RECEIVED

DEC 26 2024

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

C17-09

CITY OF CHANDLER

COMMITTERINO COMATION	quired):
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	Committee Information:	Committee Name:	Rick Heumann Council 20	
CANE	DIDATE INFORMATION (only if fil	ing as a candidate comn	nittee):	
	Office Sought:	☐ County Office: ☐ City/Town Office	Chandler City Council	☐ Special District Office:
REPO			first, cumulative report for the elections are seed as the start date for the Report	on cycle. Also select appropriate Reporting Period below. rting Period selected below):

_	REPORTING PERIOD	REPORT DUE
	2023 March Pre-Election Report (Local Only): January 1, 2023 to February 25, 2023	February 26, 2023 to March 4, 2023
	2023 March Post-Election (Q1) Report (Local Only): February 26, 2023 to March 31, 2023	April 1, 2023 to April 15, 2023
	2023 Quarter 1 Report: January 1, 2023 to March 31, 2023	April 1, 2023 to April 17, 2023
	2023 May Pre-Election Report (Local Only): April 1, 2023 to April 29, 2023	April 30, 2023 to May 6, 2023
	2023 May Post-Election (Q2) Report (Local Only): April 30, 2023 to June 30, 2023	July 1, 2023 to July 15, 2023
	2023 Quarter 2 Report: April 1, 2023 to June 30, 2023	July 1, 2023 to July 17, 2023
	2023 August Pre-Election Report (Local Only): July 1, 2023 to July 15, 2023	July 16, 2023 to July 22, 2023
	2023 August Post-Election (Q3) Report (Local Only): July 16, 2023 to September 30, 2023	October 1, 2023 to October 16, 2023*
	2023 Quarter 3 Report: July 1, 2023 to September 30, 2023	October 1, 2023 to October 16, 2023
	2023 November Pre-Election Report (Local Only): October 1, 2023 to October 21, 2023	October 22, 2023 to October 28, 2023
	2023 November Post-Election (Q4) Report (Local Only): October 22, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
	2023 Quarter 4 Report: October 1, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
	2024 March Pre-Election Report (Local Only): January 1, 2024 to February 24, 2024	February 25, 2024 to March 2, 2024
	2024 March Post-Election (Q1) Report (Local Only): February 25, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
	2024 Quarter 1 Report: January 1, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
	2024 May Pre-Election Report (Local Only): April 1, 2024 to May 4, 2024	May 5, 2024 to May 11, 2024
	2024 May Post-Election (Q2) Report (Local Only): May 5, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
	2024 Quarter 2 Report: April 1, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
	2024 July Pre-Primary Election Report: July 1, 2024 to July 13, 2024	July 14, 2024 to July 20, 2024
	2024 July Post-Primary Election (Q3) Report: July 14, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
	2024 Quarter 3 Report: July 1, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
	2024 November Pre-General Election Report: October 1, 2024 to October 19, 2024	October 20, 2024 to October 26, 2024
,	2024 November Post-General Election (Q4) Report: October 20, 2024 to December 31, 2024	January 1, 2025 to January 15, 2025
	Final Campaign Finance Report Prior to Committee Termination: End of Previous Period through Today's Date	Same Date of Termination

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	



COMMITTEE ID NUMBER

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.



SUMMARY OF RECEIPTS (Schedule A):

	Receipts	Cash	Equity
1.	Monetary Contributions Received		Thinks I was a little
	(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)		
	Bull carried and the same constraints and the same and th		
_	(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		
	(c) Repayment on Loans Made		
	(d) Interest Accrued on Loans Made		OF MESSAGE HAVE I
	(e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))		
S	Rebates and Refunds Received		CAN THE SECOND
	Interest Accrued on Committee Monies		
5,	In-Kind Contributions Received		
	(a) In-State Individuals - More than \$100		
	(b) In-State Individuals - \$100 or Less (Aggregate)		
	(c) Out-of-State Individuals		
	(d) Candidate Committees		
	(e) Political Action Committees		
	(f) Political Parties		
	(g) Partnerships		
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(i) Labor Organizations (PACs & Political Parties Only)		
	(j) Candidate's Personal Assets or Property (Candidate Committees Only)		
	(k) In-Kind Contributions Subtotal (equity: add 5(a) through 5(j))		
	In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
	Extensions of Credit		RAME POTRUMERS
	(a) Extensions of Credit Received		
	(b) Payments on Extensions of Credit Received		
	(c) Net Extensions of Credit (subtract 7(b) from 7(a))		
	Joint Fundraising / Shared Expense Payments Received		
	Payments Received for Goods / Services		
_	Outstanding Accounts Receivable / Debts Owed to Committee		
	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
	Miscellaneous Receipts (use cash and/or equity 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		MINISTER OF THE PARTY OF THE PA
	(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		Land Belleville
	(a) Loans Made		
	(b) Loan Guarantees Made		
	(c) Forgiveness on Loans Made		
	(d) Repayment of Loans Received		
	(e) Accrued Interest on Loans Received		
	(f) Total Loans (cash: add 3(a), 3(d) & 3(e); equity: add 2(b) & 2(c))		
4.	Rebates and Refunds Made (Non-Contributions)		
5.	Value of In-Kind Contributions Provided		
	(a) Candidate Committees		
	(b) Political Action Committees		
	(c) Political Parties		
	(d) Partnerships		
	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		
	(f) Labor Organizations (PAC & Political Parties Only)		
	(g) Contributions Subtotal (add 5(a) through 5(f))		
6.	Independent Expenditures Made		
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		
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)

/		ndividual Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address	Street Address				
5	City	State	ZIP			
	Occupation	Employer				

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

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

COMMITTEE ID NUMBER

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

SCHEDULE A(1)(b)

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

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

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



MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

/	Ind	ividual Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
4	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address			-		
4	City	State	ZIP			
	Occupation	Employer				
	Name	Name				
	Street Address	Street Address				
5	City	State	ZIP			
	Occupation	Employer				
-	Enter total only if last page of (transfer the total received this pe	schedule	2) TRIDAY - 1995, 3333			

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



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

/	Candidate Committee	e Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	od .			
	Committee Name					
	Street Address		 			
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	I ad			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed .			
_	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	L ed			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	nd	-		

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

/		n Committee Contribu	tor Information	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cycl
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution	Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution	Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution	Received			
	Committee Name					
i.	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	mmittee ID Number Date Contribution Received					

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





MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

	Political Party Co	ntributor Informati	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	d			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	d d			
	Committee Name					
	Street Address					
3	City	State	ZIP	-		
	Committee ID Number	Date Contribution Receive	I ad			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number Date Contribution Received					
	Committee Name					
	Street Address			1		
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed .	1		

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

		hip Contributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Rec	eived			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Rec	eived			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Rec	elved			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Reco	lived			
	Partnership Name	Partnership Name				
	Street Address					
5	City	State	ZIP			
- 1	Corporation Commission File Number	Date Contribution Rece	had			

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





MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

	Corporation /	LLC Contributor Infor	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Rece	sived			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Rec	elved			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Rec	elved			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Rec	selved			
Ī	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number Date Contribution Received					

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

/	Labor Orga	nization Contributor	Information	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	n Received			
_	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	n Received			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
	Labor Organization Name					
	Street Address	Street Address				
5	City	State	ZIP			
1	Corporation Commission File Number	Date Contribution	Received		1	

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





MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

	Candidate	Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
1	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			
	Street Address			-		
4	City	State	ZIP	-		
	Occupation	Employer		+		
_	Name		Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer				

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

/		Contributor Informati	on	Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cycle
	Name		Date Contribution Refunded			
	Street Address		'			
1	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
2	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
3	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
4	City	State	ZIP	-		
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address	Street Address				
5	City	State	ZIP	1		
	ID Number (if applicable)		Date of Original Contribution	-		

Schedule A(1)(I), page____ of___





LOANS RECEIVED: SCHEDULE A(2)(a)

/	Lende	er Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name	Date Loan Received				
	Street Address					
1	City	State	ZIP			
	Guarantor/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only)					
7	Lender Name Date Loan Received					
	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)				
	Lender Name	Date Loan Received				
	Street Address					
3	City	State	ZIP			
	Guarantov/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)				
	Lender Name Date Loan Received					
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose?	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address					
5	City	State	ZIP			
0			(PACs and Political Parties Only)	-		

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



FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

/	T	Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cycle
	Lender Name		Date Forgiveness Received			
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan Amount Still Outstanding					
	Lender Name		Date Forgiveness Received			
	Street Address	Street Address				
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address			1		
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding		1		
	Lender Name		Date Forgiveness Received			
	Street Address		<u></u>			
5	City	State	ZIP			
5				1	I I	

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



REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

rower Name eet Address ginal Amount Borrowed rower Name eet Address	State Amount Still Outstandin State Amount Still Outstandin	Date Repayment Received			
ginal Amount Borrowed rower Name set Address ginal Amount Borrowed rower Name	Amount Still Outstandin	Date Repayment Received			
ginal Amount Borrowed rower Name set Address ginal Amount Borrowed rower Name	Amount Still Outstandin	Date Repayment Received			
rower Name set Address glinal Amount Borrowed rower Name	State	Date Repayment Received			
set Address / ginal Amount Borrowed rower Name	100000	ZIP			
ginal Amount Borrowed	100000	ng .			
ginal Amount Borrowed	100000	ng .			
rower Name	Amount Still Outstandin				
		Data Bassassas Bassas da			
eet Address	Borrower Name				
·	State	ZIP			
ginal Amount Borrowed	Amount Still Outstandin	og .	_		
rrower Name	Date Repayment Received				
eet Address					
,	State	ZIP			
ginal Amount Borrowed	Amount Still Outstandin	ପ୍ର	-		
rrower Name		Date Repayment Received			
Street Address			-		
y	State	ZIP	-		
iginal Amount Borrowed	Amount Still Outstandin	ng	-		
g	inal Amount Borrowed ower Name et Address	et Address State Amount Still Outstandir ower Name et Address State Amount Still Outstandir Amount Still Outstandir	et Address State ZIP	et Address State ZIP	et Address State ZIP Inal Amount Borrowed Amount Still Outstanding ower Name Date Repayment Received et Address State ZIP

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



INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

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

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





REBATES AND REFUNDS RECEIVED:

STATE OF ARIZONA FRIMINGERE FOR PAIGN

COMMITTEE ID NUMBER

SCHEDULE A(3)

		Payor Information		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	I/Rebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
2	City	State	ZIP			
	Original Purchase Amount	Reason for Refund	#Rebate			
+	Payor Name		Date Rebate/Refund Received			
	Street Address					
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refund	d/Rebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
4	City	State	ZIP			
	Original Purchase Amount	Reason for Refun	d/Rebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
5	City	State	ZIP			
	Original Purchase Amount	Reason for Refun	d/Rebate			

Schedule A(3), page____ of ___

COMMITTEE ID NUMBER

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Account with Interest Earned (Bank Name / Type of Account)		
Account with Interest Earned (Bank Name / Type of Account)		
Account with Interest Earned (Bank Name / Type of Account)		8
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)

/	Individual Contr	ibutor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address		11			
1	City	State	ZIP			
	Occupation	Employer	Å.			
	Name :	***	Date In-Kind Contribution Received			
	Street Address		<u> </u>			
2	City	State	ZIP			
	Occupation	Employer				
	Name	0	Date In-Kind Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
4	City	State	ZIP	-		
	Occupation	Employer				
	Name	7.	Date in-Kind Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer	1	-		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts."	line 5(a))			

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

Schedule A(5), page____ of ___

COMMITTEE ID NUMBER

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

SCHEDULE A(5)(b)

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

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

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

C17-09

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

SCHEDULE A(5)(c)

				7		
/	Candidate Commi	ttee Contributor Info	ormation	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	n Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	on Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	on Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	on Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contributk	on Received			
-	Enter total only if last page of schedu (transfer the total received this period to "	ıle				

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



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

/		ommittee Contributor	Information	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number					
	Committee Name					
	Street Address					
2	City	State	ZIP	_		
	Committee ID Number	Date In-Kind Cont	ribution Received			
	Committee Name				_	
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
- 1	Committee ID Number	Date In-Kind Contri				

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

Political Action Committ	ee Contributor Int	formation	Amount Received	Cumulative	Cumulative
Committee Name			Amount Received	Amount this Reporting Period	Amount this Election Cycle
	Committee Name				
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution I	Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
Committee Name					
Street Address	et Address				
City	State	ZIP			
Committee ID Number	mittee ID Number Date In-Kind Contribution Received				
Committee Name					
Street Address	-				
City State ZIP			-		
Committee ID Number	Date In-Kind Contribution	Received	-		
	City Committee ID Number Committee Name Street Address City Committee Name Street Address City Committee Name	City State Committee ID Number Date In-Kind Contribution Committee Name 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 Committee ID Number Date In-Kind Contribution Committee Name Street Address City State Committee Name Committee Name Committee ID Number Date In-Kind Contribution Committee Name	Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date in-Kind Contribution Received Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date in-Kind Contribution Received Street Address City State ZIP Committee ID Number Date in-Kind Contribution Received	Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received	Street Address Committee ID Number Committee ID Number Date In-Kind Contribution Received Street Address City State 2IP Committee Name Street Address City State 2IP Committee Name Street Address City State 2IP Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

		cal Party Contributor Inf	ormation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc	
	Committee Name						
	Street Address						
1	City	State	ZIP				
	Committee ID Number	Date In-Kind Con	ribution Received				
	Committee Name						
	Street Address						
2	City	State	ZIP				
	Committee ID Number	Date In-Kind Con	tribution Received				
	Committee Name						
	Street Address						
3	City	State	ZIP				
	Committee ID Number	Date In-Kind Con	ribution Received				
	Committee Name						
	Street Address						
4	City	State	ZIP				
	Committee ID Number	Date In-Kind Conf	ribution Received		-		
	Committee Name						
	Street Address						
5	City	Stale	ZIP				
-	Committee ID Number	Date In-Kind Contr	ibution Received				

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

,						
	Partnership Con	tributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name		, , , , , , , , , , , , , , , , , , , ,			
	Street Address					
1	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address			-		
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 5(g))			

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



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

/	Corporation	/ LLC Contributor	Information	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
Ī	Corporation/LLC Name						
	Street Address						
1	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Cor	stribution Received				
Ī	Corporation/LLC Name						
	Street Address						
2	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Cor	ntribution Received				
1	Corporation/LLC Name						
	Street Address						
3	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Cor	atribution Received				
	Corporation/LLC Name						
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Con	tribution Received				
	Corporation/LLC Name	Corporation/LLC Name					
	Street Address						
5	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Con	tribution Received				

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

	Labor Organi	zation Contributor Infe	ormation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	tion Received			
	Labor Organization Name					
	Street Address					
2	Сііу	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	ution Received			
	Labor Organization Name					
	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					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	ution Received			

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



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

SCHEDULE A(5)(j)

	<u>a</u>	Candidate Info	rmation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	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			Date In-Kind Contribution Received			
	Street Address						
4	City	State	2	ZIP			
	Asset or Property Contributed	Asset or Property Contributed					
1	Name		C	ate In-Kind Contribution Received			
	Sireet Address	ireet Address					
5	City	State	Z	Ib			
	sset or Property Contributed						
-	Enter total only if last page of so (transfer the total received this perio	phodulo					



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

SCHEDULE A(6)

	Source I	nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Date In-Kind Donation Received		Troporting Fortog	Election Cycle	
	Street Address			_		
1	City	State	ZIP			
	Type of Item Donated					
1	Name		Date In-Kind Donation Received			
	Street Address					
2	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Denation Received			
	Street 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					
5	City	State	ZIP			
	Type of Item Donated					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	many of Pegainte	'line 6)			
_	fransier the total received this period to Sun	mary or Receipts,	into 0)			



EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

		Creditor Information	1	Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Services ar Goods Provided an Credit		Date of Extension of Credit			
	Name					
	Street Address					
2	City	State	ZIP			
	Services ar Goods Provided an 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					
	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
t	Name					
-	Street Address	sitreet Address				
-	City	State	ZIP			
100	Services or Goods Provided on Credit		Date of Extension of Credit			
E	Enter total only if last page of sc transfer the total received this period	nedule				

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



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

	Creditor	nformation		Payment Amount on Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Name				
	Street Address					
1	City	State	ZIP			
	Services or Goods Originally Provided on Credit	1	Date of Original Extension of Credit			
1	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Originally Provided on Credit Date of Original Extension of Credit					
_	Name					
	Street Address					
4	City	State	ZIP	-		
	Services or Goods Originally Provided on Credit	Date of Original Extension of Credit	-			
_	Name					
	Street Address	-				
5	City	State	ZIP			
	Services or Goods Originally Provided on Credit	Date of Original Extension of Credit				

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



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

/	Payor C	ommittee Information	on	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
1	Street Address					
	City	State	ZIP			
	Date of Joint Fundralsing Event (if applicable)	Type of Shared Expe	nse (if applicable)			
2	Committee Name	Payment Date				
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	nse (if applicable)			
3	Committee Name		Payment Date			
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exper	nse (if applicable)			
4	Committee Name		Payment Date			
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exper	nse (if applicable)			
7	Committee Name		Payment Date			
	Street Address				1	
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expen	no (d applicable)			



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

Payor Information				Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Nama					
	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					

Schedule A(9), page____ of ____



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

		nformation		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	7		
	Name					
	Street Address					
2	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
3	City	State	ZIP			
	Type of Account Receivable or Debt Owed Date that Debt Accrued					
	Name					
	Street Address	Street Address				
4	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name		·			
	Street Address	Street Address				
5	City	State	ZIP			
-	Type of Account Receivable or Debt Owed		Date that Debt Accrued	-		

Schedule A(10), page____ of ____

COMMITTEE ID NUMBER

TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Source of Surplus 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		
iource 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	F 1	Amount	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cycl
	Name					
	Street Address					
1	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
2	City	State	ZIP			
	Receipt Type	<u> </u>	Receipt Date			
	Name					
	Street Address					
3	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
4	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
5	City	State	ZIP			
- 1	Receipt Type		Receipt Date	-		



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

Str 1 Cit	ams	100 CO 10			Reporting Period	Election Cycle
1 01	94 100 1 12 12 15 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
- City	treet Address					
	ity	State	ZIP			
Ту	ype of Operating Expense Pald	Non-Electoral Purpose? (PACs and Political Parties Only)	☐ Cash☐ Credit		
Na	lame	Disbursement Date				
Str	treet Address					
2 cit	ity	State ZiP				
Ту	Type of Operating Expense Paid Non-Electoral Purpose? (PACs and Political Parties Only)		☐ Cash☐ Credit			
Na	lame	Disbursement Date				
Str	Ireet Address					
3 Cit	sity	State	ZIP			
Ту	ype of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only)		□ Cash □ Credit		
Na	lame	Disbursement Date				
Str	Street Address					
4 Cit	2hv	State	ZIP			
			10000	Cash		
Ту	ype of Operating Expense Paid	Non-Electoral Purpose? ((PACs and Political Parties Only)	☐ Credit		
Na	lame	Disbursement Date				
Str	itreet Address					
5 Cit	city	State	ZIP	□ Cash		
Ту	Type of Operating Expense Paid Non-Electoral Purpose? (PACs and Political Parties Only)		□ Credit			
Er (tr	nter total only if last page of schedule ransfer the total disbursed this period to "Sui		nents," line 1)			



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

_	Candidate Committ	ee Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name Street Address			-51		
	Siled Notices					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name	·				
	Street Address					
2	Спу	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	/	☐ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP	ПСтер		
	Committee ID Number	Date Contribution Made	-2	☐ Cash☐ Credit		
	Committee Name					
	Street Address					
	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		□ Cash		
	Committee Name					
	Street Address	7				
	City	State	ZIP	Floorb		
	Committee ID Number Date Contribution Made			☐ Cash ☐ Credit		
1	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	I nmary of Disbursem	nents," line 2(a))			



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

	Political Action Comm	ittee Recipient Inf	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address					
2	City State ZIP					
	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					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
_	Committee Name					
	Street Address					
5	City	State ZIP		0000 0		
	Committee ID Number Date Contribution Made		☐ Cash☐ Credit			
_	Enter total only if last page of schedule (transfer the total disbursed this period to "Si	ummary of Disburse	ments," line 2(b))			

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Polit	ical Party Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution M	ade	□ Cash □ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution N	lade	☐ Cash☐ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP	T Cook		
	Committee ID Number	Date Contribution M	ade	□ Cash □ Credit		
	Committee Name					
	Street Address	Street Addrass				
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution M	ade	☐ Credit		
1	Committee Name					
	Street Address	street Address				
-	City	State	ZIP	T C - t		
1	Committee ID Number	Date Contribution Ma	de	☐ Cash☐ Credit		
E	Enter total only if last page of transfer the total disbursed this p	schedule				



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	hip Recipient Informa	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City State ZIP		ZIP	□ Cash		
	Corporation Commission File Number	on Commission File Number Date Contribution Made				
	Partnership Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Corporation Commission File Number Date Contribution Made			□ Credit		
1	Partnership Name	nun-				
	Street Address					
3	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution M	lade	□ Credit		
	Partnership Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made		□ Credit		
	Partnership Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution M	lade	□ Credit		
_	Enter total only if last page of sch (transfer the total disbursed this perio	nedule	rsements " line 2/d\\			



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	n / LLC Recipient In	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	☐ Cash☐ Credit		= = =
	Corporation/LLC Name					
	Street Address		i i			
2	State ZIP		ZIP	50 F S 6		
	Corporation Commission File Number	Date Contribution	Made	☐ Cash☐ Credit		
	Corporation/LLC Name	W =				
	Street Address	Street Address				
3	City	State	ZIP	70		
	Corporation Commission File Number	Date Contribution	Made	☐ Cash☐ Credit		
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Streel Address	Street Address				
5	City	State	ZIP	- Court		
	Corporation Commission File Number	Date Contribution N	Made	□ Cash □ Credit		
	Enter total only if last page of sch	edule			-	



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Organizati	on Recipient Inform	nation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name				, topoliting	
	Street Address	Street Address				
1	City	State	ZIP	- Cook		
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
2	City State ZIP		ZIP	- Cook		
	Corporation Commission File Number	Date Contribution Made		☐ Cash☐ Credit		
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number Date Contribution Made			☐ Cash☐ Credit		
	Labor Organization Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made		□ Credit		
	Labor Organization Name	- 4,				
	Streel Address					
5	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made		□ Cash		
	Enter total only if last page of schedul (transfer the total disbursed this period to "	e Summary of Disburse	ments," line 2(f))			
	(manager the total disbursed this period to	Juliniary or Diabarso	mond, me z(i))			



CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

	C	ontributor Information	on	Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cycl
	Committee Name		Date Refund Received			
	Street Address					
1	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
2	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address		1			
3	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
4	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address			-		
5	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			

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



LOANS MADE:

SCHEDULE B(3)(a)

/		Borrower Information		Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name					
	Street Address					
1	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made	,			
	Borrower Name					
	Street Address					
3	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address			<u></u>		
4	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Borrower Name					
	Street Address					
5	Сну	State	ZIP			
	Guarantor/Endorser Name	Name Date Loan Made				

Schedule B(3)(a), page___of ___



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

				r	7	
Canada	Guarantor Information	1		Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Guarantor Name	Guarantor Name					
Street Address						
City	State	ZIP				
Borrower Name	Date Loan Guaran	teed				
Guarantor Name						
Street Address						
City	State	ZIP				
		1000				
Borrower Name	Date Loan Guarar	iteed				
Guarantor Name						
Street Address						
City	State	ZIP				
Borrower Name	Date Loan Guaran	teed				
Guarantor Name						
Street Address	Street Address					
City	State	ZIP				
Borower Name	Date Loss Guaran	teed				
	5.00 5.00 5.00					
Guarantor Name	Guarantor Name					
Street Address	Street Address					
City	State	ZIP				
Borrower Name	Date Loan Guarant	eed				
	City Berrower Name Guarantor Name Street Address City Borrower Name Street Address City Borrower Name Street Address City Borrower Name Street Address City Street Address City City	Street Address City State Borrower Name Date Loan Guaran Guarantor Name Street Address City State Borrower Name Date Loan Guaran Guarantor Name Street Address City State Borrower Name Date Loan Guaran 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 Guarantor Name Street Address City State ZIP Borrower Name Date Loan Guaranteed Guarantor Name Street Address City State ZIP Borrower Name Date Loan Guaranteed Guarantor Name Street Address City State ZIP Borrower Name Date Loan Guaranteed	Street Address City State Date Loan Guaranteed Guarantor Name Street Address City State Date Loan Guaranteed ZIP Borrower Name Date Loan Guaranteed Guarantor Name Street Address City State ZIP Borrower Name Date Loan Guaranteed ZIP Borrower Name Street Address City State ZIP Borrower Name Date Loan Guaranteed Guarantor Name Street Address City State ZIP Guarantor Name Street Address City State ZIP Guarantor Name Street Address City State ZIP State ZIP	Street Address City State ZIP Borrower Name Date Loan Guaranteed Clay State ZIP Borrower Name Orde Loan Guaranteed Clay State ZIP Borrower Name Orde Loan Guaranteed Clay State ZIP Borrower Name Oate Loan Guaranteed	Gizerandor Name Street Address City State ZEP Borrower Name Street Address City State ZEP Borrower Name Obste Loan Guaranteed Clastandor Name Street Address City State ZEP Street Address City State ZEP

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



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

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

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



REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

	Le	nder Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Lender Name		Date Repayment Made			
	Street Address	Street Address				
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outs	tanding			
	Lender Name	Lender Name				
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outs	tanding			
	Lender Name	Lender Name				
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outst	anding			
	Lender Name	ender Name Date Repaym				
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outst	anding			
	Lender Name		Date Repayment Made			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	anding			
-	Enter total only if last page of scheo (transfer the total disbursed this period to	1.1.				

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



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

/		Lender Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Interest Accrued			
	Street Address	Street Address				
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	anding			
	Lender Name Date Interest Accrued					
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed Amount Still Outstand		anding			
	Lender Name		Date Interest Accrued			
	Street Address					
3	City	Slate	ZIP			
	Original Amount Borrowed	Amount Still Outst	anding			
	Lender Name		Date Interest Accrued			
	Street Address					
4	City	State	ZIP			
	Original Amount Barrowed Amount Still Outstanding		anding			
	Lender Name		Date Interest Accrued			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outst	anding			
	Enter total only if last page of s (transfer the total disbursed this pe	schedule	oursements," line 3(e))			

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

/	,	cipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cycle
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
2	City	State	ZIP	-		
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment	_		
_	Name of Original Payor		Date Rebate/Refund Made			
	Street Address			_		
3	Ale	Taur	Law	_		
	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor		Date Rebate/Refund Mode			
	Street Address					
4	City	Stale	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
5	City	State	ZIP	-		
- 1	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor	4		

Schedule B(4), page____ of ____



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/		e Committee Recipient l	nformation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contri	bution Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Made			
	Committee Name		-			
	Streel Address					
3	City	State	ZIP			
	Cammittee ID Number	Date In-Kind Contr	ibution Made			
-	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Made			

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

/	A Commencemental	ction Committee Recipie	nt Information	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cycl
	Committee Name					
	Street Address	treet Address				
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Con	tribution Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Cor	ntribution Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Con	tribution Made			
	Committee Name	Committee Name				
	Street Address	Street Address				
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Con	Iribution Made			
	Committee Name	Committee Name				
	Street Address	Street Address				
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ribution Made	_		

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

0)	Political Party	/ Recipient Informat	ion	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Made	-		
	Committee Name				¥	
	Street Address	-				
2	City	State ZIP		-		
	Committee ID Number	Date In-Kind Contribution	n Made	-		
	Committee Name					
	Street Address			-		
3	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	n Made			
	Committee Name	17				
	Street Address			-		
4	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	n Made	-		
	Committee Name					
	Street Address			-		
5	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	n Made	-		

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



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

	Partners	ship Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Partnership Name						
	Street Address						
1	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Cont	ribution Made				
	Partnership Name).					
	Street Address						
2	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Con	tribution Made				
	Partnership Name						
	Street Address						
3	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Cont	tribution Made				
_	Partnership Name						
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Cont	ribution Made				
	Partnership Name	Partnership Name					
	Street Address						
5	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contr	ribution Made				

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

	Corporation	/ LLC Recipient Infor	mation	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 Contribu	tion Made			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	tion Made			
_	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	ition Made			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number Date In-Kind Contribution Made					
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	tion Made			
	Enter total only if last page of sche (transfer the total disbursed this period	edule	rements " line F/-W			



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

/	WO I I COCHIE AND TANK	nization Recipient Ir	nformation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Made			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Made			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Made			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Conti	ribution Made			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
		1			1 1	

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



INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

	Expenditure	Recipient Informa	tion	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (ii	ncluding % apposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit		
	Recipient Name	Mode of Advertising (TV, mail, etc)				
	Street Address			-		
2	City Slate		ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Supported (including % supported) Candidate(s) Opposed (i		□ 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 (ii	ncluding % apposed}	□ 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 (ii	ncluding % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	☐ Credit		

Schedule B(6), page____ of ___



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

ecipient Name			Åmount	Reporting Period	Election Cycl
		Mode of Advertising (TV, mail, etc)			
treet Address					
ity	State	ZIP	-		
Ballot Measure(s) Supported (including % supported) Ballot Mea		Opposed (including % opposed)	□ Cash		
ate of First Publication, Display, Delivery, or Broadcast	Election Month/Ye	ar	_ □ Credit		
eciplent Name		Mode of Advertising (TV, mail, etc)			
treet Address					
ily	State	ZIP			
allot Measure(s) Supported (including % supported)	Ballot Measure(s)	Opposed (including % opposed)	☐ Cash		
ate of First Publication, Display, Delivery, or Broadcast	st. Election Month/Year		_ □ Credit		
eciplent Name		Mode of Advertising (TV, mail, etc)			
treet Address					
ity	State	ZIP	1		
allot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed (including % opposed)		☐ Cash		
ate of First Publication, Display, Delivery, or Broadcast	est Election Month/Year		Credit		
sciptent Name		Mode of Advertising (TV, mail, etc)			
reel Address			_		
ty	State	ZIP			
ailot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed (including % opposed)		□ Cash		
ate of First Publication, Display, Delivery, or Broadcast	Election Menth/Yea		_ Li Credit		
	ate of First Publication, Display, Delivery, or Broadcast eciplent Name treet Address illy altot Measure(s) Supported (including % supported) ate of First Publication, Display, Delivery, or Broadcast eciplent Name treet Address illy altot Measure(s) Supported (including % supported) ate of First Publication, Display, Delivery, or Broadcast eciplent Name treet Address ty silot Measure(s) Supported (including % supported)	ate of First Publication, Display, Delivery, or Broadcast Election Month/Yes state State Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Gettion Month/Yes Ballot Measure(s) State Election Month/Yes Ballot Measure(s) State State State Ballot Measure(s) State	ate of First Publication, Display, Delivery, or Broadcast Election Month/Year Mode of Advertising (TV, mail, etc) Election Month/Year Election Month/Year	Cash Credit	alte of First Publication, Display, Delivery, or Broadcast Election Month/Year Cash Credit

Schedule B(7), page____ of ___

COMMITTEE ID NUMBER

RECALL EXPENDITURES MADE: SCHEDULE B(8)

_	Expenditure	Recipient Info	ormation	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			,
	Street Address					
1	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order? Candidate Sought to t		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	lay, Delivery, or Broadcast Office Held		_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP			
	Supporting or Opposing Isauance 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			+		
1	City	State	ZIP	1		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Recalled		□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		_ □ Credit		
	Enter total only if last page of schedul (transfer the total disbursed this period to ":					

Schedule B(8), page____ of ___



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

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

Schedule B(9), page____ of ____



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

		Committee Infor	mation	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
ai.	Street Address					
1	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					
2	City	State	ZIP			
	Date of Joint Fundralising Event (if applicable)	Type of Shared E	xpense (if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
3	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	xpense (if applicable)	☐ Cash☐ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	xpense (if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	(xpense (if applicable)	□ Cash □ Credit		
	Enter total only if last page of sche (transfer the total disbursed this period t	dule				



REIMBURSEMENTS MADE:

SCHEDULE B(11)

		Recipient Info	ormation		Reimburseme Amount	30099	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Name								
Street Address								
	7	State		ZIP				
s I	Reimbursed			Reimbursement Date	□ Cash □ Credit			
Street Address								
		State	É	ZIP	- Cook			
, 1	Reimbursed			Reimbursement Date	□ Cash □ Credit			
Street Address								
		State);	ZIP	□ Cash			
Services or Goods Reimbursed			Reimbursement Date	□ Credit				
_		State		ZIP	□ Cash			
Services or Goods Relimbursed Relimbursement Date				Reimbursement Date	□ Credit			
Street Address								
		State		ZIP	□ Cash			
Services or Goods Reimbursed Reimbursement Date		Reimbursement Date	☐ Credit					
or	nly if last page of tal disbursed this p	schedule eriod to "Summar	y of Disburser	ments," line 11)				
		schedule eriod to "Summan	y of Disburser		-	Li Credit	Li Credit	Li Credit

COMMITTEE ID NUMBER

OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

	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		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			
Ī	Name					
	Street Address			1		
4	City	State	ZIP	1		
	Type of Account Payable or Debt Owed		Date that Debt Accrued	1		
	Name					
	Street Address			-		
5	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued	-		
_	Enter total only if last page of schedule (transfer the total received this period to "Sur					

Schedule B(12), page____ of ____

COMMITTEE ID NUMBER

TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monles / Source of Transferred Debt		
Recipient of Surplus Monles / 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	Cumulative Amount this
	Name			SOCKED AND SO	Reporting Period	Election Cycle
	Street Address					
1	City		ZIP			
	Disbursement Type	i.	Disbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
2	City		ZIP	□ Cash		
	Disbursement Type	6	Disbursement Date	□ Credit		
	Name .					
	Street Address					
3	City		ZIP	□ Cash		
	Diabursement Type		Disbursement Date	□ Credit		
	Name					
4	Street Address					
	City		ZIP	☐ Cash		
	Disbursement Type		Disburaement Date	☐ Credit		
	Name Street Address					
5		State	ZIP			
	Disbursement Type		Disbursement Date	☐ Cash☐ Credit		
_	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disburser	ments," line 14)			

COMMITTEE ID NUMBER

AGGREGATE OF DISBURSEMENTS - \$250 OR LESS:

SCHEDULE B(15)

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

Schedule B(15), page____ of