

RECEIVED

OCT 14 2022



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER
c21-02

COMMITTEE INFORMATION (required):

CITY CLERK
Committee Information: Committee Name: Cody Newcomb for Chandler city Council

CANDIDATE INFORMATION (only if filing as a candidate committee):

Office Sought: County Office: Special District Office:
City/Town Office: Chandler city Council School Board District:

Cumulative Report:

Check here if this is the candidate committee's first, cumulative report for the election cycle. Also select appropriate Reporting Period below.

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

REPORTING PERIOD (check one):

Table with 2 columns: REPORTING PERIOD and REPORT DUE. Rows include various quarterly and pre-election reports from 2020 to 2022. The 2022 Post-Primary Election (Q3) report is checked.

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

FINANCIAL SUMMARY (required):

Table with 3 columns: Activity, Cash Activity This Reporting Period, and Election Cycle to Date. Rows (a) through (d) show committee value, receipts, disbursements, and balance. Includes a checkbox for no financial activity.

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

All reports are deemed to be filed under penalty of perjury by the committee treasurer (all committees) and candidate (candidate committees only).



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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.

Noah Mundt

Printed Name of Committee Treasurer

A handwritten signature in black ink, appearing to read "Noah Mundt".

Signature of Committee Treasurer

10/13/2022

Date



**STATE OF ARIZONA
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SUMMARY OF RECEIPTS (Schedule A):

Receipts	Cash	Equity
1. Monetary Contributions Received		
(a) In-State Individuals - More than \$100	\$180	
(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 Monies (Candidate Committees Only)		
(k) Monetary Contributions Subtotal (add 1(a) through 1(j))	\$180	
(l) Refunds Given Back to Contributors	\$0	
(m) Net Monetary Contributions (subtract 1(l) from 1(k))	\$180	
2. Loans		
(a) Loans Received		
(b) Forgiveness on Loans Received		
(c) Repayment on Loans Made		
(d) Interest Accrued on Loans Made		
(e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))		
3. Rebates and Refunds Received		
4. Interest Accrued on Committee Monies		
5. In-Kind Contributions Received		
(a) In-State Individuals - More than \$100		
(b) In-State Individuals - \$100 or Less (Aggregate)		
(c) Out-of-State Individuals		
(d) Candidate Committees		
(e) Political Action Committees		
(f) Political Parties		
(g) Partnerships		
(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
(i) Labor Organizations (PACs & Political Parties Only)		
(j) Candidate's Personal Assets or Property (Candidate Committees Only)		
(k) In-Kind Contributions Subtotal (equity: add 5(a) through 5(j))		
6. In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
7. Extensions of Credit		
(a) Extensions of Credit Received		
(b) Payments on Extensions of Credit Received		
(c) Net Extensions of Credit (subtract 7(b) from 7(a))		
8. Joint Fundraising / Shared Expense Payments Received		
9. Payments Received for Goods / Services		
10. Outstanding Accounts Receivable / Debts Owed to Committee		
11. Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
12. Miscellaneous Receipts (use cash and/or equity as applicable)		
13. 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)	\$180	



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SUMMARY OF DISBURSEMENTS (Schedule B):

Disbursements	Cash	Equity
1. Disbursements for Operating Expenses		
2. Contributions Made		
(a) Candidate Committees		
(b) Political Action Committees		
(c) Political Parties		
(d) Partnerships		
(e) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
(f) Labor Organizations (PACs & 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 (PACs & Political Parties Only)		
(f) Labor Organizations (PACs & 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 (use cash and/or equity as applicable)		
15. Aggregate of Disbursements - \$250 or Less (use cash and/or equity as applicable)	\$208.5	
16. Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15)	\$208.5	



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

SCHEDULE A(1)(a)

Individual Contributor Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name J Chris Newcomb		Date Contribution Received 09/02/2022	180	180	180
	Street Address 3124 E Waterview Dr					
	City Chandler	State AZ	ZIP 85249			
	Occupation Quality Engineer	Employer Curtiss-Wright				
2	Name		Date Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
3	Name		Date Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
4	Name		Date Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
5	Name		Date Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(a))						

*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 ___



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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 on Schedule A(1)(b).



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MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

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

Schedule A(1)(c), page ___ of ___



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MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

Candidate Committee Contributor Information			Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
1	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date Contribution Received				
2	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date Contribution Received				
3	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date Contribution Received				
4	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date Contribution Received				
5	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date Contribution Received				
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(d))						

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



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MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

Political Action Committee Contributor Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
2	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
3	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
4	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
5	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(e))						



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MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

Political Party Contributor Information			Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
1	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date Contribution Received				
2	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date Contribution Received				
3	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date Contribution Received				
4	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date Contribution Received				
5	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date Contribution Received				
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(f))						

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



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MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

Partnership Contributor Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Received				
2	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Received				
3	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Received				
4	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Received				
5	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Received				
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(g))						

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



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MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

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

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



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MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

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



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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
1	Name		Date Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
2	Name		Date Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
3	Name		Date Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
4	Name		Date Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
5	Name		Date Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(j))						



**STATE OF ARIZONA
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REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

Contributor Information				Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name		Date Contribution Refunded			
	Street Address					
	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
2	Name		Date Contribution Refunded			
	Street Address					
	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
3	Name		Date Contribution Refunded			
	Street Address					
	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
4	Name		Date Contribution Refunded			
	Street Address					
	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
5	Name		Date Contribution Refunded			
	Street Address					
	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 "Summary of Receipts," line 1(I))						



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LOANS RECEIVED:

SCHEDULE A(2)(a)

Lender Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Lender Name		Date Loan Received			
	Street Address					
	City	State	ZIP			
	Guarantor/Endorser Name		Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/>			
2	Lender Name		Date Loan Received			
	Street Address					
	City	State	ZIP			
	Guarantor/Endorser Name		Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/>			
3	Lender Name		Date Loan Received			
	Street Address					
	City	State	ZIP			
	Guarantor/Endorser Name		Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/>			
4	Lender Name		Date Loan Received			
	Street Address					
	City	State	ZIP			
	Guarantor/Endorser Name		Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/>			
5	Lender Name		Date Loan Received			
	Street Address					
	City	State	ZIP			
	Guarantor/Endorser Name		Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/>			
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 2(a))						

Schedule A(2)(a), page ___ of ___



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FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

Lender Information				Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Lender Name		Date Forgiveness Received			
	Street Address					
	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
2	Lender Name		Date Forgiveness Received			
	Street Address					
	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
3	Lender Name		Date Forgiveness Received			
	Street Address					
	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
4	Lender Name		Date Forgiveness Received			
	Street Address					
	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
5	Lender Name		Date Forgiveness Received			
	Street Address					
	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 2(b))						

Schedule A(2)(b), page ___ of ___



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REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

Borrower Information			Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Borrower Name		Date Repayment Received		
	Street Address				
	City	State	ZIP		
	Original Amount Borrowed		Amount Still Outstanding		
2	Borrower Name		Date Repayment Received		
	Street Address				
	City	State	ZIP		
	Original Amount Borrowed		Amount Still Outstanding		
3	Borrower Name		Date Repayment Received		
	Street Address				
	City	State	ZIP		
	Original Amount Borrowed		Amount Still Outstanding		
4	Borrower Name		Date Repayment Received		
	Street Address				
	City	State	ZIP		
	Original Amount Borrowed		Amount Still Outstanding		
5	Borrower Name		Date Repayment Received		
	Street Address				
	City	State	ZIP		
	Original Amount Borrowed		Amount Still Outstanding		
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 2(c))					

Schedule A(2)(c), page ___ of ___



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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
1	Borrower Name		Date Interest Accrued			
	Street Address					
	City	State	ZIP			
	Original Amount Borrowed		Amount Still Outstanding			
2	Borrower Name		Date Interest Accrued			
	Street Address					
	City	State	ZIP			
	Original Amount Borrowed		Amount Still Outstanding			
3	Borrower Name		Date Interest Accrued			
	Street Address					
	City	State	ZIP			
	Original Amount Borrowed		Amount Still Outstanding			
4	Borrower Name		Date Interest Accrued			
	Street Address					
	City	State	ZIP			
	Original Amount Borrowed		Amount Still Outstanding			
5	Borrower Name		Date Interest Accrued			
	Street Address					
	City	State	ZIP			
	Original Amount Borrowed		Amount Still Outstanding			
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 2(d))						

Schedule A(2)(d), page ___ of ___



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REBATES AND REFUNDS RECEIVED:

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/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/Rebate				
Payor Name		Date Rebate/Refund Received			
Street Address					
4 City	State	ZIP			
Original Purchase Amount	Reason for Refund/Rebate				
Payor Name		Date Rebate/Refund Received			
Street Address					
5 City	State	ZIP			
Original Purchase Amount	Reason for Refund/Rebate				
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 3)					



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INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

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



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

SCHEDULE A(5)(a)

Individual Contributor Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name		Date In-Kind Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
2	Name		Date In-Kind Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
3	Name		Date In-Kind Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
4	Name		Date In-Kind Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
5	Name		Date In-Kind Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
Enter total only if last page of schedule (transfer the total received this period to "Summary 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)(a), page ____ of ____



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COMMITTEE ID NUMBER

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

SCHEDULE A(5)(b)

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

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



**STATE OF ARIZONA
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c21-02

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

SCHEDULE A(5)(c)

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

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

Candidate Committee Contributor Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
2	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
3	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
4	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
5	Committee Name					
	Street Address					
	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 "Summary of Receipts," line 5(d))						

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

Political Action Committee Contributor Information			Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
1	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date In-Kind Contribution Received				
2	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date In-Kind Contribution Received				
3	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date In-Kind Contribution Received				
4	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date In-Kind Contribution Received				
5	Committee Name					
	Street Address					
	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 "Summary of Receipts," line 5(e))						

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



**STATE OF ARIZONA
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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

Political Party Contributor Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
2	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
3	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
4	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
5	Committee Name					
	Street Address					
	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 "Summary of Receipts," line 5(f))						

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

Partnership Contributor Information			Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
1	Partnership Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date In-Kind Contribution Received				
2	Partnership Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date In-Kind Contribution Received				
3	Partnership Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date In-Kind Contribution Received				
4	Partnership Name					
	Street Address					
	City	State				ZIP
	Corporation Commission File Number	Date In-Kind Contribution Received				
5	Partnership Name					
	Street Address					
	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 "Summary of Receipts," line 5(g))						

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
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COMMITTEE ID NUMBER

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
1	Corporation/LLC Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Received				
2	Corporation/LLC Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Received				
3	Corporation/LLC Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Received				
4	Corporation/LLC Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Received				
5	Corporation/LLC Name					
	Street Address					
	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 "Summary of Receipts," line 5(h))						



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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

Labor Organization Contributor Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Received				
2	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Received				
3	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Received				
4	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Received				
5	Labor Organization Name					
	Street Address					
	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 "Summary of Receipts," line 5(i))						

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
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COMMITTEE ID NUMBER

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

SCHEDULE A(5)(j)

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

Schedule A(5)(j), page ___ of ___



**STATE OF ARIZONA
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COMMITTEE ID NUMBER

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

SCHEDULE A(6)

Source Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
1	Name		Date In-Kind Donation Received				
	Street Address						
	City	State	ZIP				
	Type of Item Donated						
2	Name		Date In-Kind Donation Received				
	Street Address						
	City	State	ZIP				
	Type of Item Donated						
3	Name		Date In-Kind Donation Received				
	Street Address						
	City	State	ZIP				
	Type of Item Donated						
4	Name		Date In-Kind Donation Received				
	Street Address						
	City	State	ZIP				
	Type of Item Donated						
5	Name		Date In-Kind Donation Received				
	Street Address						
	City	State	ZIP				
	Type of Item Donated						
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 6)							



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COMMITTEE ID NUMBER

EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

Creditor Information				Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
2	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
3	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
4	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
5	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 7(a))						



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COMMITTEE ID NUMBER

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	
1	Name					
	Street Address					
	City	State				ZIP
	Services or Goods Originally Provided on Credit					Date of Original Extension of Credit
2	Name					
	Street Address					
	City	State				ZIP
	Services or Goods Originally Provided on Credit					Date of Original Extension of Credit
3	Name					
	Street Address					
	City	State				ZIP
	Services or Goods Originally Provided on Credit					Date of Original Extension of Credit
4	Name					
	Street Address					
	City	State				ZIP
	Services or Goods Originally Provided on Credit					Date of Original Extension of Credit
5	Name					
	Street Address					
	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 "Summary of Receipts," line 7(b))						



**STATE OF ARIZONA
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COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

Payor Committee Information				Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name		Payment Date			
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)		Type of Shared Expense (if applicable)			
2	Committee Name		Payment Date			
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)		Type of Shared Expense (if applicable)			
3	Committee Name		Payment Date			
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)		Type of Shared Expense (if applicable)			
4	Committee Name		Payment Date			
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)		Type of Shared Expense (if applicable)			
5	Committee Name		Payment Date			
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)		Type of Shared Expense (if applicable)			
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 8)						



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PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

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



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COMMITTEE ID NUMBER

OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

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



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



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MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

Source Information				Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name					
	Street Address					
	City	State	ZIP			
	Receipt Type		Receipt Date			
2	Name					
	Street Address					
	City	State	ZIP			
	Receipt Type		Receipt Date			
3	Name					
	Street Address					
	City	State	ZIP			
	Receipt Type		Receipt Date			
4	Name					
	Street Address					
	City	State	ZIP			
	Receipt Type		Receipt Date			
5	Name					
	Street Address					
	City	State	ZIP			
	Receipt Type		Receipt Date			
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 12)						



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DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

Recipient Information				Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
1	Name		Disbursement Date		<input type="checkbox"/> Cash <input type="checkbox"/> Credit			
	Street Address							
	City		State	ZIP				
	Type of Operating Expense Paid		Non-Electoral Purpose? (PACs and Political Parties Only)					
		<input type="checkbox"/>						
2	Name		Disbursement Date		<input type="checkbox"/> Cash <input type="checkbox"/> Credit			
	Street Address							
	City		State	ZIP				
	Type of Operating Expense Paid		Non-Electoral Purpose? (PACs and Political Parties Only)					
		<input type="checkbox"/>						
3	Name		Disbursement Date		<input type="checkbox"/> Cash <input type="checkbox"/> Credit			
	Street Address							
	City		State	ZIP				
	Type of Operating Expense Paid		Non-Electoral Purpose? (PACs and Political Parties Only)					
		<input type="checkbox"/>						
4	Name		Disbursement Date		<input type="checkbox"/> Cash <input type="checkbox"/> Credit			
	Street Address							
	City		State	ZIP				
	Type of Operating Expense Paid		Non-Electoral Purpose? (PACs and Political Parties Only)					
		<input type="checkbox"/>						
5	Name		Disbursement Date		<input type="checkbox"/> Cash <input type="checkbox"/> Credit			
	Street Address							
	City		State	ZIP				
	Type of Operating Expense Paid		Non-Electoral Purpose? (PACs and Political Parties Only)					
		<input type="checkbox"/>						
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 1)								



**STATE OF ARIZONA
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MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

Candidate Committee Recipient Information				Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
2	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
3	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
4	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
5	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(a))						



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MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

Political Action Committee Recipient Information				Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
2	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
3	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
4	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
5	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(b))						



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MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

Political Party Recipient Information				Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
2	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
3	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
4	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
5	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(c))						

Schedule B(2)(c), page ___ of ___



**STATE OF ARIZONA
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COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

Partnership Recipient Information				Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Partnership Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
2	Partnership Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
3	Partnership Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
4	Partnership Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
5	Partnership Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(d))						

Schedule B(2)(d), page ___ of ___



**STATE OF ARIZONA
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MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

Corporation / LLC Recipient Information				Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Corporation/LLC Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
2	Corporation/LLC Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
3	Corporation/LLC Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
4	Corporation/LLC Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
5	Corporation/LLC Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(e))						

Schedule B(2)(e), page ___ of ___



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MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

Labor Organization Recipient Information				Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Labor Organization Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
2	Labor Organization Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
3	Labor Organization Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
4	Labor Organization Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
5	Labor Organization Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(f))						



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

Contributor Information				Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name		Date Refund Received			
	Street Address					
	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
2	Committee Name		Date Refund Received			
	Street Address					
	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
3	Committee Name		Date Refund Received			
	Street Address					
	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
4	Committee Name		Date Refund Received			
	Street Address					
	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
5	Committee Name		Date Refund Received			
	Street Address					
	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 "Summary of Disbursements," line 2(h))						



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
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COMMITTEE ID NUMBER

LOANS MADE:

SCHEDULE B(3)(a)

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

Schedule B(3)(a), page ___ of ___



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
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COMMITTEE ID NUMBER

LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

Guarantor Information				Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Guarantor Name					
	Street Address					
	City	State	ZIP			
	Borrower Name		Date Loan Guaranteed			
2	Guarantor Name					
	Street Address					
	City	State	ZIP			
	Borrower Name		Date Loan Guaranteed			
3	Guarantor Name					
	Street Address					
	City	State	ZIP			
	Borrower Name		Date Loan Guaranteed			
4	Guarantor Name					
	Street Address					
	City	State	ZIP			
	Borrower Name		Date Loan Guaranteed			
5	Guarantor Name					
	Street Address					
	City	State	ZIP			
	Borrower Name		Date Loan Guaranteed			
Enter total only if last page of schedule (transfer the total received this period to "Summary of Disbursements," line 3(b))						



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
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COMMITTEE ID NUMBER

FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

Borrower Information			Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Borrower Name				
	Date Forgiveness Made				
	Street Address				
	City	State			
Original Amount of Loan		Amount Still Outstanding			
2	Borrower Name				
	Date Forgiveness Made				
	Street Address				
	City	State			
Original Amount of Loan		Amount Still Outstanding			
3	Borrower Name				
	Date Forgiveness Made				
	Street Address				
	City	State			
Original Amount of Loan		Amount Still Outstanding			
4	Borrower Name				
	Date Forgiveness Made				
	Street Address				
	City	State			
Original Amount of Loan		Amount Still Outstanding			
5	Borrower Name				
	Date Forgiveness Made				
	Street Address				
	City	State			
Original Amount of Loan		Amount Still Outstanding			
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 3(c))					



**STATE OF ARIZONA
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COMMITTEE ID NUMBER

REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

Lender Information				Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Lender Name		Date Repayment Made			
	Street Address					
	City	State	ZIP			
	Original Amount Borrowed		Amount Still Outstanding			
2	Lender Name		Date Repayment Made			
	Street Address					
	City	State	ZIP			
	Original Amount Borrowed		Amount Still Outstanding			
3	Lender Name		Date Repayment Made			
	Street Address					
	City	State	ZIP			
	Original Amount Borrowed		Amount Still Outstanding			
4	Lender Name		Date Repayment Made			
	Street Address					
	City	State	ZIP			
	Original Amount Borrowed		Amount Still Outstanding			
5	Lender Name		Date Repayment Made			
	Street Address					
	City	State	ZIP			
	Original Amount Borrowed		Amount Still Outstanding			
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 3(d))						



**STATE OF ARIZONA
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COMMITTEE ID NUMBER

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
1	Lender Name		Date Interest Accrued			
	Street Address					
	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
2	Lender Name		Date Interest Accrued			
	Street Address					
	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
3	Lender Name		Date Interest Accrued			
	Street Address					
	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
4	Lender Name		Date Interest Accrued			
	Street Address					
	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
5	Lender Name		Date Interest Accrued			
	Street Address					
	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 3(e))						

Schedule B(3)(e), page ___ of ___



**STATE OF ARIZONA
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COMMITTEE ID NUMBER

REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

Recipient Information				Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
2	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
3	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
4	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
5	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 4)						



**STATE OF ARIZONA
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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

Candidate Committee Recipient Information				Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
2	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
3	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
4	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
5	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 5(a))						

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



**STATE OF ARIZONA
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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

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



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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

Political Party Recipient Information			Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
1	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date In-Kind Contribution Made				
2	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date In-Kind Contribution Made				
3	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date In-Kind Contribution Made				
4	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date In-Kind Contribution Made				
5	Committee Name					
	Street Address					
	City	State				ZIP
	Committee ID Number	Date In-Kind Contribution Made				
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 5(c))						

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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

Partnership Recipient Information				Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Made				
2	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Made				
3	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Made				
4	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Made				
5	Partnership Name					
	Street Address					
	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 "Summary of Disbursements," line 5(d))						

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



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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

Corporation / LLC Recipient Information				Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Corporation/LLC Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number		Date In-Kind Contribution Made			
2	Corporation/LLC Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number		Date In-Kind Contribution Made			
3	Corporation/LLC Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number		Date In-Kind Contribution Made			
4	Corporation/LLC Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number		Date In-Kind Contribution Made			
5	Corporation/LLC Name					
	Street Address					
	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 "Summary of Disbursements," line 5(e))						

Schedule B(5)(e), page ___ of ___



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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

Labor Organization Recipient Information				Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Made				
2	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Made				
3	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Made				
4	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Made				
5	Labor Organization Name					
	Street Address					
	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 "Summary of Disbursements," line 5(f))						



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COMMITTEE ID NUMBER

INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

Expenditure Recipient Information			Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Recipient Name		Mode of Advertising (TV, mail, etc)		
	Street Address				
	City	State	ZIP		
	Candidate(s) Supported (including % supported)		Candidate(s) Opposed (including % opposed)		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought		
			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
2	Recipient Name		Mode of Advertising (TV, mail, etc)		
	Street Address				
	City	State	ZIP		
	Candidate(s) Supported (including % supported)		Candidate(s) Opposed (including % opposed)		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought		
			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
3	Recipient Name		Mode of Advertising (TV, mail, etc)		
	Street Address				
	City	State	ZIP		
	Candidate(s) Supported (including % supported)		Candidate(s) Opposed (including % opposed)		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought		
			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
4	Recipient Name		Mode of Advertising (TV, mail, etc)		
	Street Address				
	City	State	ZIP		
	Candidate(s) Supported (including % supported)		Candidate(s) Opposed (including % opposed)		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought		
			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 6)					



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COMMITTEE ID NUMBER

BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

Expenditure Recipient Information				Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Recipient Name		Mode of Advertising (TV, mail, etc)	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)		Ballot Measure(s) Opposed (including % opposed)			
	Date of First Publication, Display, Delivery, or Broadcast		Election Month/Year			
2	Recipient Name		Mode of Advertising (TV, mail, etc)	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)		Ballot Measure(s) Opposed (including % opposed)			
	Date of First Publication, Display, Delivery, or Broadcast		Election Month/Year			
3	Recipient Name		Mode of Advertising (TV, mail, etc)	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)		Ballot Measure(s) Opposed (including % opposed)			
	Date of First Publication, Display, Delivery, or Broadcast		Election Month/Year			
4	Recipient Name		Mode of Advertising (TV, mail, etc)	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)		Ballot Measure(s) Opposed (including % opposed)			
	Date of First Publication, Display, Delivery, or Broadcast		Election Month/Year			
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 7)						



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COMMITTEE ID NUMBER

RECALL EXPENDITURES MADE:

SCHEDULE B(8)

Expenditure Recipient Information			Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	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		
	Date of First Publication, Display, Delivery, or Broadcast		Office Held		
			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
2	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		
	Date of First Publication, Display, Delivery, or Broadcast		Office Held		
			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
3	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		
	Date of First Publication, Display, Delivery, or Broadcast		Office Held		
			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
4	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		
	Date of First Publication, Display, Delivery, or Broadcast		Office Held		
			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 8)					



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COMMITTEE ID NUMBER

SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

Benefitted Candidate		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Candidate Name	Date Benefit Provided		
	Street Address			
	City	State	ZIP	
	Type of Benefit Provided			
	Notes:			
2	Candidate Name	Date Benefit Provided		
	Street Address			
	City	State	ZIP	
	Type of Benefit Provided			
	Notes:			
3	Candidate Name	Date Benefit Provided		
	Street Address			
	City	State	ZIP	
	Type of Benefit Provided			
	Notes:			
4	Candidate Name	Date Benefit Provided		
	Street Address			
	City	State	ZIP	
	Type of Benefit Provided			
	Notes:			
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 9)				

Schedule B(9), page ___ of ___



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COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

Recipient Committee Information				Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name		Payment Date	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)		Type of Shared Expense (if applicable)			
2	Committee Name		Payment Date	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)		Type of Shared Expense (if applicable)			
3	Committee Name		Payment Date	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)		Type of Shared Expense (if applicable)			
4	Committee Name		Payment Date	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)		Type of Shared Expense (if applicable)			
5	Committee Name		Payment Date	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)		Type of Shared Expense (if applicable)			
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 10)						



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COMMITTEE ID NUMBER

REIMBURSEMENTS MADE:

SCHEDULE B(11)

Recipient Information				Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date			
2	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date			
3	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date			
4	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date			
5	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date			
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 11)						



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COMMITTEE ID NUMBER

OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

Debt Information				Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name					
	Street Address					
	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
2	Name					
	Street Address					
	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
3	Name					
	Street Address					
	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
4	Name					
	Street Address					
	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
5	Name					
	Street Address					
	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 "Summary of Disbursements," line 12)						



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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 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)		



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

Recipient Information				Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Disbursement Type		Disbursement Date			
2	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Disbursement Type		Disbursement Date			
3	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Disbursement Type		Disbursement Date			
4	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Disbursement Type		Disbursement Date			
5	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Disbursement Type		Disbursement Date			
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 14)						



STATE OF ARIZONA
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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 (If disbursements of \$250 or less are listed on any of the other disbursement schedules, do not include them on Schedule B(15))	\$208.5	
Enter total only if last page of schedule (transfer the total received this period to "Summary of Disbursements," line 15)	\$208.5	

