

committee id number

COMMITTEE INFORMATION (required):

	Committee Information:	Committee Name:	Rick Heumann 20 Council	CITY OF CHANDLER CITY CLERK
CANI	DIDATE INFORMATION (only if filin	g as a candidate com	nmittee):	CLERK
	Office Sought:	☐ Statewide Office	s:	☐ State Legislature:
		☐ County Office:		■ City/Town Office: Chandler
	Cumulative Report:			
	☐ Check here if this is the car	ndidate committee's fi	rst, cumulative report for the election	on cycle. Also select appropriate Reporting Period below.
	Cumulative reporting period s	tart date (which supe	rsedes the start date for the Repor	ting Period selected below):

REPORTING PERIOD (check one):

ERIOD (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: January 1, 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
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 PERIOD 2020 4 th Quarter Report: October 18, 2020 to December 31, 2020 2021 March Pre-Election Report (Local Only): January 1, 2021 to February 20, 2021 2021 March Post-Election (Q1) Report (Local Only): February 21, 2021 to March 31, 2021 2021 Quarter 1: January 1, 2021 to March 31, 2021 2021 May Pre-Election Report (Local Only): April 1, 2021 to May 1, 2021 2021 May Post-Election (Q2) Report (Local Only): May 2, 2021 to June 30, 2021 2021 Quarter 2 Report: April 1, 2021 to June 30, 2021 2021 August Pre-Election Report (Local Only): July 1, 2021 to July 17, 2021 2021 August Post-Election (Q3) Report (Local Only): July 18, 2021 to September 30, 2021 2021 Quarter 3 Report: July 1, 2021 to September 30, 2021 2021 November Pre-Election Report (Local Only): October 1, 2021 to October 16, 2021 2021 November Post-Election (Q4) Report (Local Only): October 17, 2021 to December 31, 2021 2021 Quarter 4 Report: January 1, 2021 to December 31, 2021 2022 March Pre-Election Report (Local Only): January 1, 2022 to February 19, 2022 2022 March Post-Election (Q1) Report (Local Only): February 20, 2022 to March 31, 2022 2022 Quarter 1 Report: January 1, 2022 to March 31, 2022 2022 May Pre-Election Report (Local Only): April 1, 2022 to April 30, 2022 2022 May Post-Election (Q2) Report (Local Only): May 1, 2022 to June 30, 2022 2022 Pre-Primary Election Report: July 1, 2022 to July 16, 2022 2022 Pre-Primary (Q3) Report: July 17, 2022 to September 30, 2022 2022 Pre-General Election Report: October 1, 2022 to October 22, 2022 2022 Post-General (Q4) Report: October 23, 2022 to December 31, 2022

*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)	6,379.64	
(b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)	0.00	0.00
(c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period	0.00	0.00
(d) = Balance at close of reporting period	6,379.64	
Check here if no financial activity during the reporting period. Lines (a)-(d) still must be	e completed but only this co	ver page need be filed.

Check here if no financial activity during the reporting period. Lines (a)-(d) still must be completed, but only this cover page need be filed



COMMITTEE ID NUMBER c17-09

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.

Rick Heumann	Krck	Helingann	1-16-22
Printed Name of Committee Treasurer	Signature o	f Committee Treasurer	Date

SUMMARY OF RECEIPTS (Schedule A):

/		1	_
	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 (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)		
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		
13.	Total Receipts (cash: add 1(l), 2(e), 3-4, 8-9, 11-12; equity: add 2(b), 5(j), 6-7, 10-12)		

SUMMARY OF DISBURSEMENTS (Schedule B):

	Disbursements	Cash	Equity
1.	Disbursements for Operating Expenses		
2.	Contributions Made		
	(a) Candidate Committees		
-	(b) Political Action Committees		
	(c) Political Parties		
	(d) Partnerships		
-	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		
	(f) Labor Organizations (PAC & Political Parties Only)		
	(g) Monetary Contributions Subtotal (add 2(a) through 2(f))		
	(i) Monetary Contributions Total (subtract 2(h) from 2(g))		
	Loans (a) Loans Made		
	(b) Loan Guarantees Made		
	(c) Forgiveness on Loans Made		
	(d) Repayment of Loans Received		
	(e) Accrued Interest on Loans Received		
	(f) Total Loans (cash: add 3(a), 3(d) & 3(e); equity: add 2(b) & 2(c))		
4.	Rebates and Refunds Made (Non-Contributions)		
5.	Value of In-Kind Contributions Provided		
	(a) Candidate Committees		
	(b) Political Action Committees		
	(c) Political Parties		
	(d) Partnerships		
	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		
	(f) Labor Organizations (PAC & Political Parties Only)		
	(j) Contributions Subtotal (add 5(a) through 5(f))		
6.	Independent Expenditures Made		
7.	Ballot Measure Expenditures Made		
8.	Recall Expenditures Made		
9.	Support Provided to Party Nominees (Political Parties Only)		
10.	Joint Fundraising / Shared Expense Payments Made		
11.	Reimbursements Made		
12.	Outstanding Accounts Payable / Debts Owed by Committee		
13.	Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)		
14.	Miscellaneous Disbursements		
15.	Aggregate of Disbursements - \$250 or Less Total Disbursements (cash: add 1, 2(i), 3(i), 6-11 & 13-15; equity: add 3(i), 5(j), & 12-15)		



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

SCHEDULE A(1)(a)

	/	Individual Contr	ibutor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
ſΓ		Name		Date Contribution Received			
		Street Address					
	1		State	ZIP			
		City	State	ZIP			
	Ì	Occupation	Employer				
F		Name		Date Contribution Received			
		Direct Address					
		Street Address					
	2	City	State	ZIP			
		Occupation	Employer				
L	4			Date Contribution Received			
		Name		Date Contribution Received			
		Street Address					
	3	City	State	ZIP			
		Occupation	Employer				
		Occupation	Linpoyer				
		Name		Date Contribution Received			
		Street Address					
	4	City	State	ZIP			
		City	Giale				
		Occupation	Employer				
F	-	Name		Date Contribution Received			
		Street Address			-		
		Ollegi Address					
1	5	City	State	ZIP			
		Occupation	Employer	1			
-	_	Enter total only if last page of schedule					
L		Enter total only it last page of schedule (transfer the total received this period to "Summary of Receipts,"	line 1(a))				

*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

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



committee id number

MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(c)

Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received Committee Name Street Address 4 City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received							
Street Address 1 Cty Committee ID Number			: Contributor Info	rmation	Amount Received	Amount this	Amount this
Total City State Committee ID Number Committee ID	c	Committee Name					
Committee ID Number Date Contribution Received Committee Name Street Address Committee ID Number Date Contribution Received Date Contribution Received Committee ID Number Date Contribution Received Committee Name Street Address Committee Name Street Address Street Address Street Address Street Address Street Address Committee ID Number Date Contribution Received	S	Street Address					
Committee Name Steed Address 2 Coy State ZEP Committee ID Namber Date Contribution Recoved Committee ID Namber Date Contribution Recoved Street Address 3 City State ZEP Committee ID Namber Date Contribution Recoved	1 0	City	State	ZIP			
Street Address Committee ID Number Date Contribution Received	d	Committee ID Number	Date Contribution Receive	ed			
2 City State ZiP Convertities ID Number Date Centribution Received Convertities Name Street Address 3 City State ZiP Committee ID Number Date Contribution Received	C	Committee Name	L				
Committee Name Street Address Committee ID Number Date Contribution Received Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received	s	Street Address	and the state of t				
Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee Name Street Address 4 City State ZIP Committee ID Number Date Contribution Received Committee Name Street Address 4 City State ZIP Committee ID Number Date Contribution Received Committee Name Street Address Committee Name Date Contribution Received	2 0	City	State	ZIP			
Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received	L						
Street Address Committee ID Number Date Contribution Received Committee Name Street Address City Committee ID Number Date Contribution Received State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee Name Street Address Street Address City Committee Name Date Contribution Received	C	Committee ID Number	Date Contribution Receive	ed			
City State ZIP	С	Committee Name					
Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee Name Street Address State Address City State ZIP Committee Name Street Address City Date Contribution Received	s	Street Address					
Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee Name Date Contribution Received	3 0	Sity	State	ZIP			
Street Address City State ZIP Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received	c	Committee ID Number	Date Contribution Receive	<u>l</u>			
4 City State ZIP Committee ID Number Date Contribution Received Street Address City State ZIP Committee ID Number Date Contribution Received	C	Committee Name					
Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received	s	Street Address					
Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received	4 c	City	State	ZIP			
Street Address City State ZIP Committee ID Number Date Contribution Received	c	mmittee ID Number Date Contribution Received					
5 City State ZIP Committee ID Number Date Contribution Received	С	Committee Name					
Committee ID Number Date Contribution Received	S	Street Address					
	5 c	Sity	State	ZIP			
	c	Committee ID Number	Date Contribution Receive	ed			
	\perp						
	(tr	ransfer the total received this period to "Summary of Receipts."	line 1(c))			L	

Arizona Secretary of State Revision 02/11/21 (fillable format)

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(d)

_	Political Action	on Committee Contributo	r 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 Contribution Re	ceived			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution R	eceived			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution R	Date Contribution Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution R	Date Contribution Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution R	eceived			

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(e)

/							\
		al Party Contributor Inforr	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 Contribution Re	ceived				
	Committee Name						
	Street Address	Service Services					
2	City	State	ZIP				
	Committee ID Number	Date Contribution Re	ceived				
	Committee Name						40.10
	Street Address						
3	City	State	ZIP				
	Committee ID Number	Date Contribution Re	celved				
	Committee Name						
	Street Address						
4	City	State	ZIP				
	Committee ID Number	Date Contribution Re	Date Contribution Received				
	Committee Name						
	Street Address						
5	City	State	ZIP				
	Committee ID Number	Date Contribution Re	ceived				
-	Enter total only if last page of	schedule					

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(f)

	Partnershi	p Contributor Informat	tion	Amount Receive	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Recei	ved			
	Partnership Name					
	Street Address					
ļ	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Rece	ived			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Rece	ived			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number Date Contribution Received					
	Partnership Name					
	Street Address					
		State	ZiP			
5	City				I .	1

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



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(g)

	,							
/		Corporation / LLC C	ontributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	\
´ [Corporation/LLC Name						
		Street Address						
	1	City	State	ZIP				
		Ony .						
		Corporation Commission File Number	Date Contribution Receive	d				
		Corporation/LLC Name						
		Street Address						
	2			L				
		City	State	ZIP				
		Corporation Commission File Number	Date Contribution Receive	ed				
ŀ		Corporation/LLC Name						
		Street Address						
	3							
		City	State	ZIP				
		Corporation Commission File Number						
		Corporation/LLC Name						
		Street Address						
	4							
	7	City	State	ZIP				
		Corporation Commission File Number	Date Contribution Receive	ed				
		Corporation/LLC Name						
		Streel Address						
	5							
	,	City	State	ZIP				
		Corporation Commission File Number	Date Contribution Receive	ed				
		Enter total only if last page of schedule						
\setminus		(transfer the total received this period to "Summary of Receipts."	line 1(a))					i /

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(h)

/	Labor Organization	Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name		Phil Made Million Association		-	
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Labor Organization Name	<u> </u>				
	Street Address	***************************************				
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed .			
	Enter total only if last page of schedule					
	(transfer the total received this period to "Summary of Receipts."	line 1(h))				

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(i)

		Candidate Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address	-ALL-VALPORTED	1			
1	City	State	ZIP			
	Occupation	Employer				
	Name	<u> </u>	Date Contribution Received			
	Street Address					1
2	City	State	ZIP			1
	Occupation	Employer				I
	Name		Date Contribution Received			
	Street Address					l
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			<u> </u>
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
	Name	1	Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page	of schedule				

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				
	Street Address		•			
1	City	State	ZIP			
	ID Number (if applicable)	I .	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	1		
	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			
			1			

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 Date Loan Received					
	Street Address					
1	City	State	ZIP	1		
	Guarantor/Endorser Name	Non-Electoral Purpose?	(PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address					
2	City	State	. ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose?	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address					
3	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose?	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address					
4	City	State	ZiP			
	Guarantor/Endorser Name	Non-Electoral Purpose?	(PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address			-		
5	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose?	(PACs and Political Parties Only)			
	Enter total only if last page of s	schedule				

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



committee id number

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 Outs	landing			
	Lender Name		Date Forgiveness Received			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outsi	landing			
	Lender Name		Date Forgiveness Received			
	Street Address					
3	City	State	ZłP			
	Original Amount of Loan	Amount Still Outsl	landing			
	Lender Name		Date Forgiveness Received			
	Street Address					
ļ	City	State	ZIP			
	Original Amount of Loan	Amount Still Outst	anding			
_	Lender Name	Lender Name				
	Street Address	treet Address				
,	City	State	ZIP			
	Original Amount of Loan	Amount Still Outst	anding			
_	Enter total only if last page of	f schedule				



REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

	Borrowe	Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Repayment Received			
	Street Address					
1	City	State	ZIP		:	
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address	Street Address				
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name	<u> </u>	Date Repayment Received			
	Street Address					
4	City	State	ZIP			
	Original Aπount Borrowed	Amount Still Outstanding		_		
	Borrower Name		Date Repayment Received			
	Street Address			_		
õ	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				

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

committee id number

INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

/	Borrow	er 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					
3	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Borrower Name		Date Interest Accrued			
	Streel Address		1			
4	City	State	ZIP			·
	Original Amount Borrowed	Amount Still Outstanding		-		
	Borrower Name		Date Interest Accrued			
	Street Address		1	1		
5	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding				
-	Enter total only if last page of schedule			<u> </u>		
L	(transfer the total received this period to 'Summary of Receip	ls," line 2(d))	· · · · · · · · · · · · · · · · · · ·			

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

SCHEDULE A(3)

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

REBATES AND REFUNDS RECEIVED:

,				i	1	
/	Payo	or Information		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Payor Name		Date Rebate/Refund Received			
	Street Address					
1	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebal	te			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
2	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebai	te			
	Payor Name		Date Rebate/Refund Received			
	Street Address			-		
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebal	te			
	Payor Name	Payor Name [
	Street Address					
4	City	State	ZIP	_		
	Original Purchase Amount	Reason for Refund/Rebat	te	_		
	Payor Name		Date Rebate/Refund Received			
	Streel Address					
5	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebal	te			
	Enter total only if last page of schedu	e				

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 Conti	ibutor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Ĺ	Name			Date In-Kind Contribution Received			
	Street Address		And the state of t				
1	City		State	ZIP			
	Occupation	-	Employer				
\vdash	Name			Date In-Kind Contribution Received			
	Street Address						
2	City		State	ZIP			
	Occupation		Employer				
	Name	mm 45,400 c		Date In-Kind Contribution Received			
	Street Address	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			I	ZIP			
	City		State	2117	_		
	Occupation		Employer				
		ast page of schedule s period to "Summary of Receipts."	line 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)

/	Cand	lidate Committee Contributor Info	ormation	Amount Receive	Cumulative d Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contributio	n Received			
	Committee Name					
	Street Address					
2	City	State	ZIP	<u></u>		
	Committee ID Number	Date In-Kind Contribution	on Received			
	Committee Name					
	Street Address			/**************************************		
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	on Received			
	Committee Name	L				
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	nn Received			
	Enter total only if last pa	age of schedule	· · · · · · · · · · · · · · · · · · ·			
	(transfer the total received this period					

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(d)

Political Action Committee Contributor Information Amount Received Amount this Amount the							
Size Address State Address State S	/		ee Contributor In	formation	Amount Received	Amount this	Cumulative Amount this Election Cycle
1 day State Day Date Day Date Date		Committee Name					
Convolities Name Convolities Name Stored Address City Convolities ID Number Date In-Kind Contribution Received Convolities ID Number Date In-Kind Contribution Received Convolities ID Number Date In-Kind Contribution Received Convolities ID Number Committee Name Street Address City Committee Name Street Address Committee Name Street Address Street Address Street Address Convolities ID Number Date In-Kind Contribution Received Convolities ID Number Convolities ID Number Date In-Kind Contribution Received Convolities ID Number Street Address Convolities ID Number Street Address Street Address Convolities ID Number Street Address Street Address Street Address Street Address Convolities ID Number Street Address		Street Address					
Committee Name Street Address ZIP Committee ID Number Date to Kind Centribution Received	1	City	State	ZIP			
Street Address ZIP Committee ID Number Date In-Kind Contribution Received		Committee ID Number	Date In-Kind Contribution I	Received			
Committee ID Number Committee Name Street Address City Committee ID Number Date In-Kind Contribution Received ZIP Committee ID Number Date In-Kind Contribution Received ZIP Committee ID Number Date In-Kind Contribution Received ZIP Committee ID Number Date In-Kind Contribution Received City Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Committee ID Number 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 City State ZIP Committee ID Number Date In-Kind Contribution Received City State ZIP Committee ID Number Date In-Kind Contribution Received City State ZIP Committee ID Number Date In-Kind Contribution Received		Street Address					
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	2	City	State	ZIP			
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			
3 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 Committee Name Street Address City State ZIP Committee Vame Street Address City State ZIP		Committee Name					
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 Committee Name Street Address 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 Name Street Address City State ZIP	3	City	State	ZIP			
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			
4 City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP		Committee Name				. "	
Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP		Street Address					
Committee Name Street Address City State ZIP	4	City	State	ZIP			
Street Address City State ZIP		Committee ID Number	Date In-Kind Contribution	Received			
5 City State ZIP		Committee Name					
City State ZIP	_						
Committee ID Number Date In-Kind Contribution Received	อ	City	State	ZIP			
		Committee ID Number	Date In-Kind Contribution	Received			
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts." line 5(dt))			line 5/d))				



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(e)

Amount Receiv		
	Cumulative ed Amount this Reporting Period	Cumulative Amount this Election Cycle

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(f)

/	Partnershi	ip Contributor Informat	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name		***************************************		,	
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Received	***************************************		
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributio				
-	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Received			
	Partnership Name	<u>, , , , , , , , , , , , , , , , , , , </u>				
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Received			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number					
4	Enter total only if last page of sche					

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



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(g)

/	Corporation / LLC (Contributor Inform	ation	Amount Received	Cumulative Amount this	Cumulative Amount this
	Osiporation / EEO				Reporting Period	Election Cycle
	Corporation/LLC Name					
	Street Address		and the second s			
1	1 City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
L	Corporation/LLC Name					
	Corhoranoarre Maus					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
	Street Address					
3	3 city	State	ZIP			the state of the s
	uiy	State	L tr			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
	Street Address					
4	4 City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
-	Corporation/LLC Name					
	Street Address					
5	5 city	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule	<u> </u>				
. L	(transfer the total received this period to "Summary of Receipts.	line 5(a))				

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(h)

/	,				Cumulative	Cumulative \
	Labor Organi	zation Contributor Infor	mation	Amount Received	Amount this Reporting Period	Amount this
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Received			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributio	n Received			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Received			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributio	n Received			
	Labor Organization Name	1				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributio	I on Received			
	Enter total only if last page of sch			 		



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

SCHEDULE A(5)(i)

	Can	didate 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			
	Asset or Property Contributed	I				
_	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	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					



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

SCHEDULE A(6)

	Source	nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Donation Received			
	Street Address					
l	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address					,
	City	State	ZIP			
	Type of Item Donated	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			_		
1	City	State	ZIP			
	Type of Item Donated	<u> </u>				
	Name		Date In-Kind Donation Received			
	Street Address					
5	City	State	ZIP			
	Type of Item Donated	<u> </u>				
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts,"	No. O				



EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

			ı	ī	
Creditor	Information		Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Name					
Street Address	MANAGEMENT OF THE STATE OF THE				
City	State	ZIP			
Services or Goods Provided on Credit		Date of Extension of Credit			
Name					
Street Address	111,000				
City	State	ZIP			
Services or Goods Provided on Credit	<u></u>	Date of Extension of Credit			
Name					
Street Address					
City	State	ZIP			
Services or Goods Provided on Credit		Date of Extension of Credit	_		
Name					
Street Address			_		
City	State	ZIP			
Services or Goods Provided on Credit		Date of Extension of Credit	_		
Name		<u> </u>			
Street Address					
City	State	ZIP			
	1	1	1	ŀ	
	Street Address City Services or Goods Provided on Credit Name Street Address City Services or Goods Provided on Credit Name Street Address City Services or Goods Provided on Credit Name Street Address City Services or Goods Provided on Credit Name Street Address City Services or Goods Provided on Credit Name Street Address City Services or Goods Provided on Credit	Street Address City State Services or Goods Provided on Credit Name Street Address City State Services or Goods Provided on Credit Name Street Address City State Services or Goods Provided on Credit Name Street Address City State Services or Goods Provided on Credit Name Street Address City State Services or Goods Provided on Credit Name Street Address City State	Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address	Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address Street Address Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address Street Address	Name Street Address State Stat

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



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

_	Credit	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 C	redit		
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of C	redit		
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of C	redit		
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Co	redit		
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Co	redit		
	Enter total only if last page of schedule					

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



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor C	ommittee Informa	ation	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address					
1	City	State	Z(P			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	xpense (if applicable)			
1	Committee Name		Payment Date			
	Street Address					
2	City	State	ZĮP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	xpense (if applicable)			
-	Committee Name		Payment Date			1000
٦	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	xpense (if applicable)			
	Committee Name		Payment Date			
	Street Address		L			
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	xpense (if applicable)			
-	Committee Name		Payment Date			
	Street Address					
õ	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	xpense (if applicable)			
_	Enter total only if last page of sche	-ll-				

Schedule A(8), page ___ of ___



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

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

Schedule A(9), page ____ of ___



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

	Infor	mation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
1	Street Address					
	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
2	Name					
	Street Address					
	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
3	Name					
	Street Address					
	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
4	Name					
	Street Address					
	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
5	Street Address					
	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
	Cumulative Amount this Reporting Period

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	Street Address				
1	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
2	City	State	ZIP			
	Receipt Type	1	Receipt Date			
	Name					
	Street Address		AMANANA			
3	City	State	ZIP			
	Receipt Type	A. A	Receipt Date			
	Name					
	Street Address					
4	City	State	ZIP			
	Receipt Type	I	Receipt Date			
	Name	Name				
	Street Address					
5	City	State	ZiP			
	Receipt Type		Receipt Date			
	Enter total only if last page of					



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/		Recipient 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	1	pose? (PACs and Political Parties Only)	☐ Cash☐ Credit		
	Name	Disbursement Da	tte			
	Street Address					
2	City	State ZIP				
	Type of Operating Expense Paid	Non-Electoral Purp	pose? (PACs and Political Parties Only)	☐ Cash☐ Credit		
				L Greak		
	Name	Disbursement Da	tte			
	Street Address					
3	City	State	ZIP	☐ Cash		
	Type of Operating Expense Paid	Non-Electoral Purp	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Name	Disbursement Date				
	Street Address					
4	City	State	ZIP			
	Type of Operating Expense Paid	1	pose? (PACs and Political Parties Only)	☐ Cash☐ Credit		
	Name	Disbursement Da	te			
	Street Address					
5	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purp	pose? (PACs and Political Parties Only)	☐ Cash ☐ Credit		
	Type of Operating Expense Paid Non-Electoral Purpose? (PACs and Political Parties Only)					
- 1	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 1)					



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	Candidate	Committee Recipient Infor	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	ı	☐ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number Date Contribution Made			□ Cash □ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	Date Contribution Made			
	Committee Name					
	Street Address	4.711.				
4	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name			· · · · · · · · · · · · · · · · · · ·		
	Street Address	41,,,444				
5	City	State	ZIP			
	Committee ID Number Date Contribution Made			□ Cash □ Credit		
	Enter total only if last page of s					
	ftransfer the total disbursed this period to *Summ	narv or Disbursements." line 2(a))				



committee id number

MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

	Political Action Committee Recipient Information			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		☐ Cash		
	Committee Name					
	Street Address					
2	City State ZIP					
	Committee ID Number	Date Contribution Made	1	□ Cash □ Credit	☐ Cash☐ Credit	
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	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	<u> </u>	☐ Cash☐ Credit		
	Enter total only if last page of schedule			L		
	(transfer the total disbursed this period to "Summary of Disburs	ements." line 2(b))				



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Political	Party Recipient Informa	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Committee Name	······································					
	Street Address	Street Address					
1	City	State	ZIP				
	Committee ID Number	Date Contribution Made	3	□ Cash □ Credit			
	Committee Name						
	Street Address	treel Address					
2	City	State	ZIP	□ Cash			
	Committee ID Number	Date Contribution Mad	e	☐ Credit			
	Committee Name						
	Street Address	MWW					
3	City	State	ZIP	□ Cash			
	Committee ID Number	Date Contribution Mad	de	□ Credit			
	Committee Name						
	Street Address						
4	City	State	ZIP	□ Cash			
	Committee ID Number	Date Contribution Mad	ie	☐ Credit			
	Committee Name						
-	Street Address						
5	City	State	ZIP	☐ Cash			
	Committee ID Number Date Contribution Made		☐ Credit				
	Enter total only if last page of sc						



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

/	Partners	ship Recipient Informati	ion	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name	Partnership Name				
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made	<u> </u>	☐ Cash☐ Credit		
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made	8	☐ Cash☐ Credit		
	Partnership Name					
	Street Address					
3	City	State	ZIP			
				☐ Cash		
	Corporation Commission File Number	Date Contribution Made	3	☐ Credit		
	Partnership Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made	3	☐ Credit		
	Partnership Name					
	Street Address					İ
5	City	State	ZiP			
	Corporation Commission File Number	Date Contribution Made	<u> </u>	☐ Cash☐ Credit		İ
	Enter total only if last page of sch	nedule				



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

/	Corporation	n / LLC Recipient Inf	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Corporation/LLC Name						
	Street Address						
1	City	State	ZIP	□ Cash			
	Corporation Commission File Number	☐ Credit					
	Corporation/LLC Name	<u> </u>					
	Street Address						
2	City	State	ZIP				
	Corporation Commission File Number	Date Contribution	Made	⊔ Cash □ Credit	☐ Cash☐ Credit		
	Corporation/LLC Name				:		
	Street Address		·				
3	City	State	ZIP	□ Cash			
	Corporation Commission File Number	Date Contribution	Made	☐ Casii			
	Corporation/LLC Name						
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number	Date Contribution	Made	☐ Cash☐ Credit			
	Corporation/LLC Name						
	Street Address						
5	City	State ZIP		□ Cash			
	Corporation Commission File Number	Date Contribution	Made	☐ Credit			
	Enter total only if last page of scl	nedule					



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

		Labor Organ	ization Recipient Inf	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 M	lade	□ Cash □ Credit		
		Labor Organization Name					
	ŀ	Street Address		de anti-resident de la companya de l			
2	2	City	State	ZIP			
		Corporation Commission File Number Date Contribution Made			☐ Cash☐ Credit		
	1	Labor Organization Name	L				
	-	Street Address					
3	3	City	State	ZIP			
	ŀ	Corporation Commission File Number	Date Contribution N	Made	☐ Cash☐ Credit		
		Labor Organization Name					
		Street Address					
4	1	City	State	ZIP			
		Corporation Commission File Number	Date Contribution &	Made	□ Cash □ Credit		
_	1	Labor Organization Name					
		Streel Address					
5		City	State	ZIP	- Cook		
		Corporation Commission File Number Date Contribution Made			☐ Cash☐ Credit		
		Enter total only if last page of sch			..		



CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

	Contributor Informatio	n	Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name		Date Refund Received			
Street Address			7		
City	State	ZIP			
Committee ID Number		Date of Original Contribution			
Committee Name		Date Refund Received			
Street Address			_		
City	State	ZIP	1		
Committee ID Number		Date of Original Contribution			
Committee Name		Date Refund Received			
Street Address		L	-		
City	State	ZIP			
Committee ID Number		Date of Original Contribution			
Committee Name		Date Refund Received			
Street Address					
City	State	ZIP	-		
Committee ID Number		Date of Original Contribution			
Committee Name		Date Refund Received			
Street Address			_		
City	State	ZIP			
1	ı	1	I	1	1
	Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number Committee Name Street Address City Committee ID Number Street Address City Committee ID Number Committee ID Number Committee ID Number Committee ID Number Committee Name Street Address City Committee Name Street Address	Committee Name Street Address City State Committee ID Number Street Address City State Committee ID Number Committee Name Street Address City State Committee Name Street Address City State Committee ID Number Committee Name Street Address City State Committee Name Street Address	Street Address City State ZIP Committee ID Number Date Refund Received Street Address City State ZIP Committee ID Number Date of Original Contribution Committee ID Number Date of Original Contribution Committee ID Number Date Refund Received Street Address City State ZIP Committee Name Date Refund Received Street Address City State ZIP Committee ID Number Date of Original Contribution Committee Name Date Refund Received Street Address City State ZIP Committee Name Date Refund Received Street Address City State ZIP Committee Name Date Refund Received	Street Address City State ZIP Committee ID Number Date of Original Contribution Street Address City State ZIP Committee ID Number Date of Original Contribution Street Address City State ZIP Committee ID Number Date of Original Contribution Street Address City State ZIP Committee ID Number Date of Original Contribution Street Address City State ZIP Committee ID Number Date of Original Contribution Street Address City State ZIP Committee ID Number Date of Original Contribution Street Address City State ZIP Committee ID Number Date of Original Contribution Committee Name Date of Original Contribution Committee Name Date Returnd Received Street Address City State ZIP Committee Name Date Returnd Received	Contributor Information Date Returd Received

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



LOANS MADE: SCHEDULE B(3)(a)

	Borrowe	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		O CONTROL AND A			
3	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made	<u> </u>			
	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 schedule	line 3(a))				



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

/	Guara	intor Information		Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Guarantor Name					
	Street Address					
1	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed	I MANUEL			
	Guarantor Name					
	Street Address					
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	1 City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
-	Guarantor Name					
	Street Address	Street Address				
1	5 city	State	ZIP			
	Borrower Name	Date Loan Guaranteed	1	-		
-	Enter total only if last page of sched	ule		1		
L	(transfer the total received this period to *Summary of Re-	ceipts." line 3(b))			1	L

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



FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

/		Borrower Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Γ	Borrower Name		Date Forgiveness Made		Reporting Feriod	Election Cycle
	Street Address	AND AND AND AND AND AND AND AND AND AND				
	1	I				
	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstand	ing			
_	Borrower Name		Date Forgiveness Made			
	Street Address					
2	2 Gity	State	ZIP			
	Original Amount of Loan	Amount Still Outstandi	ing			
		y moon day obtained	פיי			
	Borrower Name		Date Forgiveness Made			
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstandi	ng	_		
	_					
	Borrower Name		Date Forgiveness Made			
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstandii	ng			
	Borrower Name	<u> </u>	Date Forgiveness Made			
	Street Address	PAMPA				
5						
ď	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstandir	ng			
	Enter total only if last page of	of schedule				
	(transfer the total disbursed this period to "Su					

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



REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

	Lend	er Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Repayment Made			
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding		_		
-	Lender Name		Date Repayment Made			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
-	Lender Name		Date Repayment Made			
	Street Address		1.100010			
3	3 City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		_		
-	Lender Name		Date Repayment Made			
	Street Address		1			
4	City	State	ZIP	1		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Lender Name		Date Repayment Made			
	Street Address					
5	5 City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Enter total only if last page of schedu	lle				
.	(transfer the total disbursed this period to "Summary of Dis	bursements." line 3(d))				L

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



committee id number

INTEREST ACCRUED ON LOANS RECEIVED:

SCHEDULE B(3)(e)

_	/		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	2	City	State	ZIP			
		Original Amount Borrowed	Amount Still Outstanding			:	
		Lender Name	<u> </u>	Date Interest Accrued			
		Street Address					
3	3	City	State	ZIP			
		Original Amount Borrowed	Amount Still Outstanding	I			
		Lender Name		Date Interest Accrued			
		Street Address		L			
4	1	City	State	ZIP			
		Original Amount Borrowed	Amount Still Outstanding	I			
	1	Lender Name		Date Interest Accrued			
	-	Street Address		1			
5	5	City	State	ZIP			
		Original Amount Borrowed	Amount Still Outstanding	I			
		Enter total only if last page of schedule			L		
L	_1	transfer the total disbursed this period to "Summary of Disburse	nents," line 3(e))				

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

Re ame of Original Payor treet Address ity orporation Commission File Number (if applicable) ame of Original Payor treet Address ity orporation Commission File Number (if applicable)	State Original Payment Amount	Date Rebate/Refund Made ZIP Date of Original Payment Date Rebate/Refund Made	Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
ity orporation Commission File Number (if applicable) ame of Original Payor treet Address	Original Payment Amount	ZIP Date of Original Payment Date Rebate/Refund Made			
orporation Commission File Number (if applicable) ame of Original Payor treet Address	Original Payment Amount	Date of Original Payment Date Rebate/Refund Made			A.
orporation Commission File Number (if applicable) ame of Original Payor treet Address	Original Payment Amount	Date of Original Payment Date Rebate/Refund Made			
ame of Original Payor treet Address ity		Date Rebate/Refund Made			
treet Address ity	State				
ity	State	ZIP			
	State	ZIP			
orporation Commission File Number (if applicable)		1			
	Original Payment Amount	Date of Original Payment			
ame of Original Payor		Date Rebate/Refund Made			
treet Address					
iity	State	ZIP			
orporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
ame of Original Payor		Date Rebate/Refund Made			•
treet Address	///				
st.	Ploto	710			
orporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
lame of Original Payor		Date Rebate/Refund Made			
treet Address					
	State	ZIP			
iity		Date of Original Payment			
i	orporation Commission File Number (if applicable) ame of Original Payor reet Address	ty State Disporation Commission File Number (if applicable) Original Payment Amount ame of Original Payor reet Address ty State	ty State ZIP proporation Commission File Number (If applicable) Original Payment Amount Date of Original Payment pame of Original Payor Date Rebate/Refund Made reet Address ty State ZIP	ty State ZIP Deporation Commission File Number (if applicable) Original Payment Amount Date of Original Payment Date of Original Payment Date Rebate/Refund Made reet Address ty State ZIP	ty State ZIP Stroporation Commission File Number (if applicable) Original Payment Amount Date of Original Payment ame of Original Payor Date Rebate/Refund Made reet Address

Schedule B(4), page ____ of



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/	Candidate	Committee Recipient In	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	ution Made			
	Committee Name					***************************************
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Made			
	Committee Name					
	Street Address	Street Address				
4	City	State	ZiP			
	Committee ID Number	Date In-Kind Contrib	ution Made			
_	Committee Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	ution Made			
_	Enter total only if last page of s					

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

/	Political Action Com	nmittee Recipient Info	ormation	Amount Contributed	Cumulative Amount this	Cumulative Amount this
	Committee Name			Reporting Period	Election Cycle	
	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	Committee Name				
	Street Address				The state of the s	
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address	Street Address				
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name	Committee Name				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedu					
\	_	Soh	edule B(5)(b), page o	f		/



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

	Political Part	y Recipient Informat	ion	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name				1 3	
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
2	City	State	ZIP	***************************************		
	Committee ID Number	Date In-Kind Contribution	n Made			
	Committee Name					
	Street Address	uh.				
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Made			
_	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution) Made			
	Enter total only if last page of schedu					

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



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

	Partnersh	nip Recipient Informatio	n	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Streel Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Partnership Name					
	Streel Address			 		
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made	_		
	Partnership Name					
8	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Partnership Name					
	Street Address					
5	City	ľ				

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 Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	,					
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	ı Made			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	ı Made			
	Corporation/LLC Name					
	Street Address				:	
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Corporation/LLC Name					
	Street Address					
5	Cily	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule					
	(transfer the total disbursed this period to "Summary of Disburs	ements," line 5(e))				

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



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

/	Labor Organ	ization Recipient Inform	nation	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	n Made			
	Labor Organization Name					
	Street Address					
2	City	State	ZĮP			
	Corporation Commission File Number	Date In-Kind Contribution	on Made			
-	Labor Organization Name					
<u>ا</u> ۽	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Made			
	Labor Organization Name	Labor Organization Name				
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Made			
	Labor Organization Name					
	Street Address	Street Address				
5	City	State	ZĮP			
	Corporation Commission File Number	Date In-Kind Contribution	on Made			
	Enter total only if last page of sch					

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



COMMITTEE ID NUMBER

INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

	Expenditure	Recipient Informa	ition	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative \ Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		V-10770000111111111111111111111111111111	_		
1	City	State	ZIP	-		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (ii	ncluding % 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	L ncluding % apposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Efection Month/Year	Office Sought	☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		<u> </u>			
3	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in		□ 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			-		
4	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		
•	Enter total only if last page of schedul			<u> </u>		



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

/	Zependiture F	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	1 City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed (including % opposed)	☐ Cash ☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year				
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
2	2 City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed ((including % opposed)	☐ Cash☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year				
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	3 City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed ((including % opposed)	☐ Cash☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year				
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
4	4 City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed (including % opposed)		□ Cash □ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year				
	Enter total only if last page of schedul					



RECALL EXPENDITURES MADE: SCHEDULE B(8)

	Expenditure	Recipient Informatio	on	Expenditure Amount	Cumulative Amount this	Cumulative \ Amount this
	Recipient Name		Mode of Advertising (TV, mail, etc)	7 11110 2111	Reporting Period	Election Cycle
	Street Address			1		ı
1	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Reci	alied	_ ☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		□ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Reca	alled	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Reca	alled	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
Table of the latest designation of the lates	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Reca	lled	☐ Cash		
-	Date of First Publication, Display, Delivery, or Broadcast	Delivery, or Broadcast Office Held		☐ Credit		
	Enter total only if last page of schedul					
	(transfer the total disbursed this period to "Summary of Disbu	ursements," line 8)				



COMMITTEE ID NUMBER

SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

/	Be	enefitted Candidate	ı	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Candidate Name		Date Benefit Provided			
	Street Address					
1	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
_	Candidate Name		Date Benefit Provided			
	Street Address					
2	City	State	ZIP			
	Type of Benefit Provided					
	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					
	Notes:					
	Enter total only if last page of sch					
	(transfer the total disbursed this period to *Summary					

Schedule B(9), page ____ of ____



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

		Committee Infor		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
1		Street Address				
1	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)	☐ Credit		
	Committee Name	Payment Date				
	Street Address					
2	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)	☐ Cash		
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundralsing Event (if applicable)	Type of Shared E	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 E	Expense (if applicable)	□ Cash □ Credit		
	Committee Name Payment Date					
5	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	expense (if applicable)	☐ Cash☐ Credit		
	Enter total only if last page of sched	Enter total only if last page of schedule				
	(transfer the total disbursed this period to "Summary of E					



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	□ Cash		
	Services or Goods Relimbursed		Reimbursement Date	☐ Credit		
	Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	☐ Credit		
	Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Services or Goods Relmbursed	I	Reimbursement Date	☐ Credit		
	Name					
	Street Address					
4	City	State	ZIP	☐ Cash		
	Services or Goods Reimbursed		Reimbursement Date	☐ Credit		
	Name					
	Street Address					
5	City	State	ZIP	☐ Cash		
	Services or Goods Reimbursed Reimbursement Date			☐ Credit		
	Enter total only if last page of schedule transfer the total disbursed this period to "Summary of Disbursements," line 11)			•		



COMMITTEE ID NUMBER

OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

		Debt Information		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		Date that Debt Accrued			
	Name					
	Street Address					
2	City	State	ZIP	_		
	Type of Account Payable or Debt Owed	L	Date that Debt Accrued			
	Name	Name				
	Street Address					
3	City	State	ZIP			
	Type of Account Payable or Debt Owed	L	Date that Debt Accrued			
	Name					
	Street Address					
4	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
5	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued	-		
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Schedule B(12), page ____ of ___



COMMITTEE ID NUMBER

TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monles / 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					
	Street Address					
1	City		ZIP			
	Disbursement Type	<u> </u>	Disbursement Date	□ Cash □ Credit		
	Name					
	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	State	ZIP			
	Disbursement Type		Disbursement Date	☐ Cash☐ Credit		
	Enter total only if last page of schedule transfer the total disbursed this period to "Summary of Disbursements," line 14)					