COMMITTEE ID NUMBER

COMMITTEE INFORMATION (required):

	Committee Information:	Committee Name:	Jacob Pritchett for Chandler	CITY OF CHANDLER
CAND	IDATE INFORMATION (only if f	iling as a candidate con	nmittee):	CITY CLERK
	Office Sought:	☐ Statewide Office		☐ State Legislature:
		☐ County Office:		City/Town Office: Chandler City Council
	Cumulative Report:			
	☐ Check here if this is the	candidate committee's fi	irst, cumulative report for the elec	tion cycle. Also select appropriate Reporting Period below.
	Cumulative reporting period	d start date (which supe	ersedes the start date for the Rep	orting Period selected below):
7500	DTIMO DEDICO (sheets see)			

16 P	RIOD (check one): REPORTING PERIOD	REPORT DUE
	2020 4 th Quarter Report: October 18, 2020 to December 31, 2020	January 1, 2021 to January 15, 2021
	2021 March Pre-Election Report (Local Only): January 1, 2021 to February 20, 2021	February 21, 2021 to March 1, 2021*
	2021 Quarter 1: January 1, 2021 to March 31, 2021	April 1, 2021 to April 15, 2021
	2021 May Pre-Election Report (Local Only): April 1, 2021 to May 1, 2021	May 2, 2021 to May 10, 2021*
	2021 May Post-Election (Q2) Report (Local Only): May 2, 2021 to June 30, 2021	July 1, 2021 to July 15, 2021
	2021 Quarter 2 Report: April 1, 2021 to June 30, 2021	July 1, 2021 to July 15, 2021
	2021 August Pre-Election Report (Local Only): July 1, 2021 to July 17, 2021	July 18, 2021 to July 26, 2021*
	2021 August Post-Election (Q3) Report (Local Only): July 18, 2021 to September 30, 2021	October 1, 2021 to October 15, 2021
	2021 Quarter 3 Report: July 1, 2021 to September 30, 2021	October 1, 2021 to October 15, 2021
	2021 November Pre-Election Report (Local Only): October 1, 2021 to October 16, 2021	October 17, 2021 to October 25, 2021*
	2021 November Post-Election (Q4) Report (Local Only): October 17, 2021 to December 31, 2021	January 1, 2022 to January 18, 2022*
	2021 Quarter 4 Report: January 1, 2019 to December 31, 2021	January 1, 2022 to January 18, 2022*
7	2022 March Pre-Election Report (Local Only): January 1, 2022 to February 19, 2022	February 20, 2022 to February 28, 2022*
	2022 March Post-Election (Q1) Report (Local Only): February 20, 2022 to March 31, 2022	April 1, 2022 to April 15, 2022
	2022 Quarter 1 Report: January 1, 2022 to March 31, 2022	April 1, 2022 to April 15, 2022
	2022 May Pre-Election Report (Local Only): April 1, 2022 to April 30, 2022	May 1, 2022 to May 9, 2022*
	2022 May Post-Election (Q2) Report (Local Only): May 1, 2022 to June 30, 2022	July 1, 2022 to July 15, 2022
	2022 Quarter 2 Report: April 1, 2022 to June 30, 2022	July 1, 2022 to July 15, 2022
	2022 Pre-Primary Election Report: July 1, 2022 to July 16, 2022	July 17, 2022 to July 25, 2022*
	2022 Post-Primary (Q3) Report: July 17, 2022 to September 30, 2022	October 1, 2022 to October 17, 2022*
	2022 Pre-General Election Report: October 1, 2022 to October 22, 2022	October 23, 2022 to October 31, 2022*
	2022 Post-General (Q4) Report: October 23, 2022 to December 31, 2022	January 1, 2023 to January 17, 2023*
/	Final Campaign Finance Report Prior to Committee Termination	End of Previous Period through Today's Da

*Reporting deadline extended to next business day, A.R.S. §§ 1-243(A) and 1-303.

FINANCIAL SUMMARY (required):

Cash Activity This Reporting Period	Election Cycle to Date
	25.00
1	0.00
	25.00
	0.00
	Reporting Period



COMMITTEE ID NUMBER C18-01

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.

Jacob Pritchett	Jacob Prithlett	01/12/2022
Printed Name of Committee Treasurer	Signature of Committee Treasurer	Date

SUMMARY OF RECEIPTS (Schedule A):

	Receipts	Cash	Equity
1.	Monetary Contributions Received		
	(a) Individuals - More than \$50		
	(b) Individuals - \$50 or Less (Aggregate)		
	(c) Candidate Committees		
	(d) Political Action Committees		
,	(e) Political Parties		
	(f) Partnerships		
_			
	(g) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(h) Labor Organizations (PACs & Political Parties Only)		
	(i) Candidate's Personal Monies (Candidate Committees Only)		
	(j) Monetary Contributions Subtotal (add 1(a) through 1(i))		
	(k) Refunds Given Back to Contributors		
	(I) Net Monetary Contributions (subtract 1(k) from 1(j))		
2.	Loans		
	(a) Loans Received		
	(b) Forgiveness on Loans Received		
	(c) Repayment on Loans Made		
	(d) Interest Accrued on Loans Made		
	(e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))		
3.	Rebates and Refunds Received		
4.	Interest Accrued on Committee Monies		
5.	In-Kind Contributions Received		
	(a) Individuals - More than \$50		
	(b) Individuals - \$50 or Less (Aggregate)		
	(c) Candidate Committees		- 1 1111
	(d) Political Action Committees		y
	(e) Political Parties		, 43
	(f) Partnerships		
	(g) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
ř	(h) Labor Organizations (PACs & Political Parties Only)		1
	(i) Candidate's Personal Assets or Property (Candidate Committees Only)		*1
	(j) In-Kind Contributions Subtotal (equity: add 5(a) through 5(i))		
6.	In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
7.	Extensions of Credit		
	(a) Extensions of Credit Received		
	(b) Payments on Extensions of Credit Received		
	(c) Net Extensions of Credit (subtract 7(b) from 7(a))		
8.	Joint Fundraising / Shared Expense Payments Received	-	
9.	Payments Received for Goods / Services		
10.	Outstanding Accounts Receivable / Debts Owed to Committee		
11.	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
12.	Miscellaneous Receipts		
12.	Total Receipts (cash: add 1(l), 2(e), 3-4, 8-9, 11-12; equity: add 2(b), 5(j), 6-7, 10-12)	0.00	

SUMMARY OF DISBURSEMENTS (Schedule B):

Disbursements	Cash	Equity
Disbursements for Operating Expenses		ALCOHOLDS ()
2. Contributions Made		
(a) Candidate Committees		The state of the s
(b) Political Action Committees		
(c) Political Parties		SAME AND A TANK
(d) Partnerships		S. March 19 19 19 19 19 19 19 19 19 19 19 19 19
(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)	1	
(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))		The state of the s
3. Loans		Land of the second
(a) Loans Made		
(b) Loan Guarantees Made		
(c) Forgiveness on Loans Made		
(d) Repayment of Loans Received		do la les les un la la
(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	Tillen Harry	
(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)	Country of the last of the las	5-5
(j) Contributions Subtotal (add 5(a) through 5(f))		
6. Independent Expenditures Made		
7. Ballot Measure Expenditures Made		
8. Recall Expenditures Made		The second second second
9. Support Provided to Party Nominees (Political Parties Only)		
10. Joint Fundraising / Shared Expense Payments Made		
11. Reimbursements Made		A LONG THE PARTY OF
12. Outstanding Accounts Payable / Debts Owed by Committee	Affiliation in the second	
13. Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as app		
14. Miscellaneous Disbursements	25.00	
15. Aggregate of Disbursements - \$250 or Less	05.00	
16. Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(j), & 12-15;	25.00	



MONETARY CONTRIBUTIONS RECEIVED FROM INDIVIDUALS - MORE THAN \$50 DURING ELECTION CYCLE:*

SCHEDULE A(1)(a)

/	Individual Con	tributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
_	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			= -
	Street Address					
5	City	State	ZIP			
	Occupation	Employer		_		

*If contributions of \$50 or less are listed on Schedule A(1)(b), do not include them on Schedule A(1)(a).

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



MONETARY CONTRIBUTIONS RECEIVED FROM INDIVIDUALS - \$50 OR LESS (AGGREGATE):*

SCHEDULE A(1)(b)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Cumulative Contributions from Individuals - \$50 or Less		
Enter total only if last page of schedule (transfer the total received this period to *Summary of Receipts,* line 1(b))	,	

*If contributions of more than \$50 are listed on Schedule A(1)(a), do not include them on Schedule A(1)(b).



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(c)

/		Candidate Committee	: Contributor Infor	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name						
	Street Address						
	1			r			
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						
	Street Address	1					
3	City		State	ZIP			
	Committee ID Number	+	Date Contribution Receive	<u>l</u>	3		
	Committee Name						
	Street Address						
4	City		State	ZIP			
	Committee ID Number	// // // // // // // // // // // // //	Date Contribution Receive	ed			
			1				
	Committee Name						
	Street Address						
5	City		State	ZIP			
	Committee ID Number		Date Contribution Receive	ed			
_	Enter total only i	f last page of schedule					
	(transfer the total received	this period to "Summary of Receipts."	line 1(c))				

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(d)

/	Political Action Comm	ttee 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 Contribution Receive	I d			
	Committee Name					
	Street Address			-		
2	City	State	ZIP	-		
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed	_		
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	<u> </u>			
	Committee Name					
	Street Address					
5	City	State	ZIP			
		Date Contribution Receive				

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(e)

	Political Party Con	tributor Informati	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
mittee Name					×	
et Address						
		State	ZIP			
mittee ID Number		Date Contribution Receive	d		7-1	
mittee Name	121					
el Address	1				-	
	ψ.	State	ZIP			
mittee ID Number	1	Date Contribution Receive	<u>l</u>			
mittee Name	<u>'</u>					
et Address		<u> </u>				
;	7	State	ZIP	_		
mittee ID Number		Date Contribution Receive	ed	-		
mittee Name			,			
et Address				-		
1		State	ZIP	-		
mittee ID Number		Date Contribution Receive	ed	-		
mittee Name	1					
et Address						
<u> </u>		State	ZIP			
nmittee ID Number		Date Contribution Receive	ed			
et A	tee ID Number	tee ID Number total only if last page of schedule	ddress State State Date Contribution Receive	tee ID Number Date Contribution Received	tee ID Number Date Contribution Received Total only if last page of schedule	State ZIP tee ID Number Date Contribution Received r total only if last page of schedule

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(f)

Partnership Name Street Address 1 City State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Street Address 2 City State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Street Address 3 City State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Street Address 3 City State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Partnership Name	teceived Amount this Amou Election	nt this
Street Address City State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received		
City State ZIP		
Corporation Commission File Number Date Contribution Received Partnership Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received		
Partnership Name Street Address 2 City State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Street Address 3 City State ZIP Corporation Commission File Number Date Contribution Received		
Street Address City State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received		
2 City State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received		
Corporation Commission File Number Date Contribution Received Partnership Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received		
Partnership Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received		
Street Address City State ZIP Corporation Commission File Number Date Contribution Received		
3 City State ZIP Corporation Commission File Number Date Contribution Received		
Corporation Commission File Number Date Contribution Received		
Partnership Name		
Street Address		
4 City State ZIP		
Corporation Commission File Number Date Contribution Received		
Partnership Name		
Street Address		
5 City State ZIP		
Corporation Commission File Number Date Contribution Received		
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 CORPORATIONS AND LLCs:

SCHEDULE A(1)(g)

/				1	Cumulative	Cumulative
	Corporation i	LLC Contributor Inform	ation	Amount Received	Amount this Reporting Period	Amount this Election Cycle
	Corporation/LLC Name					
	Street Address	1		1		
1	City	State	ZIP	1		
	Corporation Commission File Number	Date Contribution Received	d			
	Corporation/LLC Name					
	Street Address			1		
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	I ed			
	Corporation/LLC Name	Corporation/LLC Name				1
	Street Address	Address		-		
3	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receive	I ed	1		
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number Date Contribution Received		1			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	I		v	
	Enter total only if last page of sch	edule				

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(h)

	Labor Organizatio	n Contributor Inforr	mation	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 Receive	ed	-		
r	Labor Organization Name					
	Street Address					
2	2 City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receiv	red	-		
	Labor Organization Name					
	Street Address					
3	3 City	State	ZIP	-		
	Corporation Commission File Number Date Contribution Received			-		
	Labor Organization Name					
	Street Address			-		
4	4 City	State	ZIP	-		
	Corporation Commission File Number	Corporation Commission File Number Date Contribution Received		-		
	Labor Organization Name					
	Streel Address			-		
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	red			
	Enter total only if last page of schedule					

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(i)

		Candidate Information	6	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	1	Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer	-			
1	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				1
	Name		Date Contribution Received			
	Streat Address		T			
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received	-		
	Street Address					
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page of	1				

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(k)

	Contributo	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Refunded		9	
	Street Address					
1	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
2	City	State	ZIP	-		
	ID Number (if applicable)		Date of Original Contribution	-		
	Name		Date Contribution Refunded			
	Street Address					
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		Date Contribution Refunded			,
	Street Address					
5	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Enter total only if last page of schedule	E 4/E-V				

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



LOANS RECEIVED:

SCHEDULE A(2)(a)

				r ·	1	
	Lender	Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name	Date Loan Received				,
	Street Address					
1	City	State	ZIP		i ,	
	Guarantor/Endorser Name	Non-Electoral Purpose?	(PACs and Political Parties Only)			
	_					
	Lender Name	Date Loan Received	1			
	Street Address					
2		1	1			
_	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose?	(PACs and Political Parties Only)		_	
	1,					
	Lender Name	Date Loan Received				
	Street Address			-		í
3	City	State	ZIP	-	1	
	Guarantor/Endorser Name	Non-Electoral Purpose?	(PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
				_		
	Street Address					
4	City	State	ZIP		2	1
	Guarantor/Endorser Name	Non-Electoral Purpose?	(PACs and Political Parties Only)			_
	į.					
	Lender Name	Date Loan Received				
	Street Address			_		Ü
	·					
5	City	State	ZIP			п
	Guarantor/Endorser Name	Non-Electoral Purpose?	(PACs and Political Parties Only)			
						¥

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



FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

_	Lender I	nformation		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Forgiveness Received			
	Streel Address					
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	L			
	Lender Name		Date Forgiveness Received			
	Street Address					
3	3 City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address					
4	1 City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	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 "Summary of Receipts."	line 2(b))				

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			
ľ		Street Address					
	1	City	State	ZIP			
		Original Amount Borrowed	Amount Still Outstanding				-
		Borrower Name		Date Repayment Received			
		Street Address				wi.	1
2	2	City	State	ZIP			'
		Original Amount Borrowed	Amount Still Outstanding			-	_
		Borrower Name	'	Date Repayment Received			
		Street Address		×	·		
(3	City	State	ZIP			-
		Original Amount Borrowed	Amount Still Outstanding		-		
H		Borrower Name		Date Repayment Received		·	
		Street Address					1
4	4	City	State	ZIP			
		Original Amount Borrowed	Amount Still Outstanding				Car
F		Borrower Name	1	Date Repayment Received		_	
		Street Address					
	5	City	State	ZIP			
		Original Amount Borrowed	Amount Still Outstanding				,
		Enter total only if last page of schedule	line 2(a)				

INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

	Borrower	Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Interest Accrued			
	Street Address			-		
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Interest Accrued			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding		-		
	Borrower Name		Date Interest Accrued			
	Street Address		<u> </u>	-		
3	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Borrower Name	I	Date Interest Accrued			
	Street Address			-		
4	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Borrower Name		Date Interest Accrued			
	Street Address					
5	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Enter total only if last page of schedule	line 2/d\\				

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



REBATES AND REFUNDS RECEIVED:

C18-01

SCHEDULE A(3)

	Payor	Information		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Payor Name	4	Date Rebate/Refund Received		:4-	
	Street Address			-		
1	City	State	ZIP	-		
	Original Purchase Amount	Reason for Refund/Rebate				
	Payor Name		Date Rebate/Refund Received			-
	Street Address			-		
2	City	State	ZIP	_		
	Original Purchase Amount	Reason for Refund/Rebate	9	_		
	Payor Name		Date Rebate/Refund Received			
	Street Address			_		
3	City	State	ZIP	-		
	Original Purchase Amount	Reason for Refund/Rebate	9	-		
	Payor Name		Date Rebate/Refund Received			
	Street Address					
4	City	State	ZIP	-		
	Original Purchase Amount	Reason for Refund/Rebat	e			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
5	City	State	ZIP	1		
ı		Reason for Refund/Rebat		_		

Schedule A(3), page ____ of

(transfer the total received this period to "Summary of Receipts." line 3)



INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

	r ·	
	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 ___



IN-KIND CONTRIBUTIONS RECEIVED FROM INDIVIDUALS - MORE THAN \$50 DURING ELECTION CYCLE:*

SCHEDULE A(5)(a)

		Individual Contr	ibutor Information	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Name		Date In-Kind Contribution Received			
		Street Address				,	
	1	City	State	ZIP			
		Occupation	Employer				
		Name		Date In-Kind Contribution Received	,		
		Street Address	-				
	2	City	State	ZIP			-
	i.	Occupation	Employer				
		Name Date In-		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			9	
		Enter total only if last page of schedule	line 5(a))				

*If in-kind contributions of \$50 or less are listed on Schedule A(5)(b), do not include them on Schedule A(5)(a).

Schedule A(5), page ____ of



IN-KIND CONTRIBUTIONS RECEIVED FROM INDIVIDUALS - \$50 OR LESS (AGGREGATE):*

SCHEDULE A(5)(b)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Cumulative In-Kind Contributions from Individuals - \$50 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 \$50 are listed on Schedule A(5)(a), do not include them on Schedule A(5)(b).



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(c)

_	Candidate Committee	Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
	City	State	ZIP	-		1
	Committee ID Number	Date In-Kind Contribution F	Received			
	Committee Name					,
	Street Address					
2	2 City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received	'		
r	Committee Name					
	Street Address					
3	3 City	State	ZIP			- I
ŀ	Committee ID Number	Date In-Kind Contribution	Received		-	-
	Committee Name					
	Street Address	Street Address				_
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name	П				1
	Street Address					,
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received	3		
	Enter total only if last page of schedule					
	(transfer the total received this period to "Summary of Receipts."	line 5(c))				

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(d)

Political Action Commit	tee Contributor In	formation	Amount Received	Cumulative	Cumulative
Committee Name			Amount Neceived	Amount this Reporting Period	Amount this Election Cycle
Street Address	_				
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
Committee Name					
Street Address					
City	State	ZIP	1		
Committee ID Number	Date In-Kind Contribution	Received	-		
Committee Name					
Street Address			-		
City	State	ZIP			
			_		
Committee to Namber	Date IPRING CONTIDUION	Vecelved			
Committee Name					
Street Address		0			
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name Street Address Committee ID Number Committee Name Street Address City Committee ID Number Committee ID Number Committee Name Street Address City Committee Name Street Address City Committee ID Number	Committee Name Street Address Committee ID Number Date In-Kind Contribution Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Committee Name Street Address City State Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution	Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Committee ID Number Date In-Kind Contribution Received	Committee Name Street Address Chry State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address Chry State ZIP Committee Name Street Address Committee ID Number Date In-Kind Contribution Received Committee Name Street Address Date In-Kind Contribution Received	Street Address Street Address City State ZIP Committee ID Number Date in-Kind Contribution Received State Name Street Address City State ZIP Committee ID Number Date in-Kind Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date in-Kind Contribution Received Committee ID Number Date in-Kind Contribution Received

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(e)

,							
_	Political	Party Contributor Inform	mation	Ì	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 Contribu	ution Received				
	Committee Name						
	Street Address						
2	City	State	ZIP				
	Committee ID Number	Date In-Kind Contrib	ution Received				
_	Committee Name						
							_
2	Street Address						
3	City	State	ZIP				
	Committee ID Number	Date In-Kind Contrib	Date In-Kind Contribution Received				
	Committee Name	,					
	Street Address						
4	City	State	ZIP				
	Committee ID Number	Date In-Kind Contrib	ution Received				
	Committee Name						
	Street Address						
5	City	State	ZIP				
	Committee ID Number	Date In-Kind Contrib	ution Received				
				-			
	Enter total only if last page of stransfer the total received this period to "Summa						

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(f)

,						
	Partnership Cor	ntributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address	Street Address				
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
H	Partnership Name					
	Street Address					
2	D. City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
3	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 "Summary of Receipts.	" line 5(f))				

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



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(g)

				•		
	Corporation / LLC C	Contributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name				, ,	•
	Street Address	Street Address				
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name			1		
	Street Address	-				
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
1	Corporation/LLC Name					
,	Street Address	1		-		
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	1		- r		
	Street Address	Street Address				H.
5	City	State	ZIP	-		ı
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts,					

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(h)

_	Labor Organization	Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
١.	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution I	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	-		
F	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Received				
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule					
	(transfer the total received this period to "Summary of Receipts."	line 5(h))				

Schedule A(5)(h), page ____ of ___



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

SCHEDULE A(5)(i)

	Cano	lidate Information	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Name Date In-Kind Contribution Received				_
	Street Address					
1	City	State	ZIP			
	Asset or Property Contributed					
	Name Date In-Kind Contril					1
	Street Address					
2	City	State	ZIP	_		
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
3 -	Street Address			-		,
	City	State	ZIP		ţ	1
	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 sche	dule				1

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



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

SCHEDULE A(6)

	Source I	nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Donation Received			
	Street Address					
1	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address					
2	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
8	Street Address	Street Address				
3	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address					
1	City	State	ZIP			
	Type of Item Donaled					
	Name		Date In-Kind Donation Received			
	Street Address					
5	City	State	ZIP			
	Type of Item Donated					
	Enter total only if last page of schedule					
	Type of Item Donated		ZIP			



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		Date of Extension of Credit			
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			1
S	Name					
	Street Address					
3	City	State	ZIP		_	1
	Services or Goods Provided on Credit	Date of Extension of Credit				
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name		1			
	Street Address	Street Address				
5	City	State	ZIP			
	Services or Goods Provided on Credit	Date of Extension of Credit				

Schedule A(7)(a), page___ of ___



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

/	Creditor	Information		Payment Amount on Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Originally Provided on Credit	Date of Original Extension of Credit				
	Name					
l,	Street Address					
3	City	State	ZIP			
	Services or Goods Originally Provided on Credit	Date of Original Extension of Credit				
	Name					
	Street Address					
4	City	State	ZIP			
	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 "Summary of Receipts."	line 7(b))				

Schedule A(7)(b), page ___ of ___



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor Co	mmittee Informa	tion	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 Ex	pense (if applicable)			
	Committee Name		Payment Date			
	Street Address				-	I
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	pense (if applicable)			
	Committee Name	Payment Date				
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	pense (if applicable)			
	Committee Name	Committee Name				
	Street Address	Street Address				
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	pense (if applicable)		-	
	Committee Name		Payment Date			
	Street Address					-
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)					
	Enter total only if last page of sched					11



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

/					Cumulative	Cumulative
		nformation		Payment Amount	Amount this Reporting Period	Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address		1			
2	City	State	ZIP	1		
	Services or Goods Purchased		Payment Date	-	-	
	Name	lame				
	Street Address			-		
3	City	State	ZIP	1		
	Services or Goods Purchased	<u> </u>	Payment Date	1		
	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	-		
- 1						

Schedule A(9), page ___ of ___



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

	Info	mation		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					
2	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
3	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	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					

Schedule A(10), page ____ of ___



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	Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address				7.	
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	<u> </u>	Receipt Date	_		
		, v				
	Name					
1	Street Address					
4	City	State	ZIP	•		
	Receipt Type	1	Receipt Date			
	Name					
	Street Address					П
5	City	State	ZIP			
	Receipt Type Re		Receipt Date			
	Enter total only if last page of schedule					
_	(transfer the total received this period to "Summary of Receipt	s." line 12)				

Schedule A(12), page ___ of ___



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

	Re	ecipient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Disbursement Date				-
	Street Address					
1	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpos	se? (PACs and Political Parties Only)	☐ Cash☐ Credit		
	Name					
	Street Address					
2	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpos	se? (PACs and Political Parties Only)	☐ Cash ☐ Credit		
	Name	ame Disbursement Date				
	Street Address					
3	City	State	ZIP	☐ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpos	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Name	Disbursement Date	Disbursement Date			
	Street Address					
4	City	State	ZIP	□ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpos	se? (PACs and Political Parties Only)	☐ Credit		
	Name	Disbursement Date				
	Street Address					
5	City	State	ZIP	☐ Cash ☐ Credit		
	Type of Operating Expense Paid	Non-Electoral Purpos	se? (PACs and Political Parties Only)	Crodit		
	Enter total only if last page of sch	edule				



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	Candidate Commit	tee Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address				_	
1	City	State	ZIP	- Cook		
	Committee ID Number	Date Contribution Made	J.	□ Cash □ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP ·			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Committee Name	7				
	Street Address					
3	City	State	ZIP		1	
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Committee Name			Ē		
	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 Made	1	☐ Cash☐ Credit		
	Enter total only if last page of schedul- (transfer the total disbursed this period to "Summary of Disbu					
			edule B(2)(a), page			



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

/	Political Action (Committee Recipient Inf	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name			Reporting Fenou	Liection Cycle	
	Street Address					
1	City State ZIP					
	Committee ID Number	. Date Contribution Made	L .	□ Cash □ 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			,
	Committee ID Number	Date Contribution Made	Date Contribution Made			
_	Committee Name					*
	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 Made				
				☐ Credit		
	Enter total only if last page of sch					



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Political Party Re	ecipient Informatio	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address				1	-
1	City	State	ZIP	□ Cash		ب
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name			:6		
	Street Address					
2	City	State	ZIP	□ Cash		1
	Committee ID Number	Date Contribution Made		☐ Credit		÷
	Committee Name	E				
	Street Address	····				
3	City	State	ZIP		-	
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		,
	Committee Name					
	Street Address					
4	City	State	ZIP	- Cook		
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address	1				
5	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
_	Enter total only if last page of schedule					



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partnership	Recipient Information	on	Amount Contributed	Cumulative Amount this	Cumulative Amount this
	Partnership Name			Contributed	Reporting Period	Election Cycle
	Street Address					
1	City	City State ZIP				
				☐ Cash		
	Corporation Commission File Number	Date Contribution Made		☐ Credit		
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		☐ Cash☐ Credit		
	Partnership Name			4		
-	Street Address					
3	ity State ZIP					
			ZIF	□ Cash		
	Corporation Commission File Number Date Contribution Made			☐ Credit		
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		☐ Cash☐ Credit		
	Partnership Name					
	Street Address					
5	City	State	ZIP			
				☐ Cash		
	Corporation Commission File Number	Date Contribution Made		☐ Credit		
	Enter total only if last page of schedu	ıle				



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	/ LLC Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name		Tropering remo			
	Street Address					
1	City Corporation Commission File Number	State Date Contribution Mac	ZIP	□ Cash □ Credit		
	Corporation/LLC Name	1				
	Street Address					
2	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Ma	de	□ Credit		
	Corporation/LLC Name				1	
	Street Address					
3	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Ma	de	☐ Casii		
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	de	☐ Cash☐ Credit	-	
	Corporation/LLC Name	<u> </u>				
	Street Address					
5	City	State	ZIP	II Cook		
	Corporation Commission File Number Date Contribution Made			□ Cash □ Credit		
	Enter total only if last page of sch					



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Organ	ization Recipient Ir	formation	Amount Contributor	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	Made	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
2	City State ZIP					
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Labor Organization Name	Labor Organization Name				
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number Date Contribution Made		□ Cash □ Credit			
- 1		er total only if last page of schedule				
_	transfer the total disbursed this period to "Summary of	i Disbursements. Iline 2(1))				



CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

/	Contributo	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Date Refund Received			
	Street Address	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	_		
	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	1	Date Refund Received			1
	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 "Summary of Disburse	ments," line 2(h))				

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



LOANS MADE:

SCHEDULE B(3)(a)

/		Borrower 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 .	,				
	Enter total only if last page of						
L	(transfer the total received this period to "Summa						

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



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

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

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



FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

_		Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Forgiveness Made			
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name	·	Date Forgiveness Made			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address					
3						
ľ	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	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 "Summary of Disburse	ments." line 3(c))				

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



REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

		Lender I	nformation		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	\
		Lender Name		Date Repayment Made				
		Street Address						
	1	City	State	ZIP				
		Original Amount Borrowed	Amount Still Outstanding					
		Lender Name		Date Repayment Made				
		Street Address						
	2	City	State	ZIP				
		Original Amount Borrowed	Amount Still Outstanding					
		Lender Name		Date Repayment Made			1	
		Street Address	· · · · · · · · · · · · · · · · · · ·	_				
	3	City	State	ZIP	1			
		Original Amount Borrowed	Amount Still Outstanding					
		Lender Name		Date Repayment Made				
		Street Address						
	4	City	State	ZIP		1		
		Original Amount Borrowed	Amount Still Outstanding	-			,	
		Lender Name		Date Repayment Made				
		Street Address						
	5	City	State	ZIP			- J*	
		Original Amount Borrowed	Amount Still Outstanding					
		Enter total only if last page of schedule	1					1
1		(transfer the total disbursed this period to "Summary of Disburse	ments." line 3(d))					1

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



INTEREST ACCRUED 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	<u> </u>	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					

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

_	_	cipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address	1				
1	City	State	ZIP			7
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			-
	Name of Original Payor	l I	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	_		1
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
		Original Faymont Amount				
	Name of Original Payor	'	Date Rebate/Refund Made			
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
,	Name of Original Payor		Date Rebate/Refund Made			1
1	Street Address					,
5	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Enter total only if last page of sche	l edule			<u>.</u>	1
	(transfer the total disbursed this period to "Summary o					

Schedule B(4), page ____ of



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/	Candidate Committee	ee Recipient Inform	nation	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			
H	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	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 "Summary of Disburs	ements." line 5(a))				

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

	Po	olitical Action Commit	tee Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name				-		
	Street Address						
1	City		State	ZIP			
	Committee ID Number		Date In-Kind Contribution	I Made			
	Committee Name						
	Street Address			-			
2	City		State	ZIP			
	Committee ID Number		Date In-Kind Contribution	Made	1		
	Committee Name			_			
	Street Address				-		
3	City		State	ZIP			1
	Committee ID Number	1	Date In-Kind Contribution	Made	1 _	-	1
	Committee Name						
	Street Address						
4	City		State	ZIP			
	Committee ID Number		Date In-Kind Contribution	Made			
	Committee Name			· · · · · · · · · · · · · · · · · · ·			
	Street Address					ı	
5	City		State	ZIP		-	
	Committee ID Number		Date In-Kind Contribution	Made			1

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

/						
_	Political Party Ro	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					
	Streel 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	ments " line 5(c))				

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



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

	Partnersh	nip Recipient Informa	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Parlnership Name					
	Street Address					
1	City	State	ZIP		2,	
	Corporation Commission File Number	Date In-Kind Contribu	ution Made			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	ution Made	,		1
	Partnership Name					
	Street Address					
3	City	State	ZIP			i
	Corporation Commission File Number	Date In-Kind Contrib	ution Made			+
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Made			,	
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	oution Made			

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

	Corporation /	LLC Recipient Inform	ation	Amount Contributed	Cumulative Amount this	Cumulative Amount this
Г	Corporation/LLC Name			Commission	Reporting Period	Election Cycle
	Street Address					
1	City	State	ZIP	-		
	S.y	Cialco				
	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			
H	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
L						
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP	-		
	,					
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	l Made			
-	Enter total only if last page of sche	dule				
L	(transfer the total disbursed this period to "Summary of					

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



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

/	Labor Organiza	tion Recipient Inform	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name	abor Organization Name			, ,	,
	street Address			-		
1	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	n Made	-		
)	Labor Organization Name	1				
	Street Address			-		
2	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	n Made	-		
\dashv	Labor Organization Name					
3 -	Street Address	1 1			ν,	
	City	State				
	Corporation Commission File Number	Date In-Kind Contribution	n Made	- ,		-
	Labor Organization Name				-	-
	Street Address			_	-	,
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Made				
	Labor Organization Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributio	n Made			
_	Enter total only if last page of sched	ule			1	
	(transfer the total disbursed this period to "Summary of Di					

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



INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

/	Expenditure	Recipient Informa	tion	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address	Street Address				
1	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	cluding % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	☐ Credit		
_	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
2	City	State	ZIP	-		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	ncluding % apposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ □ Credit		
_	Recipient Name	2	Mode of Advertising (TV, mail, etc)			
	Street Address			-		
3	City	State	ZIP	_		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	cluding % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address	Street Address				
4	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	ncluding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ □ Credit		
	Enter total only if last page of schedu					

Schedule B(6), page ____ of ____



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

	Expenditure R	Recipient Informati	ion	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name	Recipient Name Mode of Advertising (TV, mail, etc)				
	Street Address	street Address				
1	City	State	ZIP	1		
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed (including % supported)		☐ Cash	×	
	Date of First Publication, Display, Delivery, or Broadcast Election Month/Year			□ Credit		
	Reciplent Name		Mode of Advertising (TV, mail, etc)			
	Street Address		·	1		
2	City	State	ZIP	1		
	Ballot Measure(s) Supported (including % supported)	s) Supported (including % supported) Ballot Measure(s) Opposed		☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	i i	_ □ Credit		
_	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address				-	-
3	City	State	ZIP	1		
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed (including % opposed)		☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Date of First Publication, Display, Delivery, or Broadcast Election Month/Year		_ □ Credit		
	Recipient Name	L	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		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit	1	
_	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 7)			.1		



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					
1	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		☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		J			
2	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Reca	alled	☐ Cash ☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		_ L Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP	1		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Reca	alled	☐ Cash ☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	t Office Held		J L Gredit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
4	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Recalled		☐ Cash ☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		_ L Orealt		
	Enter total only if last page of schedul					
	(transfer the total disbursed this period to "Summary of Disbu	ursements," line 8)				

Schedule B(8), page ___ of ___



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

	Ве	nefitted Candidate	×	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Candidate Name		Date Benefit Provided			
	Street Address	Street Address				
1	City	State	ZIP			
	Type of Benefit Provided	Type of Benefit Provided				
	Notes:	7	1.			
	Candidate Name		Date Benefit Provided			
	Street Address	Street Address				
2	City	State	ZIP			
	Type of Benefit Provided				-	
	Notes:					
	Candidate Name	Date Benefit Provided				
	Street Address					
3	3 City	State	ZIP	4		,
	Type of Benefit Provided					
1	Notes:					
	Candidate Name	Candidate Name Date Benefit Provided				1
	Street Address					
4	Gity City	State	ZIP			
	Type of Benefit Provided				4	
	Notes:					
	Enter total only if last page of sch					
L	(transfer the total disbursed this period to "Summary	of Disbursements," line 9)				

Schedule B(9), page ____ of ____



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

Recipient Com	nmittee Information	1	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name		Payment Date			
Street Address					
City	State	ZIP	□ Cash		
Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (if applicable)	☐ Credit		
Committee Name		Payment Date			
Street Address					
City	State	ZIP	□ □ Cash		,
ate of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)		I if applicable)	☐ Credit		
Committee Name		Payment Date			
Street Address					
City	State	ZIP	- Cook		
Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (i	I if applicable)	☐ Credit		
Committee Name		Payment Date			
Street Address					
City	State	ZIP	- Cook		
Date of Joint Fundralsing Event (if applicable)	Type of Shared Expense (i	I if applicable)	☐ Cash		
Committee Name		Payment Date			
Street Address					
City	State	ZIP .			
Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if a		applicable)	☐ Cash☐ Credit		
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 10)					
	Committee Name Street Address City Date of Joint Fundraising Event (if applicable) Committee Name Street Address City Date of Joint Fundraising Event (if applicable) Committee Name Street Address City Date of Joint Fundraising Event (if applicable) Committee Name Street Address City Date of Joint Fundraising Event (if applicable) Committee Name Street Address City Date of Joint Fundraising Event (if applicable) Committee Name Street Address City Date of Joint Fundraising Event (if applicable)	Committee Name Street Address City State Date of Joint Fundraising Event (if applicable) Type of Shared Expense (Committee Name Street Address City State Date of Joint Fundraising Event (if applicable) Type of Shared Expense (Committee Name Street Address City State Date of Joint Fundraising Event (if applicable) Type of Shared Expense (Committee Name Street Address City State Committee Name Street Address City State Type of Shared Expense (Committee Name	Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Committee Name Payment Date Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Street Address City State ZIP Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable) Street Address City State ZIP	Payment Date Payment Date	Amount this Reporting Period Committee Name Poyment Date Street Address City State Library Committee Name Poyment Date Committee Name Poyment Date Committee Name Poyment Date Cash Credit Committee Name Poyment Date Committee Name Committee Name Poyment Date Committee Name Committee Name Poyment Date Committee Name Committee Name Committee Name Poyment Date Committee Name Commit



REIMBURSEMENTS MADE:

SCHEDULE B(11)

	Recipient	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	_		
	Services or Goods Relmbursed	1	Reimbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address					
3	City	ZIP	_			
		State	Reimbursement Date	☐ Cash☐ Credit		
				Li Gredit	_	ú,
	Name				7	
,	Street Address					
4	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed Reimbursement Date			☐ Credit		
	Name					
	Streel Address					
5	City	State	ZIP	TI Co-h		
	Services or Goods Reimbursed Reimbursement Date			☐ Cash☐ Credit		
	Enter total only if last page of schedule					
_	(transfer the total disbursed this period to "Summary of Disburse	ements," line 11)				



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

	ŗ	Debt Information		Amount	Cumulative Amount this	Cumulative Amount this
_	Name		7 illiodili	Reporting Period	Election Cycle	
	Street Address					
1	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
_	Name					
	Street Address					
2	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	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					
	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Enter total only if last page of sche	edule				
	(transfer the total received this period to "Summary of	Receipts," line 12)				

Schedule B(12), page ____ of ___



TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Recipient of Surplus Monies / Source of Transferred Debt	2.00	, (a)
Recipient of Surplus Monles / Source of Transferred Debt	general de la companya de la company	
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monles / 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)		

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MISCELLANEOUS DISBURSEMENTS: SCHEDULE B(14)

				1	1 1	
	Recipient li	nformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Arizona Talks Foundation					
	Street Address 8402 E Montebello Ave				05.00	05.00
1	Scottsdale /	AZ	^{zip} 85250	■ Cash	25.00	25.00
	Disbursement Type Donation to 501(c)(3) per ARS 16-933		01/12/2022	☐ Credit		
	Name		<u> </u>			
	Street Address	Street Address				
2	City		ZIP	_		
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
	Street Address			_		
3	City		ZIP	_		
	Disbursement Type		Disbursement Date	_ □ Cash □ Credit		
_	Name					
	Street Address					
4	City		ZIP	- - -		
	Disbursement Type		Disbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address			_		
5	City	itate	ZIP			
	Disbursement Type		Disbursement Date	☐ Cash☐ Credit		
	Enter total only if last page of schedule					
_	(transfer the total disbursed this period to "Summary of Disburseme	nts, line 14)				

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