### RECEIVED

OCT 17 2024



Cay-01

CITY OF CHANDLER COMMITTEE INFORMATION (required):

	Committee Information:	Committee Name:	aj for chandler		
CANI	DIDATE INFORMATION (only if fil	ing as a candidate comn	nittee):	and the second second second	
	Office Sought: ☐ County Office:			☐ Special District Office:	_
		☑ City/Town Office	council member	☐ School Board District:	_
	Cumulative Report:	4-6-7-41-9		action of the property of the	
	□ Check here if this is the	e candidate committee's t	first, cumulative report for the e	lection cycle. Also select appropriate Reporting Period below.	

Cumulative reporting period start date (which supersedes the start date for the Reporting Period selected below):

REPORTING PERIOD (check one):

	REPORTING PERIOD	REPORT DUE
	2023 March Pre-Election Report (Local Only): January 1, 2023 to February 25, 2023	February 26, 2023 to March 4, 2023
	2023 March Post-Election (Q1) Report (Local Only): February 26, 2023 to March 31, 2023	April 1, 2023 to April 15, 2023
	2023 Quarter 1 Report: January 1, 2023 to March 31, 2023	April 1, 2023 to April 17, 2023
	2023 May Pre-Election Report (Local Only): April 1, 2023 to April 29, 2023	April 30, 2023 to May 6, 2023
	2023 May Post-Election (Q2) Report (Local Only): April 30, 2023 to June 30, 2023	July 1, 2023 to July 15, 2023
	2023 Quarter 2 Report: April 1, 2023 to June 30, 2023	July 1, 2023 to July 17, 2023
	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)	21034.39	
(b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)	1882	
c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)	18416.64	
d) = Balance at close of reporting period	4499.75	
Check here if filing no financial activity during the reporting period. Lines (a)-(d) still must be	e completed, but only this o	over page and the

following page need to be filed.



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.

AJLAN KURDOGLU		10/17/2024
Printed Name of Committee Treasurer	Signature of Committee Treasurer	Date

### SUMMARY OF RECEIPTS (Schedule A):

	Receipts	Cash	Equity
1. N	Monetary Contributions Received		
(a	a) In-State Individuals - More than \$100	142	
(b	o) In-State Individuals - \$100 or Less (Aggregate)	315	
(0	c) Out-of-State Individuals	425	Lancil and thomas (to
	d) Candidate Committees	1000	
	Political Action Committees		
(f	) Political Parties		
(c	g) Partnerships	,	
	n) Corporations & Limited Liability Companies (PACs & Political Parties Only)	A WATER TO THE TOTAL TOT	
(i)			
- ' '			
(j)	Monetary Contributions Subtotal (add 1(a) through 1(j))		
	) Refunds Given Back to Contributors	and the second second	
	n) Net Monetary Contributions (subtract 1(I) from 1(k)) oans		
	a) Loans Received		
- (-	b) Forgiveness on Loans Received		TO THE PARTY OF TH
	c) Repayment on Loans Made	227112	
(0	d) Interest Accrued on Loans Made	his data	
(e	e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))	88 - 1 <sup>2</sup> 8167°	
3. R	Rebates and Refunds Received		
4. In	nterest Accrued on Committee Monies		
5. In	n-Kind Contributions Received		
(a	a) In-State Individuals - More than \$100		
(b	o) In-State Individuals - \$100 or Less (Aggregate)		
	c) Out-of-State Individuals		ANTHE MENTER
(d	l) Candidate Committees		
	e) Political Action Committees		
	) Political Parties		
	) Partnerships		
	) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
. ,	Labor Organizations (PACs & Political Parties Only)		
(j)		alial and	
(k)	) In-Kind Contributions Subtotal (equity: add 5(a) through 5(j))		
	n-Kind Donations Received (Non-Contributions) (Political Parties Only)		
	xtensions of Credit		
,	a) Extensions of Credit Received		
	) Payments on Extensions of Credit Received		
•	Net Extensions of Credit (subtract 7(b) from 7(a))		
8. Jo	oint Fundraising / Shared Expense Payments Received		
9. Pa	ayments Received for Goods / Services	rivit de la	
10. Ou	utstanding Accounts Receivable / Debts Owed to Committee		1 - 21 , 2 1021 - 1
11. Tra	ansfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)	F 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
12. Mis	scellaneous Receipts (use cash and/or equity asapplicable)		
	tal Receipts (cash: add 1(m), 2(e), 3-4, 8-9, 11-12; equity: add 2(b), 5(k), 6-7(c), 10-12)	1882	

COMMITTEE ID NUMBER



### SUMMARY OF DISBURSEMENTS (Schedule B):

	Disbursements	Cash	Equity
1.	Disbursements for Operating Expenses	18416.64	
2.	Contributions Made		
	(a) Candidate Committees		
	(b) Political Action Committees		
	(c) Political Parties		
	(d) Partnerships		
	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		
	(f) Labor Organizations (PAC & Political Parties Only)		
	(g) Monetary Contributions Subtotal (add 2(a) through 2(f))		
	(h) Contribution Refunds Provided to the Reporting Committee		
	(i) Monetary Contributions Total (subtract 2(h) from 2(g))		
3.	Loans		
	(a) Loans Made		
	(b) Loan Guarantees Made		
	(c) Forgiveness on Loans Made		
	(d) Repayment of Loans Received		
	(e) Accrued Interest on Loans Received		
	(f) Total Loans (cash: add 3(a), 3(d) & 3(e); equity: add 2(b) & 2(c))		
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))	sini nassi elimeta elist	
6.	Independent Expenditures Made		est Association
7.	Ballot Measure Expenditures Made		55 (E. C. Shell (B)
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		1
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)

/	Individua	l Contributor Inforr	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received		Reporting Feriod	Election Cycle
	Street Address	ν				
1	City	State	ZIP			
	Occupation	Employer			nd se je	
	Name		Date Contribution Received			
	Street Address	n de de les constants	J - saderh	er og 11.E. en er	Taggerian (	
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				

\*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))		ν.

Schedule A(1)(b), page\_\_\_\_ of \_\_\_\_

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

85249 Teacher Blackwater Community School	85224 Retired Teache Retired	85248 Not Employed Not Employed 85225 retired none 85249 Teacher Blackwater Community School	85224 Retired Teache Retired	85225 retired none 85248 Not Employed Not Employed
8524	8522	8524 8522 8524	8522	8522
AZ	AZ	AZ AZ AZ	AZ	AZ AZ
Chandler	Chandler	Chandler Chandler Chandler	Chandler	Chandler
Pruzhanovsky 3612 E. San Carlos Place	1403 West Park Avenue	Shires 482 w Aloe place Haskett 933 E. Gila Lane Pruzhanovsky 3612 E. San Carlos Place	1403 West Park Avenue	933 E. Gila Lane 482 w Aloe place
Pruzhanovsky	Simons	Shires Haskett Pruzhanovsky	Simons	Haskett Shires
1 Zeyna	7 Judith	6 Tempest 6 Norm 7 Zeyna	8 Judith	7 Norm 7 Tempest
20	25	01 0	25	9 0
2024-07-29 1:06:29	2024-07-31 3:34:40	2024-08-08 3:13:29 2024-08-08 3:19:36 2024-08-08 3:35:56	2024-08-31 3:51:44	2024-09-08 3:25:08 2024-09-08 4:05:53

142

total

# Schedule A(1)(b)

125	20	15	100	25	315
7/28/2024 2 contributions	7/29/2024 2 contributions	08/09/2024 1 contribution	08/27/2024 1 contribution	08/28/2024 1 contribution	total



MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

Str Occ Na Str 2 Cit	treet Address  iity  ccupation  ame	State  Employer	Date Contribution Received  ZIP  Date Contribution Received	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Str Occ Na Str 2 Cit	treet Address  ity  ccupation  ame	, ,	ZIP			
Occ Na Str	ame treet Address	, ,				in the state of th
Oc Na	arme	, ,				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Na Str	ame treet Address	Employer	Date Contribution Received			n *
Str 2 Cit	treet Address		Date Contribution Received			
Str 2 Cit	treet Address		Date Contribution Received			
2 cit				1		
	ity				·	
Ос		State	ZIP			
	ccupation	Employer	·	d la		
Na	ame		Date Contribution Received			
Str	treet Address .				-	
	*			<sub>1</sub>	-	
3 City	ity	State	ZIP		= ===	
Oca	ccupation	Employer				
Nar	ame		Date Contribution Received			
Stn	reet Address					
4 City	ty	State	ZIP	-		
		Employer				
	ccupation	Ellipoyei				
Nar	ame		Date Contribution Received			
Stre	reet Address					
City	ty	State	ZIP			
Occ	ecupation	Employer				
+	nter total only if last page of sc ansfer the total received this period		y			

Schedule A(1)(c), page\_\_\_\_ of \_\_\_



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

/	Candidate Committee	e Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1			T			
Ι΄	City	State	ZIP			
				_		
	Committee ID Number	Date Contribution Receive	ed			
L	Committee Name					
	Street Address					
						,
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
Г	Committee Name	•				
	Street Address					
3						
	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
L						
	Committee Name			7,		
	Street Address			-		
	Street Address					
4	City	State	ZIP	-		
		Giale				
	Committee ID Number	Date Contribution Receive	ed			
$\vdash$	Committee Name	<u> </u>				
	Street Address				_	
_ ا						
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
				×		
	Enter total only if last page of schedule		: 4/4\\			
	(transfer the total received this period to "Sum	mary of Receipts," I	irie i(a))			

Schedule A(1)(d), page\_\_\_\_ of \_\_\_

2024-07-21 16:34:05	20 Jessica	Nelson	1524 Cuming Street 319	Omaha	W Z	68102 Engineer	The HDD Company
2024-07-23 11:31:37	250 Derya	Taskin	103 Hazel Street	Paterson		7503 Manager	Taskin Bakery
2024-07-29 8:40:15 2024-07-29 10:51:37	10 Patrick 25 Judith	Cobb Bolker	1276 N. Wayne St. #1206 56 Cliffside Drive	Arlington Daly City	C V A	22201 Retired Not Employed 94015 Not Employed Not Employed	Not Employed
2024-08-01	100 shirley	clayton	PO box 7467	menlo PArk	CA	not employed	not employed not employed
2024-08-03 4:44:17	10 John	Kendrick	8611 Trail View Drive	Ellicott City		21043 Computer Soi	21043 Computer Sciel Secure Innovations LLC
2024-09-03 3:53:48	10 John	Kendrick	8611 Trail View Drive	Ellicott City	MD	21043 Computer Sci	21043 Computer Sciel Secure Innovations LLC

Schedule A(1)(d)

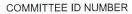
state AZ city Chandler adress 625 n hamilton #17 name name 1000 cindy 4 LD13 amonnt date ar 2024-08-01

85225 United States

diz

1000

total





MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

/	/	Political Action Commit	ttee Contributor In	nformation	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 Contribution Receive	ed			
ŀ		Committee Name					_ ~ ~ %
		Street Address			-		
	2	City	State	ZIP			
		Committee ID Number	Date Contribution Receive	ed	_		
L							-12" - 1 -
		Committee Name			2	· ·	
		Street Address					
1	3	City	State	ZIP			
		Committee ID Number	Date Contribution Receive	l ed	7		
		Committee Name					
1		Street Address					
	4		1	, I			
		City	State	ZIP			
		Committee ID Number	Date Contribution Receive	ed			
		Committee Name					
		Street Address	_	· · · · · · · · · · · · · · · · · · ·			
5	5	City	State	ZIP	,		
		Committee ID Number	Date Contribution Receive	dd .			
$\vdash$	-	Enter total only if last nage of schedule					
	ľ	Enter total only if last page of schedule transfer the total received this period to "Sumi	mary of Receipts," li	ne 1(e))		nre i	

Schedule A(1)(e), page\_\_\_\_ of \_\_\_



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

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

Schedule A(1)(f), page\_\_\_\_ of \_\_\_\_





MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

,						
_	Partnersh	nip Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name			=		0
	Street Address		<u> </u>			90 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
1	City	State	ZIP			-
	Corporation Commission File Number	Date Contribution	Received	- ,		
	Partnership Name					
	Street Address		- £=		-	1 1
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	n Received			
_	Partnership Name					
	Street Address					
. 3	City	State	ZIP		-	
	Corporation Commission File Number  Date Contribution Received					
	Partnership Name		×			
	Street Address					
4	City	State	ZIP		-	
	Corporation Commission File Number	Date Contribution	Received			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			

Schedule A(1)(g), page\_\_\_ of \_\_\_



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

_	Corporation / LLC C	Contributor Inform	ation	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 Receive	d			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	<u>l</u>			_
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number  Date Contribution Received					
r	Corporation/LLC Name					
	Street Address				,	
4	City	State	ZIP		×	
	Corporation Commission File Number	Date Contribution Receive	<u>l</u>	-		
r	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	I ed			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 1(h))	1		

Schedule A(1)(h), page\_\_\_\_ of \_\_\_



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

Labor Organization Contributor Information  Labor Organization Name  Street Address  1 City State ZIP  Corporation Commission File Number Date Contribution Received  Labor Organization Name  Street Address  2 City State ZIP  Corporation Commission File Number Date Contribution Received	Cumulative Amount this Reporting Period	Cumulative
Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received  Labor Organization Name  Street Address  2 City State ZIP		Amount this Election Cycle
Toty State ZIP  Corporation Commission File Number Date Contribution Received  Labor Organization Name  Street Address  Zip		
Corporation Commission File Number  Date Contribution Received  Labor Organization Name  Street Address  2 City  State  ZIP  Date Contribution Received		
Labor Organization Name  Street Address  2 City State ZIP		*
Street Address  City State ZIP	_	
2 City State ZIP		
Lity State ZP		
Corporation Commission File Number Date Contribution Received		
Labor Organization Name		
Street Address		660 Rt 1
3 City State ZIP	-	- 4
Corporation Commission File Number  Date Contribution Received	-	
Labor Organization Name		
Street Address		
4 City State ZIP	- x -	
Corporation Commission File Number  Date Contribution Received		
Labor Organization Name		
Street Address		
5 City State ZIP		
Corporation Commission File Number  Date Contribution Received		1
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(i))		

Schedule A(1)(i), page\_\_\_\_ of \_\_\_



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

/				1		
	Candidate	Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received		, , , , , , , , , , , , , , , , , , ,	,
	Street Address			-		
1	City .	State	ZIP	-		
	Occupation	Employer		-		
	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP		8	
	Occupation	Employer		-		
	Name		Date Contribution Received			
	Street Address			-		
3	City	State	ZIP	1		4
	Occupation	Employer		-		
	Name		Date Contribution Received			
	Street Address			1		
4	City	State	ZIP	-		
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address			-		
5	City	State	ZIP	-		
	Occupation	Employer		-	,	
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts "	line 1(i))			

Schedule A(1)(j), page\_\_\_\_ of \_\_\_\_



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

/	Contribu	utor Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Refunded	4		
	Street Address					
1	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
r	Name		Date Contribution Refunded		7.	
	Street Address					
2	2 City	State	ZIP			
-	ID Number (if applicable)		Date of Original Contribution		20	
-	Name		Date Contribution Refunded			
3	Street Address			1		
	City	State	ZIP	- 2		
	ID Number (if applicable)		Date of Original Contribution			
_	Name		Date Contribution Refunded	2 - 20		
	Street Address					
4	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution	_		
b'	Name		Date Contribution Refunded		-	
	Street Address			-		
5	4 City	State	ZIP	-		
	ID Number (if applicable)		Date of Original Contribution			
	Enter total only if last page of schedule (transfer the total received this period to "Su	mmary of Receipts,	" line 1(I))			

Schedule A(1)(I), page\_\_\_\_ of\_\_\_



LOANS RECEIVED:

SCHEDULE A(2)(a)

				ı		
	Lender I	nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name	Date Loan Received				
	Street Address					
1	City	State	ZIP			
	City	State	ZIF			
	Guarantor/Endorser Name	Non-Electoral Purpose? (I	L PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address					
2	City	State	ZIP	-		
	Guarantor/Endorser Name	Non-Electoral Purpose? (	PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address					
	Street Address					
3	City	State	ZIP	_		
					v	
	Guarantor/Endorser Name	Non-Electoral Purpose? (	PACs and Political Parties Only)	-		
	Lender Name	Date Loan Received				
	Charack Address			_		
	Street Address					
4	City	State	ZIP	_		
	Guarantor/Endorser Name	Non-Electoral Purpose? (	PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address					
5	City	State	ZIP	-	·	
	Guarantor/Endorser Name	Non-Electoral Purpose? (	PACs and Political Parties Only)			
	Enter total only if last page of schedule					
	(transfer the total received this period to "Sum	mary of Receipts," I	ine 2(a))			

Schedule A(2)(a), page\_\_\_\_ of \_\_\_\_



FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

/		Lender 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 Outstar	nding	-		E
	Lender Name		Date Forgiveness Received			
	Street Address	1		-	,	
2	City	State	ZIP .			
	Original Amount of Loan	Amount Still Outstan	nding	- T		
	Lender Name		Date Forgiveness Received			1 1 2 2 1
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstan	ding		· - ,	
_	Lender Name		Date Forgiveness Received			(Sin ) (see )
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstan	ding			
_	Lender Name		Date Forgiveness Received			de la
	Street Address			-		
5	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstand	ding	- 4		

Schedule A(2)(b), page\_\_\_\_ of \_\_\_\_



REPAYMENT ON LOANS MADE: SCHEDULE A(2)(c)

_	Borrowel	r Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Repayment Received			
	Street Address		2			
1	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name	1	Date Repayment Received			6
	Street Address			-		
2	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Borrower Name		Date Repayment Received			
	Street Address			-		
3	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address				(*)	
4	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding	A.	_		
-	Borrower Name		Date Repayment Received			
	Street Address			_		
5	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		_		
	Enter total only if last page of schedule					
	Enter total only if last page of schedule (transfer the total received this period to "Sun					

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	i				
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstan	ding			
	Borrower Name	1	Date Interest Accrued			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstan	ding			
	Borrower Name		Date Interest Accrued			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstand	ding			
-	Borrower Name		Date Interest Accrued			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed Amount Still Outstanding					
	Borrower Name		Date Interest Accrued			
	Street Address		•			
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstand	ling			

Schedule A(2)(d), page\_\_\_\_ of \_\_\_\_



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COMMITTEE ID NUMBER

	/	Pay	or Information		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Γ		Payor Name Date Rebate/Refund Received		Date Rebate/Refund Received		Reporting Feriod	Election Gycle
		Street Address					
	1	City	State	ZIP			
		Original Purchase Amount	Reason for Refund/Reb	pate			
-		Payor Name		Date Rebate/Refund Received			
				Date Nedate/Neldiki Nederved			
	•	Street Address					
	2	City	State	ZIP			
		Original Purchase Amount	Reason for Refund/Reb	pate			
$\mid$		Payor Name		Date Rebate/Refund Received			
		Street Address			-		
	3	City	State	ZIP	-		
		Original Purchase Amount	Reason for Refund/Reb	pate	_		
-		David Name					
		Payor Name		Date Rebate/Refund Received			
		Street Address					
	4	City	State	ZIP			
		Original Purchase Amount	Reason for Refund/Reb	Date .			
$\vdash$		Payor Name		Date Rebate/Refund Received			
		Street Address			-	,	
	5	City	State	ZIP '	-		
		Original Purchase Amount	Reason for Refund/Reb	pate	-		

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)	100.	•
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)

	Individual Conti	ibutor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Da		Date In-Kind Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received	e		
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
_	Name		Date In-Kind Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
_	Name		Date In-Kind Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
_	Name		Date In-Kind Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page of schedule (transfer the total received this period to "Sum					

\*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		
	ter i i i i i i i i i i i i i i i i i i i	
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 \_\_\_\_

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



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

SCHEDULE A(5)(c)

/	Candidate Committee	Contributor Infor	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	01	I	I			
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution I	Received			
	Committee Name			-		
	Street Address					
2	City	State	ZIP	•		
	Committee ID Number	Date In-Kind Contribution	Received	•		
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receipts," li	ine 5(d))			

Schedule A(5)(c), page\_\_\_\_ of \_\_\_



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

/		Candidate Committe	e Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Γ	Committee Name					Troporting Fortes	Zicolion Cycle
	Street Address				_		
1	1 City		State	ZIP			
	Committee ID Number		Date In-Kind Contribution	Received	-		
r	Committee Name		-		7 2		
	Street Address	Street Address					
2	City		State	ZIP			
	Committee ID Number		Date In-Kind Contribution	Received			
	Committee Name	Committee Name					
	Street Address			4			
3	City		State	ZIP			
	Committee ID Number		Date In-Kind Contribution	Received			
	Committee Name	Committee Name					
	Street Address			,	a a		
4	City		State	ZIP			
	Committee ID Number		Date In-Kind Contribution	Received		-	
	Committee Name						
	Street Address	street Address					
5	City		State	ZIP	-		
	Committee ID Number		Date In-Kind Contribution	Received	= 3		
	Enter total only (transfer the total in	if last page of schedule received this period to "Sumi	mary of Receipts," li				

Schedule A(5)(d), page\_\_\_\_ of \_\_\_



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

	Political Action Committ	ee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name				5	
	Street Address		***************************************			
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			-
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I				

Schedule A(5)(e), page\_\_\_\_ of \_\_\_



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

/						
_		Party Contributor Info	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 Cont	ribution Received			
	Committee Name					
	Street Address					
2	City .	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ribution Received			
	Committee Name	1				
	,		_			
3	Street Address		a las			
	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ribution Received		1. A. A. S. S.	
	Committee Name				* **	
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ribution Received		- 1	
	Committee Name		,			
	Street Address					
5	City	State	ZIP			
-	Committee ID Number	Date In-Kind Contri	ibution Received			
- 1						

Schedule A(5)(f), page\_\_\_\_ of \_\_\_\_



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

,						
	Partnership Col	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Partnership Name					j
	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	1				
4	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
	Partnership Name					
5	Street Address	-				
	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	I Received	-		
	Enter total only if last page of schedule (transfer the total received this period to "Sur					

Schedule A(5)(g), page\_\_\_ of \_\_\_



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

_		/ LLC Contributor I	nformation	, ] , n - ,	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name						
	Street Address						
1	City	State	ZIP	,			
	Corporation Commission File Number	Date In-Kind Conf	ribution Received				
	Corporation/LLC Name						
	Street Address				-		
2	City	State	ZIP		-		
	Corporation Commission File Number	Date In-Kind Con	tribution Received	2 1	0.00 000 000		
	Corporation/LLC Name						1111111111
	Street Address				-		
3	City	State	ZIP		-		
	Corporation Commission File Number	Date In-Kind Cont	ribution Received	1	9 t - 1		
	Corporation/LLC Name	· ·					
	Street Address						
4							
	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Cont	ribution Received		= = = = = = = = = = = = = = = = = = = =		
	Corporation/LLC Name						
	Streel Address						
5	City	State	ZIP				
	Corporation Commission File Number  Date In-Kind Contribution Received						
1	Enter total only if last page of scho (transfer the total received this period t	edule o "Summary of Recei	ots," line 5(h))	3-			1 -5-32 1

Schedule A(5)(h), page\_\_\_\_ of \_\_\_\_



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

/	Labor Organization	Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address	Street Address				
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
	Labor Organization Name					
	Street Address	-				
2	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
	Labor Organization Name				,	
	Street Address			-		
3	City	State	ZIP	_		
	Corporation Commission File Number	Date In-Kind Contribution	Received	_		
	Labor Organization Name		,	5		
	Street Address			-		
4	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received			
_	Labor Organization Name					
	Street Address			_		
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	many of Bassints "	ino E/i\\			
	Luciano de local received this period to Sum	mary or neceipis, I	110 0(1))			

Schedule A(5)(i), page\_\_\_\_ of \_\_\_\_



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

SCHEDULE A(5)(j)

		Candida	ite Informatio	on		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Name			Date In-Kind Cor	ntribution Received			
	Street Address			,	1	7,5		
1	City		State	ZIP				
	Asset or Property Contributed							
	Name	· · · · · · · · · · · · · · · · · · ·		Date In-Kind Cor	tribution Received			
	Street Address				_	-		
2	City		State	ZIP		-		
	Asset or Property Contributed				_			
	Name			Date In-Kind Con	tribution Received			
	Street Address							
3			Total:	ZIP		_	w	
	City		State	ZIP				
	Asset or Property Contributed							
	Name			Date In-Kind Con	tribution Received		-	
	Street Address							
4	City	¥	State	ZIP				
	Asset or Property Contributed							
	Name			Date In-Kind Conf	tribution Received			
	Street Address							
5	City		State	ZIP				
	Asset or Property Contributed							
1	Enter total only if last page (transfer the total received thi	o of schodulo						



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

SCHEDULE A(6)

/	/	Source I	nformation	•	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Name		Date In-Kind Donation Received			
		Street Address					
	1	City	State	ZIP			9
		Type of Item Donated					
		Name		Date In-Kind Donation Received			
		Street Address		<u> </u>			
	2	City	State	ZIP			
		Type of Item Donated					
		Name	Date In-Kind Donation Received				
		Street Address					
	3	City	State	ZIP			
		Type of Item Donated					
ľ		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 "Sumi	mary of Receipts," I	ine 6)			
\	_						/

Schedule A(6), page\_\_\_\_\_ of \_\_\_\_



EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

/	Carlos Bases S. S. S.	editor Information	) )	Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Street Address	,				
1	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name				10.1	
	Street Address					
2	City	State	ZIP	500		
	Services or Goods Provided on Credit	,	Date of Extension of Credit		1.9	
	Name	Name				
	Street Address		<del></del>			
3	City	State	ZIP	- N		
	Services or Goods Provided on Credit  Date of Extension of Credit					
_	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Provided on Credit Date of Extension of Credit		Date of Extension of Credit		***	
	Name					
	Street Address	Street Address				
5	City	State	ZIP		-	
	Services or Goods Provided on Credit  Date of Extension of Credit		Date of Extension of Credit			
_	Enter total only if last page of sche (transfer the total received this period to	edule			1º - x	
	(transfer the total received this period to	"Summary of Rece	ipts," line 7(a))	7 × 0 - 21 - 2 - 2	e = 1 19 ~ ~	



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

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

Schedule A(7)(b), page\_\_\_\_ of \_\_\_\_



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

Payment Amount this Reporting Period  Committee Name    Payment Date							
Street Address    Committee Name	/		ommittee Informa		Payment Amount	Amount this	Cumulative Amount this Election Cycle
Committee Name  Committee Name  Payment Date  Street Address  Chy  State  Street Address  Committee Name  Payment Date  Type of Shared Expense (if applicable)  Type of Shared Expense (if applicable)  Committee Name  Payment Date  Street Address  Payment Date  Street Address  Type of Shared Expense (if applicable)		Committee Name		Payment Date			
Date of Joint Fundration Everal (if applicable)  Committee Name  Peyment Date  Committee Name  Peyment Date  Date of Joint Fundration Everal (if applicable)  Type of Shared Expense (if applicable)  Type of Shared Expense (if applicable)  Committee Name  Street Address  Cry  State  ZIP  Date of Joint Fundration Everal (if applicable)  Type of Shared Expense (if applicable)  Type of Shared Expense (if applicable)  Committee Name  Peyment Date  Street Address  Street Address  Cry  State  ZIP  Date of Joint Fundration Everal (if applicable)  Type of Shared Expense (if applicable)		Street Address					
Committee Name Payment Date  Steet Address  2 City State 2IP Date of Joint Fundratising Event (if applicable) Type of Shared Expanse (if applicable)  Committee Name Payment Date  Steet Address  3 City State 2IP Date of Joint Fundratising Event (if applicable) Type of Shared Expanse (if applicable)  Committee Name Payment Date  Street Address  4 City State 2IP Date of Joint Fundratising Event (if applicable) Type of Shared Expanse (if applicable)  Committee Name Payment Date  Street Address  5 City State 2IP  Date of Joint Fundratising Event (if applicable) Type of Shared Expanse (if applicable)  Street Address  5 City State 2IP  Date of Joint Fundratising Event (if applicable) Type of Shared Expanse (if applicable)  Type of Shared Expanse (if applicable)  Type of Shared Expanse (if applicable)	1	City	State	ZIP			
Silvent Address   Silvent Address   Silvent Address   Silvent Address   Silvent Address   Silvent Address   Type of Shared Expanse (if applicable)		Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	pense (if applicable)			
2 City State		Committee Name		Payment Date			
Date of Joint Fundralsing Event (if applicable)  Committee Name  Payment Date  Street Address  City  State  ZiP  Date of Joint Fundralsing Event (if applicable)  Type of Shared Expense (if applicable)  Type of Shared Expense (if applicable)  Committee Name  Payment Date  Street Address  City  State  ZiP  Date of Joint Fundralsing Event (if applicable)  Type of Shared Expense (if applicable)  Type of Shared Expense (if applicable)  Street Address  City  State  ZiP  Date of Joint Fundralsing Event (if applicable)  Type of Shared Expense (if applicable)  Street Address  City  State  ZiP  Date of Joint Fundralsing Event (if applicable)  Type of Shared Expense (if applicable)  Type of Shared Expense (if applicable)  Type of Shared Expense (if applicable)		Street Address					
Committee Name  Street Address  City  Date of Joint Fundraising Event (if applicable)  Committee Name  Payment Date  Payment Date  Poyment Cate  Street Address  City  Date of Joint Fundraising Event (if applicable)  Type of Shared Expense (if applicable)  ZIP  Date of Joint Fundraising Event (if applicable)  Type of Shared Expense (if applicable)  Street Address  City  Date of Joint Fundraising Event (if applicable)  Type of Shared Expense (if applicable)	2	City	State	ZIP			
Street Address  City State ZIP  Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)  Committee Name Payment Date  Street Address  City State ZIP  Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)  Committee Name Payment Date  Street Address  Committee Name Payment Date  Street Address  Type of Shared Expense (if applicable)  Date of Joint Fundraising Event (if applicable)  Type of Shared Expense (if applicable)		Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	pense (if applicable)	1 / A ,		
City   State   ZIP	_	Committee Name		Payment Date	1		1
City State ZIP  Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)  Committee Name Payment Date  Street Address  ZIP  Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)  Committee Name Payment Date  Street Address  City State ZIP  Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)  Street Address  Type of Shared Expense (if applicable)  Type of Shared Expense (if applicable)		Street Address				-	
Date of Joint Fundraising Event (if applicable)  Type of Shared Expense (if applicable)  Committee Name  Payment Date  Street Address  City  Date of Joint Fundraising Event (if applicable)  Type of Shared Expense (if applicable)  Type of Shared Expense (if applicable)  Payment Date  Street Address  Committee Name  Payment Date  Street Address  City  State  ZIP  Date of Joint Fundraising Event (if applicable)  Type of Shared Expense (if applicable)  Type of Shared Expense (if applicable)  Type of Shared Expense (if applicable)	3	C#.	Clate	7/0			
Committee Name Payment Date  Street Address  4 City State ZIP  Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)  Committee Name Payment Date  Street Address  5 City State ZIP  Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)							
Street Address  City State ZIP  Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)  Committee Name Payment Date  Street Address  City State ZIP  Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)		Date of Joint Fundraising Event (If applicable)	Type of Shared Exp				
City State ZIP  Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)  Committee Name Payment Date  Street Address  City State ZIP  Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)		Committee Name		Payment Date			
City State ZIP  Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)  Committee Name Payment Date  Street Address  City State ZIP  Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)		Street Address					
Committee Name  Payment Date  Street Address  City State ZIP  Date of Joint Fundraising Event (if applicable)  Type of Shared Expense (if applicable)	4	City	State	ZIP			
Street Address  City State ZIP  Date of Joint Fundralsing Event (if applicable) Type of Shared Expense (if applicable)		Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)			
5 City State ZIP  Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)		Committee Name		Payment Date	,		
Date of Joint Fundraising Event (if applicable)  Type of Shared Expense (if applicable)		Street Address					
	5	City	State	ZIP			
Enter total only if last page of schedule  (transfer the total page of schedule and the school of th		Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)			
		Enter total only if last page of sched	ule	te " line 8)	1	- 5 . 4	100 A 100 A

PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

_	Payor II	nformation		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name			· ·		
	Street Address					40
1	City	State	ZIP			
	Services or Goods Purchased		Payment Date			٠
	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		,	
	Name		I			
	Street Address	Street Address				
5	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
$\vdash$	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts " I	ine 9)	l		
_	The state of the s	,,, 1				

Schedule A(9), page\_\_\_\_ of \_\_\_\_

OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

_	Info	ormation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Street Address					
1	City	State	ZIP	-		
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
2	Street Address					
_	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			10		
	Street Address .					
4	City	State	ZIP			
	Type of Account Receivable or Debt Owed  Date that Debt Accrued					
	Name Street Address					
5	City State		ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued	-		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 10)			



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 Monles / Reciplent 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)		



MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

	Source	ce Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Street Address					
1	1 City	State	ZIP			
	Receipt Type		Receipt Date			- 8
	Name	1				
	Street Address					
2	City	State	ZIP			
	Receipt Type	# j j	Receipt Date			
	Name					
	Street Address	3	Ē			
3	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address	1				
4	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name	Name				
	Street Address	Street Address				
5	City	State	ZIP			
	Receipt Type		Receipt Date			
	Enter total only if last page of schedule (transfer the total received this period to "Su	e ummary of Receipts,	" line 12)	# W	e University	100

Schedule A(12), page\_\_\_\_ of \_\_\_\_

DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/	Red	cipient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cycle
	Name Disbursement Date					
	Street Address	-	9			
1	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purp	Dose? (PACs and Political Parties Only	☐ Cash☐ Credit		
	Name	Disbursement Da	te			
	Street Address					
2	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purp	oose? (PACs and Political Parties Only	Cash Credit		
	Name	Disbursement Da	te			
3	Street Address				i i	
	City	State	ZIP	□ Cash		
	Type of Operating Expense Paid	Non-Electoral Purp	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Name	Disbursement Da	te			
	Street Address					
4	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purp	L oose? (PACs and Political Parties Only	☐ Cash☐ Credit		
	Name	Disbursement Da	te			
	Street Address	I				
5	City	State	ZIP	☐ Cash		
	Type of Operating Expense Paid	Non-Electoral Purp	ose? (PACs and Political Parties Only	Credit		
-	Enter total only if last page of sche					

Schedule B(1), page\_\_\_\_ of \_\_\_\_

cash/credit	59.71 check	edit card		ieck	edit card		edit card			
<u>o</u>	14159.71 check	803.92 credit card	110.99	14647.06 check	\$2,419.06 credit card	12	2953.75 credit card	2729.29	116.31	
cumulative amount this election cyc	۲ ,	o 0	6	2		2	5	6	<b>ν</b>	
cumulative amount this reportin period	10788.87	803.92	110.99	11276.22	\$412.34	12	2953.75	2729.29	116.31	
amount paid	10788.87	803.92	110.99	487.35	\$412.34	12	2953.75	29.29	116.31	1.82
type of operating expense paid	85282 printing	advertisement	food	85282 printing	30308 mail service	banking fee	advertisement	94025 advertisement	food	processing fee
zip										
state	az		az	az	ga	az	20	g	az	ma
city	hє tempe		dk chandler	he tempe	r atlanta	chandler	Washington DC	menlo park	idl chandler	366 summer st sommerville
street address	2718 W Sout	a group	1068 w.chandle chandler	2718 W Sout	405 n. angier atlanta			1 meta way	2800 w chandl chandler	366 summer
recipeint name	07/15/2024 Looks Good P 2718 W Southetempe	07/29/24 TIMES media group	7/31/2024 Sunnys	07/15/2024 Looks Good P 2718 W Southetempe	08/01/2024 mailchimp	08/06/2024 first bank	08/08/2024 switchboard	08/19/2024 FACEBOOK	09/06/2024 mimis cafe	09/16/2024 actblue
date	07/15/202	07/29/2	7/31/202	07/15/202	08/01/202	08/06/202	08/08/202	08/19/20	09/06/20	09/16/20;

18416.64

total

MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/		Committee Recipient	Information	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cycle
	Committee Name Street Address					
1	City	State ZIP		□ Cash		
	Committee ID Number	Date Contribution	Made	☐ Credit		
	Committee Name		_			
	Street Address	1				
2	City	State	ZIP			
	Committee ID Number	Date Contribution	Made	□ Cash □ Credit		
	Committee Name					
3	Street Address					
	City	State	ZIP	40		
	Committee ID Number	Date Contribution	Made	□ Cash □ Credit		
	Committee Name					
	Street Address	1				
-	City	State	ZIP	F.O. 1		
	Committee ID Number	Date Contribution	Made	□ Cash □ Credit		
	Committee Name					3 - 36
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution	<b>I</b> Made	☐ Cash☐ Credit		
	Enter total only if last page of s (transfer the total disbursed this per	chedule riod to "Summary of Disbu	ursements," line 2(a))			

## MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

	Political Action Commit	tee Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name	L				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		□ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		□ Credit		
	Committee Name					
	Street Address					
5	City	State ZIP		□ Cash		a a
	Committee ID Number Date Contribution Made			☐ Credit		
_	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	( Dislaman				

MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Poli	tical Party Recipient Info	rmation	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	Made	□ Cash □ Credit		
	Committee Name					=
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution	Made	☐ Cash☐ Credit		
	Committee Name					
1	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution	Date Contribution Made			
_	Committee Name				- 6	
	Street Address	1				
4	City	State	ZIP			
	Committee ID Number	Date Contribution	Made	□ Cash □ Credit		
_	Committee Name	, j				= -
	Street Address		×			
5	City	State	ZIP			
	Committee ID Number	Date Contribution	Made	□ Cash □ Credit		
-	Enter total only if last page o (transfer the total disbursed this	f schedule				

## MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	ship Recipient Informatio	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made	1	□ Credit		
	Partnership Name					
	Street Address	Street Address				
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Partnership Name					
ę	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	Street Address				
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
-	Enter total only if last page of sc (transfer the total disbursed this period	hedule				

MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

/						Cumulative	Cumulative
_	Corporation / Corporation/LLC Name	LLC Recipient Inf	formation		ount ibuted Re	Amount this porting Period	Amount this Election Cycle
	Street Address						
4	,						
1	City	State	ZIP	□ Cash			
	Corporation Commission File Number	Corporation Commission File Number Date Contribution Made					
	Corporation/LLC Name						
	Street Address						
2	City	State	ZIP	G Ozak			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credi			
	Corporation/LLC Name						
	Street Address						
3	City	State	ZIP	□ Cash			
	Corporation Commission File Number	Date Contribution Made			t	7- b = 12	
	Corporation/LLC Name						
	Street Address						
4	City	State	ZIP		1	-	
	Corporation Commission File Number	Date Contribution M	Made	□ Cash □ Credit	i i	- <u> </u>	
	Corporation/LLC Name						
	Street Address						
5	City	State	ZIP		4		
	Corporation Commission File Number	Date Contribution M	Made	□ Cash □ Credit	<u>a</u>		
+	Enter total only if last page of schedu (transfer the total disbursed this period to	ıle					73 - 25



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Organiz	zation Recipient Inform	mation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Labor Organization Name						
	Street Address						
1	City State ZIP		ZIP				
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit			
	Labor Organization Name						
	Street Address						
2	City	State	ZIP	□ Cook			
	Corporation Commission File Number	Date Contribution Made		□ Cash	☐ Cash☐ Credit		
	Labor Organization Name						
	Street Address						
3	City	State	ZIP	□ Cash			
	Corporation Commission File Number  Date Contribution Made			□ Credit			
	Labor Organization Name	abor Organization Name					
	Street Address						
4	City	State	ZIP	□ Cash			
	Corporation Commission File Number	Date Contribution Made		□ Credit			
	Labor Organization Name						
_	Street Address						
5	City	State	ZIP	□ Cash			
	Corporation Commission File Number	Corporation Commission File Number  Date Contribution Made					
	Enter total only if last page of sche (transfer the total disbursed this period	dule to "Summary of Disburse	ements," line 2(f))				



CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

				1	1	
	Contrib	utor Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Date Refund Received			
	Street Address	l l				
1	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
_	Committee Name		Date Refund Received			
	Street Address	<u>'</u>				
2	City	State	ZIP		-	
	Committee ID Number		Date of Original Contribution			
_	Committee Name		Date Refund Received			
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date of Original Contribution		_		
	Committee Name	Date Refund Received			4	
	Street Address	-		_		
4	City	State	ZIP			
	Committee ID Number		Date of Original Contribution	-		
	Committee Name		Date Refund Received			
	Street Address				,	
5		Tour.	710			
	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Enter total only if last page of schedule (transfer the total disbursed this period to "S	e Summary of Disburg	sements," line 2(h))		1 1 1 1 1	*** *** *** *** *** *** *** *** *** **

Schedule B(2)(h), page\_\_\_\_ of \_\_\_\_



LOANS MADE:

SCHEDULE B(3)(a)

	Borrower	Information		Amount Loaned	Cumulative Amount this	Cumulative Amount this
	Borrower Name				Reporting Period	Election Cycle
	Street Address					
1	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
2	State ZIP		ZIP			
	Guarantor/Endorser Name Date Loan Made					
	Borrower Name					
	Street Address					
3	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name	Sorrower Name				
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
E	Street Address	Street Address				
5	City	State	ZIP			
	Guarantor/Endorser Name Date Loan Made					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	line 3(a))			

Schedule B(3)(a), page\_\_\_of \_\_\_



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

	Guarantor Name	Guarantor Information	n		Amount Guaranteed	Cumulative Amount this	Cumulative Amount this
					Guaranteed	Reporting Period	Election Cycle
	Street Address						
1	Officer Address						
	City	State	ZIP				
	Borrower Name	Date Loan Guara	nteed				1+
7	Guarantor Name		5,817				
,	Street Address						
2	City	State	ZIP		· ·		
}	Borrower Name	Date Loan Guara	enteed				
_	Guarantor Name						
	Street Address						
2	City	State	ZIP	13			
				1			
	Borrower Name	Date Loan Guara	nteed	,	j		
	Guarantor Name		2				
	Street Address						
4	City	State	ZIP	~		# #	
E	Borrower Name	Date Loan Guara	nteed		* ,		
	Guarantor Name						
8	Street Address						
5	City	State	ZIP				
Е	Borrower Name	Date Loan Guara	nteed		- 4		
E	Enter total only if last page of transfer the total received this p	of schedule					

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		1	T			
	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
		, and an edicianing				
$\vdash$	Borrower Name		Date Forgiveness Made			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
L						
	Borrower Name		Date Forgiveness Made			
	Street Address					
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address					
4	City	State	ZIP			
		State	ZIF			
	Original Amount of Loan	Amount Still Outstanding	I			
	Borrower Name		Date Forgiveness Made			
	Street Address					
5		1				
-	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Signal Amount of Loan	Pariount Sun Outstanding				
$\vdash$	Enter total only if last page of schedule			L		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 3(c))			

Schedule B(3)(c), page\_\_\_\_ of \_\_\_\_



REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

	Information		1 18 18 1	Cumulative	Cumulative
			Amount Repaid	Amount this Reporting Period	Amount this Election Cycle
ender Name		Date Repayment Made			
Street Address					
City	State	ZIP			
Driginal Amount Borrowed	Amount Still Outstanding	g			
ender Name		Date Repayment Made			
Street Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding	9		i ,	
ender Name		Date Repayment Made			
street Address	*				
'·	Tau.	- Inus			
Original Amount Borrowed Amount Still Outstanding					age description
ender Name		Date Repayment Made	-		
treet Address					
ity	State	ZIP			
Original Amount Borrowed Amount Still Outstanding					
ender Name		Date Repayment Made			
Street Address			-		
ity	State	ZIP			
riginal Amount Borrowed	Amount Still Outstanding				
o c c c c c c c c c c c c c c c c c c c	Original Amount Borrowed ender Name Street Address Original Amount Borrowed ender Name Arreet Address Sity Irriginal Amount Borrowed ender Name treet Address Ity Irriginal Amount Borrowed ender Name treet Address Ity Irriginal Amount Borrowed	Amount Still Outstanding ender Name  Street Address Sity State Amount Still Outstanding ender Name  street Address Sity State  Amount Still Outstanding ender Name  State Address Sity State  Amount Still Outstanding ender Name  State Address Sity State  Amount Still Outstanding ender Name  State Address Sity State  Amount Still Outstanding ender Name  State Address State Amount Still Outstanding ender Name  Freet Address  State  Amount Still Outstanding ender Name  Freet Address  Amount Still Outstanding ender Name  Freet Address  Amount Still Outstanding	Amount Still Outstanding  ender Name  Date Repayment Made  State  ZIP  Driginal Amount Borrowed  Amount Still Outstanding  Date Repayment Made  Litreet Address  State  ZIP  Date Repayment Made  Date Repayment Made  Litreet Address  State  ZIP  Date Repayment Made  Litreet Address  State  ZIP  Amount Still Outstanding  Date Repayment Made  Litreet Address  Lity  State  ZIP  July  State  ZIP  Date Repayment Made  Date Repayment Made  Date Repayment Made	Amount Still Outstanding  ander Name  Date Repayment Made  State  ZIP  Amount Still Outstanding  ander Name  Date Repayment Made  ZIP  Amount Still Outstanding  ander Name  Date Repayment Made  ZIP  Amount Still Outstanding  State  ZIP  Amount Still Outstanding  Amount Still Outstanding  Date Repayment Made  Date Repayment Made  Date Repayment Made  Date Repayment Made  Treet Address  Ity  State  ZIP  Amount Still Outstanding  Date Repayment Made  Date Repayment Made  Treet Address  State  ZIP  Amount Still Outstanding  State  ZIP  Amount Still Outstanding  State  ZIP  Amount Still Outstanding	Amount Still Outstanding  Amount Still Outstanding  Amount Still Outstanding  State ZIP  State ZIP  Amount Still Outstanding  State ZIP  Amount Still Outstanding  State Address  State ZIP  Amount Still Outstanding  ander Name  Date Repayment Mede  Treet Address  State  State ZIP  Amount Still Outstanding  ander Name  Date Repayment Mede  State ZIP  State ZIP  State Address  State ZIP  Amount Still Outstanding  State ZIP  Amount Still Outstanding  State ZIP  Amount Still Outstanding  State ZIP  Amount Still Outstanding

Schedule B(3)(d), page\_\_\_\_ of \_\_\_\_



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

_	Lender I	nformation		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Interest Accrued			
	Street Address		-			
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Interest Accrued			
	Street Address					
2						
-	City	State	ZIP			
	Original Amount Borrowed Amount Still Outstanding		1			
	Lender Name		Date Interest Accrued			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding			<i>e</i>	
	Lender Name		Date Interest Accrued			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
_	Lender Name		Date Interest Accrued			
	Street Address	Street Address				
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
L						
L	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur					

Schedule B(3)(e), page\_\_\_\_ of \_\_\_\_



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

/	Re	cipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cycle
	Name of Original Payor		Date Rebate/Refund Made			- 15
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment	-	-	
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address		,			
3	City	State	ZIP	y 24		
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor		_	
	Name of Original Payor		Date Rebate/Refund Made			No.
	Street Address				= 7 - = *	
4	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor	1		
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
5	City	State	ZIP		-	
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor	-		

Schedule B(4), page\_\_\_\_ of \_\_\_\_



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

_	Candidate Committe	e Recipient Inforr	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made		7	
	Committee Name					
	Street Address					
2	City	City State ZIP				
	Committee ID Number	Date In-Kind Contribution	I Made		,	
	Committee Name					
	Street Address	Street Address				
3	3 City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name	I				
	Street Address					
4	4 City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address	,				
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursem	nents," line 5(a))			

Schedule B(5)(a), page\_\_\_\_ of \_\_\_\_



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

1	Committee Name Street Address City				Election Cycle
	City				
	Oily	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	- <u> </u>	
-	Committee Name				
\$	Street Address	1			
3	City	State	ZIP	<del>-</del> ,-	
(	Committee ID Number	Date In-Kind Contribution Made			
-	Committee Name				 
5	Street Address				
4 0	City	State	ZIP		
C	Committee ID Number	Date In-Kind Contribution Made			
(	Committee Name				 
	Street Address				
5	Sity	State	ZIP		
C	Committee ID Number	Date In-Kind Contribution	Made	,	

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					
	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	Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address		,			
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
	Committee Name	,				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	I Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 5(c))	I.		

Schedule B(5)(c), page\_\_\_\_ of \_\_\_\_



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

/	Partnersl	hip Recipient Inform	mation	7	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 Conti	ribution Made				
_	Partnership Name						
	Street Address						
2	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Cont	tribution Made				
_	Partnership Name				9800 y v - 1		
	Street Address						
3	City	State	ZIP	9 1			
	Corporation Commission File Number	Date In-Kind Cont	ribution Made				
	Partnership Name			1			
	Street Address	Street Address					
4	City	State	ZIP			-	
	Corporation Commission File Number	Date In-Kind Contr	ribution Made				
_	Partnership Name	Partnership Name					
	Street Address						
5	City	State	ZIP	17			
	Corporation Commission File Number	Date In-Kind Contr	ribution Made			* * 1 * 1	
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 5(d))					- 14	

Schedule B(5)(d), page\_\_\_\_ of \_\_\_



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

	Corporation / LLC	Recipient Informa	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Corporation/LLC Name					
	Street Address	-				
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
r	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
F	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 Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	mmary of Disbursen	nents," line 5(e))			

Schedule B(5)(e), page\_\_\_\_ of \_\_\_\_



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

/		nization Recipient Inf	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Labor Organization Name		- 1				
	Street Address						
1	City	State	ZIP ,				
	Corporation Commission File Number	Date In-Kind Contrib	oution Made				
	Labor Organization Name		3	1 2			
	Street Address						
_	dieer Address						
2	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contrib	oution Made				
	Labor Organization Name	Labor Organization Name					
	Street Address						
3	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contrib	oution Made				
	Labor Organization Name	Labor Organization Name					
	Street Address	45		the same and the			
4	City	State	ZIP		1 3		
	Corporation Commission File Number	Date In-Kind Contrib	ution Made				
	Labor Organization Name						
	Street Address	Street Address					
5			T <sub>aub</sub>				
	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contribu	ution Made				
$\neg$	Enter total only if last page of sche (transfer the total disbursed this period	edule					

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 (in	icluding % opposed)	□ Cash □ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		L Groun		
	Reciplent Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
2	City	State	ZIP			
	Candidate(s) Supported (including % supported)	d (including % supported)  Candidate(s) Opposed (including % supported)		☐ Cash☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ L Credit		
	Recipient Name	Recipient Name				
	Street Address					
3	City	State	ZIP	1		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	Icluding % opposed)	☐ Cash ☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ L Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
4	City	State	ZIP	1		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (including % opposed)		☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ □ Credit		
_	Enter total only if last page of schedul (transfer the total disbursed this period to ":	e			,	

Schedule B(6), page\_\_\_\_ of \_\_\_

BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

/	Expenditure	Recipient Information	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			- 9
	Street Address					
	City	State	ZIP			,
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	I (including % opposed)	☐ Cash	· · · · · · · · · · · · · · · · · · ·	
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit		
	Recipient Name	Mode of Advertising (TV, mail, etc)				
	Street Address					
2	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(including % opposed)	□ Cash		-
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
Ī	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					. 1
3	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(including % opposed)	☐ Cash ☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ Li Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		,	1		
4	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		
	Enter total only if last page of schedul (transfer the total disbursed this period to ".	le	- " -			
	(transfer the total disbursed this period to "	Summary of Disbursen				

Schedule B(7), page\_\_\_\_ of \_\_\_



RECALL EXPENDITURES MADE:

SCHEDULE B(8)

					•	
/	Expenditure I	Recipient Informatio	n	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)	,		
	Street Address	ress		-		
1	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Reca	alled	☐ Cash ☐ Credit		,
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		L Gredit		
	Recipient Name	Mode of Advertising (TV, mail, etc)			,	
	Street Address	Tau	ZIP	-		
2	City  Supporting or Opposing Issuance of Recall Order?	State  Candidate Sought to be Reca		_		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		□ Cash □ Credit		
	Recipient Name Mode of Advertising (TV, n					
	Street Address					
3	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Reca	alled	☐ Cash ☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held				- 1
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
4	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Recalled		☐ Cash ☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held				
	Enter total only if last page of schedul (transfer the total disbursed this period to "to	e Summary of Disbursen	nents," line 8)			
1		Sch	hedule B(8), page of			
			, ,,, , ,			



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

	Benefitted Candidate		A	Cumulative	Cumulative
		,	Amount	Amount this Reporting Period	Amount this Election Cyc
Candidate Name		Date Benefit Provided			
Street Address					
City	State	ZIP			
Type of Benefit Provided			,	, s ,	
Notes:		2.0			
Candidate Name		Date Benefit Provided			e Acque
Street Address					
City	State	ZIP		2	
Type of Benefit Provided					
Notes:					
Candidate Name		Date Benefit Provided			40
Street Address	6:		<del></del>		
City	State	ZIP			
Type of Benefit Provided				-	
Notes:					
Candidate Name		Date Benefit Provided			
Street Address					
City	State	ZIP			
Type of Benefit Provided				-	
Notes:					
	City  Type of Benefit Provided  Notes:  Candidate Name  Street Address  City  Type of Benefit Provided  Notes:  Candidate Name  Street Address  City  Type of Benefit Provided  Notes:  Candidate Name  Street Address  City  Type of Benefit Provided  Notes:  Candidate Name  Street Address  City  Type of Benefit Provided	City State  Type of Benefit Provided  Notes:  Candidate Name  Street Address  City State  Type of Benefit Provided  Street Address  City State  Type of Benefit Provided  Street Address  City State  Type of Benefit Provided  Notes:  Candidate Name  Street Address  City State  Type of Benefit Provided  Notes:  Candidate Name  Street Address  City State  Type of Benefit Provided	City State ZIP  Type of Benefit Provided  Notes:  Candidate Name Date Benefit Provided  Street Address  City State ZIP  Type of Benefit Provided  Notes:  Candidate Name Date Benefit Provided  Street Address  City State ZIP  Type of Benefit Provided  Street Address  City State ZIP  Type of Benefit Provided  Street Address  City State ZIP  Type of Benefit Provided  Street Address  City State ZIP  Type of Benefit Provided	City State ZIP  Type of Benefit Provided  Notes:  Candidate Name Date Benefit Provided  Street Address  City State ZIP  Type of Benefit Provided  Street Address  City State ZIP  Type of Benefit Provided  Street Address  City State ZIP  State ZIP  Type of Benefit Provided  Street Address  City State ZIP  Type of Benefit Provided  Street Address  City State ZIP  Type of Benefit Provided  Street Address  City State ZIP  Type of Benefit Provided  Street Address  City State ZIP  Type of Benefit Provided	City State Address  Chy State ZIP  Type of Benefit Provided  Check State ZIP  Date Benefit Provided  City State ZIP  Type of Benefit Provided  Check State ZIP  Type of Benefit Provided

Schedule B(9), page\_\_\_\_ of \_\_\_\_

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

	Committee Informat	tion	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name		Payment Date	4		
Street Address	Street Address				
City	State	ZIP	□ Cook		
Date of Joint Fundraising Event (If applicable)	Type of Shared Exper	nse (if applicable)	□ Casn □ Credit		
Committee Name		Payment Date			
Street Address					
City	State	ZIP			
Date of Joint Fundraising Event (if applicable)	Type of Shared Exper	I use (if applicable)	☐ Cash		
Committee Name		Payment Date			
Street Address					
City	State	ZIP			
Date of Joint Fundralsing Event (if applicable)  Type of Shared Expense (if applicable)		I use (if applicable)	□ Cash □ Credit		
Committee Name		Payment Date			
Street Address				,	
City	State	ZIP		,	
Date of Joint Fundraising Event (if applicable)	Type of Shared Exper	l se (if applicable)	□ Casn □ Credit		
Committee Name		Payment Date			
Street Address					
City	State	ZIP	Пость		
			□ Cash □ Credit		
	Committee Name  Street Address  City  Date of Joint Fundraising Event (if applicable)  Committee Name  Street Address  City  Date of Joint Fundraising Event (if applicable)  Committee Name  Street Address  City  Date of Joint Fundraising Event (if applicable)  Committee Name  Street Address  City  Date of Joint Fundraising Event (if applicable)  Committee Name  Street Address  City  Date of Joint Fundraising Event (if applicable)	Recipient Committee Information  Committee Name  Street Address  City State  Date of Joint Fundraising Event (if applicable) Type of Shared Experiments  Committee Name  Street Address  City State  Committee Name  Street Address  City State  Type of Shared Experiments  Committee Name  Street Address  City State  Date of Joint Fundraising Event (if applicable) Type of Shared Experiments  City State  Committee Name  Street Address  City State  Committee Name  Street Address  City State  City State  Committee Name  Street Address  City State  Committee Name  Street Address	Recipient Committee Information  Committee Name   Payment Date    Street Address   ZIP    Date of Joint Fundraising Event (if applicable)   Type of Shared Expense (if applicable)    Committee Name   Payment Date    Street Address   ZIP    Date of Joint Fundraising Event (if applicable)   Type of Shared Expense (if applicable)    Committee Name   Payment Date    Street Address   ZIP    Date of Joint Fundraising Event (if applicable)   Type of Shared Expense (if applicable)    Committee Name   Payment Date    Street Address   ZIP    Date of Joint Fundraising Event (if applicable)   Type of Shared Expense (if applicable)    Committee Name   Payment Date    Street Address   ZIP    Date of Joint Fundraising Event (if applicable)   Type of Shared Expense (if applicable)    Committee Name   Payment Date    Street Address   Payment Date    Street Address   Payment Date    Street Address   Payment Date   Payment Date   Payment Date    Street Address   Payment Date   Payment Date	Recipient Committee Information   Payment Date	Committee Name   Payment Date

Schedule B(10), page\_\_\_\_ of \_\_\_



REIMBURSEMENTS MADE:

SCHEDULE B(11)

Recipient Information					Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Street Address						
١							
1	'	City	State	ZIP			
		Services or Goods Reimbursed	-	Reimbursement Date	□ Cash □ Credit	933	
		Name					
		Street Address					
2	2	City	State	ZIP	□ Cash		
		Services or Goods Reimbursed	1	Reimbursement Date	☐ Credit	- u - And	
	1	Name					
Street Address							
3	3	City	State	ZIP	□ Cash		
		Services or Goods Reimbursed		Reimbursement Date	☐ Credit		
	1	Name					100
		Street Address		1			
4	1	City	State	ZIP	□ Cash		
	5	Services or Goods Relimbursed		Reimbursement Date	☐ Credit		
	Name Street Address						
5		City	State	ZIP	☐ Cash		
	S	Services or Goods Reimbursed		Reimbursement Date	☐ Cash		
_	E	Enter total only if last page of schedule transfer the total disbursed this period to "Sur	nman/ of Dishurse	ments " line 11)			- 1 - 1 job
	(	transfer the total disbursed this period to "Sur	nmary of Disburse	ments," line 11)			

Schedule B(11), page\_\_\_\_ of \_\_\_\_

OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

		formation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name				,	
	Street Address					
1	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
2	City	State	ZIP			,
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
3	City	State	ZIP			,
	Type of Account Payable or Debt Owed		Date that Debt Accrued			_
	Name					
	Street Address					
4	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
5	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	I ine 12)			

## 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)		- u

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					
	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	☐ Credit		
	Name					
•	Street Address					
2	City		ZIP	□ Cash		
	Disbursement Type	Disbursement Date	□ Credit			
	Name					
3	Street Address					
	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	☐ Credit		
	Name					
4	Street Address					
4	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Credit		
	Name					
5	Street Address ,					
5	City	State	ZIP	□ Cash	,	
	Disbursement Type		Disbursement Date	☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disburs	ements," 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