			
Street Address					
City	State	ZIP			
Original Amount of Loan	Arnount Still Outstand	ding			
Воггоwer Name		Date Forgiveness Made			
Street Address					
City	State	ZIP			
Original Amount of Loan	Amount Still Outstand	ding			
Borrower Name		Date Forgiveness Made		A CONTRACTOR OF	The Commission of the Commissi
Street Address					
City	State	ZIP			
Original Amount of Loan					
	Borrower Name Street Address City Original Amount of Loan Borrower Name Street Address City Original Amount of Loan Borrower Name Street Address City Original Amount of Loan Borrower Name Street Address City Original Amount of Loan Borrower Name Street Address City Street Address City Original Amount of Loan Borrower Name Street Address City Original Amount of Loan	Street Address City State Original Amount of Loan Amount Still Outstand Borrower Name Street Address City State Original Amount of Loan Amount Still Outstand Borrower Name Street Address City State Original Amount of Loan Amount Still Outstand Borrower Name Street Address City State Original Amount of Loan Amount Still Outstand Borrower Name Street Address City State Street Address City State Original Amount of Loan Amount Still Outstand Borrower Name Street Address	Borrower Name Street Address City State ZIP Original Amount of Loan Amount Sill Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Sill Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Sill Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Sill Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Sill Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Sill Outstanding Date Forgiveness Made	Street Address City State ZIP Original Amount of Loan Borrower Name Cale Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Sill Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Sill Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Sill Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Sill Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Sill Outstanding Date Forgiveness Made	Borrower Information Amount Forgiven Reporting Period Street Address City State ZIP Criginal Amount of Losin Amount Still Outstanding Borrower Name Date Forgiveness Made Direct Address City State ZIP Original Amount of Lean Amount Still Outstanding Borrower Name Date Forgiveness Made Date Forgiveness Made Street Address City State ZIP Original Amount of Lean Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Lean Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Lean Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Lean Amount Still Outstanding Borrower Name Date Forgiveness Made

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			man
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsi	tanding			
	Lender Name		Date Repayment Made			
	Street Address		_			
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outst	tanding			
	Lender Name		Date Repayment Made			
	Sireet Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outst	anding			
	Lender Name		Date Repayment Made			
	Street Address	A Physical Action (Control of the Control of the Co				
4	City	State	ZIP		ĺ	
	Original Amount Borrowed	Amount Still Outst	anding			
	Lender Name		Date Repayment Made			
	Street Address				1	
	City	State	ZIP		77.14	
	Original Amount Borrowed	Amount Still Outsta	anding			
	Enter total only if last page of a	schedule				



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

		ender Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Interest Accrued			
	Street Address		I			
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outst	landing			
	Lender Name		Date Interest Accrued			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outst	landing			
	Lender Name		Date Interest Accrued			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outst	tanding			
	Lender Name		Date Interest Accrued			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsi	tanding			
	Lender Name		Date Interest Accrued			***************************************
	Street Address				and the second s	
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsl	tanding			
	Enter total only if last page of sch (transfer the total disbursed this perio	nodulo.		I.		

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 this Election Cycle
	Name of Original Payor	· · · ·	Date Rebate/Refund Made			
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
_	Name of Original Payor		Date Rebate/Refund Made	and the second s		
	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			\dashv		
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	dule				
	(transfer the total disbursed this period	to "Summary of Disburs	ements," line 4)			

Schedule B(4), page____ of ____

IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/	Ward Street Control of the Control o	e Committee Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address		, , , , , , , , , , , , , , , , , , , ,			
1	Спу	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	on Made			
	Committee Name	,	P0000000000000000000000000000000000000			
	Street Address		Hardward			
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contributi	on Made			
	• On the second		W-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contributi	on Made			
	Committee Name					±
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contributi	on 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	f schedule period to "Summary of Disburse	ements " line 5/a\\			

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

					_
Political Action Comr	nittee Recipient Inf	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Made			
Committee Name					
Street Address		ANALYSIA AND ANALYSIA ANALYSIA ANALYSIA ANALYSIA ANALYSIA ANALYSIA ANALYSIA ANALYSI			
Сйу	State	ZIP			
Committee ID Number	Date In-Kind Contribution	I Made			
Committee Name	1				
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	l Made			
Committee Name		- Comments (Control of Control of			
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Made			
Committee Name	1				
Street Address					
City	State	ZIP			į
Committee ID Number	Date In-Kind Contribution	Made			
Enter total only if last page of schedule (transfer the total disbursed this period to "Si	ımmary of Disbursen	лепts," line 5(b))			
	Committee Name Street Address City Committee ID Number Street Address City Committee ID Number Committee Name Street Address City Committee ID Number City Committee ID Number Committee ID Number Street Address City Committee Name Street Address City Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number	Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution Committee ID Number Street Address City State Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution Committee Name Street Address City State Committee ID Number Date In-Kind Contribution	Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee Name ZIP Committee Name Street Address Street Address Street Address Street Address Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made	Contributed Committee Name Size of Address City State City State Committee ID Number Political Action Committee Recipient Information Contributed Contrib	

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

	Political Party Re	ecipient Informati	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
ŀ	Street Address					
1	City	State	ZIP	_		
	Committee ID Number	Date In-Kind Contribution	<u> </u> Made			
	Committee Name		The second secon			
	Street Address		WATER			
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	<u> </u> Made	_		
	Committee Name					
	Street Address		WWW.W. 1944			
3	City	State	ZIP	_		
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name	L				PP COLUMN TO THE CONTROL OF THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO
	Street Address					
4	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Made		THE PARTY OF THE P	
	Committee Name	L				Commence of the Commence of th
	Street Address					
5	City	State	ΖΙΡ			
	Committee ID Number	Date In-Kind Contribution	Made	-		
+	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur					



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

Stree 1 City Corp Partr Stree 2 City Corp Stree 3 City Corp Partr Stree 4 City	thership Name eet Address poration Commission File Number thership Name	State State State Date In-Kind Contribution	ZIP	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Stree 1 City Corp Partr Stree 2 City Corp Stree 3 City Corp Partr Stree 4 City	poration Commission File Number tnership Name	Date In-Kind Contribution	l Made			
Corp Partr Stree Corp Partr Stree Corp Partr Stree A City Corp	poration Commission File Number tnership Name	Date In-Kind Contribution	l Made			
Corp Partr Stree Corp Partr Stree Corp Stree Corp Corp Corp Corp	poration Commission File Number Inership Name Set Address	Date In-Kind Contribution	l Made			
Partr Stree 2 City Corp Partr Stree 3 City Corp Partr Stree 4 City	tnership Name eet Address	State				
2 City Corp Partr Stree Corp Partr Corp Corp Corp	bet Address		ZIP			
Corp Partr Stree Corp Partr Corp Corp Corp Corp Corp Corp	(ZIP			
Corp Partr Stree Grap Partr Corp Partr Corp Partr Corp			ZIP			
Partr Stree 3 City Corp. Partn Stree 4 City	poration Commission File Number	Data la Kind Contribution			T TO THE TOTAL TOT	
Stree 3 City Corp Partn Stree 4 City		Date In-Kind Contribution	n Made			
3 City Corporate Partner Street 4 City	tnership Name					
Corp. Corp. Partn Stree 4	et Address				1	
Stree 4		State	ZIP			
Stree City	poration Commission File Number	Date In-Kind Contribution	I n Made	_		
4 City	inership Name					
City	et Address	A-04-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		-		
Corpo		State	ZIP			
	poration Commission File Number	Date In-Kind Contribution	Made			
Partn	nership Name					
Stree	et Address					
5 City		State	ZIP	-		
Corpo		<u> </u>	Made	-		
Ente (tran	oration Commission File Number	Date In-Kind Contribution				

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

IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

	Corporation	/ LLC Recipient Inform	mation	Amou Contribu	الممد	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					Reporting Period	Election Cycle
	Street Address	Street Address					
1	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contributi	on Made			:	
	Corporation/LLC Name					\$100 h 100 h	
	Street Address						
2	Сіту	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contribut	ion Made	-			
	Corporation/LLC Name						
	Street Address						
3	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contribut	ion Made				
	Corporation/LLC Name						
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contribut	ion Made				
	Corporation/LLC Name		7/0-7/0				
	Street Address						
5	City	State	ZIP			TO THE PARTY OF TH	
	Corporation Commission File Number	Date In-Kind Contribut	ion Made				
	Enter total only if last page of sch (transfer the total disbursed this period	edule					

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

IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

_	Labor Orga	nization Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address		1646			
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Made			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Made			
	Labor Organization Name	1.5 (2.104)				
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributio	n Made			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			

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



INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

	Expenditure I	Recipient Informati	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			MANAGONA (A CONTRACTO CONT
	Street Address					
1	City	State	ZIP	-		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (incl	luding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		- □ Credit		
tana a	Recipient Name	J.	Mode of Advertising (TV, mail, etc)			
	Street Address			_		
2	City	State	ZIP			
	Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % supported)		Luding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP			
	Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % supported)		luding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
4	City	State	ZIP	-		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (inci	luding % 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 "	e Summary of Disburse	ments," line 6)			

COMMITTEE	ID NUMBER

BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

_	Expenditure	Recipient Informati	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative \ Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address	<u>.l.,,</u>				
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		
	Recipient Name	<u> </u>	Mode of Advertising (TV, mail, etc)			
	Street Address			-		
2	City	State	ZIP	-		
	Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Oppose		(including % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
	Recipient Name	<u> </u>	Mode of Advertising (TV, mail, etc)		•	
	Street Address					
3	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed (including % supported)		(including % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Election Month/Year			☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
-	Street Address		<u> </u>			
4	City	State	ZIP			
ļ	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		
	Enter total only if last page of schedule))				
(transfer the total disbursed this period to "S					



RECALL EXPENDITURES MADE: SCHEDULE B(8)

	Expenditure f	Recipient Informatio	on .	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative \ Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
ľ	Street Address			-		
	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Reca	alled	_ ☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
ŀ	Street Address					
	City	State	ZIP	-		
	Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recall Order?		alled	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		☐ Credit		
1	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		J		:	
	City	State	ZIP			
l	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		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
	City	State	ZIP	-		
•	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Recalled		☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		_ □ Credit		
	Enter total only if last page of schedul	e Summary of Disbursen	nents," line 8)			



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

	Candidata Nama	Benefitted Candida		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Candidate Name		Date Benefit Provided			
	Street Address					
1	City	State	ZIP			
	Type of Benefit Provided	necessary and the second		Parameter Control of the Control of		
	Notes:		***************************************	_		
	Candidate Name	MANAGE TO STATE OF THE STATE OF	Date Benefit Provided			
	Street Address	······································		_		
	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name	Mary 11 (1997)	Date Benefit Provided			
	Street Address					
	City	State	ZIP			
	Type of Benefit Provided		I			
	Notes:					
t	Candidate Name		Date Benefit Provided			
	Street Address		I			
	City	State	ZIP			
-	Type of Benefit Provided		. I			
-	Notes:					
1	Enter total only if last page of	of schedule	hursements " line 0\	.1		
(Enter total only if last page of (transfer the total disbursed this	of schedule period to "Summary of Dist	bursements," line 9)			



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

_		Committee Informa	 	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address					
	City	State	ZiP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)	☐ Credit		
	Committee Name		Payment Date			- WW
	Street Address					
	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)	□ Credit		
	Committee Name		Payrnent Date			
-	Street Address					
	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expo	ense (if applicable)	☐ Credit		
ļ	Committee Name		Payment Date			
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
-	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)	☐ Cash☐ Credit		
	Enter total only if last page of scheo (transfer the total disbursed this period to	dule of Summary of Disbu	rsements." line 10\			
_	The state of the state of the police of					L



REIMBURSEMENTS MADE:

SCHEDULE B(11)

L	Name			Amount	Amount this Reporting Period	Amount this Election Cycle
	Hante			!		
1 H	Street Address					
'	Сйу	State	ZIP			
S	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
١	Name					
s	Street Address					
2	Cây	State	ZIP			
Si	ervices or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
N	Name		<u></u>			
s	Street Address					
3 0	Dity	State	ZIP		Ì	
Si	rervices or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
N	Name					WASSAMINENIAMANA
s	Street Address					
4 ci	Sity	State	ZIP			
	ervices or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	lame					
L						
	treet Address					
		State	ZIP	☐ Cash		
Se	ervices or Goods Reimbursed		Reimbursement Date	☐ Credit		
Er (tr	nter total only if last page of schedule ransfer the total disbursed this period to "Sum	mary of Disburseme	ents," line 11)			

OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

,	Deb	t Information	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Name					
	Street Address					
1	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
_	Name					
	Street Address					
2	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
_	Name					
	Street Address					
3	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
_	Name					
	Street Address					
4	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name		<u> l</u>			
	Street Address					
5	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued	The state of the s		
	Enter total only if last page of schedu					

Schedule B(12), page____ of ____



TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

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

Schedule A(13), page____ of ____

MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

/	Recipient	Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address	~ ************************************				
1	City	ZIF	D			ı
	Disbursement Type	Di	sbursement Date	□ Cash □ Credit		ı
	Name					***************************************
	Street Address	4.60	Comment of the state of the sta			
2	City	ZIF				
	Disbursement Type	Di	isbursement Oate	☐ Cash☐ Credit		
	Name					
	Street Address					
3	City	ZIF	P			
	Disbursement Type	DI	isbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
4	City	ZII	P			
	Disbursement Type	D	isbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address		·		* Andrews	
5	City	State ZII	P			
	Disbursement Type	D	isbursement Date	☐ Cash☐ Credit		
	Enter total only if last page of schedule					
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	mmary of Disbursemer	nts," line 14)			



AGGREGATE OF DISBURSEMENTS – \$250 OR LESS:

SCHEDULE B(15)

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

Schedule B(15), page____ of

	;