RECEIVED

OCT 25 2024



COMMITTEE ID NUMBER C24-02

CITY OF CHANDLER

	Committee Information:	Committee Name:	YANG FOR CHANDLER	
CAND	IDATE INFORMATION (only if filing	as a candidate comr	nittee):	District No. of the Control of the C
	Office Sought:	☐ County Office: ☐ City/Town Office	COUNCILMEMBER	☐ Special District Office:

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, 2023	January 1, 2024 to January 16, 2024*
	2023 Quarter 4 Report: October 1, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
	2024 March Pre-Election Report (Local Only): January 1, 2024 to February 24, 2024	February 25, 2024 to March 2, 2024
	2024 March Post-Election (Q1) Report (Local Only): February 25, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
	2024 Quarter 1 Report: January 1, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
	2024 May Pre-Election Report (Local Only): April 1, 2024 to May 4, 2024	May 5, 2024 to May 11, 2024
	2024 May Post-Election (Q2) Report (Local Only): May 5, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
	2024 Quarter 2 Report: April 1, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
	2024 July Pre-Primary Election Report: July 1, 2024 to July 13, 2024	July 14, 2024 to July 20, 2024
	2024 July Post-Primary Election (Q3) Report: July 14, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
	2024 Quarter 3 Report: July 1, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
,	2024 November Pre-General Election Report: October 1, 2024 to October 19, 2024	October 20, 2024 to October 26, 2024
	2024 November Post-General Election (Q4) Report: October 20, 2024 to December 31, 2024	January 1, 2025 to January 15, 2025
	Final Campaign Finance Report Prior to Committee Termination: End of Previous Period through Today's Date *Reporting deadline extended to next business day if deadline date is a holiday or Sunday. A.R.S. §§§ 1-24	Same Date of Termination

FINANCIAL SUMMARY (required):

Activity	Cash Activity This Reporting Period	Election Cycle to Date
(a) Committee value at the beginning of this reporting period (i.e. ending balance from the previous reporting period)	\$ 6,359.15	
(b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)	\$ 250.00	\$ 21,657.33
(c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)	\$ 3,081.73	\$ 18,130.31
(d) = Balance at close of reporting period	\$ 3,527.02	
☐ 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



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OWY OF CHANDLE CITY CLERK

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 21:35:29 -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	ar becam patria	
	(a) In-State Individuals - More than \$100	250.00	
	(b) In-State Individuals - \$100 or Less (Aggregate)		
	(c) Out-of-State Individuals		
	(d) Candidate Committees		
	(e) Political Action Committees		
	(f) Political Parties		
	(g) Partnerships		
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(i) Labor Organizations (PACs & Political Parties Only)		
	(j) Candidate's Personal Monies (Candidate Committees Only)		
	(k) Monetary Contributions Subtotal (add 1(a) through 1(j))		
	(I) Refunds Given Back to Contributors		
	(m) Net Monetary Contributions (subtract 1(I) from 1(k))		
2.	Loans		Enside and (a)
	(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))	1	
	Rebates and Refunds Received		
3.			
4. 5.	Interest Accrued on Committee Monies In-Kind Contributions Received		
Ο.	(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))		
3.	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		
	Outstanding Accounts Receivable / Debts Owed to Committee		
	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
12.	Miscellaneous Receipts (use cash and/or equity asapplicable)	¥	

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SUMMARY OF DISBURSEMENTS (Schedule B):

/	Disbursements	Cash	Equity
1.	Disbursements for Operating Expenses	3081.73	
2.	Contributions Made		
	(a) Candidate Committees		
	(b) Political Action Committees		Section and the
	(c) Political Parties		Transcription (1997)
	(d) Partnerships		
	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		L REPORT OF
	(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	son at uniqui sonapulina	
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)	3081.73	

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

SCHEDULE A(1)(a)

	Individual Con	tributor Informa	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name SEE ATTACHED SPREDSHEET		Date Contribution Received	250.00	250.00	20537.78
	Street Address				ı.	
1	City	State	ZIP			
	Occupation	Employer		41	n er e	
	Name		Date Contribution Received			
	Street Address				10 TH 10 MIN 10 9 TH	
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 "Sun	many of Receipt	s " line 1(a))		250.00	20537.78

*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)
	and the second s	**	

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
Cumulative Contributions from In-State Individuals - \$100 or Less	50	593
Enter total only if last page of schedule (transfer 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 ____

	Yanç	ing for Chandler 2024	ler 202	24	
Name	Date	Address	Occupation	Employer	Amount
Lionel Lee	10/12/2024 4072 E	4072 E Nolan PI Chandler AZ 85249	Physician	Lee LLC	\$150
Ellen Peck	10/13/2024 1431 E	1431 E Cindy St, Chandler AZ 85225	Retired	Retired	\$100



MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

/	Indiv	vidual 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			
	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				
						- 1-
	Enter total only if last page of (transfer the total received this pe	schedule riod to "Summary of Receipts	s," line 1(c))	7 (0		

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 Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Committee ID Number Date Contribution Received				
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	I ed			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	I ed			
	Committee Name	I				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	I			
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	I mary of Receipts," I	ine 1(d))			

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

/	Political Action	n Committee Contributo	r Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		_ = =		0	0	500.00
	See Attached Schedule						
	Street Address						
1	City	State	ZIP				
	Committee ID Number	Date Contribution Re	ceived		2.		
_	Committee Name						
		1					
	Street Address						
2	City	State	ZIP	n -		= =	
	Committee ID Number	Date Contribution R	eceived	J = -			
_	Committee Name						
	Street Address					-	
3	City	State	ZIP				
	Committee ID Number	Date Contribution Re	Date Contribution Received			-	
	Committee Name						
	Street Address			- 2		4	
4	City	State	ZIP				
	Committee ID Number	Date Contribution Re	eceived				
	Committee Name	4					
	Street Address						
5	City						
	City	State			1		
	Committee ID Number	Date Contribution Re	eceived	1			
	Enter total only if last page of s (transfer the total received this peri	schedule	s " line 1/e))			0	500.00

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

/						
_	Political Party Co	ntributor Informat	iion	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			
	Committee Name					
	Street Address					
2	City	State	ZIP	•		
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
2	Street Address					
3	City	State	ZIP			
	Committee ID Number Date Contribution Received					
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
_	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(f))					

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

_	Partnership C	ontributor Informati	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 Receiv	ed			
	Partnership Name			- II		
	Street Address	ress				
3	City	State	ZIP			
	Corporation Commission File Number Date Contribution Received			7		
	Partnership Name					
	Street Address	2	v	-		
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	I ed			
	Partnership Name			b		
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	I ed			
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(g))					

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





MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

_	Corporation / LLC Contributor Information			Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address			-		
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	l ed			
Г	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
F	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 Received				
	Corporation/LLC 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(h))					

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

	Labor Organizati	on Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name Street Address					
1	City	State Date Contribution Recei	ZIP			
	Corporation Commission File Number Labor Organization Name	Date Continuation Neces	veu			
	Street Address					
2	City Corporation Commission File Number	State Date Contribution Rece				
-	Labor Organization Name	Number Date Contribution Received				
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number Labor Organization Name	Date Contribution Rece	ived			
	Street Address					
4	City	State	ZIP		*	
	Corporation Commission File Number Labor Organization Name	Date Contribution Rece	ived			
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Recei			9.00	
	Enter total only if last page of schedu (transfer the total received this period to "S	ne Summary of Receipts,"	line 1(i))		-	27.5

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

_		e 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			
			ZIF			
	Occupation	Employer				
		Name Date Contribution Received				
E	Street Address					
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receipts," I	ine 1(j))			
_						



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

/	Contribu	tor 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					
2	2 City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
H	Name	Name		1 200		
	Street Address			_		
3	3 city	State	ZIP	-		
	ID Number (if applicable)		Date of Original Contribution			
H	Name		Date Contribution Refunded			
	Street Address			-		
4	4 City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
L						
	Name		Date Contribution Refunded			
5	Street Address					
	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Enter total only if last page of schedule (transfer the total received this period to "Su	mmary of Receipts,	' line 1(I))		1	-1

Schedule A(1)(I), page____ of___

COMMITTEE ID NUMBER
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LOANS RECEIVED:

SCHEDULE A(2)(a)

/	Lender Information			Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name JOSEPH YANG	Date Loan Received		0	0	76.95
	Street Address	1				
1	City	State	ZIP	-		
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address					
3	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)				
	Lender Name	Date Loan Received				
	Street Address	L				
4	City	State	ZIP			
	Guarantor/Endorser Name		PACs and Political Parties Only)			
_	Lender Name	Date Loan Received				
	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 2(a))			

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



FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

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

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



REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

_		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			
	Streel Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name Date Repayment Received		Date Repayment Received			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 2(c))			

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



INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

/	B	orrower Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Interest Accrued	_		
	Street Address			,		
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstandin	ng			
	Borrower Name		Date Interest Accrued			1
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstandin	ng			
_	Borrower Name	,	Date Interest Accrued			
	Street Address					
3		State	ZIP			
	City					
	Original Amount Borrowed Amount Still Outstanding		19			
	Borrower Name		Date Interest Accrued			
	Street Address			=	-	
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstandin	ng			
_	Borrower Name	- <u> </u> -	Date Interest Accrued			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstandin	g			
	Enter total only if last page of sch (transfer the total received this period	nedule to "Summary of Receipts.	" line 2(d))			

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

C24-02



STATE OF ARIZONA FRIMMET REFORMPAIGN

COMMITTEE ID NUMBER

SCHEDULE A(3)

REBATES AND REFUNDS RECEIVED:		
REDATES AND REPUNDS RECEIVED.		

	Payor I	nformation		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	\
	Payor Name		Date Rebate/Refund Received				
	Street Address						
1	City	State	ZIP				
	Original Purchase Amount	Reason for Refund/Rebate	<u> </u>	_			
_	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	3	-			
	Payor Name		Date Rebate/Refund Received				
	Street Address						
4	City	State	ZIP	-			
	Original Purchase Amount	Reason for Refund/Rebate		-			
	Payor Name		Date Rebate/Refund Received				
	Street Address			-			
5	City	State	ZIP	-			
	Original Purchase Amount	Reason for Refund/Rebate		-			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," li	ine 3)				

Schedule A(3), page____ of ___

COMMITTEE ID NUMBER

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

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

/	Individual Cont	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
	Street Address					
1						
1	City	State	ZIP			
	Occupation	Employer				
_	Name		Date In-Kind Contribution Received			
	Street Address	Street Address				
2	City	State	ZIP			
	Occupation	Employer				
	Name Date In-Kind Contribution		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		L			
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receipts." I	ine 5(a))		0.00	1010.55

Schedule A(5), page___ of ___

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

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

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



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

/	Candidate Committe	e Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	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	Street Address				
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address	1		_		
4	City	State	ZIP			
		Date In-Kind Contribution				
	Committee ID Number	Date III-Killo Collinoulon	Neceived			
	Committee Name					
_	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	nmary of Receipts," I	ine 5(d))	w.)	1 × 7 ×	



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					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name	Committee Name				
	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 "Sumi	mary of Receipts," li	ine 5(e))			

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(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 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	1		
	Committee ID Number	Date In-Kind Contribution	Received		30 · · · · · · · · · · · · · · · · · · ·	
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received		# # # # # # # # # # # # # # # # # # #	
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received	,		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," li	ine 5(f))			

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

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

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



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

	Corporation /	LLC Contributor	Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					·	
	Street Address		F				
1	City	State	ZIP		_	-	
	Corporation Commission File Number Date In-Kind Contribution Received				_		
	Corporation/LLC Name		I				
	Street Address				-		
2	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Co	ntribution Received				
	Corporation/LLC Name						
	Street Address						
3	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Co	ntribution Received				
	Corporation/LLC Name					-	
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number	Corporation Commission File Number Date In-Kind Contribution Received					
	Corporation/LLC Name						
	Street Address						
5	City	State	ZIP	T			
	Corporation Commission File Number	Date In-Kind Con	ntribution Received				
	Enter total only if last page of sche (transfer the total received this period to	dule "Summary of Rece	sipts," line 5(h))				

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

_	Labor Organization	Contributor Inforn	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address		3			
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Received				
	Labor Organization Name	I				
	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)

	Cand	idate Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Name		Date In-Kind Contribution Received			
	Street Address				-	
1	City	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received		-	
	Street Address					
2	City	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
		Street Address				
	Street Address					
3	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			
	Street Address			-		
5	City	State	ZIP	-		
	Asset or Property Contributed			-		
	Enter total only if last page of schedu (transfer the total received this period to "				e2 - 2	



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			
	Street Address			-		
1	City	State	ZIP	_		
	Type of Item Donated			_		
	Name	Date In-Kind Donation Received				
	Street Address			-	9	
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			-		
4	City	State	ZIP	-		
	Type of Item Donated			-		
	Name		Date In-Kind Donation Received			
5	Street Address					
	City	State	ZIP	-		
	Type of Item Donated					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	many of Reseints "	line 6)			
	The local roots and ported to duff	, or recoupts,				

Schedule A(6), page_____ of ____



EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

/	Credito	r Information		Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit		0.3	
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit		4	
-	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Provided on Credit Date of Extension of Credit					
	Name					
1	Street Address					
4	City	State	ZIP			
	Services or Goods Provided on Credit Date of E		Date of Extension of Credit			
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Provided on Credit Date of Extension of Credit					
	Enter total only if last page of schedule (transfer the total received this period to "Su	mmary of Receipt	ts," line 7(a))			



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		
	Street Address			-		
1	City	State	ZIP			
	Services or Goods Originally Provided on Credit	Date of Original Extension of Credit				
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
_	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
4	Street Address					
	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receipts," li	ine 7(b))			



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor C	ommittee Inform	Payment Date	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)		_	
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared	Expense (if applicable)		-	
_	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared I	Expense (if applicable)			
_	Committee Name		Payment Date			Section 1
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared 8	Expense (if applicable)			
	Committee Name		Payment Date			
5	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (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					
1	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	4		
_	Name					
	Street Address					
4						
	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	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 "Sum	mary of Receipts " li	ine 9)			
	L	j 0, 1,000ipt0, 1				

Schedule A(9), page____ of ____



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

_		formation		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					
	Street Address		1			
2	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued		-	
	Name					
3	Street Address					
	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	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
_	Enter total only if last page of schedule (transfer the total received this period to "Su)				

Schedule A(10), page____ of ____

COMMITTEE ID NUMBER

TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Source of Surplus 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)

_	Source I	nformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name				30 TO 10	
	Street Address					
1	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address			-		
2	City	State	ZIP	-		
	Receipt Type		Receipt Date			
	Name					
	Street Address			_		
3	City	State	ZIP			
	Receipt Type		Receipt Date			4.7
H	Name					
	Street Address			_		
4	City	State	ZIP			
	Receipt Type	1 2 4	Receipt Date			
	Name					
5	Street Address			_		
	City	State	ZIP			
	Receipt Type		Receipt Date			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 12)		- 1	

Schedule A(12), page____ of ____



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/		nt Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cycl
	SEE ATTACHED SPREADSHEET	Disbursement Date		3081.73	3081.73	18130.31
	Street Address					
1						
Ċ	City	State	ZIP	G 0		
	Type of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)			
	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? (PACs and Political Parties Only)		□ Cash □ Credit		
	Name					
	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 Pald	Non-Electoral Purpose? (PACs and Political Parties Only)	☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su		cents " line 1)		3081.73	18130.31

					という 一切がた かんしん いっとう
Name	Date	Address	Purpose	Goods or Services Amount	Amount
Peter Gommer	10/05/2024	10/05/2024 9809 E Brichwood Ave Mesa, AZ 85208	Putting out street signs	ns	\$308.75
Politicoin	10/18/2024	10/18/2024 PO Boc 532 Mount Freedom, NJ 07970	Political Ads		\$1,030.00
NextGen LLC	10/25/2024	10/25/2024 662 W Wildhorse Dr, Chandler AZ 85286	Texts/Advertising		\$1,742.98
				Total	\$3,081.73



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

	Candidate Com	mittee Recipient Info	rmation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address	ž.				
2	City	State	ZIP	☐ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
3	Committee Name					
	Street Address					
	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	Date Contribution Made			
	Committee Name		,			. 447
	Street Address				-	
5	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
_	Enter total only if last page of scheo (transfer the total disbursed this period to	Jule o "Summary of Disburse	ments," line 2(a))	2 1 2		



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

		ommittee Recipient I	nformation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Mad	e	☐ Cash☐ Credit		
	Committee Name					
	Street Address City	State	ZIP			
	Committee ID Number	Date Contribution Mad		☐ Cash☐ Credit		
	Committee Name					
	Street Address					
	City	State	ZIP	□ Cash		
	Committee ID Number Date Contribution Made Committee Name			□ Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Mad	le	□ Cash □ Credit		
	Committee Name					
,	Street Address	Street Address				
	City Committee ID Number	State Date Contribution Mad	ZIP	□ Cash		
-	Enter total only if last page of sched	lule		L Sieut		
_	(transfer the total disbursed this period to	"Summary of Disburs	ements," line 2(b))			



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Poli	tical Party Recipient Inforn	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Ma	ade	☐ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution M	lade	☐ Cash☐ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution M	ade	☐ Cash☐ Credit	= = *	
_	Committee Name					19
	Street Address					
4	City	State	ZIP			
	Committee ID Number	, Date Contribution Made		☐ Cash☐ Credit		
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Ma	ade	☐ Cash☐ Credit		
_	Enter total only if last page of (transfer the total disbursed this	f - l - l - l				

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



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	ship Recipient Informati	ion	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 Made	1	□ Cash □ Credit		
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made	9	□ Cash □ Credit		
	Partnership Name					
3	Street Address					
	City	State .	ZIP			
	Corporation Commission File Number	Date Contribution Made	 B	□ Cash □ Credit		
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	n Commission File Number Date Contribution Made		□ Cash □ Credit		
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made	1	□ 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	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	□ Cook		
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
2	City		ZIP			
	Corporation Commission File Number	Date Contribution	ı Made	□ Cash □ Credit		
3	Corporation/LLC Name					
	Street Address					
	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made		☐ Credit		
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution	Date Contribution Made			
	Corporation/LLC Name					
	Street Address					
,	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution	Made	□ Credit		
1	Enter total only if last page of sch (transfer the total disbursed this period	edule				



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

_	Labor Organization	n Recipient Inform	nation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP	- Cook		
	Corporation Commission File Number	Date Contribution Made		☐ Cash☐ Credit		
	Labor Organization Name					
	Street Address					
2	City	State	ZIP	☐ Cash		
	Corporation Commission File Number	Date Contribution Made		☐ Credit		
	Labor Organization Name	or Organization Name				
	Street Address					
3	City	State	ZIP	☐ Cash		
	Corporation Commission File Number	Date Contribution Made	,	☐ Credit		
	Labor Organization Name					
	Street Address					
4	City	State	ZIP	_ _ □ Cash		
	Corporation Commission File Number	nission File Number Date Contribution Made		☐ Credit		
	Labor Organization Name	•				
	Street Address					
5	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made		☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	mman, of Dishuman	acasta " lina O/f\\			



CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

Committee Name Street Address		Date Refund Received			
Street Address					
City	State	ZIP			
Committee ID Number		Date of Original Contribution		_	
Committee Name		Date Refund Received			
Street Address					
City	State	ZIP	4		
Committee ID Number	3	Date of Original Contribution			
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	1			-	
City	State	ZIP		_	
Committee ID Number	1	Date of Original Contribution			
Committee Name		Date Refund Received			
Street Address			-		
City	State	ZIP	_		
Committee ID Number		Date of Original Contribution			
	Committee Name City Committee ID Number Committee Name Street Address City Committee ID Number Street Address City Committee ID Number	Committee Name City State Committee ID Number Committee Name Street Address City State Committee ID Number Committee ID Number Committee ID Number Committee ID Number Street Address City State Committee ID Number Street Address City State	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 ZIP Committee ID Number Date of Original Contribution Date Refund Received Street Address City State ZIP Committee Name Date Refund Received Street Address Street Address Street Address Street Address Street Address State ZIP Date of Original Contribution Date Refund Received Street Address Street Address State ZIP Date of Original Contribution Date Refund Received	Committee Name Date Refund Received Street Address Chy State ZIP Committee ID Number Date of Original Contribution Date Refund Received Street Address Chy State ZIP Committee ID Number Date of Original Contribution Date Refund Received Street Address Chy State ZIP Committee Name Date of Original Contribution Date Refund Received Street Address Chy State ZIP Committee Name Date of Original Contribution Date Refund Received Street Address Chy State ZIP Date of Original Contribution Date Refund Received	Committee Name Date Refund Received Street Address Date of Original Contribution Committee ID Number Date of Original Contribution Date Refund Received ZIP Date of Original Contribution Date Refund Received

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SCHEDULE B(3)(a)



LOANS MADE:

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

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LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

/		Guarantor Information			Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Guarantor Name	Guarantor Name					
	Street Address	1					
1	City	State	ZIP				
	Borrower Name	Date Loan Guarant	eed	-			
	Guarantor Name						
	Street Address						
2	City	State	ZIP	c			
	Borrower Name	Date Loan Guaran	teed	1. (0)			
	Guarantor Name					** 10 1	
	Street Address	Street Address					
3	City	State	ZIP	± 8			
	Borrower Name	Date Loan Guaran	teed				
_	Guarantor Name	Guarantor Name					
	Street Address	Street Address					
4	City	State	ZIP				
	Borrower Name	Date Loan Guarani	Date Loan Guaranteed				
	Guarantor Name						
	Street Address						
5	City	State	ZIP				
	Borrower Name	Date Loan Guarant	leed				
	Enter total only if last pa (transfer the total received t	ge of schedule his period to "Summary of Receip	ots," line 3(b))				

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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				
	Borrower 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 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 "Sun	nmary of Disbursem	nents," line 3(c))			

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REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

/					Cumulative	Cumulative
	Lender	Information		Amount Repaid	Amount this Reporting Period	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	Street Address				
2	City	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		Date Repayment Made			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	- 0			
	Lender Name		Date Repayment Made			
	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 "Sui	nmary of Disbursen	nents," line 3(d))		-	

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ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

/		Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Interest Accrued			
	Street Address	Street Address				
1	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still 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 "Sun	nmary of Disbursem	nents," line 3(e))			

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

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

Schedule B(4), page____ of ____



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

	Candidate Committe	e Recipient 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			
	Committee Name					
	Street Address					
2		Ι				
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Committee Name					
	Street Address					
3	Oth.	I	I			
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name	Committee Name				
	Street Address	Strat Address				
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
_	Committee Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
_	Enter total only if last page of schedule	L				
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursem	nents," line 5(a))			

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IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

/	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	emmittee Recipient Inf	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number Date In-Kind Contribution Made					
	Committee Name		-			
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Made		-	
	Committee Name					
	Street Address					
3	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	n Made			
_	Committee Name					
	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 sched (transfer the total disbursed this period to	ule				
	(transfer the total disbursed this period to	"Summary of Disbursen	nents," line 5(b))		A 19	

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IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

/						
_	Political Party Re	ecipient Information	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	I				
	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 Disbursen	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
Γ		Partnership Name					
		Street Address					
	1	City	State	ZIP			
		Corporation Commission File Number	Date In-Kind Contribution	Made			
		Partnership Name					
		Street Address					
	2	City	State	ZIP			
		Corporation Commission File Number	Date In-Kind Contribution	Made			
t		Partnership Name					
		Street Address					
	3	City	State	ZIP			
		Corporation Commission File Number	poration Commission File Number Date In-Kind Contribution Made				
f		Partnership Name					
		Street Address			-		
	4	City	State	ZIP			
		Corporation Commission File Number	Date In-Kind Contribution	Made			
-		Partnership Name	I				- 100
		Street Address					
	5	City	State	ZIP	-		
		Corporation Commission File Number	Date In-Kind Contribution	Made			
		Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursem	nents," line 5(d))		h h	

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IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

	Corporation / LL	C Recipient Informa	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
_	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
_	Corporation/LLC Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Enter total only if last page of schedul (transfer the total disbursed this period to "S	e Summary of Disburser	ments," line 5(e))			

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



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

Labor Organ	nization Recipient Ir	nformation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Labor Organization Name			9		
Street Address		i e			
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Cont	tribution Made			
Labor Organization Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Con	atribution Made			
Labor Organization Name					
Street Address					
City	State	ZIP			
1	Date In-Kind Con	tribution Made			
Street Address					
City	State	ZIP			
Corporation Commission File Number Date In-Kind Contribution Made					
Labor Organization Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Cont	tribution Made			
	Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number	Street Address City State Corporation Commission File Number Date In-Kind Con Labor Organization Name Street Address City State Corporation Commission File Number Date In-Kind Cor Labor Organization Name Street Address City State Corporation Commission File Number Date In-Kind Cor Labor Organization Name Street Address City State Corporation Commission File Number Date In-Kind Con Labor Organization Name Street Address City State Corporation Commission File Number Date In-Kind Con Labor Organization Name Street Address City State Corporation Commission File Number Date In-Kind Con Labor Organization Name Street Address	Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made	Street Address City State Zip Corporation Commission File Number Date In-Kind Contribution Made Corporation Commission File Number Corporation Commission File Number City State City State Zip Corporation Commission File Number Corporation Commission File Number Corporation Commission File Number City State City State Zip Corporation Commission File Number Corporation Commission File Number Corporation Commission File Number City Corporation Commission File Number City Corporation Commission File Number City City State City City State City City State City City	Labor Organization Name Street Address City Cooperation Commission File Number Oate In-Kind Contribution Maste Street Address City State City City State City Ci

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INDEPENDENT EXPENDITURES MADE: SCHEDULE B(6)

	Recipient Informa	tion	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
t Name		Mode of Advertising (TV, mail, etc)			
ddress					
	State	ZIP			
e(s) Supported (including % supported)	Candidate(s) Opposed (in	acluding % opposed)	□ Cash		
First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit		
t Name		Mode of Advertising (TV, mail, etc)			
ldress					
	State	ZIP			
Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % supported)		cluding % opposed)	☐ Cash		
irst Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
Recipient Name		Mode of Advertising (TV, mail, etc)			
Street Address					
	State	ZIP			
e(s) Supported (including % supported)	Candidate(s) Opposed (in	cluding % opposed)	☐ Cash		
irst Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
Name		Mode of Advertising (TV, mail, etc)			
ldress					
	State	ZIP			
e(s) Supported (including % supported)	Candidate(s) Opposed (in	cluding % opposed)	□ Cash		
irst Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ Li Credit		
				□ Cash □ Credit	☐ Cash☐ Credit

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BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

/	/	Expenditure	Recipient Informatio	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount th 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) Opposed	(including % opposed)	_ □ Cash		
		Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit	a. e	
		Recipient Name		Mode of Advertising (TV, mail, etc)			
		Street Address					
-	2	City	State	ZIP			
		Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(including % opposed)	☐ Cash		
		Date of First Publication, Display, Delivery, or Broadcast Election Month/Year		☐ Credit			
	1	Recipient Name		Mode of Advertising (TV, mail, etc)			
		Street Address					
	3	City	State	ZIP		h ====================================	
		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		
		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	of First Publication, Display, Delivery, or Broadcast Election Month/Year		☐ Credit		
	-	Enter total only if last page of schedul (transfer the total disbursed this period to "S	э	nents," line 7)		19	y fir

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RECALL EXPENDITURES MADE: SCHEDULE B(8)

Expenditure I	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			-		
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					
City	State	ZIP	-		
upporting or Opposing Issuance of Recall Order? Candidate Sought to be Re		☐ Cash			
Date of First Publication, Display, Delivery, or Broadcast Office Held		_ □ Credit			
Recipient Name		Mode of Advertising (TV, mail, etc)			
Street Address			-		
City	State	ZIP	-		
Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Reca	alled	☐ Cash		
Date of First Publication, Display, Delivery, or Broadcast Office Held			Li Credit		
Recipient Name		Mode of Advertising (TV, mail, etc)			
Street Address			-		
City	State	ZIP			
Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Recalled		□ Cash		
Date of First Publication, Display, Delivery, or Broadcast	Office Held		L Credit		
	Recipient Name Street Address City Supporting or Opposing Issuance of Recall Order? Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City Supporting or Opposing Issuance of Recall Order? Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City Supporting or Opposing Issuance of Recall Order? Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City Supporting or Opposing Issuance of Recall Order? City Supporting or Opposing Issuance of Recall Order?	Street Address City Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Rec Date of First Publication, Display, Delivery, or Broadcast Office Held Reciplent Name Street Address City State Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Rec Date of First Publication, Display, Delivery, or Broadcast Office Held Reciplent Name Street Address City State Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Rec Date of First Publication, Display, Delivery, or Broadcast Office Held Reciplent Name Street Address City State Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Rec Date of First Publication, Display, Delivery, or Broadcast Office Held Reciplent Name Street Address City State Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Rec	Street Address City State ZIP Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled Date of First Publication, Display, Delivery, or Broadcast Office Held Recipient Name Mode of Advertising (TV, mail, etc) Street Address ZIP Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled Recipient Name Mode of Advertising (TV, mail, etc) Street Address ZIP Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled Recipient Name Mode of Advertising (TV, mail, etc) Street Address ZIP Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled Recipient Name Mode of Advertising (TV, mail, etc) Street Address ZIP Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled Street Address ZIP Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled Street Address ZIP Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled Street Address ZIP Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled	Recipient Name Mode of Advertising (TV, mall, etc)	Expenditure Recipient Information Recipient Name Mode of Advertising (TV, mail, etc) Street Address City State City City State City State City City State City City State City City State City City City State City City State City City City State City City

Schedule B(8), page____ of ___



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

				1	1	
		Benefitted Candida	te	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Candidate Name		Date Benefit Provided			
	Street Address					
	City	State	ZIP			
1						
	Type of Benefit Provided					
	Notes:					
_	Candidate Name		Date Benefit Provided			
	Street Address					
	City	State	ZIP	- 1		
2						
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address				25 ==	
3	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
4	City	State	ZIP			
	Type of Benefit Provided	Type of Benefit Provided				
	Notes:			1		
_						
	Enter total only if last page of (transfer the total disbursed this	of schedule period to "Summary of Di	sbursements," line 9)			

Schedule B(9), page____ of ____



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		1			
1	1	City	State	ZIP	T 0		
		Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
		Committee Name		Payment Date			
		Street Address					
2	2	City	State	ZIP			
		Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)		(if applicable)	☐ Cash☐ Credit		
		Committee Name	Payment Date				
		Street Address					
3	3	City	State	ZIP			
		Date of Joint Fundralsing Event (if applicable) Type of Shared Expense		(if applicable)	□ Cash □ Credit		
		Committee Name	Payment Date				
		Street Address					
4	4	City	State	ZIP			
		Date of Joint Fundraising Event (if applicable)	Type of Shared Expense ((if applicable)	□ Cash □ Credit		
_	+	Committee Name		Payment Date			
		Street Address				,	
5	5	City	State	ZIP			
		Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (if applicable)	□ Cash □ Credit		
_	+	Enter total only if last page of schedule					
		(transfer the total disbursed this period to "Su	ımmary of Disbursen	nents," line 10)			

Schedule B(10), page____ of ___



REIMBURSEMENTS MADE:

SCHEDULE B(11)

	N 19 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	t Information		Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Name					
,	Street Address					
1	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	☐ Credit		
	Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed	2	Reimbursement Date	☐ Credit		
	Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Services or Goods Relmbursed Reimburseme			☐ Credit		
	Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed Reimbursement Da			□ Credit	-	
	Name					
	Street Address					
5	City	State	ZIP	☐ Cash		
	Services or Goods Reimbursed Reimbursement Date			☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	mmary of Disburse	ements," line 11)		, etc.	

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			0	0	76.95
	Street Address 303 E TREMAINE					
1	CIIY CHANDLER	State AZ	ZIP 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					
	Street Address					
5	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Enter total only if last page of schedule (transfer the total received this period to "Sum				0	76.95
	(transfer the total received this period to "Sum	mary of Receipts," I	ine 12)			

Schedule B(12), page____ of ____

COMMITTEE ID NUMBER

TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus 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)	1	

Schedule A(13), page____ of ____



MISCELLANEOUS DISBURSEMENTS: SCHEDULE B(14)

	Recipien	t Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		-			
	Street Address					
1	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Credit		
	Name					
	Street Address					
2	City		ZIP	□ Cash		
	Disbursement Type	isbursement Type Disbursement Date				
	Name					
	Street Address					
3	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Credit		
	Name					
	Street Address					
4	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	☐ Credit		
	Name					
5	Street Address	Street Address				
0	City	State	ZIP	□ Cash		
	Disbursement Type		Disbursement Date	☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	mmary of Disburs	sements," 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