RECEIVED

Amended 10/25/26/



COMMITTEE CAMPAIGN CT 2 5 2024 FINANCE REPORT CITY OF CHANDLER

COMMITTEE ID NUMBER
C24-02

COMMITTEE INFORMATION (required):

Committee Information:

Committee Name: YANG FOR CHANDLER

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

☐ County Office

☐ County Office:
☐ City/Town Office: COUNCILMEMBER

☐ Special District Office:___ ☐ School Board District:

CITY CLERK

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): 01/01/2024

REPORTING PERIOD (check one):

	REPORTING PERIOD	REPORT DUE
	2023 March Pre-Election Report (Local Only): January 1, 2023 to February 25, 2023	February 26, 2023 to March 4, 2023
	2023 March Post-Election (Q1) Report (Local Only): February 26, 2023 to March 31, 2023	April 1, 2023 to April 15, 2023
	2023 Quarter 1 Report: January 1, 2023 to March 31, 2023	April 1, 2023 to April 17, 2023
	2023 May Pre-Election Report (Local Only): April 1, 2023 to April 29, 2023	April 30, 2023 to May 6, 2023
	2023 May Post-Election (Q2) Report (Local Only): April 30, 2023 to June 30, 2023	July 1, 2023 to July 15, 2023
	2023 Quarter 2 Report: April 1, 2023 to June 30, 2023	July 1, 2023 to July 17, 2023
	2023 August Pre-Election Report (Local Only): July 1, 2023 to July 15, 2023	July 16, 2023 to July 22, 2023
	2023 August Post-Election (Q3) Report (Local Only): July 16, 2023 to September 30, 2023	October 1, 2023 to October 16, 2023*
	2023 Quarter 3 Report: July 1, 2023 to September 30, 2023	October 1, 2023 to October 16, 2023*
	2023 November Pre-Election Report (Local Only): October 1, 2023 to October 21, 2023	October 22, 2023 to October 28, 2023
	2023 November Post-Election (Q4) Report (Local Only): October 22, 2023 to December 31, 202	3 January 1, 2024 to January 16, 2024*
	2023 Quarter 4 Report: October 1, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
	2024 March Pre-Election Report (Local Only): January 1, 2024 to February 24, 2024	February 25, 2024 to March 2, 2024
	2024 March Post-Election (Q1) Report (Local Only): February 25, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
	2024 Quarter 1 Report: January 1, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
	2024 May Pre-Election Report (Local Only): April 1, 2024 to May 4, 2024	May 5, 2024 to May 11, 2024
	2024 May Post-Election (Q2) Report (Local Only): May 5, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
	2024 Quarter 2 Report: April 1, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
	2024 July Pre-Primary Election Report: July 1, 2024 to July 13, 2024	July 14, 2024 to July 20, 2024
/	2024 July Post-Primary Election (Q3) Report: July 14, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
	2024 Quarter 3 Report: July 1, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
	2024 November Pre-General Election Report: October 1, 2024 to October 19, 2024	October 20, 2024 to October 26, 2024
	2024 November Post-General Election (Q4) Report: October 20, 2024 to December 31, 20	24 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	-243(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)	\$ 5,060.80	
(b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)	\$ 8,013.70	\$ 21,407.33
(c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)	\$ 6,705.35	\$ 15,048.58
(d) = Balance at close of reporting period	\$ 5,859.15	
 Check here if filing no financial activity during the reporting period. Lines (a)-(d) still must be following page need to be filed. 	e completed, but only this	cover page and the



COMMITTEE ID NUMBER
C24-02

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.

JAMES A CHASTON	James A Chaston Digitally signed by James A Chaston Date: 2024.10,25 21:20:32 -07'00'	10/25/2024
Printed Name of Committee Treasurer	Signature of Committee Treasurer	Date



SUMMARY OF RECEIPTS (Schedule A):

	Receipts	Cash	Equity
1.	Monetary Contributions Received		
	(a) In-State Individuals - More than \$100	7463.70	
	(b) In-State Individuals - \$100 or Less (Aggregate)	50.00	
	(c) Out-of-State Individuals		
	(d) Candidate Committees		
	(e) Political Action Committees	500.00	
	(f) Political Parties		
	(g) Partnerships		
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		The state of the state of
			The Paragraph of the Control
	(i) Labor Organizations (PACs & Political Parties Only)	10 100 100 100 100 100 100 100 100 100	700007 VIOLENCE (10)
	(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 e e	
	(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))		
3.	Joint Fundraising / Shared Expense Payments Received		
9.	Payments Received for Goods / Services	5 - 12 11 . x 3 4 51 12	
	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity asapplicable)	7 36 7	- X X-X-
12.	Miscellaneous Receipts (use cash and/or equity asapplicable)	8013.70	



SUMMARY OF DISBURSEMENTS (Schedule B):

	Disbursements	Cash	Equity
1.	Disbursements for Operating Expenses	6705.35	
2.	Contributions Made		
	(a) Candidate Committees		
	(b) Political Action Committees		
	(c) Political Parties		Zistesal kondeli fel
	(d) Partnerships		service and the
	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		actions (45 fg
	(f) Labor Organizations (PAC & Political Parties Only)		JACKSELLEGIJSK
	(g) Monetary Contributions Subtotal (add 2(a) through 2(f))		THE STREET WAS A
	(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		Cause a travelli ilo
	(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		eri a Maurico di Gra
7.	Ballot Measure Expenditures Made		sate of the seed of the
8.	Recall Expenditures Made		Sacration September 1
9.	Support Provided to Party Nominees (Political Parties Only)		
10.	Joint Fundraising / Shared Expense Payments Made		
11.	Reimbursements Made		
12.	Outstanding Accounts Payable / Debts Owed by Committee		
13.	Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)		
14.	Miscellaneous Disbursements		
15.	Aggregate of Disbursements - \$250 or Less		
16.	Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15)	6705.35	

COMMITTEE ID NUMBER
C24-02

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

SCHEDULE A(1)(a)

/	Individual Conf	ributor Informa		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	SEE ATTACHED SPREDSHEET		Date Contribution Received	7463.70	7463.7	20287.78
	Street Address					
1	City	State	ZIP			
	Occupation	Employer			100 100 000	
	Name		Date Contribution Received			
	Street Address		4	a pro tra		
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP	_		
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address			_		
4	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipt	ts " line 1(a))		7463.70	20287.78

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

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

COMMITTEE ID NUMBER
C24-02

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
Cumula	ative Contributions from In-State Individuals - \$100 or Less	50	593
	otal only if last page of schedule the total received this period to "Summary of Receipts," line 1(b))	50	593

^{*}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 ____

Name	Date Address		Occupation	Employer	Amount
Keith Wong	07/15/2024 7222 East G	07/15/2024 7222 East Gainey Ranch Road, Unit 128, Scottsdale, AZ 85258	CEO	3 Forces Inc	\$120
Jay & Gayla Donkersloot	07/16/2024 7030 West C	07/16/2024 7030 West Oakland Street, Chandler, AZ 85226	Manufacturer	Advanced Materials	\$1,500
Margie Bates	7/17/2024 1615 E Ironv	7/17/2024 1615 E Ironwood Drive, Chandler, AZ 85225	Retired	Retired	23.7
Kathryn Mckinnon	7/21/2024 5052 W Buff	7/21/2024 5052 W Buffalo Street, Chandler, AZ 85226	Sales Coordinator	Sentinel	\$20
Jay & Gayla Donkersloot	08/13/2024 7030 West C	08/13/2024 7030 West Oakland Street, Chandler, AZ 85226	Manufacturer	Advanced Materials	\$5,500
William Green	08/14/2024 12028 S On	08/14/2024 12028 S Oneida St, Phoenix AZ 85044	Retired	Retired	\$100
Sandra/Alan Money	09/09/2024 14821 S 31st Way Phoenix AZ 85048	t Way Phoenix AZ 85048	Homemaker	Homemaker	\$200.00
				Total over \$100	\$7,464
WeServ	7/25/2024 1733 E Nortl	7/25/2024 1733 E Northrop Blvd, Chandler, AZ 85286	PAC	PAC	\$500.00
Cash				Total Cash	50
				Total	\$8 013 70



MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

				I	l	0 1-45
	In	dividual Contributor Informa	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			i
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
_	Name		Date Contribution Received			
	Street Address	Street Address		-		
3	City	State	ZIP	- 1		
	Occupation	Employer				
_	Name		Date Contribution Received			
	Street Address			_		
4	City	State	ZIP			
	Occupation	Employer		_		
	Name		Date Contribution Received			
	Street Address			_		
5	City	State	ZIP			
		Employer				
	Occupation					
	Enter total only if last page (transfer the total received this	of schedule period to "Summary of Receipts	s," line 1(c))			

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



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

/	Candidate Committee	Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
	officer Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Committee Name					
	Street Address					
0						
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
3						
Ü	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
	Direct Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	d			
_						
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receipts." li	ne 1(d))			
_	l					

Arizona Secretary of State Revision 9/28/23

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

/	Political Action Comm	ittee Contributor Ir	nformation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name			500.00	500.00	500.00
	See Attached Schedule			_		
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
_	Committee Name					-
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	red			
-	Committee Name					
	Street Address					
3	City	State	ZIP	-		
	Committee ID Number	Date Contribution Received				
	Committee Name			,		r -
	Street Address				_	
4	City	State	ZIP	-		
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address			-		
5	City	State	ZIP	-	-	
	Committee ID Number	Date Contribution Receive	I ed			
	Enter total only if last page of schedule (transfer the total received this period to "Sur					

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

/						
	Political Party Co	ntributor Informat	ion	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	I ed	-		
	Committee Name					
	Street Address	Street Address				
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
3	City	Stale	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
_	Committee Name					
	Street Address			_		
4	City	State	ZIP			
	Sny	State	217			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	<u> </u> ed	-		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 1(f))			

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

/	_		tributor Informati	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Partnership Name					
		Street Address					
	1	City	State	ZIP			
		Corporation Commission File Number	Date Contribution Receive	ed			
	_	Partnership Name					
		Street Address	_				
	2	City	State	ZIP			
		Corporation Commission File Number	Date Contribution Receive	<u> </u> ed			
		Partnership Name					
		Street Address	y 1				
	3	City	State	ZIP			
		Corporation Commission File Number Date Contribution Received					
		Partnership Name					
		Street Address					
	4	City	State	ZIP	-		
		Corporation Commission File Number	Date Contribution Receive	ed .	<u> </u>		
Ì		Partnership Name					
		Street Address					
	5	City	State	ZIP	· .		
1		Corporation Commission File Number	ation Commission File Number Date Contribution Received				
		Enter total only if last page of schedule (transfer the total received this period to "Sumi	- <u>s</u>				

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



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

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

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

	Labor Organ	ization Contributor I	nformation	,	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name						
	Street Address						
1	City	State	ZIP				
	Corporation Commission File Number	Date Contribution	Received				
r	Labor Organization Name						
	Street Address						
2	City	State	ZIP				
	Corporation Commission File Number	Date Contribution	Received				
-	Labor Organization Name	Labor Organization Name					
	Street Address	Street Address					
3	City	State	ZIP	or to			
	Corporation Commission File Number Date Contribution Received			1			
_	Labor Organization Name	Labor Organization Name					
	Street Address						
4	City	State	ZIP	-11			
	Corporation Commission File Number	Date Contribution	Received				
	Labor Organization Name		- 6 7 -				
	Street Address	Street Address					
5	City	State	ZIP		2		
	Corporation Commission File Number	Date Contribution	Received				
	Enter total only if last page of sch (transfer the total received this period	edule to "Summary of Recei	ots." line 1(i))				

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

	Contributo	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Date Contribution Refunded				
	Street Address	1	.!			
1	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address	Street Address				
2	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address	1				
3	City	State	ZIP			
	ID Number (if applicable)	Date of Original Contribution				
	Name	Date Contribution Refunded				
	Street Address					
4	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name	Name				
	Street Address		I			
5	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 "Sumr					

Schedule A(1)(I), page____ of___



LOANS RECEIVED: SCHEDULE A(2)(a)

				1	i i	
	Lender	Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name	Date Loan Received				
	JOSEPH YANG					
	Street Address				(A)	
1	City	State	ZIP	1		
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address	•		1		
0						
2	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)				
	Lender Name	Date Loan Received				
	Street Address					
2						
3	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)				
	Lender Name	Date Loan Received				
	Street Address					
4		T	I			
-	City	State	ZIP			
	Guarantor/Endorser Name		PACs and Political Parties Only)			
_						
	Lender Name	Date Loan Received				
	Street Address					
5	Oir.	I.a.	T	-		
	City	State	ZIP			
	0	Non Floring I Down 2 2	DAC- and Deliver D. ". C. 1.	-		
	Guarantor/Endorser Name		PACs and Political Parties Only)			
_						
	Enter total only if last page of schedule (transfer the total received this period to "Sum					
	(transfer the total received this period to "Sum	mary of Receipts," I	ine 2(a))			

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



FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

_	Lender	Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Forgiveness Received			
	Street Address	Street Address				
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address	itreet 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			x	
	Street Address					
4	City	State	ZIP	_		
	Original Amount of Loan Amount Still Outstanding			1		
	Lender Name		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," li				

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



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

_	Borrower	Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name	Date Repayment Received				
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding		-		
_	Borrower Name		Date Repayment Received			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name	1	Date Repayment Received			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	L			
	Borrower Name	Borrower Name Date Repayment Received				
	Street Address		L			
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address	Street Address				
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
-	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts "	ine 2(c))			
_	p	, ,	7-11		Il	

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



INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

	,	Borrower Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Borrower Name		Date Interest Accrued		_	
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	anding			
_	Borrower Name		Date Interest Accrued			
	Street Address	eet Address				
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	anding		-	
	Borrower Name		Date Interest Accrued			
	Street Address		-			
3	City	State	ZIP			
	Original Amount Borrowed Amount Still Outstanding					
_	Borrower Name		Date Interest Accrued			
	Street Address			\dashv		
4	City	State	ZIP			
	Original Amount Borrowed	Original Amount Borrowed Amount Still Outstanding				
_	Borrower Name	Borrower Name				
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	nding			

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

C24-02



STATE OF ARIZONA FRIMINGERE FAMIPAIGN

COMMITTEE ID NUMBER

S AN	ND REFUNDS RECEIVED:					SCHEDL
_	Payo	r 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/Reba	ate			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
2	City	State	ZIP			
	Original Purchase Amount Reason for Refund/Rebs		ate			
	Payor Name		Date Rebate/Refund Received			y
	Street Address					
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Reba	ate			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
4	City	State	ZIP			
	Original Purchase Amount Reason for Refund/Rebate		ale			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
5	City	State	ZIP			

Schedule A(3), page____ of ___

Reason for Refund/Rebate

Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 3)

Original Purchase Amount

COMMITTEE ID NUMBER

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

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

COMMITTEE ID NUMBER
C24-02

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

SCHEDULE A(5)(a)

/		ributor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received	0	0	1010.55
1	Street Address	727				
	City	State	ZIP			
	Occupation	Employer				
	Name	L	Date In-Kind Contribution Received			
	Street Address	Street Address				
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
_	Name		Date In-Kind Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page of schedule (transfer the total received this period to "Sum		0.00	1010.55		

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

Schedule A(5), page____ of ___

COMMITTEE ID NUMBER

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

SCHEDULE A(5)(b)

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

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

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

COMMITTEE ID NUMBER
C24-02

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	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					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number Date In-Kind Contribution Received					
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	IReceived			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	L				

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



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					
	1	City	State	ZIP	-		
		Committee ID Number	Date In-Kind Contribution	Received			
r		Committee Name					
		Street Address		i i			
	2	City	State	ZIP			
		Committee ID Number	Date In-Kind Contribution	Received		×	
ŀ		Committee Name					
		Street Address					
	3	City	State	ZIP			
		Committee ID Number	Date In-Kind Contribution	Received			
F		Committee Name					
		Street Address					
	4	City	State	ZIP			
		Committee ID Number Date In-Kind Contribution Received					
-		Committee Name					
		Street Address					
	5	City	State	ZIP	* * 1		
		Committee ID Number	Date In-Kind Contribution	Received			
-	1	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receipts," li	ine 5(d))		ggi i	
_	- 1						

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

_	Political Action Committ	ee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	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					
0	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
4	Street Address					
4	City	State	ZIP			
	Committee ID Number Date In-Kind Contribution Received					
	Committee Name					
5	Street Address	Streel Address				
J	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution				
	Enter total only if last page of schedule (transfer the total received this period to "Sumi					

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

_	1	ontributor Informa	tion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date 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			T			
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
4	City	State	ZIP	-		
	Committee ID Number Date In-Kind Contribution Received					
	Committee Name	Committee Name				
	Street Address	-				
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	I Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum		* = 0 - 1 * - 14 × 1			

Arizona Secretary of State Revision 9/28/23

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

/			1			
	Partnership Co	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address			-		
2	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
Г	Partnership Name					
	Street Address			-		
3	City	State	ZIP			
	Corporation Commission File Number Date In-Kind Contribution Received					
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Corporation Commission File Number Date In-Kind Contribution Received				
	Partnership Name					
	Street Address	Street Address				
5	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	I Received	-		
	Enter total only if last page of schedule (transfer the total received this period to "Su	e ummary of Receipts,"	line 5(g))	1		

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



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

	Corporation / LLC	Contributor Inforn	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name Street Address			-		
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
	Corporation/LLC Name					
	Street Address	-				
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
	Street Address		-			
3	City	State	ZIP			
	Corporation Commission File Number Date In-Kind Contribution Received					
	Corporation/LLC Name		,			
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," l	,			

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

_	Labor Organization	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name	ı				
	Street Address			_		
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
\vdash	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
-	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	poration Commission File Number Date In-Kind Contribution Received				
	Labor Organization Name					
	Street Address					
5	City State ZIP					
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 5(i))			

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



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

SCHEDULE A(5)(j)

	C	andidate Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address		9 11			
1	City	State	ZIP			
	Asset or Property Contributed					
_	Name		Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address	+		-		
3	City	State	ZIP			
	Asset or Property Contributed				-	
		1				
	Name	1	Date In-Kind Contribution Received			
	Street Address					
4	City	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address					
5	City	State	ZIP			
	Asset or Property Contributed					

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



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

SCHEDULE A(6)

Source Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Date In-Kind Donation Received		Treperting Ferror	Lieution Gydie	
1	Street Address					
	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address					
2	City	State	ZIP			
	Type of Item Donated	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			
4	Street Address	Street Address				
4	City	State	ZIP			
	Type of Item Donated	Type of Item Donated				
	Name		Date In-Kind Donation Received			
5	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 "Su	mmary of Receipts,"	line 6)			



EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

	/	Creditor	Information		Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Name					
		Street Address			_		-
	1	City	State	ZIP	-		
		Services or Goods Provided on Credit	1	Date of Extension of Credit			
		Name					
		Street Address	·				- °
	2	City	State	ZIP	-		
		Services or Goods Provided on Credit	,	Date of Extension of Credit			2
		Name					
		Street Address					
	3	City	State	ZIP			
		Services or Goods Provided on Credit Date of Extension of Credit					
ŀ		Name					
		Street Address					
	4	City	State	ZIP			
		Services or Goods Provided on Credit		Date of Extension of Credit		1	
		Name					
		Street Address	Street Address				*
	5	City	State	ZIP			
		Services or Goods Provided on Credit	Date of Extension of Credit			9 1	
		Enter total only if last page of schedule (transfer the total received this period to "Sumr	mary of Receipts," li	I ine 7(a))		0 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

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

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



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

/	Payor Cor	mmittee Informatio	n	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
1	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable) Type of Shared Expense		se (if applicable)	1 x		
2	Committee Name		Payment Date			
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expens	se (if applicable)	1		
3	Committee Name		Payment Date			
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expens	se (if applicable)			
4	Committee Name		Payment Date			
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expens	e (if applicable)			
	Committee Name		Payment Date			
5	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expens	e (if applicable)			
_	Enter total only if last page of schedule ransfer the total received this period to "Summary of Receipts," line 8)					
_	transier the total received this period to "S	unimary of Receipts,	iiie o)			



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

_	Payor Ir	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			
r	Name					
	Street Address		1			
3	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
-	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
\vdash	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
-	Enter total only if last page of schedule (transfer the total received this period to "Sumi					
L	(transfer the total received this period to "Sumi	mary of Receipts," I	ine 9)			

Schedule A(9), page____ of ____



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

/	Info	rmation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Street Address	×	1			
1	1 City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
2	Street Address	1				
	City Type of Account Receivable or Debt Owed	State	ZIP Date that Debt Accrued			
	Name					
	Street Address				-	
3	3 City	State	ZIP	-		
	Type of Account Receivable or Debt Owed		Date that Debt Accrued	-		
	Name					
	Street Address					
4	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			,
	Name Street Address			-		
5		State	ZIP	-		
	Type of Account Receivable or Debt Owed		Date that Debt Accrued	-		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," li	ine 10)			

COMMITTEE ID NUMBER

TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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

Schedule A(11), page____ of ____



MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

	Source I	nformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
N	lame					
S	Street Address					
С	Sity	State	ZIP			
Re	eceipt Type	*E1 1 1 **	Receipt Date			
N	łame					
S	Street Address					
С	City	State	ZIP			
Re	ecelpt Type		Receipt Date			
N	lame					
s	street Address					
С	city	State	ZIP			
Re	eceipt Type	1	Receipt Date			
Ν	lame					
S	lreet Address					
С	sity	State	ZIP			
Re	eceipt Type	17	Receipt Date			
N	lame					i
Si	treet Address					
Ci	ity	State	ZIP	- W - 1		
Re	eceipt Type		Receipt Date			
	eceipt Type Inter total only if last page of schedule ransfer the total received this period to "Sumr	n	ary of Receipts," I			

Schedule A(12), page____ of ____



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/		nt Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	SEE ATTACHED SPREADSHEET	Disbursement Date		6705.35	6705.35	15048.58
	Street Address					
1	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)	☐ Cash☐ Credit		
	Name	Disbursement Date				
	Street Address					
2	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose?	[PACs and Political Parties Only)	☐ Cash☐ Credit		
	Name	Disbursement Date				
	Street Address					
3	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose?	L (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date				
	Street Address					
4	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date				
	Street Address					
5	City	State	ZIP	□ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only)		□ Credit		

Schedule B(1), page____ of ____

Yang for Chandler 2024

Consider AZ 85286 Texts/Advertising \$05.40 norse Dr, Chandler AZ 85286 Texts/Advertising \$862 ss Ave., Austin, TX 78701 Texts/Advertising \$2,869.72 seen Rd, Chandler, AZ 85225 Gas \$26.86 s Field Rd, Gilbert, AZ 85295 Uhaul for signs \$198.47 s Rd, Chandler, AZ 85225 Food for election watch party \$17.14 monwealth Ave, Chandler, AZ 85225 Event \$36.05 ay, Menlo Park, CA 94025 Advertising \$71.57 ams Field Rd #101, Gilbert, AZ 85295 Coffee for meeting \$32.19 ams Field Rd, Gilbert, AZ 85295 Shirts \$51.74 ona Ave, Chandler, AZ 85201 Signs \$149.19	joint	Frys Fuel Center U-Haul BKD's Backyard joi Chandler Chamber Facebook Ads Blackrock Coffee Macys Home Depot Mesa Sign Shop
Texts/Advertising Texts/Advertising S2 Gas Gas Gas for Uhaul 295 Uhaul for signs Food for election watch party 85225 Event Advertising Z 85295 Coffee for meeting Shirts T Posts for signs	joint	Frys Fuel Center U-Haul BKD's Backyard jo Chandler Chambe Facebook Ads Blackrock Coffee Macys Home Depot
Texts/Advertising Texts/Advertising \$2 Gas Gas for Uhaul 295 Uhaul for signs Food for election watch party 85225 Event Advertising Z 85295 Coffee for meeting Shirts	joint	Frys Fuel Center U-Haul BKD's Backyard jo Chandler Chambe Facebook Ads Blackrock Coffee Macys
Texts/Advertising Texts/Advertising S2 Gas Gas for Uhaul 295 Uhaul for signs Food for election watch party 85225 Event Advertising Z 85295 Coffee for meeting	joint	Frys Fuel Center U-Haul BKD's Backyard jo Chandler Chambe Facebook Ads Blackrock Coffee
Texts/Advertising \$2,8 Gas for Uhaul for signs \$3 Food for election watch party \$3 Advertising \$3 Advertising \$3	ter rd joint	Frys Fuel Center U-Haul BKD's Backyard jo Chandler Chambe Facebook Ads
Texts/Advertising \$2,8 Gas Gas for Uhaul 295 Uhaul for signs \$- Food for election watch party \$- 85225 Event \$-	nter 07/30/2024 87 E Williams Field Rd, Gilbert, AZ 8529 07/31/2024 18214 E Williams Field Rd, Gilbert, AZ 8 ard joint 07/31/2024 980 E Pecos Rd, Chandler, AZ 85225 amber 08/17/2024 101 W Commonwealth Ave, Chandler, A	Frys Fuel Center U-Haul BKD's Backyard jo Chandler Chambe
Texts/Advertising \$2,8 Gas Gas Gas Food for election watch party	nter 07/30/2024 87 E Williams Field Rd, Gilbert, AZ 8529 07/31/2024 18214 E Williams Field Rd, Gilbert, AZ 8 ard joint 07/31/2024 980 E Pecos Rd, Chandler, AZ 85225	Frys Fuel Center U-Haul BKD's Backyard jo
Texts/Advertising \$2,8 Gas Gas for Uhaul Uhaul for signs \$	To provide the second s	Frys Fuel Center U-Haul
Texts/Advertising Texts/Advertising \$2,8 Gas Gas for Uhaul		Frys Fuel Center
286 Texts/Advertising \$2,8 225 Gas	The first of the control of the cont	
286 Texts/Advertising \$2,8	07/30/2024 175 N McQueen Rd, Chandler, AZ 85225	Ouick Trin
286 Texts/Advertising	ca 07/25/2024 919 Congress Ave., Austin, TX 78701	Murphy Nasica
Anterioria	_C 07/25/2024 662 W Wildhorse Dr, Chandler AZ 85286	NextGenP LLC
Advortising	ls 07/16/2024 1 Hacker Way, Menlo Park, CA 94025	Facebook Ads
ay, Menlo Park, CA 94025 Advertising \$29.29	ls 07/20/2024 1 Hacker Way, Menlo Park, CA 94025	Facebook Ads
illo Rd, Chandler, AZ 85248 Food for event \$14.04	07/18/2024 135 W Ocotillo Rd, Chandler, AZ 85248	Off 87
ay, Menlo Park, CA 94025 Advertising \$250	ls 07/16/2024 1 Hacker Way, Menlo Park, CA 94025	Facebook Ads
orse Dr, Chandler AZ 85286 Texts/Advertising \$997.00	_C 07/15/2024 662 W Wildhorse Dr, Chandler AZ 85286	NextGenP LLC
Purpose Amount	Date Address	Name



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

	Candidate Committe	e Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address	1				
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	I.	☐ Credit		
	Committee Name					
	Street Address	:				
2	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address					
5	City	State ZIP		□ Cash		
	Committee ID Number	Date Contribution Made	1	□ Credit		
+	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur					



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

_	Political Action Comm	ttee Recipient Inf	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
2	Street Address City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
_	Committee Name					
	Street Address					
3	City	City Slate ZIP		□ Cash		
	Committee ID Number	Date Contribution Made		□ Credit		
	Committee Name Street Address					
4		State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
_	Committee Name					
	Street Address					
5	City State ZIP		□ Cash			
	Committee ID Number	Date Contribution Made		□ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	mmary of Disbursen	nents," line 2(b))			



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

mittee Name et Address mittee ID Number mittee Name	State Date Contribution M	ZIP ade	□ Cash		
mittee ID Number mittee Name					
mittee Name					
mittee Name	Date Contribution M	ade		- ×	
İ					
et Address					
	State	ZIP			
mittee ID Number	Date Contribution N	lade	☐ Cash☐ Credit		
mittee Name					
Street Address				_	
City State ZIP		ZIP		-	
mittee ID Number	Date Contribution M	lade	☐ Cash☐ Credit		
mittee Name					
et Address					
	State	ZIP			
mittee ID Number	Date Contribution M	ade	☐ Cash☐ Credit	0.97	
mittee Name			9		
Committee Name Street Address					
wittee ID Number	11.00		☐ Cash☐ Credit	-	
		auc	2 0,000		
n et	Address Inittee ID Number Address State Date Contribution M Address State State Date Contribution M Address State State Date Contribution M Date Contribution M Date Contribution M Date Contribution M	Address State ZIP Date Contribution Made Address State ID Number Date Contribution Made State ZIP Date Contribution Made State ZIP Date Contribution Made Date Contribution Made	Address State ZIP Cash Credit	Address State ZIP Cash Credit	



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	ship Recipient Informa	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name				,	
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	ade	□ Cash □ Credit		
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	ade	□ Cash □ Credit		
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M.	ade	□ Cash □ Credit		
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	ade	☐ Cash☐ Credit		
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	ade	□ Cash □ Credit		
_	Enter total only if last page of sch (transfer the total disbursed this perio	nedule				



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	/ LLC Recipient Inform	nation	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	3	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address	1				
2	City State		ZIP			
	Corporation Commission File Number	Date Contribution Made	e		☐ Cash☐ Credit	
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made	Э	☐ Credit		
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made	Date Contribution Made			
	Corporation/LLC Name					ð -
	Street Address					
5	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made	3	□ Credit		
	Enter total only if last page of sche (transfer the total disbursed this period	edule to "Summary of Disburse	ements," line 2(e))		, v	



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

_	Labor Organization	on Recipient Inform	mation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Labor Organization Name Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		☐ Cash☐ Credit		
	Labor Organization Name					
3	et Address					
	City Corporation Commission File Number	State Date Contribution Made	ZIP	☐ Cash☐ Credit		
_	Labor Organization Name					
	Street Address					
4	City	State Date Contribution Made	ZIP	□ Cash		
_	Corporation Commission File Number Labor Organization Name	☐ Credit				
	Labor Organization Name Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit	,	
	Enter total only if last page of schedule (transfer the total disbursed this period to "S	e ummary of Disburse	ments," line 2(f))	•		



CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

_	Contribute	or Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Date Refund Received			
	Street Address					
1	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
2	City	State	ZIP			
	Committee ID Number		Date of Original Contribution	1447 (5), -2		
	Committee Name		Date Refund Received			
	Street Address					
3	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
4	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
5	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 2(h))		11	

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



LOANS MADE: SCHEDULE B(3)(a)

/	Borrow	er Information		Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name					
	Street Address			-		
1	City	State	ZIP	-		
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
2	City	State	ZIP	-		
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address			_		
3	City	State	ZIP	-		
	Guarantor/Endorser Name	Date Loan Made		-		
	Borrower Name					
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made		-		

Schedule B(3)(a), page___of ___



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

/	Guar	antor Information		Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Guarantor Name		1			
	Street Address					
1	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name				1	-1-0
	Street Address			-		
2	City	State	ZIP	1		
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address			-		
3	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed		16 7		
-	Guarantor Name	1				
	Street Address	Street Address				
4	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
_	Guarantor Name					
	Street Address					
5	City	State	ZIP	,		
	Borrower Name	Date Loan Guaranteed		_		
_	Enter total only if last page of sched (transfer the total received this period to "	ule	W 0/h)			- 17-
	(transfer the total received this period to "	ournmary of Receipts,"	lifie 3(D))			



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

/	Borrower	Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Forgiveness Made			
	Street Address		-			
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Boπower Name		Date Forgiveness Made			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address					
3	City	State	ZIP .			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan	mount of Loan Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
_	Street Address					
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 "Sur	nmary of Disbursem	nents," line 3(c))			

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



REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

	V	Lender Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Repayment Made			
	Street Address			- 1		
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outs	standing			
	Lender Name	8 4	Date Repayment Made			
	Street Address		, , ,			
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outs	standing			
	Lender Name		Date Repayment Made			
	Street Address	Street Address				
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outs	standing		,	
_	Lender Name		Date Repayment Made			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outs	tanding			
	Lender Name		Date Repayment Made			
	Street Address	Street Address				
5	City	City State				
	Original Amount Borrowed	Amount Still Outs	tanding			

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



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

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

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

/	Red	sipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment		*	
	Name of Original Payor		Date Rebate/Refund Made			
	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	Street Address				
3	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			4 ² 0
_	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					- x-x
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 page of sche	dule				
	(transfer the total disbursed this period	to "Summary of Disburs	sements," line 4)			

Schedule B(4), page____ of ____



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

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

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

	Political Action	on Committee Recipien	t Information	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 Contrib	pution Made			
	Committee Name					
	Street Address					
2	City	State	ZIP		-	
	Committee ID Number	Date In-Kind Contri	bution Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contri	bution Made			
_	Committee Name					
	Street Address					
4	City	State	ZIP	,		
	Committee ID Number	Date In-Kind Contril	Date In-Kind Contribution Made		-	
	Committee Name					
	Street Address					
5	City	State	ZIP			
			1			

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

/						
_		ecipient Informatio	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address			•		
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	mmittee ID Number Date In-Kind Contribution Made				
	Committee Name	L				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	I Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursem	nents," line 5(c))			

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



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

/	/	Partnership Re	cipient Informatio	n	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 Contribution	Made			
		Partnership Name					
		Streel Address					
:	2	City	State	ZIP			
		Corporation Commission File Number	Date In-Kind Contribution	Made	* *		
		Partnership Name					
		Street Address					
	3	City	State	ZIP	,		
		Corporation Commission File Number	Date In-Kind Contribution	Made			
-		Partnership Name					
		Street Address					
4	4	City	State	ZIP		-	
		Corporation Commission File Number	Date In-Kind Contribution	Made			
		Partnership Name					
		Street Address					
5	5	City	State	ZIP	ŭ,		
		Corporation Commission File Number	Date In-Kind Contribution	Made			
		Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursem	nents," line 5(d))			

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

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

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



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

Labor Orga	nization Recipient Ir	oformation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
r Organization Name						
et Address						
	State	ZIP				
oration Commission File Number	Date In-Kind Conti	ribution Made				
r Organization Name						
et Address						
	State	ZIP				
oration Commission File Number	Date In-Kind Cont	ribution Made				
Labor Organization Name						
Street Address						
	State	ZIP				
oration Commission File Number	Date In-Kind Cont	ribution Made				
Labor Organization Name						
Street Address						
	State	ZIP				
oration Commission File Number	Date In-Kind Cont	ribution Made				
Labor Organization Name						
Street Address						
	State	ZIP .				
oration Commission File Number	Date In-Kind Contr	ribution Made				
	sch		Date In-Kind Contribution Made schedule riod to "Summary of Disbursements," line 5(f))			



INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

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



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

/	Expenditure	Recipient Informa	ation	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cycl
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Oppos	sed (including % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		- □ Credit		
_	Reciplent Name		Mode of Advertising (TV, mail, etc)			
	Street Address	9				
2	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	sure(s) Supported (including % supported) Ballot Measure(s) Oppos		☐ Cash☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast Election Month/Year		_ Li Credit			
	Recipient Name	Mode of Advertising (TV, mail, etc)				
	Street Address					
3	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed (including % opposed)		☐ Cash☐ Credit	*	
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
4	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed (including % opposed)		☐ Cash☐ Credit	6	
	Date of First Publication, Display, Delivery, or Broadcast	oadcast Election Month/Year		J D OFFICE		
-	Enter total only if last page of schedul	9				

Schedule B(7), page____ of ___



RECALL EXPENDITURES MADE: SCHEDULE B(8)

/	Expenditure	Recipient Informatio	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Reco	alled	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		- □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			1		
2	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Re		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 Recalled		□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	livery, or Broadcast Office Held		_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			1		
4	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Recalled		☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	cast Office Held		☐ Credit		
	Enter total only if last page of schedul (transfer the total disbursed this period to "S	9 Summany of Dishurs	cente " line 9)			
_	frameier me rotal dispulsed this belied to s	ouninary of Disbursen	enis, ine o)			

Schedule B(8), page____ of ___



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

/	Benefit				Cumulative	0
		ted Candidate		Amount	Amount this Reporting Period	Cumulative Amount this Election Cycle
	Candidate Name		Date Benefit Provided			
	Street Address			-		
1	City	State	ZIP			
	Type of Benefit Provided			-		
	Notes:					
	Candidate Name	*	Date Benefit Provided			100 20 1
	Street Address					
2	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided	- !		
	Street Address		3 10 10 10 10 10 10 10 10 10 10 10 10 10			
3	City	State	ZIP			
	Type of Benefit Provided					
i	Notes:					
	Candidate Name		Date Benefit Provided		*	
	Street Address					
4	City	State	ZIP			
	Type of Benefit Provided	Type of Benefit Provided				
	Notes:					
+	Enter total only if last page of schedule (transfer the total disbursed this period to "S		-	2		



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

/	Recipient C	ommittee Informatio	n	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address					
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
_	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP	- Cook		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Credit		
	Committee Name	Committee Name Payment Date				
	Street Address					
5	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	☐ Cash		
_	Enter total only if last page of schedu (transfer the total disbursed this period to	ile	mente "line 40)			
	(ualister the total dispursed this period to	ounmary of Disburser	nents, line 10)			

Schedule B(10), page____ of ____



REIMBURSEMENTS MADE:

SCHEDULE B(11)

		Information		Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Reimbursed	,	Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	☐ Credit		- 6
	Name					
	Street Address					
3	City	State	ZIP	☐ Cash		
	Services or Goods Reimbursed		Reimbursement Date	□ Credit	211	
	Name					
	Street Address					
4	City	Slate	ZIP	☐ Cash		
	Services or Goods Reimbursed	Reimbursement Date	☐ Credit			
	Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed Reimbursement Date			☐ Casii		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sun	nmary of Disburse	ements." line 11)			

COMMITTEE ID NUMBER
C24-02

OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

/		nformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	JOSEPH YANG			76.95	0	76.95
١,	Street Address 303 E TREMAINE					
1	CHANDLER	State AZ	85225			
	Type of Account Payable or Debt Owed LOAN		Date that Debt Accrued 1/25/24 & 2/5/24			
	Name					
	Street Address					
2	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address			_		
3	City	State	ZIP	_		
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
4	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
5	Street Address					
3	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts "	ine 12)		0	76.95

Schedule B(12), page____ of ____

COMMITTEE ID NUMBER

TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

		1
	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 Surpius Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Total (transfer the total disbursed this period to "Summary of Disbursements," line 13)		

Schedule A(13), page____ of ____



MISCELLANEOUS DISBURSEMENTS: SCHEDULE B(14)

	Recipient I	nformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
4	Street Address					
1	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	☐ Credit		
	Name		,			
	Street Address					
2	2 City		ZIP	□ Cash		
	Disbursement Type	Disbursement Type Disbursement Date				
	Name					
	Street Address					
3	3 City		ZIP	□ Cash		
	Disbursement Type	Disbursement Date	□ Credit			
	Name					
	Street Address					
4	4 City		ZIP	□ Cook		
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name	Name				
	Street Address					
5	5 City	State	ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sum	mary of Disbursen	nents," line 14)			

COMMITTEE ID NUMBER

AGGREGATE OF DISBURSEMENTS - \$250 OR LESS:

SCHEDULE B(15)

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

Schedule B(15), page____ of