

STATE OF ARIZONA RECEIVED C21-06 FINANCE REPORT JAN 1 8 2022

COMMITTEE ID NUMBER

COMMITTEE INFORMATION (required):

Į	Committee Information:	Committee Name:	Jane Poston for Chandler	Olto
CANI	DIDATE INFORMATION (only if fili	ng as a candidate con	nmittee):	CITY OF CHANDLER
	Office Sought:	☐ Statewide Office	x	☐ State Legislature:
		☐ County Office:		City/Town Office: Chandler City
	Cumulative Report:			
	☐ Check here if this is the ca	indidate committee's f	rst, cumulative report for the election cycl	e. Also select appropriate Reporting Period below.
	Cumulative reporting period	start date (which supe	rsedes the start date for the Reporting Pe	eriod selected below):

REPORTING PERIOD (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 March Post-Election (Q1) Report (Local Only): February 21, 2021 to March 31, 2021	April 1, 2021 to April 15, 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: October 28, 2021 to December 31, 2021	January 1, 2022 to January 18, 2022*
	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
æ	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):

	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)	0	
(b)	+ Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)	4920.00	4920.00
(c)	- Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)	95.02	95.02
(d)	= Balance at close of reporting period	4824.98	4824.98



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.

Jason Heinkel	Jason Heinkel	Jan. 18, 2022
Printed Name of Committee Treasurer	Signature of Committee Treasurer	Date

SUMMARY OF RECEIPTS (Schedule A):

	Receipts	Cash	Equity
<u>/</u>	Monetary Contributions Received		
	(a) Individuals - More than \$50	1900	
	(b) Individuals - \$50 or Less (Aggregate)	20	
	(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)		
	(i) Monetary Contributions Subtotal (add 1(a) through 1(i))	1920	
	(k) Refunds Given Back to Contributors	1020	
	(I) Net Monetary Contributions (subtract 1(k) from 1(j))	1920	
2.	Loans	1020	
	(a) Loans Received	3000	
	(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))	3000	
3.	Rebates and Refunds Received		
4.	Interest Accrued on Committee Monies	0	
_5	In-Kind 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 Assets or Property (Candidate Committees Only)		
	(j) In-Kind Contributions Subtotal (equity: add 5(a) through 5(i))		
6.	In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
<u>7.</u>	Extensions of Credit (a) 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		
13.	Total Receipts (cash: add 1(I), 2(e), 3-4, 8-9, 11-12; equity: add 2(b), 5(j), 6-7, 10-12)	4920.	

SUMMARY OF DISBURSEMENTS (Schedule B):

	Disbursements	Cash	Equity
/	isbursements for Operating Expenses	95.02	
-	contributions Made		
	a) Candidate Committees		
(t	,		
(c	c) Political Parties		
(c	1) Partnerships		
(€	e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		
(f) Labor Organizations (PAC & Political Parties Only)		
(9	y) Monetary Contributions Subtotal (add 2(a) through 2(f))		
(h	n) Contribution Refunds Provided to the Reporting Committee		
(i)) Monetary Contributions Total (subtract 2(h) from 2(g))		
3. Lo	oans		
(a	a) Loans Made		
(b	o) Loan Guarantees Made		
(c	c) Forgiveness on Loans Made		
(0	f) Repayment of Loans Received	The first of the section of the sect	
(e	e) Accrued Interest on Loans Received		
(f) Total Loans (cash: add 3(a), 3(d) & 3(e); equity: add 2(b) & 2(c))		
4. R	ebates and Refunds Made (Non-Contributions)		
5. V	alue of In-Kind Contributions Provided		
(a) Candidate Committees		
(b	o) Political Action Committees		
(c	e) Political Parties		
(d	i) Partnerships		
(e	e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		
(f)) Labor Organizations (PAC & Political Parties Only)		
(j)	Contributions Subtotal (add 5(a) through 5(f))		with 1.0
6. In	dependent Expenditures Made		
7. B	allot Measure Expenditures Made		
8. R	ecall Expenditures Made		
9. S	upport Provided to Party Nominees (Political Parties Only)		
10. Jo	oint Fundraising / Shared Expense Payments Made		
11. R	eimbursements Made		
12. 0	utstanding Accounts Payable / Debts Owed by Committee		
13. T	ransfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable	е)	
	liscellaneous Disbursements		
	ggregate of Disbursements - \$250 or Less		
16. To	otal Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(j), & 12-15)	95.02	

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

SCHEDULE A(1)(a)

Indi	vidual Contributor I	nformation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Tim Nguyen	Tim Nguyen				
305 E. Ashurst Dr.			200	200	200
Phoenix	State AZ	85048	200	200	200
Private Wealth Adv	visor Fine	mark National Bank			
Jon Poston		Nov. 13, 21			
Street Address 2152 Huffman Dr.					
² City Columbia	State	^{ZIP} 29209	100	100	10
Occupation Employer Sales Classic Stone					
Jake Sessions					
Streel Address 345 W. Canyon Dr.					
3 City Chandler	State AZ	zip 85248	150	150	15
Occupation Financial Advisor	Employer JPM	organ Chase			
Name Steve Tepper	Name Date Contribution Received				
Street Address 951 N. Benson Lar					
4 Chandler	State AZ	^{ZIP} 85224	500	500	500
Occupation Executive Dir.	Employer ACBVI				·
Name Katherine Christen	sen	Date Contribution Received Nov. 5 21			50
Street Address 24416 S. Sunbrook					
5 Sun Lakes	State AZ	85248	500	500	
Occupation President	Employer KCA				
Enter total only if last page of					

*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 _____2



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	20	20
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(b))	20	20

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

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

SCHEDULE A(1)(a)

						100
/	Individus	al Contributor Inforn	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Barb Mozden	Barb Mozden Control Oct. 2		250	250	250
	1532 W. Sherri Dr.	Agencing a global permillen en den a pad permillen eller militer (147 d) enhañ en en en	kaldenne sent mil 🕏 men in riversjog (sjok met let ny engliseer se jaar sjok militeren te meet in meet in meet	erred, has home		
	Gilbert	AZ State	^z ** 85233	Address of the second of the s		
	Retired	Retired	CONTROL OF THE STATE OF THE STA	60 BA 60		
	Sally Oscherwitz		Nov. 13, 21	100	100	100
	7171 E. Paradise Ca	nyon Rd		oronana		
2	Paradise Valley	AZ	85253			
	Retired	Retired		abanamina 		
	Sharon Poston		Nov. 20 21	100	100	100
	1464 E. Runaway Bay			incinción de la companya de la compa		
3	Chandler Chandler	AZ	⁷⁸ 85249			
	Retired Employer Retired					
	Name		Onto Contribution Received			
	S real Address		o consideranta			
4	Cey	State	269			
	Oscupaton	Engloyer				
	Name		Date Considerion Received			
	Sisoal Address		and data equi			
5	City	Sex. 0	19			
	Cecopa ton	Emphyer	an earliegen an easter (Christian) an earliegen an	(Contraction of Contraction of Contr		
_	Enter total only if last page of sch	edule			1950	1950

'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 ___

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MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(c)

Candidate Committ	ee Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name					
tel Address					
(State	ZIP			
nmittee ID Number	Date Contribution Receive	ed			
mmittee Name	- <u> </u>				
set Address					
/	State	ZIP	-		
nmittee ID Number	Date Contribution Receiv	ed			
Committee Name					
Street Address			-		
,	State	ZIP			
mmittee ID Number	Date Contribution Receiv	Date Contribution Received			
mmittee Name					
eet Address		1907/190			
у	State	ZIP	-		
mmittee ID Number	Date Contribution Received		+		
Committee Name					
Street Address					
у	State	ZIP	-		
mmittee ID Number	Date Contribution Receiv	ved			
mmitte	otal only if last page of schedu		Date Contribution Received cotal only if last page of schedule	Date Contribution Received Total only if last page of schedule	Date Contribution Received Total only if last page of schedule

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(d)

/ ¬	Political Action	Committee Contributor	Information	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Street Address						
1	City	State	ZIP			
	Committee ID Number	Date Contribution Rece	ived			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Rece	lived			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Rece	l			
1	Committee Name					
	Street Address					
4	City	State	ZIP			
-	Committee ID Number	Date Contribution Rece	ived			
+	Committee Name					
-	Street Address					
5	City	State	ZIP		ļ	
-	Committee ID Number	Date Contribution Rece	ived			
+	Enter total only if last page of sci	hedule				
	LINGI LUKAI UHIV II IASI DAUE OI SCI	IIGUUIG			1	

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(e)

,						
	Political Party Co	ontributor Informati	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	d			
	Committee Name					
Street Address						
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address	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 Receiv	ed			
	Committee Name	Committee Name				
	Street Address					
5	City	State	ZIP	-		
	Committee ID Number	Date Contribution Receiv	red	-		
	Enter total only if last page of schedule			<u> </u>		
	(transfer the total received this period to "Summary of Receipt	s,* line 1(e))			1	

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(f)

	Partnersi	nip Contributor Informa	ation	Amo	unt 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 Reco	eived				
	Partnership Name						
Street Address							
2	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Rec	eived				
	Partnership Name						
3	Street Address						
	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Rec	reived				
	Partnership Name						
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Rec	eived				
	Partnership Name	Partnership Name					
	Street Address						
5	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Rec	eived				
_	Enter total only if last page of sch	edule					



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(g)

	Corporation / LLC	Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address			The state of the s		
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Corporation/LLC Name					
	Street Address			-		
2	City	State	ZIP	_		
	Corporation Commission File Number	Date Contribution Receive	ed			
	Corporation/LLC Name					
	Street Address		La constitución de la constituci			
3	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receiv	red			
	Corporation/LLC Name					
	Street Address			-		
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	/ed	-		
	Corporation/LLC Name	Corporation/LLC Name				
	Streel Address			_		
5	City	State	ZIP	_		
	Corporation Commission File Number	Date Contribution Receiv	wed			
	Enter total only if last page of schedule)				
l	(transfer the total received this period to "Summary of Receig					

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(h)

/				1	1	
/	Labor Organi	zation Contributor Info	ormation	Amount Receive	Cumulative d Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name				-	
	Streel Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Rec	reived			
Labor Organization Name						
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Re	ceived			
	Labor Organization Name					
	Street Address	reet Address				
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Re	ceived			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Re-	ceived			
	Labor Organization Name	<u>l</u>	·			
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Red	ceived			
4	Enter total only if last page of sch				_	



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(i)

	Candidat	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	A			
	Name	<u>.L.,</u>	Date Contribution Received			
	Street Address	reet Address				
3	City	State	ZIP	-		
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address		1			
4	City	State	ZIP	-		
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address			1		
5	City	State	ZIP	1		
	Occupation	Employer	<u> </u>			
_	Enter total only if last page of schedule	1				
_	(transfer the total received this period to *Summary of Receipts	," line 1(i))			<u> </u>	l

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(k)

/	Contribute	or Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name .		Date Contribution Refunded		1 3	,
	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)	<u> </u>	Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address		1			
3	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name	<u> </u>	Date Contribution Refunded			
	Street Address			_		
4	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Streel Address					
5	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Enter total only if last page of schedule					
	(transfer the total received this period to "Summary of Receipts,	line 1(K))			<u> </u>	

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



LOANS RECEIVED:

SCHEDULE A(2)(a)

		Lender Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name Jane Poston	Date Loan Received Dec. 29, 2021				
ŀ	Street Address 6861 S. Justin Way	D00. 20,			2000	200
1	Chandler	State AZ	^{ZIP} 85249	3000	3000	300
- 1	Guarantor/Endorser Name Jane Poston	Non-Electoral Purp	ose? (PACs and Political Parties Only)			
+	Lender Name	Date Loan Receiv	ed			
	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purp	Non-Electoral Purpose? (PACs and Political Parties Only)			
1	Lender Name	Date Loan Receiv	red			
	Street Address					
3	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purp	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Receiv	red			
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name		pose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Recei	ved			
	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Pur	pose? (PACs and Political Parties Only			

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



FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

/		Lender Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Forgiveness Received			
	Street Address			-		
1	City	State	ZIP	_		
	Original Amount of Loan	Amount Still Outstandii	ng			
	Lender Name		Date Forgiveness Received			
	Street Address	treet Address		_		
2	City	State	ZIP	1		
	Original Amount of Loan Amount Still Outstandin		ng	-		
	Lender Name		Date Forgiveness Received			
	Street Address	treet Address				
3	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstandii	ng	-		
	Lender Name	<u></u>	Date Forgiveness Received			***************************************
	Street Address			-		
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstandin	ng	-		
-	Lender Name		Date Forgiveness Received		. is desired an extensive an extensive and e	
	Street Address			-		
5	City	State	ZIP	1		
	Original Amount of Loan	Amount Still Outstandii	ng			
H	Enter total only if last page of so			<u> </u>		
_	(transfer the total received this period to "Summan	of Receipts." line 2(b))			l	

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



C21-06

REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

	/	Borrower	Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Γ		Borrower Name		Date Repayment Received			
		Street Address					
1	1	City	State	ZIP			
		Original Amount Borrowed	Amount Still Outstanding				
-	1	Borrower Name	<u> </u>	Date Repayment Received			
	Streel Address						
2	2	City	State	ZIP			4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
		Original Amount Borrowed	Amount Still Outstanding				
-		Borrower Name		Date Repayment Received			
		Street Address					
3	3	City	State	ZIP			
		Original Amount Borrowed	Amount Still Outstanding				
F	1	Borrower Name	L	Date Repayment Received			
		Street Address					
4	4	City	State	ZIP			
		Original Amount Borrowed	Amount Still Outstanding				
		Borrower Name	L	Date Repayment Received			
		Street Address					
	5	City	State	ZIP			
		Original Amount Borrowed	Amount Still Outstanding				
\downarrow		Enter total only if last page of schedule	<u> </u>				
١L		(transfer the total received this period to "Summary of Receipts."	' line 2(c))			<u> </u>	

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



INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

/ Bo					
	rrower Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative ` Amount this Election Cycle
Borrower Name		Date Interest Accrued			
Street Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstar	nding			
Borrower Name	I	Date Interest Accrued			
Street Address	**************************************				
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstar	nding			
Borrower Name		Date Interest Accrued			
Street Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstar	nding			
Borrower Name	<u> </u>	Date Interest Accrued			
Street Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstar	nding			
Borrower Name		Date Interest Accrued			
Street Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstar	nding			
	Street Address City Original Amount Borrowed Borrower Name Street Address City Original Amount Borrowed Street Address City Original Amount Borrowed Borrower Name Street Address City Original Amount Borrowed	Street Address City State Original Amount Borrowed Amount Still Outsta Borrower Name Street Address City State Original Amount Borrowed Amount Still Outsta Borrower Name Street Address City State Original Amount Borrowed Amount Still Outsta Borrower Name Street Address City State Original Amount Borrowed Amount Still Outsta Borrower Name Street Address City State Original Amount Borrowed Amount Still Outsta Borrower Name Street Address City State Original Amount Borrowed Amount Still Outsta Borrower Name Street Address City State	Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address	Sizeet Address City State ZIP Original Amount Borrowed Amount Still Outstanding Sizeet Address City State ZIP Original Amount Borrowed Amount Still Outstanding Original Amount Borrowed Amount Still Outstanding Sizeet Address City State ZIP Original Amount Borrowed Amount Still Outstanding Sizeet Address City Date Interest Accrued Sizeet Address City Date Interest Accrued Sizeet Address City State ZIP Original Amount Borrowed Amount Still Outstanding Sizeet Address City Date Interest Accrued Sizeet Address Sizeet Address City Date Interest Accrued Sizeet Address Sizeet Address	Bioteck Address Street Address Street Address City City City Street Address Borrower Name City Street Address City City City City Street Address City City Street Address City City City Street Address City City Street Address City City Street Address City City City City Street Address City City

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



SCHEDULE A(3)

REBATES AND REFUNDS	RECEIVED

/	Payor Ir	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	ZĮP			
	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	3			
	Payor Name		Date Rebate/Refund Received			
	Street Address			-		
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	9	-		
	Payor Name	<u> </u>	Date Rebate/Refund Received			
	Street Address			_		
4	City	State	ZIP	1		
	Original Purchase Amount	Reason for Refund/Rebale		1		
	Payor Name	<u> </u>	Date Rebate/Refund Received			
	Street Address		-			
5	City	State	ZIP	_		
	Original Purchase Amount	Reason for Refund/Rebat	e			
	Enter total only if last page of schedule					

Schedule A(3), page ____ of



INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Account with Interest Earned (Bank Name / Type of Account)		
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 Contri	butor Informatior	1	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				
ŀ		Name		Date In-Kind Contribution Received			
		Street Address					
	2	City	State	ZIP			
		Occupation	Employer				
		Name		Date In-Kind Contribution Received			
		Street Address					
	3	City	State	ZIP			
		Occupation	Employer				
		Name		Date In-Kind Contribution Received			
		Street Address					
	4	City	State	ZIP			
		Occupation	Employer				
		Name		Date In-Kind Contribution Received			
		Street Address					
	5	City	State	ZIP	-		
		Occupation	Employer		-		
		Enter total only if last page of schedule					
\		(transfer the total received this period to 'Summary of Receipts,'	' 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))		

*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	e Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution I	Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
-	Committee Name	<u> </u>				
	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	_		
		Date In-Kind Contribution		4		

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(d)

_	.	nmittee Contributor	Information	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	on Received			
	Committee Name		<u> </u>			
	Streel Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contributi	on Received			
	Commíttee Name					
	Street Address					
3						
Ĭ	City	State	ZÍP			
	Committee ID Number	Date In-Kind Contributi	on Received			
	Committee Name					
	Street Address			***************************************		
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contributi	on Received			
	Committee Name	<u> </u>				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribute	on Received			
	Enter total only if leat name of a lead	ulo				
	Enter total only if last page of sched					

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(e)

,						
_	Political	Party Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
ı	Street Address					
1	City	State	ZiP			
	Committee ID Number	Date In-Kind Contribu	tion Received			
	Committee Name	<u> </u>				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	ntion Received			
\vdash	Committee Name					
	Street Address					
3		State	ZIP			
	City					
	Committee ID Number	Date In-Kind Contribu	ution Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	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 s	schedule				
L	(transfer the total received this period to "Summa					

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(f)

	Partnersh	nip Contributor Inform	nation	Amount Receive	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name	***************************************				
	Street Address				AND A PROPERTY OF THE PROPERTY	
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	ution Received			
	Partnership Name	L				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	oution Received		:	
	Partnership Name	I				
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	oution Received			
	Partnership Name	Montevinne				
	Street Address		1000000			
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	oution Received			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	ution Received			

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



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(g)

,	Corporation / I	LLC Contributor Inforr	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
ŀ	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Received			
	Corporation/LLC Nama		de la Principa de la Companya de la			
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Received			
1	Corporation/LLC Name					
	Street Address					,
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Received			
-	Corporation/LLC Name					
	Street Address		100			
4	City	State	ZIP			
	Corporation Commission File Number					
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
		Date In-Kind Contributi				

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(h)

Labor Organization	on Contributor Inform	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Labor Organization Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	Received	-		
Labor Organization Name	I				
Street Address			-		
City	State	ZŧP	1		
Corporation Commission File Number	Date In-Kind Contribution	n Received			
Labor Organization Name					
Street Address		•			
City	State	ZIP	-		
Corporation Commission File Number	Date In-Kind Contribution	l Received	<u>-</u>		
Labor Organization Name	L				
Street Address					
City	State	ZIP	-		
Corporation Commission File Number	Date In-Kind Contribution	Received	-		
Labor Organization Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	Received			
	1.		.1		
	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 Labor Organization Name Street Address City Corporation Commission File Number	Labor Organization Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Labor Organization Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Labor Organization Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Labor Organization Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Labor Organization Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Street Address City State Corporation Commission File Number Date In-Kind Contribution Street Address City State	Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received	Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date in-Kind Contribution Received City State ZIP Corporation Commission File Number Date in-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date in-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date in-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date in-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date in-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date in-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date in-Kind Contribution Received	Labor Organization Name Street Address City State ZiP Corporation Commission File Number Date in Kind Contribution Received Labor Organization Name Street Address City State ZiP Corporation Commission File Number Date in Kind Contribution Received Labor Organization Name Street Address City State ZiP Corporation Commission File Number Date in Kind Contribution Received Labor Organization Name Street Address City State ZiP Corporation Commission File Number Date in Kind Contribution Received Labor Organization Name Street Address City State ZiP Corporation Commission File Number Date in Kind Contribution Received Labor Organization Name Street Address ZiP Corporation Commission File Number Date in Kind Contribution Received Labor Organization Name Street Address ZiP Corporation Commission File Number Date in Kind Contribution Received Labor Organization Name Street Address ZiP Corporation Commission File Number Date in Kind Contribution Received Labor Organization Name Street Address ZiP Corporation Commission File Number Date in Kind Contribution Received Labor Organization Name Street Address ZiP Corporation Commission File Number Date in Kind Contribution Received Labor Organization Name Street Address ZiP Corporation Commission File Number Date in Kind Contribution Received Labor Organization Name Street Address ZiP Corporation Commission File Number Date in Kind Contribution Received Labor Organization Name Street Address ZiP Corporation Commission File Number Date in Kind Contribution Received City ZiP Corporation Commission File Number Date in Kind Contribution Received City ZiP Corporation Commission File Number Date in Kind Contribution Received City ZiP Corporation Commission File Number Date in Kind Contribution Received City ZiP Corporation Commission File Number Date in Kind Cont



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

SCHEDULE A(5)(i)

/	Candidate	Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	<u> </u>	Date In-Kind Contribution Received			
	Street Address					
1	City	State	ZIP			
	Asset or Property Contributed					
1	Name		Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Asset or Property Contributed			-		
	Name		Date In-Kind Contribution Received			
	Street Address			-		
3	City	State	ZIP			
	Asset or Property Contributed					
_	Name		Date In-Kind Contribution Received			
	Street Address					
4		State	ZIP			
	City	3,616	LIF	_		
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
_	Street Address					
5	City	State	ZIP			
	Asset or Property Contributed					
٦	Enter total only if last page of schedule					

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



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

SCHEDULE A(6)

	Source	e Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Donation Received			
	Street Address					
1	City	State	ZIP			
	Type of Item Donated		L			
	Name		Date In-Kind Donation Received			
	Street Address					
2	City	State	ZIP			
	Type of Item Donated		a provincia de la composição de la compo			
1	Name		Date In-Kind Donation Received			
	Street Address		_			
3	City	State	ZIP			
	Type of Item Donated		<u>,</u>	_		
	Name		Date In-Kind Donation Received			
	Street Address	Adm		_		
4	City	State	ZIP	_		
	Type of Item Donated			_		
1	Name		Date In-Kind Donation Received			
	Street Address			_		
5	City	State	ZIP			
	Type of Item Donated					
	Enter total only if last page of schedult					



EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

_	Credito	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			
	Name					
	Street Address					
3	City	State	ZIP			
	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					
	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					

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



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

	Credito	or 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					
	Street Address					
3	City	State	ZIP	1		
	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))					



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

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

Schedule A(8), page ____ of ___



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

	Payor	nformation		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
-	Services or Goods Purchased	<u>. I </u>	Payment Date			
1	Name		<u> </u>			
	Street Address					
2	City	State	ZIP		:	
	Services or Goods Purchased	Payment Date				
1	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Purchased	Payment Date				
1	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Enter total only if last page of schedule	* line 9)		1		



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

_		Information		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	L	Date that Debt Accrued			
-	Name		<u></u>			
	Street Address	CONTRACTOR				
2	City	State	ZIP			
	Type of Account Receivable or Debt Owed	<u> </u>	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		L			
	Street Address					
5	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Enter total only if last page of sched	lulo				

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)

	p	rce Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Name				
	Street Address					
	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			
	Name					
	Street Address					
4	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address	Streel Address				
5	City	State	ZIP			
	Receipt Type		Receipt Date			
	Enter total only if last page of sched	lule				

Schedule A(12), page ____ of ___

DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/	Recip	pient Information		Amount Pai		Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Anedot Street Address	Anedot 11/23/21			9.20		
1	City	State	ZiP			39.20	39.20
	Type of Operating Expense Paid processing fee	Non-Electoral Purp	i PACs and Political Parties Only	☐ Cash☐ Credit			
	PayPal	Disbursement Da 10/5/21	Disbursement Date 10/5/21				
2	Street Address	- To		3.32	18.32	18.32	
	City Type of Operating Expense Paid	State Non-Electoral Purp	ZIP pose? (PACs and Political Parties Only	☐ Cash☐ Credit			
	US Post Office	US Post Office Dec. 15 21					And the second s
3	101 N. Colorado				22	22	22
	Chandler Type of Operating Expense Paid	AZ	ZIP 85225 pose? (PACs and Political Parlies Only	☐ Cash			
	Stamps	Disbursement Date					
	Western State Bank	Western State Bank Nov. 30 21					
4	976 W. Chandler Blvd.	Slate ZIP				15.50	15.5
	Chandler Type of Operating Expense Paid	AZ Non-Electoral Purp	85225 pose? (PACs and Political Parties Only	☐ Cash☐ Credit			
	Banking Name	Disbursement Da	te				
	Street Address						
5	City	State	ZIP	☐ Cash			
L	Type of Operating Expense Paid	Non-Electoral Purp	oose? (PACs and Political Parties Only				
	Enter total only if last page of sched					95.02	95.02



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	Candidate Commit	ee Recipient Inforr	mation	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 Made		☐ Credit		
	Committee Name					
	Street Address					
2	City State ZIP		□ Cash			
	Committee ID Number	□ Credit				
	Committee Name					
	Street Address					- -
3	City	State	ZIP	□ Cash		
	Committee ID Number	ittee ID Number Date Contribution Made				·
	Committee Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Enter total only if last page of schedule					



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

	Political Action Commit	ttee Recipient Info	ormation	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 Made		☐ Credit		
	Committee Name					
	Street Address					
2	City State		ZIP	☐ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address		, , , , , , , , , , , , , , , , , , ,			
3	City	State	ZIP	□ Cash	:	
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name	J	/ 			
	Street Address			-		
4	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name	<u> </u>				
	Street Address					
5	City	State	ZIP	- Cook		
	Committee ID Number	Date Contribution Made	<u> </u>	□ Cash □ Credit		
	Enter total only if last page of schedule	1		<u> </u>		
	(transfer the total disbursed this period to "Summary of Disburse					



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

/ Political I	Party Recipient Informa	ition	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name					
Street Address					
1 City	State	ZIP			
Committee ID Number	Date Contribution Made	3	☐ Cash☐ Credit		
Committee Name		· · · · · · · · · · · · · · · · · · ·			
Street Address					
2 City	State	ZIP			
Committee ID Number	Date Contribution Mad	9	☐ Cash☐ Credit		
Committee Name	Committee Name				
Street Address					
3 City	State	ZIP			
Committee ID Number	Date Contribution Mad	le	☐ Cash☐ Credit		
Committee Name					
Street Address	ASSESSED OF THE PROPERTY OF TH				
4					
City	State	ZIP	☐ Cash☐ Credit		
Committee ID Number	Date Contribution Mad	le	LI Credit		
Committee Name					
Street Address	Street Address				
5 City	State	State ZIP			
Committee ID Number	Date Contribution Mad	de	☐ Credit		
Enter total only if last page of so					
		chedule B(2)(c), pa	ge of		,



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	hip Recipient Informati	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
Partner	ship Name					
Street A	Address					
City		State	ZIP			
Corpora	ation Commission File Number	Date Contribution Made		☐ Cash☐ Credit☐		
Partner	artnership Name					
Street A	eet Address					
City	State ZIP		ZIP			
Corpora	ation Commission File Number	Date Contribution Made	3	☐ Cash☐ Credit	□ Cash □ Credit	
Partner	Partnership Name			-		
Street A	Address					
City		State	ZIP			
Corpora	ation Commission File Number	ber Date Contribution Made		☐ Cash☐ Credit		
Partner	Partnership Name					
Street A	Address					
City		State	ZIP			
Corpora	ation Commission File Number	Date Contribution Made	9	☐ Cash☐ Credit		
Partner	rship Name	<u> </u>		1		
Street /	Address		7.37.1			
City		State	ZIP			
Corpora	ation Commission File Number	Date Contribution Made	<u> </u>	☐ Cash☐ Credit		
	r total only if last page of sch					



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	n / LLC Recipient Info	rmation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Ī	Corporation/LLC Name					
	Street Address					
	City	State	ZIP	- Cont		
	Corporation Commission File Number	Date Contribution Ma	ade	□ Cash □ Credit		
1	Corporation/LLC Name					
	Street Address					
1	City State ZIP		□ Cash			
	Corporation Commission File Number	Date Contribution M	ade	☐ Credit		
3	Corporation/LLC Name					
	Street Address					
	City	State	ZIP	☐ Cash		
	Corporation Commission File Number	Date Contribution M	ade	□ Credit		
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution M	lade	□ Credit		
-	Corporation/LLC Name					
	Street Address					
ō	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution N	lade	□ Credit		
	Enter total only if last page of sc					



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

			,,	Amount	Cumulative	Cumulative
	Labor Organization	on Recipient Inforn	nation	Contributor	Amount this Reporting Period	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					
	City State ZIP		ZIP	□ Cash		
	Corporation Commission File Number Date Contribution Made			□ Cash		
	Labor Organization Name					
	Street Address					
	City	State	ZIP	□ Cash		
	Corporation Commission File Number Date Contribution Made			☐ Credit		
_	Labor Organization Name					
	Street Address					
	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made		☐ Credit		
-	Labor Organization Name					
	Street Address	-				
	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made	1	☐ Credit		
	Enter total only if last page of schedule					
_	The control of the co	ALL STREET		W-1100.		***************************************



CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

	Contribut	or Information		Amount Refunded	Cumulative Amount this	Cumulative Amount this
_	T		D-1- D-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		Reporting Period	Election Cycle
	Committee Name		Date Refund Received			
	Street Address					
1	City	State	ZIP	-		
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address		<u> </u>			
2	2 City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
-	Committee Name		Date Refund Received			
	Street Address					
3	Gity City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
4	4 City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
-	Committee Name		Date Refund Received			
	Street Address					
	5 City	State	ZIP	_		
	Committee ID Number		Date of Original Contribution	1		
-	Enter total only if last page of schedule					
	(transfer the total disbursed this period to "Summary of Disbur	ements," line 2(h))				

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



LOANS MADE: SCHEDULE B(3)(a)

_	Borrover Name	wer Information	CONTRACTOR OF THE CONTRACTOR O	Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Street Address					
1	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name Street Address	nisto.				
2	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made		_		
	Borrower Name					
3	Street Address					
	City Guarantor/Endorser Name	State Date Loan Made	ZIP			
	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	Guarantor/Endorser Name Date Loan Made				
	Enter total only if last page of schedu					



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

/		tor Information		Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Guarantor Name	Suarantor Name				
	Street Address					
1	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
H	Guarantor Name					
	Street Address	ress				
2	City	State ZIP				
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address	· · · · · · · · · · · · · · · · · · ·				
3	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address					
4	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed	1			
	Guarantor Name					
	Street Address					
5	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Enter total only if last page of schedul	<u> </u>				
Ĺ	(transfer the total received this period to "Summary of Received			···········	I	

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



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

/	Borrowe	r Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name Street Address		Date Forgiveness Made			
4						
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	1	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		<u> </u>			
5	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding		-		

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				
L	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	1			
	Lender Name	1	Date Repayment Made			
	Street Address	Street Address		-		
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding		-		
-	Enter total only if last page of schedule	<u> </u>	***************************************			
1	(transfer the total disbursed this period to "Summary of Disburse	ments." line 3(d))			<u> </u>	<u> </u>

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



INTEREST ACCRUED ON LOANS RECEIVED:

SCHEDULE B(3)(e)

	Lender	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	I.			
	Lender Name	1	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	<u> </u>			
	Lender Name	1	Date Interest Accrued		-	
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name	<u> </u>	Date Interest Accrued			
	Street Address					
_	City	State	ZIP	minate and the second		
5						

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

/	Rec	cipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor	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			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	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			
	Street Address	WILLIAM TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE		_		
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					

Schedule B(4), page ____ of



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/	Candida	te Committee Recipient	Information	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Con	Iribution Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Cor	tribution Made			
_	Committee Name					
	Street Address	AND				
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Con	tribution Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Con	tribution Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Con	tribution Made			
_	Enter total only if last page o					

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

_		on Committee Recipient I	nformation	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	on Made			
	Committee Name	1				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Number Date In-Kind Contribution Made				
	Committee Name	Committee Name				
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribut	ion Made			
	Committee Name					
	Street Address	Street Address				
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribut	Date In-Kind Contribution Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	tion Made			
	Enter total only if last page of	f schedule				

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



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	I Made			
	Committee Name					
8	Street Address		· #	-		
3	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	I Made			
	Committee Name	<u></u>		:		
	Street Address			<u>-</u> 		
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	I Made			
	Committee Name	l				
	Street Address	-				
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	l	-		
1	Enter total only if last page of schedule	<u> </u>		<u></u>	1	



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

	Partnership R	ecipient Informatior	n	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Partnership Name					
	Street Address					
4	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 Contribution	n Made	<u>-</u>		
-	Enter total only if last page of schedule		W			
Ш	(transfer the total disbursed this period to *Summary of Disbu	rsements." line 5(d))				

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

IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

,						
	Corporation / LLC	Recipient Informa	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
-	Corporation/LLC Name		www.marana.aa.aa.aa.aa.aa.aa.aa.aa.aa.aa.aa.aa.			
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution				
	Corporation/LLC Name		Million and the second			
William III						
3	Street Address					
٦	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Corporation/LLC Name	odennest of V				
	Street Address		dawania wa wa kasani wa mala w			
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
-	Enter total only if last page of schedule			<u> </u>		
Ĺ	(transfer the total disbursed this period to "Summary of Disburse	ements." line 5(e))				L

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



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

	Labor Organization	Recipient Inform	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
-	Corporation Commission File Number	Date In-Kind Contribution	Made	T.		
1	Labor Organization Name					
ŀ	Street Address		-			
2	City	State	ZIP	-		
ŀ	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name		- Annual Control of the Control of t			
-	Street Address			-		
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
+	Labor Organization Name	. L	AND THE PROPERTY OF THE PROPER			
	Street Address					
5	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule					

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



INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

	Expenditure I	Recipient Informat	tion	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	Loluding % 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		I A A A A A A A A A A A A A A A A A A A			
2	City	State	ZIP			
	Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % supported)		lcluding % opposed)	☐ Cash		:
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ □ Credit		
	Recipient Name	<u> </u>	Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP	-		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	ctuding % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ □ Credit		
_	Recipient Name	<u></u>	Mode of Advertising (TV, mail, etc)			
	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 schedul					
	(transfer the total disbursed this period to "Summary of Disb	ursements,* line 6)				



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

	Expenditure F	Recipient Information	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			
	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	1	Mode of Advertising (TV, mail, etc)			# 00000 c c c c c c c c c c c c c c c c
	Street Address					
2	City	State	ZíP			
	Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opported		I (including % opposed)	☐ Cash☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast		J L O'CUR			
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opport		tot Measure(s) Opposed (including % opposed)			
	Date of First Publication, Display, Delivery, or Broadcast		_ □ Credit			
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
4	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	d (including % opposed)	☐ Cash☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year				
	Enter total only if last page of schedul			make, and a second seco		



RECALL EXPENDITURES MADE: SCHEDULE B(8)

	Expenditure I	Recipient Information	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	- Marking Co	1	_		
_	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		Office Held		_ ☐ Credit		
-	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		1	1		
	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	Lealled	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		_ □ Credit		
-	Recipient Name		Mode of Advertising (TV, mail, etc)			
Street Address				1		
	City	State	ZIP	<u> </u>		
Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Re		Candidate Sought to be Rec	called	☐ Cash		
-	Date of First Publication, Display, Delivery, or Broadcast	Office Held		_ □ Credit		
1	Enter total only if last page of schedul					
1	(transfer the total disbursed this period to "Summary of Disb	ursements," line 8)				



C21-06

SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

				,	•			
	_	Benefitt	ed Candidate		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	\
<i>'</i>		Candidate Name		Date Benefit Provided				١
		Street Address						
		City	State	ZIP				
	1							
		Type of Benefit Provided						
		Notes:						
		Candidate Name		Date Benefit Provided				
		Street Address						
	2	City	State	ZIP				
		Type of Benefit Provided						
		Notes					:	
		Notes:						
		Candidate Name		Date Benefit Provided				
		Street Address						
	3	City	State	ZIP				
		Type of Benefit Provided						
		Notes:						
		Candidate Name		Date Benefit Provided				
		Street Address						
	4	City	State	ZIP				
		Type of Benefit Provided		1				
		Notes:						
	_	Enter total only if last page of schedule	<u> </u>					
\		(transfer the total disbursed this period to *Summary of Disbu						/
١.								/

Schedule B(9), page ____ of ___



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

_	Recipient (Committee Infor		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name	Payment Date				
	Street Address					1
1	City	State	ZIP	□ Cash		1
	Date of Joint Fundraising Event (if applicable)	Type of Shared I	Expense (if applicable)	☐ Credit		
-	Committee Name		Payment Date			
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared I	Expense (if applicable)	☐ Cash☐ Credit		
-	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable) Type of Shared Expense		Expense (if applicable)	☐ Cash☐ Credit		
	Committee Name	Payment Date				
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundralsing Event (if applicable) Type of Shared Expen		Expense (if applicable)	☐ Cash☐ Credit		
	Committee Name		Payment Date			
	Street Address			and the state of t		
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 scheo					
_	financial trie rotal dispuised this beloa to sommary of t	vapusements, inte 10)				<u> </u>



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REIMBURSEMENTS MADE:

SCHEDULE B(11)

	Recipie	nt Information	1	Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	☐ Credit		
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Reimbursed		Relmbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Reimbursed	. 1	Reimbursement Date	☐ Cash☐ Credit		
	Enter total only if last page of schedule					



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

,	Debt I	nformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Type of Account Payable or Debt Owed	.1	Date that Debt Accrued			
	Name					
	Street Address					
2	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name	***************************************	1			
	Street Address					
3	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name	W*************************************				
	Street Address		4		:	
4	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Streat Address					
5	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Enter total only if last page of schedule					



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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)		



MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

_	Recipient	Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Streel Address					
1	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	☐ Credit		
	Name		·			
	Street Address					
2	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Credit		
	Name					
	Street Address					
3	City		ZIP	☐ Cash		
	Disbursement Type		Disbursement Date	☐ Credit		
	Name	,				
	Street Address		- A - A - A - A - A - A - A - A - A - A			
4	City		ZIP	☐ Cash		
	Disbursement Type		Disbursement Date	□ Credit		
	Name				·	
	Street Address					
5	City	State	ZIP			
	Disbursement Type	<u> </u>	Disbursement Date	☐ Cash☐ Credit		
	Enter total only if last page of schedule (transfer the total d sbursed this period to "Summary of Disburser	ments,* line 14)				
		· · · · · · · · · · · · · · · · · · ·				