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CITY OF CHANDLER COMMITGETTY GLERK uired):



COMMITTEE ID NUMBER c21-02

Committee Information:	Committee Name:	Cody Newcomb for Chandler ci	ty Council
ANDIDATE INFORMATION (only i	f filing as a candidate comr	nittee):	
Office Sought:	☐ County Office: ☐ City/Town Office	Chandler city Council	☐ Special District Office:
	eriod start date (which supe	first, cumulative report for the elec ersedes the start date for the Rep	tion cycle. Also select appropriate Reporting Period below. orting Period selected below):

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

FINANCIAL SUMMARY (required):

Activity	Cash Activity This Reporting Period	Election Cycle to Date
 (a) Committee value at the beginning of this reporting period (i.e. ending balance from the previous reporting period) 	\$111.26	
(b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)	\$70	
(c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)	\$120	
(d) = Balance at close of reporting period	\$61.26	
☐ Check here if filing <u>no</u> financial activity during the reporting period. Lines (a)-(d) still must be following page need to be filed.	pe completed, but only this	cover page and the



Under A.R.S. § 16-926(B)(5), a campaign finance report must be certified by the committee treasurer under penalty of perjury that the contents of the report are true and correct.

By filing this report, you certify that, under penalty of perjury, you have examined the contents of this report, and the contents are true and correct.

Noah Mundt	Noah Mundt	01/16/2024
	Noah Mundt (Jan 16, 2024 13:52 MST)	
Printed Name of Committee Treasurer	Signature of Committee Treasurer	Date



SUMMARY OF RECEIPTS (Schedule A):

	Receipts	Cash	Equity
/ 1.	·		
	Monetary Contributions Received		
	(a) In-State Individuals - More than \$100	470	
	(b) In-State Individuals - \$100 or Less (Aggregate)	\$70	
	(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))		
	(I) Refunds Given Back to Contributors		
	(m) Net Monetary Contributions (subtract 1(I) from 1(k))		
2.	Loans		
	(a) Loans Received		
	(b) Forgiveness on Loans Received		
	(c) Repayment on Loans Made		
	(d) Interest Accrued on Loans Made		
	(e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))	<u> </u>	
_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		
	Outstanding Accounts Receivable / Debts Owed to Committee		
	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
	Miscellaneous Receipts (use cash and/or equity asapplicable)	Φ7 Ω	
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)	\$70	



SUMMARY OF DISBURSEMENTS (Schedule B):

	Disbursements	Cash	Equity
/ 1.	Disbursements for Operating Expenses	\$120	
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))		
6.	Independent Expenditures Made		
7.	Ballot Measure Expenditures Made		
8.	Recall Expenditures Made		
9.	Support Provided to Party Nominees (Political Parties Only)		
10.	Joint Fundraising / Shared Expense Payments Made		
11.	Reimbursements Made		
12.	Outstanding Accounts Payable / Debts Owed by Committee		
13.	Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)		
14.	Miscellaneous Disbursements		
15.	Aggregate of Disbursements - \$250 or Less	\$120	
16.	Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15)	\$120	

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

SCHEDULE A(1)(a)

/	Individual Cor	ntributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
******	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address			The state of the s		
3	City	State	ZIP	_	į	
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address			_	<u>:</u>	
4	City	State	ZIP	_		
	Occupation	Employer		_	-	
	Name		Date Contribution Received			
	Street Address			_		
5	City	State	ZIP	-		
	Occupation	Employer		_		

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

*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).

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	\$70	
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(b))		

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

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



MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

		Individual Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
ı	City	State	ZIP			
	Occupation	Employer		-		
	Name		Date Contribution Received			
	Street Address		AATAMANIES AND TO TO TO			
2	City	State	ZIP			
	Occupation	Employer	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Name		Date Contribution Received			
	Street Address	- A. A. H. H. H. A.				
3	City	State	ZIP			
-	Occupation	Employer			7 17 18 18 18 18 18 18 18 18 18 18 18 18 18	
	Name	L	Date Contribution Received			
-	Street Address					
	City	State	ZIP	_		
	Occupation	Employer				
	Name	1	Date Contribution Received			
	Street Address	Account which the standard to			•	
-	City	State	ZIP			
	Occupation	Employer	and the same of th			
1		age of schedule this period to "Summary of Receip				

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



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

Candidate Committee	Contributor Infor	rmation	Amount Received	Cumulative Amount this	Cumulative Amount this
Sommittee (Aurille				Reporting Period	Election Cycle
	Committee Name				
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Receive	l ed			
Committee Name					
Street Address					
Sity	State	ZIP			
Committee ID Number	Date Contribution Receive	ed			
Committee Name					Managara and the control of the cont
treet Address					
Dity	State	ZIP			
Committee ID Number	Date Contribution Receive	ed			
Committee Name					
Street Address	0.000 - 100				
Dity	State	ZIP			
Committee ID Number	Date Contribution Received				
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Receive	ed			
	Interest Address	committee ID Number Date Contribution Receive Date Date Contribution Receive Date Date Date Date Date Date Date Dat	emmittee ID Number Date Contribution Received treet Address State ZIP Date Contribution Received Date Contribution Received Treet Address State ZIP Date Contribution Received Date Contribution Received State ZIP Committee ID Number Date Contribution Received Date Contribution Received Date Contribution Received Date Contribution Received Treet Address State ZIP Committee Name Treet Address State ZIP Committee ID Number Date Contribution Received Date Contribution Received Date Contribution Received	ommittee ID Number Date Contribution Received ammittee Name Treet Address State 2IP Onte Contribution Received ammittee ID Number Date Contribution Received Date Contribution Received ammittee Name State 2IP Generalized ID Number Delia Contribution Received ammittee ID Number Delia Contribution Received ammittee ID Number Delia Contribution Received ammittee ID Number Date Contribution Received	ammilities ID Number Date Contribution Received State ZIP ammilities ID Number Date Contribution Received State ZIP See Address All State ZIP Ammilities Name Free Address All State ZIP ammilities Name Free Address All State ZIP ammilities ID Number Date Contribution Received Ammilities Name Free Address All State ZIP Ammilities ID Number Date Contribution Received

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

/	/	Political Action Commit	tee Contributor In	oformation	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	ed			
F		Committee Name					
		Street Address	and the second of the second o				
	2	Сіту	State	ZIP			
		Committee ID Number	Date Contribution Receiv	ed			
		Committee Name					
		Committee Name					
		Street Address					
;	3	City	State	ZIP			
		Committee ID Number	Date Contribution Receive	<u>l</u>			
-		Committee Name		40 March 2 & 100 March 2 March			
		Street Address					
4	4	City	State	ZIP			
			Data Contilled in Danie				
		Committee ID Number	Date Contribution Receive	eu			
		Committee Name					
		Street Address					
Ę	5	City	State	ZIP			
	-	Committee ID Number	Date Contribution Receive	ed			
-	1	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receipts " li	ine 1(e))			
L		and total received the ported to Culti	, 2	(=//			

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

	Politi	cal Party Contributor Info	rmation	Amount Receive	Cumulative ed Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name	H-SAN-H-CONTROL - SERVICE				
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution F	teceived			
-	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution I	Received			
	Committee Name					
	Street Address					
3	City	State	ZIP	400-400 4 Mariana		
	Committee ID Number	Date Contribution I	Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution F	Received			
	Committee Name					
	Street Address	***************************************				
5	City	State	ZIP		Name of the state	
	Committee ID Number	Date Contribution f	Received			
_	Enter total only if last page of (transfer the total received this p	of schedule				



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

Partnershi	Contributor Inform	ation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Partnership Name						
3						
	State	ZIP				
ommission File Number	Date Contribution Rea	ceived				
ime						
;						
City State ZIP						
nmission File Number	Date Contribution Re	ceived			TATELY.	
Partnership Name						
	State	ZIP				
mmission File Number	Date Contribution Red	ceived				
me						
	State	ZIP				
mmission File Number	mission File Number Date Contribution Received				92	
me						
Street Address						
	State	ZIP				
nmission File Number	Date Contribution Rec	eived				
only if last page of sched			Date Contribution Received			

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

MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

	Corporation / LLC	Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
-	Corporation/LLC Name		Treporting Feriod	Election Oydic		
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
	Enter total only if last page of schedule (transfer the total received this period to "Su	2				

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

Labor Organization Contributor Information Amount Received Amount this Ar	umulative mount this ction Cycl
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 Labor Organization Name Street Address 3 City State ZIP	
Total City State ZIP	
Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address 3 City State ZIP	
Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP	
Street Address 2 City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP	
Street Address City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP	
City State ZIP Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP	
Corporation Commission File Number Date Contribution Received Labor Organization Name Street Address City State ZIP	
Labor Organization Name Street Address City State ZIP	
Street Address City State ZIP	
3 City State ZIP	
City Siate Zir	
Corporation Commission File Number Date Contribution Received	
Labor Organization Name	***************************************
Street Address	
4 city State ZIP	
Corporation Commission File Number Date Contribution Received	
Corporation Continues and the National Accounts and the Continuous Accounts	
Labor Organization Name	
Street Address	
5 City State ZIP	
Corporation Commission File Number Date Contribution Received	
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(i))	



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

	Car	didate Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
-	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address	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				
	Enter total only if last page of sche (transfer the total received this period to	ļ				



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

	C	ontributor Informatio	on	Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Refunded			
	Street Address					
1	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
2	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution		1100	
	Name		Date Contribution Refunded			
	Street Address					
3	City	State	ZIP	-		
	ID Number (if applicable)		Date of Original Contribution			
1	Name		Date Contribution Refunded			
	Street Address				THE PROPERTY OF	
1	City	State	ZIP	_	·	
	ID Number (if applicable)		Date of Original Contribution		į	
1	Name		Date Contribution Refunded			
	Street Address			_		
	City	State	ZIP			
	ID Number (if applicable)	Gidle				
	го мильет (п аррясавје)		Date of Original Contribution			

Schedule A(1)(I), page____ of___



LOANS RECEIVED: SCHEDULE A(2)(a)

		Lender Information		Amount Receive	Cumulative ed Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name	Date Loan Receive	Date Loan Received			
-	Street Address					
	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purp	ose? (PACs and Political Parties	Only)		
	Lender Name	Date Loan Receiv	ed			
	Street Address					
			1			
	City	State	ZIP			
ł	Guarantor/Endorser Name	Non-Electoral Purp	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Receiv	ed		CONTROL OF THE SECRET PROPERTY PROPERTY OF THE SECRET PROPERTY PROPERTY OF THE SECRET PROPERTY PROPERT	
	Street Address					
3	City	State	ZIP			
	O		Non-Electoral Purpose? (PACs and Political Parties Only)			
	Guarantor/Endorser Name	Non-Electoral Purp	Non-Electoral Purpose? (PACs and Political Parties Only)			
_	Lender Name	Date Loan Receiv	ed	***************************************		
	Street Address					
1	City	State	ZIP			
	Guarantor/Endorser Name	Non-Flectoral Purn	ose? (PACs and Political Parties	20lv)		
	Statistics Hame			,		
	Lender Name	Date Loan Receiv	red		**************************************	
	Street Address					
5	City	State	ZIP			
	<i>-</i>	Simo	2.11			
	Guarantor/Endorser Name	Non-Electoral Purp	ose? (PACs and Political Parties	Only)		
٦	Enter total only if last page of s (transfer the total received this peri			december proportion of the second section of the second section of the second s		

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
Γ	Lender Name		Date Forgiveness Received		Troporting Follow	
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name	1	Date Forgiveness Received			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address			-		
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			200
	Street Address					
4	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name	<u> </u>	Date Forgiveness Received			
	Street Address	Street Address				
5	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 "Sum	mary of Receipts," I	ine 2(b))			

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



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

****	В	orrower Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Repayment Received	3		***************************************
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outst	anding			
	Borrower Name		Date Repayment Received			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outst	anding			
_	Borrower Name		Date Repayment Received			
	Street Address			_		
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	anding			
-	Borrower Name		Date Repayment Received			
	Street Address	Marin Ma				
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	anding			
****	Borrower Name		Date Repayment Received			
	Street Address			_		
5	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outsta	inding			
_	Enter total only if last page of sch (transfer the total received this period					

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



INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

Bor	rower Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Borrower Name		Date Interest Accrued			
Street Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstan	ding			
Borrower Name		Date Interest Accrued			
Street Address					
City	State	ZIP			
Original Amount Borrowed Amount Still Outstand		ding			
Borrower Name		Date Interest Accrued			
Street Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstan	ding			
Borrower Name		Date Interest Accrued			
Street Address	Advisor .				
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstan	ding		T COMMAND	
Borrower Name		Date Interest Accrued			
Street Address	A SAME TO SAME				
City	State	ZIP			
	Borrower Name Street Address City Original Amount Borrowed Borrower Name Street Address City Original Amount Borrowed Borrower Name Street Address City Original Amount Borrowed Street Address City Original Amount Borrowed Borrower Name Street Address City Original Amount Borrowed Borrower Name Street Address City Original Amount Borrowed	Street Address City State Original Amount Borrowed Amount Still Outstar Borrower Name Street Address City State Original Amount Borrowed Amount Still Outstar Borrower Name Street Address City State City State City State City State City State Original Amount Borrowed Amount Still Outstar Street Address City State Original Amount Borrowed Amount Still Outstar Borrower Name Street Address City State Street Address City Amount Still Outstar Street Address Street Address Street Address	Borrower Name Street Address City City City Amount Still Outstanding Borrower Name Borrower Name Street Address City State ZiP Date Interest Accrued Street Address City State ZiP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZiP Original Amount Borrowed Amount Still Outstanding Street Address City State ZiP Original Amount Borrowed Amount Still Outstanding Street Address City State ZiP Original Amount Borrowed Amount Still Outstanding City State ZiP Original Amount Borrowed Amount Still Outstanding Date Interest Accrued Street Address City State ZiP Original Amount Borrowed Amount Still Outstanding Date Interest Accrued Street Address City State Date Interest Accrued Date Interest Accrued Date Interest Accrued Date Interest Accrued Original Amount Borrowed Amount Still Outstanding	Berrower Name Street Address City State Address State Address State Address State Address City State Address State Address City State Address State Address State Address City State Address State Address State Address City State State State Address State Address City State State State State Address City State State State State State Address City State St	Borrower Information Borrower Information Date Information Date Information ACCTUED ACCT

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

c21-02



STATE OF ARIZONA FRANCE RESONATION

COMMITTEE ID NUMBER

		Payor Information		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Payor Name		Date Rebate/Refund Received		Troporting Fortion	Liconol Oyale
	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			
Ī	Original Purchase Amount	Reason for Refund/	Rehate			

Schedule A(3), page____ of ___

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)	4000041980401	
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)

	Indi	vidual Contributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address					
1	City	State	ZIP	-		
	Occupation	Employer	A			
	Name		Date In-Kind Contribution Received			
	Street Address			-		
2	City	State	ZIP	_		
	Occupation	Employer				
	Name	Name Date In-Kind Cor				
	Street Address			1		
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				

*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 ___



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

SCHEDULE A(5)(b)

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

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

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

SCHEDULE A(5)(c)

/	Candidate Committee	Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Committee Name						
	Street Address						
1	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribution	Received				
	Committee Name						
2	Street Address	r					
-	City	State	ZIP				
	Committee ID Number Committee Name	Date In-Kind Contribution					
	Street Address						
2							
3	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribution	Received				
	Committee Name						
4	Street Address		ZIP				
	Committee ID Number	State Date In-Kind Contribution					
woodda	Committee Name						
5	Street Address						
	City	State	ZIP				
_	Committee ID Number	Date In-Kind Contribution					
L	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 5(d))				
/	_	Sche	edule A(5)(c), page of	f			/



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

_	Candidate Committee	e Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address	2011002-10000077				
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received	-		
	Committee Name					
	Street Address					
3	City	State	ZIP	_		
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name		was a second of the second of		SEE STATE OF SECTION S	
	Street Address					
4	City	State	ZIP			
i.	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address	Atman)				
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 "Sun	nmary of Receipts," I	ine 5(d))			

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

/ ¬		Committee Contributo	r Information	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address	eet Address				
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Received			
_	Committee Name					90010ACA-FILIA-A
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	oution Received			
_	Committee Name					
	Street Address	reet Address				
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	oution Received			
1	Committee Name			***************************************		
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	oution Received			
4	Committee Name		TRAMPONIO CONTRA CO			CONTRACTOR OF THE STATE OF THE
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Received			
1	Enter total only if last page of so (transfer the total received this period	hedule	7004750W76W76W	<u> </u>		

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

/					Cumulative	Cumulative
	Political Party Co	entributor Informat	tion	Amount Received	Amount this Reporting Period	Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
-	Committee Name	J				
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name	<u> </u>				
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name	L				
	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," li	ine 5(f))			

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

	Partnership	Contributor Informat	ion		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name						
	Street Address						
1	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contribution	n Received				
	Partnership Name		**************************************				NETTERS (1980)
	Street Address						
2	City	State ZIP					
	Corporation Commission File Number	Date In-Kind Contributio	n Received				
_	Partnership Name						
	Street Address						
3	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contributio	n Received				
_	Partnership Name						
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contributio	n Received				
	Partnership Name						
	Street Address						
5	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contribution	n Received				
	Enter total only if last page of sched						

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

IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

	Corporation	/ LLC Contributor Ir	nformation	Ar	mount 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 Contr	ibution Received				
	Corporation/LLC Name		· · · · · · · · · · · · · · · · · · ·				
	Street Address					7	
2	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contr	ribution Received				
-	Corporation/LLC Name						
	Street Address						
3	Сіту	State	ZIP			1	
	Corporation Commission File Number	Date In-Kind Contr	ibution Received				
	Corporation/LLC Name	L					
	Street Address						
;	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contri	ibution Received				
	Corporation/LLC Name						
-	Street Address						
-	City	State	ZIP				
L	Corporation Commission File Number	Date In-Kind Contril	bution Received				
+	Enter total only if last page of sch transfer the total received this period	edule					

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

IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

	Labor Organi	zation Contributor In	formation	Amount Receive	Cumulative ed Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	Sity State ZIP					
	Corporation Commission File Number	Date In-Kind Contrib	oution Received			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	bution Received			
	Labor Organization Name	***************************************				
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	butlon Received			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP	AL-1035911 (prime), prime (prime)		
	Corporation Commission File Number	Date In-Kind Contri	ibution Received			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP		Technology of the Control of the Con	
	Corporation Commission File Number	Date In-Kind Contr	ibution Received			
	Enter total only if last page of sch (transfer the total received this period	nedule.	· · · · · · · · · · · · · · · · · · ·			

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



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

SCHEDULE A(5)(j)

		Candidate Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address					
1	City	State	ZIP			
	Asset or Property Contributed					
		35.4				
	Name		Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address					
3	Oh.	State	ZIP			
	City	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address					
4	City	State	ZIP			
	Asset or Property Contributed			_		
+	Name		Date In-Kind Contribution Received			
1	Street Address					
5	City	State	ZIP			
ŀ	Asset or Property Contributed		······································			



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

SCHEDULE A(6)

	Source	e Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Donation Received			
	Street Address			_		
	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
ŀ	Street Address			_		
2	City	State	ZIP			
	Type of Item Donated			_		
-	Name		Date In-Kind Donation Received			
	Street Address			_		
3	City	State	ZIP			
	Type of Item Donated			_		
-	Name	Date In-Kind Donation Received				
	Street Address	WHO I WAR THE TOTAL THE TAXABLE PARTY OF T				
4	City	State	ZIP	_	1	
	Type of Item Donated					
1	Name		Date In-Kind Donation Received			
	Street Address					
5	City	State	ZIP			
	Type of item Donated			-		
	Enter total only if last page of schedul (transfer the total received this period to "S	e ummary of Receip	ts." line 6)			

EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

_	Cred	Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Name					
	Street Address		***************************************			
1	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address	***************************************				
2	Сйу	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name		· · · · · · · · · · · · · · · · · · ·			***************************************
	Street Address	Street Address			į	
3	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
_	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
_	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Enter total only if last page of schedul (transfer the total received this period to "Si					

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

COMMITTEE	ID	Nι	JM	B	ΞF
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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					
1	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address					
2	City	State	ZIP	-		İ
ŀ	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address			_		
3	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
-	Name					
	Street Address					
4	City	State	ZIP	_	į	
	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 "Sum					

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



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor Co	ommittee Informati	on	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Committee Name		Payment Date			
ŀ	Street Address					
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)			
	Committee Name		Payment Date			
	Street Address	1.1				
	City	State	ZIP			
***************************************	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)			
	Committee Name		Payment Date			
	Street Address			water and a second		
	City	State	ZIP			
	ate 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 Expe	ense (if applicable)			
+	Committee Name		Payment Date			
-	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)			

Schedule A(8), page____ of ____

PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

		nformation		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Purchased		Payment Date		-	
	Name					
	Street Address					
3						
	City	State	ZIP			
	Services or Goods Purchased	Payment Date				
	Name					
	Streel Address					
4	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					MP-SHIRA-III AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
	Street Address					
	City	State	ZIP			
	Services or Goods Purchased		Payment Date		111	
4	Enter total only if last page of schedule (transfer the total received this period to "Sum					

Schedule A(9), page___ of ___

OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

		Information	NAME OF THE PROPERTY OF THE PR	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			i		
	Street Address					
2	City	State	ZIP			
	Type of Account Receivable or Debt Owed	1	Date that Debt Accrued			
	Name					
	Street Address					
3	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name		L			
	Street Address					
4	City	State	ZIP]	
	Type of Account Receivable or Debt Owed		Date that Debt Accrued		et.	
	Name					
	Street Address			_		
5	City	State	ZIP	-		
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
- 1		dule Summary of Rece				

Schedule A(10), page____ of ____



TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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

Schedule A(11), page____ of ____

MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

/	So	ource Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Name				Election Cycle
	Street Address		VII. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
1	1 City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
2	Street Address	·				
_	City	State	ZIP		1000	
	Receipt Type	M	Receipt Date			
	Name Street Address					
3	3					
	City Receipt Type	State	ZIP Receipt Date			
	Name					
	Street Address					
4	City	ZIP				
	Receipt Type		Receipt Date			
	Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Receipt Type		Receipt Date			
	Enter total only if last page of scheo (transfer the total received this period to	lule	ots " line 12)			
					<u> </u>	

DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

_	F	Recipient Information	Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Name	Disbursement D	ate			
	Street Address			and any and an analysis of the same of the		
-	City	State	ZIP			
				□ Cash		
ĺ	Type of Operating Expense Paid	Į.	pose? (PACs and Political Parties Only)	☐ Credit		
1						
	Name	Disbursement D	ate			
	Street Address					
	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Pur	pose? (PACs and Political Parties Only)	□ Cash □ Credit		
	Type of Operating Expense Falu		pose: (1 Aos and 1 onton 1 dides Orky)	LI Credit		
	Name	Disbursement Date				
	Street Address					
	City	State	ZIP			
ŀ	Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only)		□ Cash □ Credit		
	Name	Disbursement Date				
	Street Address					
	City	State	ZIP			
				☐ Cash		
	Type of Operating Expense Paid	Non-Electoral Pu	rpose? (PACs and Political Parties Only)	☐ Credit		
	Name	Disbursement C	vate			
	Street Address					
,	City	State	ZIP			
	City	Sidic		☐ Cash ☐ Credit		
	Type of Operating Expense Paid Non-Electoral Purpose? (PACs and Political Parties Only)					
	Enter total only if last page of s (transfer the total disbursed this per	chedule iod to "Summary of Dist	oursements," line 1)	and the second and th		
_	<u>'</u>	-				<u> </u>

COMMITTEE	ID	NUMBER	

MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	Candidate Committe	ee Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name	-				
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Made	1	☐ Cash☐ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number Date Contribution Made		□ Cash □ Credit			
	Committee Name					
	Street Address					
4	State ZIP					
	Committee ID Number Date Contribution Made		□ Cash □ Credit	-		
	Committee Name					unatamanisticus
	Street Address					
5	City	State	ZIP			
	Committee ID Number Date Contribution Made		☐ Cash☐ Credit			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursem	nents." line 2(a))			
	(and the test and the period to the period to the test and the period to the test and the test		·-····			

COMMITTEE	ID	NUMBER

MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

	Political Action Commit	tee Recipient Info	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Committee Name					
	Street Address					
	City	State	ZIP	- Cook		
ľ	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
l	Committee Name	<u>L</u>				
	Street Address					
_	City	State	ZIP			
_	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
ŀ	Street Address					
ŀ	City	State	ZIP			
ŀ	Committee ID Number	Date Contribution Made	<u> </u>	□ Cash □ Credit		
ł	Committee Name					**************************************
	Street Address					
	City	State	ZIP			
	Committee ID Number Date Contribution Made			□ Cash □ Credit		
	Committee Name					
	Street Address					
	City State ZIP		ZIP			
	Committee ID Number Date Contribution Made		□ Cash □ Credit			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	mmary of Disbursen	nents," line 2(b))			

MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Politic	cal Party Recipient Inform	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name	WWW.				
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Ma	de	☐ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Ma	de	☐ 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	ID Number Date Contribution Made		☐ Credit		
	Committee Name	Committee Name				
	Street Address					
5	City	State	ZIP	□ Cash	- Average and the second secon	
	Committee ID Number	ommittee ID Number Date Contribution Made		☐ Credit		
+	Enter total only if last page of (transfer the total disbursed this pe	schedule	ements " line 2(c))			



COMMITTEE	ID	NUMBER	

MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	ship Recipient Inform	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
F	Partnership Name		7-14-4-1-5-14-4-1-1-1-1-1-1-1-1-1-1-1-1-1		Treporting Coned	Licotion Cydic
5	Street Address					
c	Dity	State	ZIP	□ Cash		
C	Corporation Commission File Number	Date Contribution N	Made	☐ Credit		
F	Partnership Name					
- 03	Street Address			**************************************		
c	City	State	ZIP			
c	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
F	Partnership Name					
ę	Street Address					
(Sity	State	ZIP	□ Cash		
C	Corporation Commission File Number	Date Contribution	Made	☐ Credit		
F	Partnership Name					
Ş	Street Address					
0	Sity	State	ZIP			
0	Corporation Commission File Number	Date Contribution Made		☐ Cash☐ Credit		
F	Partnership Name					
٤	Street Address					
C	City State ZIP		ПО.			
	Corporation Commission File Number Date Contribution Made		□ Cash □ Credit			
E	Enter total only if last page of sch transfer the total disbursed this perio	nedule				

COMMITTEE	ID NUMBER

MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

/	Corporatio	n / LLC Recipient In	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZiP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
2	City State ZIP		□ Cash			
	Corporation Commission File Number	Date Contribution	Made	☐ Credit		1
	Corporation/LLC Name					
•	Street Address					
3	City	State	ZIP	□ Cash	To the state of th	
	Corporation Commission File Number	Date Contribution	Made	□ Credit		
	Corporation/LLC Name	Corporation/LLC Name				
	Street Address					
4	City	State	ZIP	☐ Cash		
	Corporation Commission File Number	Date Contribution	Made	□ Credit		
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP	☐ Cash		
	Corporation Commission File Number	Date Contribution	Made	☐ Credit		
-	Enter total only if last page of sch (transfer the total disbursed this period	nedule d to "Summary of Disbi	ursements," line 2(e))			

COMMITTEE	ID	NUMBER

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Orga	nization Recipient Info	ormation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative \ Amount this Election Cycle
•	Labor Organization Name		1 Coording 1 Cried	Liconori Oycie		
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	ade	□ Cash □ Credit		
_	Labor Organization Name					
	Street Address					
2	City State ZIP					
	Corporation Commission File Number Date Contribution Made		☐ Cash☐ Credit			
	Labor Organization Name					
	Street Address					
3 -	City	State	ZIP		i	
	Corporation Commission File Number	Date Contribution M	ade	□ Cash □ Credit		
	Labor Organization Name					
	Street Address	***************************************				
1	City State ZIP		ZiP			
	Corporation Commission File Number	Date Contribution Ma	ade	□ Cash □ Credit		
-	Labor Organization Name					
	Street Address				-	
5	City	State	ZIP	····	1	
	Corporation Commission File Number	Date Contribution Ma	ade	☐ Cash☐ Credit		
	Enter total only if last page of sci (transfer the total disbursed this perio	hedule	B.U. GOO			
_	(transfer the total dispursed this perio	od to "Summary of Disbur	sements," line 2(f))			



CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

Contribu	itor Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name	Date Refund Received				
Street Address		··············			
City	State	ZIP	-		
Committee ID Number		Date of Original Contribution			
Committee Name		Date Refund Received			
Street Address					
City	State				
Committee ID Number		Date of Original Contribution			
Committee Name .		Date Refund Received			
Street Address					
City	State	ZIP	_		
Committee ID Number		Date of Original Contribution			
Committee Name	Committee Name				
Street Address			-		
City	State	ZIP			
Committee ID Number		Date of Original Contribution			
Committee Name	1	Date Refund Received			
Street Address			_		
City	State	ZIP			
Committee ID Number		Date of Original Contribution			
	Committee Name Street Address City Committee ID Number City Committee ID Number City Committee ID Number Committee ID Number Committee Name Street Address City Committee Name Committee Name Committee ID Number	Street Address City State Committee ID Number Street Address City State Committee ID Number Committee ID Number Committee ID Number Street Address City State City State Committee ID Number Committee ID Number Committee ID Number Committee ID Number Street Address City State State Committee ID Number Committee ID Number Street Address City State Committee ID Number Street Address City State	Committee Name Date Refund Received Street Address ZIP Committee ID Number Date of Original Contribution Committee Name Date Refund Received Street Address ZIP Committee Name Date of Original Contribution Committee ID Number Date of Original Contribution Committee Name Date of Original Contribution Committee ID Number Date of Original Contribution Committee Name Date of Original Contribution Committee Name Date of Original Contribution Committee ID Number Date of Original Contribution Committee I	Committee Name Street Address City Street Address City Committee ID Number Committee ID Number Committee ID Num	Contributor Information Committee Name Date Returd Received Street Address City Committee 1D Number Committee Name Street Address City City Street Address City City Street Address City City City City City City City City

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



LOANS MADE:

SCHEDULE B(3)(a)

_	_		Information		Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Borrower Name					
		Street Address					
1	1	City	State	ZIP			
		Guarantor/Endorser Name	Date Loan Made				
		orrower Name					
		Street Address					
2	2 -	City State ZIP					
		Guarantor/Endorser Name					
-		Borrower Name					
		Street Address					
3	3	City	State	ZIP			
		Guarantor/Endorser Name	Date Loan Made				
		Borrower Name					
		Street Address					
4	4	City	State	ZIP			
		Guarantor/Endorser Name	Date Loan Made				
	+	Borrower Name					addiction action who considered and discussed as the other described in the upto actions and an ac-
		Street Address		311.00			
5	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	ine 3(a))			

Schedule B(3)(a), page___of ___



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

/		Guarantor Information		Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Guarantor Name			·		
	Street Address					
1	City	State	ZIP			
	Borrower Name	Date Loan Guarantee	d			
	Guarantor Name					
	Street Address	- Nacional Pallaciana y				
2	City	State	ZIP			
	Borrower Name	Date Loan Guarantee	d d			
	Guarantor Name					**************************************
	Street Address					
3	City	State	ZIP			
	Borrower Name	Date Loan Guarantee	d			
	Guarantor Name					
	Street Address	- International Control of the Contr				
4	City	State	ZIP			
	Borrower Name	Date Loan Guarantee				
	Guarantor Name					
ا ٍ	Street Address					
5	City	State	ZiP			
	Borrower Name	Date Loan Guarantee	d			
	Enter total only if last page of so (transfer the total received this perio	chedule	." line 3(b))			

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



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

_	/		Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Borrower Name		Date Forgiveness Made			
		Street Address					
	1	City	State	ZIP			
		Original Amount of Loan	Amount Still Outstanding				
		Borrower Name		Date Forgiveness Made			
	Street Address						
2	2	City	State	ZIP			
	Original Amount of Loan Amount Still Outstanding			L			
-	_	Borrower Name		Date Forgiveness Made			
		Street Address		,			
3	3	City	State	ZIP			
		Original Amount of Loan	Amount Still Outstanding				
	1	Borrower Name		Date Forgiveness Made			***************************************
		Street Address					
4	4	City	State	ZIP			
		Original Amount of Loan	Amount Still Outstanding				
		Borrower Name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date Forgiveness Made			
	-	Street Address			:		
5	5	City	State	ZIP			
		Original Amount of Loan	Amount Still Outstanding				
		Enter total only if last page of schedule (transfer the total disbursed this period to "Sun	nmary of Disbursem	nents," line 3(c))			

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



REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

	Lende	r Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name	****	Date Repayment Made		, , , , , , , , , , , , , , , , , , ,	
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
_	Lender Name		Date Repayment Made			
	Street Address			\dashv		
2	Спу	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding		-		
	Lender Name		Date Repayment Made			
	Street Address					
3	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		_		
	Lender Name	1	Date Repayment Made			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding		_		
_	Lender Name		Date Repayment Made			
	Street Address					
,	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

/				Amount of Interest	Cumulative	Cumulative
	l	Lender Information		Accrued	Amount this Reporting Period	Amount this Election Cycle
	Lender Name		Date Interest Accrued			
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	nding			
	Lender Name		Date Interest Accrued			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed Amount Still Outstar		nding			
•	Lender Name		Date Interest Accrued		- 1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	
3	Street Address					
	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	nding			
	Lender Name	CHARLES AND	Date Interest Accrued			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	nding			
_	Lender Name		Date Interest Accrued			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	nding			
	Enter total only if last page of scl (transfer the total disbursed this perio					

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

				ı	1	
/	Re	cipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative \ Amount this Election Cycle
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
-	Name of Original Payor	1	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	NOTE OF THE PROPERTY OF THE PR				
3	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					
4	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Enter total only if last name of sche	dule				
	Enter total only if last page of sche (transfer the total disbursed this period	to "Summary of Disburs	ements," line 4)			

Schedule B(4), page____ of ____



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/_	/	Candidate Committe	e Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Committee Name					
		Street Address					
	1	City	State	ZIP			
		Committee ID Number	Date In-Kind Contribution	Made			
r	Committee Name						
	Street Address						
	2	City	State	ZIP			
		Committee ID Number					
-		Committee Name					
		Street Address					
	3	City	State	ZIP			
		Committee ID Number	Date In-Kind Contribution	Made			
ŀ		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	Made			
-		Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	I mmary of Disbursen	nents," line 5(a))			

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

IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

Political Action Committee Recipient Information Amount this Amoun	nulative unt this ion Cycle
Street Address 1 City State ZIP Committee ID Number Date In-Kind Contribution Made 2 City State ZIP Committee Name Street Address 2 City State ZIP Committee ID Number Date In-Kind Contribution Made 2 Committee Name Street Address 3 City State ZIP Committee ID Number Date In-Kind Contribution Made 4 City State ZIP State ZIP Committee ID Number Date In-Kind Contribution Made	
1 City State 2IP 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 ID Number ZIP Committee ID Number ZIP Committee ID Number Date In-Kind Contribution Made	
Committee ID Number Date In-Kind Contribution Made Committee Name Street Address 2 Cay 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 City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made	
Street Address 2 City State ZIP Committee ID Number Date In-Kind Contribution Made Street Address 3 City State ZIP Committee ID Number Date In-Kind Contribution Made Street Address 4 City State ZIP State ZIP Committee ID Number Date In-Kind Contribution Made	
Committee ID Number Date In-Kind Contribution Made	
Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made	
Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address 4 City State ZIP	
Street Address 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 4 City State ZIP ZIP	
Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP	
Committee Name Street Address City State ZIP	
Street Address 4 City State ZIP	
City State ZIP	
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 "Summary of Disbursements," line 5(b))	

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

	Polit	ical Party Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
*******	Committee Name					
	Street Address					
1	City	State	ZiP			
	Committee ID Number	Date In-Kind Conti	ibution Made			
-	Committee Name					
	Street Address			CONTRACTOR OF THE CONTRACTOR O		
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ribution Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Con	tribution Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Con	tribution Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Con	tribution Made			
	Enter total only if last page (transfer the total disbursed this	of a b a dula				



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

,	Partner	ship Recipient Informat	tion	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 Contributi	ion Made			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribut	ion Made			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributi	ion Made			
	Partnership Name					
	Street Address			Name and the state of the State		
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributi	on Made			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
-	Corporation Commission File Number	Date In-Kind Contribution	on Made			
+	Enter total only if last page of sch					

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

/	Corporation / LLG	C Recipient Informa	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name				Reporting Period	Election Cycle
	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	n Made			
	Corporation/LLC Name			PO-000000000000000000000000000000000000		
	Street Address		The state of the s			
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Corporation/LLC Name					
	Streel Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Corporation/LLC Name					
	Street Address	<u> </u>				
5	Сіту	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Enter total only if last page of schedule					

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



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

Labor Orga	nization Recipient Info	rmation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Organization Name					
Address		***************************************			
	State	ZIP			
ration Commission File Number	Date In-Kind Contribut	ion Made			
Organization Name		,,,			
Address					
	State	ZIP			
oration Commission File Number Date In-Kind Contribution Made					
Organization Name			14471-1441-1441-1441-1441-1441-1441-144		
Street Address					
APRIORITATION AND A CONTRACTOR AND A CON	State	ZIP			
ation Commission File Number	Date In-Kind Contribut	lion Made			
Organization Name					
Address	A. J. A.			- - - - - - - - - - - -	
	State	ZIP	-		
orporation Commission File Number Date In-Kind Contribution Made					
Organization Name					
Address	A. M. MARINANA MARAMATAN	A LOCATE CANADO COMPANIO	MI		
	State	ZIP			
ation Commission File Number	Date In-Kind Contribut	ion Made			
r tota	I only if last page of sch	I only if last page of schedule		I only if last page of schedule	I only if last page of schedule

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					
	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	ncluding % opposed)	_ □ Cash		ļ
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit		
-	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address	2940 MH (2740 MH)		-		
	City	State	ZIP	_		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	cluding % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		AND THE RESIDENCE OF THE PARTY			
3	City	State	ZIP			
-	Candidate(s) Supported (including % supported) Candidate(s) Opposed (in		 Ickuding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			1		
1	City	State	ZIP	-		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	Licluding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ □ Credit		
	Enter total only if last page of schedul (transfer the total disbursed this period to "S	L e Summary of Disburs	ements," line 6)			

COMMITTEE	ID	NUMBER
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BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

	Expenditure	Recipient Informat	tion	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			:
	Street Address					
i	City	State	ZIP	-		
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Oppose		☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	<u>"</u>	— □ Credit		
-	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
2	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Oppose	d (including % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
	Recipient Name	ı	Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed		d (including % opposed)	☐ Cash		
	Dale of First Publication, Display, Delivery, or Broadcast	y, or Broadcast Election Month/Year		☐ Credit		
1	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City	State	ZIP	-		
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed (including % opposed)		☐ Cash		
-	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit		
 	Enter total only if last page of schedule transfer the total disbursed this period to "S	e Summary of Disburse	ements," line 7)			



RECALL EXPENDITURES MADE: SCHEDULE B(8)

/					Cumulative	Cumulative
	Expenditure F	Recipient Informatio	n	Expenditure Amount	Amount this Reporting Period	Amount this
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Reca	.Ialled	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		- □ Credit		
•	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		The second secon			
2	City	State	ZIP	×.		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Reca	I alled	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)	,		
	Street Address			-		
3	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Office Held			□ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address	å.				
4	City	State	ZIP	-		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	_ □ Cash	:	
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		□ Credit		
	Enter total only if last page of schedul	e Cummon, of Diabus-	nonts " line 9\			ne departs hammoure ordere en en en elle discionale de en en en elle fe
	(transfer the total disbursed this period to "S	ounmary of Dispursen	nents, line o)			***************************************

SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

/			ı	1	
Benefi	tted Candidate		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Candidate Name		Date Benefit Provided			
Street Address		and an analysis and a second			
Сіту	State	ZIP			
Type of Benefit Provided					
Notes:					
Candidate Name		Date Benefit Provided			
Street Address					
		-			
City	State	ZIP			
Type of Benefit Provided				3	
Notes:					
Candidate Name		Date Benefit Provided			
Street Address					
City	State	ZIP			
Type of Benefit Provided	-		4		
vules.					
Candidate Name		Date Benefit Provided			
Street Address					
City	State	ZIP			
Type of Benefit Provided					
otes:					
Enter total only if last page of schedule transfer the total disbursed this period to "S					
-nier iotal only it last nago of schodulo					
	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 Street Address City Type of Benefit Provided Street Address City Type of Benefit Provided Notes: Candidate Name Street Address City 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 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	Candidate Name Street Address City State 2IP 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 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	Candidate Name Street Address City Candidate Name Candidat	Benefitted Candidate Candidate None Date Seartif Provided

COMMITTEE	ID	NUMBER	

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

	Recipient Con	nmittee Informatio	n	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address					
	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	☐ Credit		
1	Committee Name		Payment Date			One 4000 (400 (400 (400 (400 (400 (400 (40
	Street Address					
	City	State	ZIP			
-	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
1	Committee Name		Payment Date			
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	☐ Cash☐ Credit		
	Committee Name		Payment Date			
	Street Address					
١	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	e (if applicable)	☐ Cash☐ Credit		
-	Committee Name	<u> </u>	Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)		e (if applicable)	□ Cash □ Credit		ı
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 10)					
		*	,			Management



REIMBURSEMENTS MADE:

SCHEDULE B(11)

_	Reci	Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Name					
	Street Address					
1	City	State	ZIP	Cash.		
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address		TO ANALYSIS .			
2	City	State	ZIP		over the second	
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address			118		
3	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address		***************************************			
4	City	State	ZIP			
	Services or Goods Reimbursed	<u> </u>	Reimbursement Date	☐ Cash☐ Credit	3	
	Name	·····				
	Street Address	Street Address				
5	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
1		1.				-
	Enter total only if last page of schedu (transfer the total disbursed this period to	lle 'Summary of Disb	ursements," line 11)			

OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

	De	ebt Information		Amount	Cumulative Amount this	Cumulative Amount this
1	Name				Reporting Period	Election Cycle
	Street Address					
1	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address	Street Address				
	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
0000	Name					
	Street Address					
3	City	State	Z(P			
	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			MARK MARK MARK MARK MARK MARK MARK MARK		
	Street Address					
5	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			

Schedule B(12), page____ of ____



TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Total (transfer the total disbursed this period to "Summary of Disbursements," line 13)		- 14 MOVE 15-4-1 (1-0-0)

Schedule A(13), page____ of ____



MISCELLANEOUS DISBURSEMENTS: SCHEDULE B(14)

Recipient Information			Amo	Cumulative Amount this Reporting Per	s Amount this
	Name				
	Street Address	Street Address			
	City	ZIP	□ Cash		
	Disbursement Type	Disbursement Da	te		
	Name				
	Street Address				
2	Сіту	ZIP	□ Cash		
	Disbursement Type	Disbursement Da			
	Name				
	Street Address				
3	City	ZIP	□ Cash		
	Disbursement Type	Disbursement Da		☐ Credit	
	Name				
	Street Address				
4	City	ZIP	□ Cash		
	Disbursement Type			□ Credit	
	Name				
	Street Address				
5	City	State ZIP	□ Cash		
	Disbursement Type Disbursement Date				
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," 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)		1/6 (Pauli

Schedule B(15), page____ of