

CITY OF TUCSON POLITICAL COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE INFORMATION (required):

Committee Information:

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

Office Sought.

□ City Office:

Committee Name:

Cumulative Report:

Check here if this is the candidate committee's first, cumulative report for the election cycle. Also select appropriate Reporting Period below. Cumulative reporting period start date (which supersedes the start date for the Reporting Period selected below):

REPORTING PERIOD (check one):

	REPORTING PERIOD	REPORT DUE
2022 (Quarter 4 Report: October 1, 2022 to December 31, 2022	January 1, 2023 to January 17, 2023*
2023 0	Quarter 1 Report: January 1, 2023 to March 31, 2023	April 1, 2023 to April 17, 2023
2023	May Pre-Election Report (Local Only): April 1, 2023 to April 29, 2023	April 30, 2023 to May 6, 2023
	May Post-Election (Q2) Report (Local Only): April 30, 2023 to June 30, 2023	July 1, 2023 to July 17, 2023
2023 /	August Pre-Election Report (Local Only): July 1, 2023 to July 15, 2023	July 16, 2023 to July 22, 2023
2023	August Post-Election (Q3) Report (Local Only): July 16, 2023 to September 30, 2023	October 1, 2023 to October 16, 2023*
2023	Jovember Pre-Election Report (Local Only): October 1, 2023 to October 21, 2023	October 22, 2023 to October 28, 2023
2023 N	lovember Post-Election (Q4) Report (Local Only): October 22, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
Other	Report: For Period of through	As needed
	TIONAL REPORTS FOR PETITION DRIVE POLITICAL COMMITTEES, per Tucson Cod	e Chanter 12 Article XI:
	DUE: 60 days after the date of issuance of the petition serial number, or on the date of	
	DUE: At the time of filing the petition, if filed more than 60 days after issuance	
	DUE: 30 days after the filing of the petition	
	Campaign Finance Report Prior to Committee Termination: Previous Period through Today's Date	Same Date of Termination
	*Reporting deadline extended to next business day if deadline date is a holiday or Sunday. A.R.S. §§§ 1-24	43(A), 1-301 and 1-303.

FINANCIAL SUMMARY (required):

Activity	Cash Activity This Reporting Period	Election Cycle to Date
(a) Committee value at the beginning of this reporting period (<i>i.e.</i> ending balance from the previous reporting period)		
(b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)		
(c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)		
(d) = Balance at close of reporting period		
Check here if filing <u>no</u> financial activity during the reporting period. Lines (a)-(d) still must be following page need to be filed.	e completed, but only this c	cover page and the

Committees with financial activity must file the cover page, summary of receipts, summary of disbursements, and any schedules that contain financial activity.

Arizona Secretary of State Revision 12/29/21; League Update 01/12/23 (fillable format)



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.

Printed Name of Committee Treasurer

Signature of Committee Treasurer

Date



SUMMARY OF RECEIPTS (Schedule A):

/			_
	Receipts	Cash	Equity
1.	Monetary Contributions Received		
	(a) In-State Individuals - More than \$100		
	(b) In-State Individuals - \$100 or Less (Aggregate)		
	(c) Out-of-State Individuals		
	(d) Candidate Committees		
	(e) Political Action Committees		
	(f) Political Parties		
	(g) Partnerships		
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(i) Labor Organizations (PACs & Political Parties Only)		
	(j) Candidate's Personal Monies (Candidate Committees Only)		
	(k) Monetary Contributions Subtotal (add 1(a) through 1(j))(l) Refunds Given Back to Contributors		
2.	(m) Net Monetary Contributions (subtract 1(I) from 1(k)) Loans		
۷.	(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) In-State Individuals - More than \$100		
	(b) In-State Individuals - \$100 or Less (Aggregate)		
	(c) Out-of-State Individuals		
	(d) Candidate Committees		
	(e) Political Action Committees		
	(f) Political Parties		
	(g) Partnerships		
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(i) Labor Organizations (PACs & Political Parties Only)		
	(j) Candidate's Personal Assets or Property (Candidate Committees Only)		
	(k) In-Kind Contributions Subtotal (equity: add 5(a) through 5(j))		
6.	In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
7.	Extensions of Credit		
	(a) Extensions of Credit Received		
	(b) Payments on Extensions of Credit Received		
	(c) Net Extensions of Credit (subtract 7(b) from 7(a))		
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 (use cash and/or equity as applicable)		
13.	Total Receipts (cash: add 1(m), 2(e), 3-4, 8-9, 11-12; equity: add 2(b), 5(k), 6-7(c), 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))		
	(h) Contribution Refunds Provided to the Reporting Committee		
	(i) Monetary Contributions Total (subtract 2(h) from 2(g))		
3.	Loans		
	(a) Loans Made		
	(b) Loan Guarantees Made		
	(c) Forgiveness on Loans Made		
	(d) Repayment of Loans Received		
	(e) Accrued Interest on Loans Received		
	(f) Total Loans (cash: add 3(a), 3(d) & 3(e); equity: add 2(b) & 2(c))		
4.	Rebates and Refunds Made (Non-Contributions)		
5.	Value of In-Kind Contributions Provided		
	(a) Candidate Committees		
	(b) Political Action Committees		
	(c) Political Parties		
	(d) Partnerships		
	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		
	(f) Labor Organizations (PAC & Political Parties Only)		
	(g) Contributions Subtotal (add 5(a) through 5(f))		
б.	Independent Expenditures Made		
7.	Ballot Measure Expenditures Made		
3.	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 (use cash and/or equity as applicable)		
15.	Aggregate of Disbursements - \$250 or Less (use cash and/or equity as applicable)		
16.	Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15)		



/	Indiv	idual Contributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address			_		
2						
2	City	State	ZIP			
	Occupation	Employer	I			
	Name		Date Contribution Received			
	Street Address	_				
3	City	State	ZIP			
		outo				
	Occupation	Employer				
	Name	L	Date Contribution Received			
	Street Address					
4	City	State	ZIP	_		
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address		I			
5	City	State	ZIP	-		
	Occupation	Emp l oyer		_		
	Enter total only if last page of (transfer the total received this per	schedule riod to "Summary of Receip	ots," line 1(a))			



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

SCHEDULE A(1)(b)

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

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

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





MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

	Ind	lividual Contributor Inforn	Date Contribution Received	Amount Received	Amount this Reporting Period	Amount this Election Cycle
	Street Address					
1				_		
•	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address			_		
2	City	State	ZIP	_		
	Occupation	Employer		_		
	Name		Date Contribution Received			
	Street Address			_		
3		State	ZIP	_		
	City	State				
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer		-		
_	Name		Date Contribution Received			
	Street Address		_			
5	City	State	ZIP	_		
			2.11			
	Occupation	Employer				
	Enter total only if last page ((transfer the total received this p	of schedule period to "Summary of Recei	pts," line 1(c))			





MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

/	Candidate Committee			I	I I	
		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 Contribution Receive	ed			
ľ	Committee Name					
:	Street Address					
2	City	State	ZIP			
,	Committee ID Number	Date Contribution Receive	ed			
ľ	Committee Name					
1	Street Address					
3	City	State	ZIP			
,	Committee ID Number	Date Contribution Receive	ed			
,	Committee Name					
,	Street Address					
4	City	State	ZIP			
/	Committee ID Number	Date Contribution Receive	ed			
,	Committee Name					
:	Street Address					
5	City	State	ZIP			
,	Committee ID Number	Date Contribution Receive	ed			
	Enter total only if last page of schedule (transfer the total received this period to "Surr					

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





MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

/		Committee Contributo	or 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 R	eceived			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution F	Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution F	Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution F	Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution F	Received			
	1					

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

	Politic	al Party 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 Contribution R	leceived			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution F	Received			
	Committee Name	Committee Name				
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution F	Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution F	Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution F	Received			
	Enter total only if last page of (transfer the total received this pe	f schedule Priod to "Summary of Receip	ots," line 1(f))			
			Schedule A(1)(f), pa	ae of		



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

	Partnersl	nip Contributor Inform	ation	Amount	Received	Cumulative Amount this	Cumulative Amount this
	Partnership Name					Reporting Period	Election Cycle
	Street Address						
1	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Re	ceived				
	Partnership Name						
-	Street Address						
2	City	State	ZIP				
-	Corporation Commission File Number	Date Contribution Re	aceived				
_	Partnership Name						
-	Street Address						
3	City	State	ZIP				
	Corporation Commission File Number Date Contribution Received						
	Partnership Name						
-	Street Address						
4	City	State	ZIP				
Ī	Corporation Commission File Number	Date Contribution Re	eceived				
	Partnership Name						
-	Street Address						
5	City	State ZIP					
Ī	Corporation Commission File Number	Date Contribution Re	eceived				
	Enter total only if last page of sch (transfer the total received this period	edule to "Summary of Receipt	s," line 1(g))				



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

/		Corporation / LLC C	Contributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Corporation/LLC Name					
		Street Address					
	1	City	State	ZIP	•		
		Corporation Commission File Number	Date Contribution Receive	ed			
		Corporation/LLC Name					
		Street Address					
	2	City	State	ZIP			
		Corporation Commission File Number	Date Contribution Receive	ed			
		Corporation/LLC Name					
		Street Address					
:	3	City	State	ZIP			
		Corporation Commission File Number	Date Contribution Receive	ed			
		Corporation/LLC Name					
		Street Address					
4	4	City	State	ZIP			
		Corporation Commission File Number	Date Contribution Receive	ed			
		Corporation/LLC Name					
		Street Address					
ţ	5	City	State	ZIP			
		Corporation Commission File Number	Date Contribution Receive	ed			
		Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	line 1(h))			
						<u> </u>	/
			Sche	edule A(1)(h), page of			



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

	Labor Organiz	zation Contributor I	Amount Receive	ed Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl	
	Labor Organization Name					
	Street Address					
ļ	City	State	ZIP			
ĺ	Corporation Commission File Number					
	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
	Labor Organization Name					
ļ	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
1	Labor Organization Name	I				
ľ	Street Address					
	City	State	ZIP			
ļ	Corporation Commission File Number	Date Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(i))			I		



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

'		Information		Amount Received	Amount this Reporting Period	Amount this Election Cycle
	Name		Date Contribution Received			
:	Street Address					
1	City	State	ZIP			
(Occupation	Employer				
ľ	Name		Date Contribution Received			
ę	Street Address		<u> </u>	_		
2	City	State	ZIP			
(Occupation	Employer		-		
1	Name		Date Contribution Received			
:	Street Address			_		
3	City	State	ZIP			
(Occupation	Emp l oyer				
1	Name		Date Contribution Received			
ę	Street Address					
4	City	State	ZIP			
(Occupation	Employer				
ı	Name		Date Contribution Received			
5	Street Address					
5	City	State	ZIP	_		
(Occupation	Employer	1	-		
E	Enter total only if last page of schedule transfer the total received this period to "Sumi	mary of Receipts,"	line 1(j))	<u> </u>		



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

/	с	ontributor Informatio	n	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)		Date of Original Contribution			
	Name		Date Contribution Refunded			
Ī	Street Address			-		
2	City	State	ZIP	-		
	ID Number (if applicable)		Date of Original Contribution	_		
	Name		Date Contribution Refunded			
-	Street Address	Street Address		_		
3	City	State	ZIP	_		
-	ID Number (if applicable)		Date of Original Contribution	_		
	Name		Date Contribution Refunded			
-	Street Address	Street Address		-		
4	City	State	ZIP	_		
	ID Number (if applicable)		Date of Original Contribution	-		
	Name		Date Contribution Refunded			
Ī	Street Address			-		
5	City	State	ZIP	-		
-	ID Number (if applicable)	I	Date of Original Contribution	-		
- 1				1		

Schedule A(1)(I), page _____ of____



LOANS RECEIVED:

		Lender Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name	Date Loan Recei	ved			
	Street Address City State ZIP					
			ZIP			
	Guarantor/Endorser Name		Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Rece	ived			
	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name		Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name		Date Loan Received			
	Street Address					
3	City	State	State ZIP			
	Guarantor/Endorser Name	Non-Electoral Pur	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Rece	ived			
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Pur	pose? (PACs and Political Parties Only			
	Lender Name	Date Loan Rece	ived			
	Street Address	I				
5	City	State	ZIP			
	Guarantor/Endorser Name		pose? (PACs and Political Parties Only			
		schedule riod to "Summary of Recei				1

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

SCHEDULE A(2)(a)



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			
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	1			
	Lender Name		Date Forgiveness Received			
Street Address				-		
2	City	State	ZIP	-		
	Original Amount of Loan		-			
	Lender Name		Date Forgiveness Received			
3 c	Street Address			-		
	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding		-		
	Lender Name		Date Forgiveness Received			
	Street Address			-		
4	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding		-		
	Lender Name	1	Date Forgiveness Received			
	Street Address		1	1		
5	City	State	ZIP	1		
	Original Amount of Loan	Amount Still Outstanding		-		
_	Enter total only if last page of schedule					

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



REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

		Borrower Information	I	Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Repayment Received			
	Street Address		I			
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outs	tanding			
	Borrower Name		Date Repayment Received			
	Street Address					
2	City	State	ZIP			
	riginal Amount Borrowed Amount Still Outstanding		tanding			
	Borrower Name		Date Repayment Received			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outs	tanding			
	Borrower Name		Date Repayment Received			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outs	tanding			
	Borrower Name		Date Repayment Received			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outs	tanding			
	Enter total only if last page of s (transfer the total received this peri	schedule	inte " line $Q(a)$	I		



SCHEDULE A(2)(d)

INTEREST	ACCRUED	ONL	OANS	
INTEREST	ACCRUED	UN L	UANS	WADE.

	1	Borrower Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Interest Accrued			
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	Inding			
	Borrower Name		Date Interest Accrued			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	nding			
	Borrower Name		Date Interest Accrued			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	nding			
	Borrower Name		Date Interest Accrued			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	nding			
	Borrower Name		Date Interest Accrued			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	nding			

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



Cumulative

Amount this

Election Cycle

Cumulative

Amount this

Reporting Period

Amount Rebated

or Refunded

SCHEDULE A(3)

/		Payor Ir	nformation	
		Payor Name		Date Rebate/Refund Received
		Street Address		
	1	City	State	ZIP
		Original Purchase Amount	Reason for Refund/Rebate	
		Payor Name		Date Rebate/Refund Received
	-	Street Address		
	2	City	State	ZIP
		Original Purchase Amount	Reason for Refund/Rebate	
		Payor Name		Date Rebate/Refund Received
	0	Street Address		
	3			

REBATES AND REFUNDS RECEIVED:

	Street Address				
1		1			
'	City	State	ZIP		
	Original Purchase Amount	Reason for Refund/Rebate	9		
	Payor Name		Date Rebate/Refund Received		
	Street Address				
2	City	State	ZIP		
	Original Purchase Amount	Reason for Refund/Rebate	3		
	Payor Name	t.	Date Rebate/Refund Received		
	Street Address				
3	City	State	ZIP		
	Original Purchase Amount	Reason for Refund/Rebate	3		
	Payor Name	1	Date Rebate/Refund Received		
	Street Address				
4	City	State	ZIP		
	Original Purchase Amount	Reason for Refund/Rebate	l		
	Payor Name	1	Date Rebate/Refund Received		
	Street Address				
5	City	State	ZIP		
	Original Purchase Amount	Reason for Refund/Rebate	3		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	nary of Receipts," I	ine 3)		
		Scheo	dule A(3), page of		



INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
ccount with Interest Earned (Bank Name / Type of Account)		
Account with Interest Earned (Bank Name / Type of Account)		
ccount 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)		
Fotal transfer the total received this period to "Summary of Receipts," line 4)		

Schedule A(4), page____ of ____





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

SCHEDULE A(5)(a)

/				1	Cumulative	Cumulative
	Individual Con	tributor Informatio	on	Amount Received	Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address		1			
2	City	State	ZIP	-		
	Occupation	Employer	1	1		
	Name	1	Date In-Kind Contribution Received			
2	Street Address			-		
	City	State	ZIP	-		
	Occupation	Employer		-		
	Name		Date In-Kind Contribution Received			
	Street Address			-		
4	City	State	ZIP			
	Occupation	Employer				
	Name	1	Date In-Kind Contribution Received			
	Street Address		1	-		
5	City	State	ZIP	-		
ł	Occupation	Employer	1	-		
- 1						

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



COMMITTEE ID NUMBER

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

SCHEDULE A(5)(b)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Cumulative In-Kind Contributions from Individuals - \$100 or Less		
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5(b))		

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

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





IN-KIND CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(5)(c)

-	Individual Cont	ributor Informatio		Amount Received	Amount this Reporting Period	Amount thi Election Cycl
_	Name		Date In-Kind Contribution Received			
	Street Address					
	City	State	ZIP			
-	Occupation	Employer		-		
	Name		Date In-Kind Contribution Received			
	Street Address		-			
2	City	State	ZIP	-		
ĺ	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
3	City	State	ZIP	-		
	Occupation	Employer		-		
	Name		Date In-Kind Contribution Received			
	Street Address	Street Address				
	City	State	ZIP	-		
	Occupation	Employer		-		
	Name		Date In-Kind Contribution Received			
	Street Address		1	-		
;	City	State	ZIP	1		
	Occupation	Employer	1	1		
	Enter total only if last page of schedule (transfer the total received this period to "Surr	mary of Receipts "	line 5(c))	1		





IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

/	Candidate Con	nmittee Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Committee Name						
	Street Address						
1	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribution	I Received				
	Committee Name						
	Street Address						
2	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribution	n Received		_		
	Committee Name						
ç	Street Address						
3	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribution	n Received				
	Committee Name						
	Street Address						
4	City	State	ZIP	_			
ĺ	Committee ID Number	Date In-Kind Contribution	n Received		_		
	Committee Name						
	Street Address						
5	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribution	n Received				
	Enter total only if last page of sch (transfer the total received this period						

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





IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

/	Political Action Comm	ttee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Street Address		_			
1	City	State	ZIP			
	Committee ID Number Committee Name	Date In-Kind Contribution	Received			
	Street Address			_		
2	City	State	ZIP	_		
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name Street Address		_			
3	City Committee ID Number	State Date In-Kind Contribution	ZIP			
	Committee Name					
	Street Address			_		
4	City	State	ZIP			
	Committee ID Number	Committee ID Number Date In-Kind Contribution Received Committee Name				
	Street Address			-		
5	City	State	ZIP			
	Committee ID Number Enter total only if last page of schedule	Date In-Kind Contribution	Received			
	(transfer the total received this period to "Su	mmary of Receipts,"	line 5(e))			



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

	Politi	cal Party Contributor Inf	ormation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Committee Name					
	Street Address					
1	City	City State ZIP				
	Committee ID Number	Date In-Kind Con	tribution Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Co	ntribution Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Co	ntribution Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Co	ntribution Received			
_	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	ommittee ID Number Date In-Kind Contribution Received				
	Enter total only if last page of ((transfer the total received this p	of schedule Deriod to "Summary of Rece	eipts," line 5(f))	I		
	<u>`</u>		Schedule A(5)(f), pa	ne of		



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

	Partnersh	nip Contributor Inforn	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 Contrit	bution Received			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	ibution Received			
-	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	ibution Received			
	Partnership Name	I				
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	ibution Received			
	Partnership Name	I				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	ibution Received			
	Enter total only if last page of sch (transfer the total received this period	l edule to "Summary of Receip	ots," line 5(g))	1		

COMMITTEE ID NUMBER



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

/						
/	Corporation	/ LLC Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributio	n Received			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributi	on Received			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributi	on Received			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributi	on Received			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contributi	on Received			
	Enter total only if last page of sch (transfer the total received this period	nedule to "Summary of Receipts,	" line 5(h))			



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

	Labor Organ	ization Contributor I	nformation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
(Corporation Commission File Number	Date In-Kind Cont	ribution Received			
	Labor Organization Name					
ŀ	Street Address					
2	City	State	ZIP			
ľ	Corporation Commission File Number	Date In-Kind Con	tribution Received			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Received			
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Received			
┥	Labor Organization Name	<u> </u>				
	Street Address					
;	City	State	ZIP			
	Corporation Commission File Number					
	Enter total only if last page of sch (transfer the total received this period	edule to "Summarv of Rece	pts," line 5(i))			
_						





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

SCHEDULE A(5)(j)

	Cand	idate Informatio	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl	
	Name					
	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 sched (transfer the total received this period to	ule				





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

SCHEDULE A(6)

/	Source I	nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Date In-Kind Donation Received				
	Street Address		_			
1		1	_			
	City	State	ZIP			
	Type of Item Donated	1		-		
	Name		Date In-Kind Donation Received			
	Street Address			-		
2	City	State	ZIP	-		
	Type of Item Donated			-		
	Name		Date In-Kind Donation Received			
	Street Address	-				
3	City	State	ZIP	-		
	Type of Item Donated	ype of Item Donated				
_	Name		Date In-Kind Donation Received			
	Street Address					
4	City	ity State ZIP				
		otato		_		
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address			-		
5	City	State	ZIP	1		
	Type of Item Donated	<u> </u>		-		
	Enter total only if last page of schedule (transfer the total received this period to "Sum					



EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

		tor Information		Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Name					
	Street Address					
1	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	_		
1	Name					
	Street Address			-		
3	City	State	ZIP	-		
-	Services or Goods Provided on Credit		Date of Extension of Credit	-		
	Name					
	Street Address					
ŧ	City	State	ZIP			
	Services or Goods Provided on Credit	I	Date of Extension of Credit			
T	Name					
	Street Address			-		
;	City	State	ZIP	-		
	Services or Goods Provided on Credit		Date of Extension of Credit	-		
	Enter total only if last page of schedu (transfer the total received this period to "S	le Summary of Receipts	," line 7(a))	1		



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 Credit	-		
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Originally Provided on Credit	Date of Original Extension of Credit				
	Name					
	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 schedul (transfer the total received this period to "Se	e Immary of Rossints	" line 7(b))			



SCHEDULE A(8)

	Payor C	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Committee Name		Payment Date			
	Street Address	I				
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable) Type of Shared Expense		Expense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable) Type of Shared Expense		xpense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)			
	Committee Name		Payment Date			
4	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					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	xpense (if applicable)				
	Enter total only if last page of scher (transfer the total received this period to	I				



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

	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			
ľ	Services or Goods Purchased	Payment Date				
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Purchased	Payment Date				
	Name					
Ī	Street Address					
4	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
┦	Name					
ł	Street Address					
5	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts."	I			





OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

/		Info	mation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Name Street Address			_	ropolang ronou	
1		City	State	ZIP	_		
		Type of Account Receivable or Debt Owed		Date that Debt Accrued	-		
		Name					
		Street Address					
2		City	State	ZIP			
		Type of Account Receivable or Debt Owed		Date that Debt Accrued			
		Name Street Address			-		l
3		City	State	ZIP	-		l
		Type of Account Receivable or Debt Owed		Date that Debt Accrued	-		l
		Name					
		Street Address		-			
4	ŀ	City	State	ZIP	-		
	-	Type of Account Receivable or Debt Owed	1	Date that Debt Accrued	-		l
		Name			_		
5		Street Address	1	T			
5		City Type of Account Receivable or Debt Owed	State	ZIP Date that Debt Accrued	_		
	Ì	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 10)			



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)

		Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cycl
Name						1
	Street Address					
ĺ	City	State	ZIP			l
ĺ	Receipt Type	I.	Receipt Date			l
	Name					
Ì	Street Address					l
2	City	State	ZIP			l
	Receipt Type		Receipt Date			l
	Name					
	Street Address					l
	City	State	ZIP			1
	Receipt Type		Receipt Date			1
	Name					
	Street Address					l
ŀ	City	State	ZIP			l
	Receipt Type		Receipt Date			l
			hoop but			
	Name					l
5	Street Address	1	ſ			l
	City	State	ZIP			l
	Receipt Type		Receipt Date			l
1	Enter total only if last page of schedule (transfer the total received this period to "Sun			1		

Schedule A(12), page____ of ____



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/	F	Recipient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Disbursement Dat	e			i
	Street Address			_		
1	City	State	ZIP	_		
	Type of Operating Expense Paid	Non-Electoral Purp	ose? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Dat	e			
	Street Address			_		
2	City	State	ZIP	_		
				Cash		
	Type of Operating Expense Paid	Non-Electoral Purp	ose? (PACs and Political Parties Only)	Credit		
	Name	Disbursement Dat	e			
	Street Address					
3	City	State	ZIP	□ Cash		
	Type of Operating Expense Paid		Non-Electoral Purpose? (PACs and Political Parties Only)			
	Name	Disbursement Dat	e			
	Street Address					
4	City	State	ZIP	_		
	Type of Operating Expense Paid	Non-Electoral Purp	ose? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Dat				
	name	Dispursement Dat	~			
	Street Address					
5	City	State	ZIP	□ Cash		
	Type of Operating Expense Paid	Non-Electoral Purp	Dose? (PACs and Political Parties Only)	Credit		
-	Enter total only if last page of so			1		

Schedule B(1), page____ of ____





MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	Candidat	e Committee Recipient Inf	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Ma	de	Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Ma	ade			
	Committee Name	I				
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Ma	ade			
	Committee Name	I				
	Street Address					
4	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Ma	ade			
	Committee Name	1				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Ma	l	□ Cash □ Credit		
	Enter total only if last page o	f schedule		<u> </u>		

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





MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

	1	on Committee Recipient In	nformation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cycl
	Committee Name					
	Street Address					
	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	3			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Mad	e	□ Cash □ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Mad	l	□ Cash □ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP	 □ Cash		
	Committee ID Number	Date Contribution Made				
	Committee Name	I				
	Street Address					
	City	State	ZIP	 □ Cash		
5			1	□ Cash		

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



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Polit	tical Party Recipient Inforr	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution M	ade	□ Cash □ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution N	lade	□ Cash □ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution N	lade			
	Committee Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution N	lade			
	Committee Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution N	l lade			
	Enter total only if last page of (transfer the total disbursed this	I of schedule period to "Summary of Disbu	rsements," line 2(c))	I		
			Schedule B(2)(c), pa	ae of		



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partnership Recipient Information			Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution N	lade			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution I	Made	□ Cash □ Credit		
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution I	Made	□ Cash □ Credit		
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution I	Made	□ Cash □ Credit		
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution N	Made	□ Cash □ Credit		
	Enter total only if last page of sch (transfer the total disbursed this period	l nedule d to "Summary of Disbu	ursements." line 2(d))	I		

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	n / LLC Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name	Corporation/LLC Name				
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution N	/lade	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution I	Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution I	Made			
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution I	Made	□ Cash □ Credit		
-	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution I	Made			
	Enter total only if last page of sch (transfer the total disbursed this period	l edule d to "Summary of Disbu	ursements " line 2(e))	I		



COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

-	State Date Contribution I State Date Contribution	ZIP	□ Cash □ Credit □ Credit	Reporting Period	Election Cycle
ation Commission File Number Organization Name Address ation Commission File Number Organization Name	Date Contribution I	Made ZIP	□ Credit		
Organization Name Address ation Commission File Number Organization Name	Date Contribution I	Made ZIP	□ Credit		
Organization Name Address ation Commission File Number Organization Name	State	ZIP	□ Credit		
Address ation Commission File Number Organization Name					
ation Commission File Number Organization Name					
Organization Name					
Organization Name	Date Contribution	Made			
-					
Address		Labor Organization Name			
City State ZIP					
	State	ZIP	□ Cash		
ation Commission File Number	Date Contribution	Made			
Organization Name					
Address					
	State	ZIP			
ation Commission File Number	Date Contribution	Made			
Organization Name					
Address					
	State	ZIP			
ation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	1		I		
Or	ganization Name	ion Commission File Number Date Contribution ganization Name ddress ion Commission File Number Date Contribution	ion Commission File Number Date Contribution Made ganization Name idress Idress Istate ZIP Ion Commission File Number Date Contribution Made total only if last page of schedule	ion Commission File Number Date Contribution Made Credit	ion Commission File Number Date Contribution Made ganization Name iddress State ZIP Cash Cash



CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

≥ Name Iress ID Number > Name > ID Number > ID Number > Name > ID Number > ID Number > ID Number	State State State State	Date Refund Received ZIP Date of Original Contribution Date Refund Received ZIP Date of Original Contribution Date Refund Received Date of Original Contribution Date Refund Received			
ID Number e Name Iress e ID Number e Name	State	Date of Original Contribution Date Refund Received ZIP Date of Original Contribution			
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	e ummary of Disburs	sements," line 2(h))	I		
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LOANS MADE:

	Borro	wer Information		Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name					
	Street Address					
1	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
_	Enter total only if last page of schedu					

Schedule B(3)(a), page____of ____

SCHEDULE B(3)(a)



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

		Guarantor Information		Amount Guaranteed	Cumulative Amount this	Cumulative Amount this
	Guarantor Name		Reporting Period	Election Cycle		
	Street Address					
1	City	State	ZIP			
	Borrower Name	Date Loan Guarantee	d			
	Guarantor Name					
	Street Address	Street Address				
2	ity State ZIP					
	Borrower Name Date Loan Guaranteed					
	Guarantor Name					
	Street Address					
3	City	State	ZIP			
	Borrower Name	Date Loan Guarantee	ed			
	Guarantor Name					
	Street Address	reet Address				
4	City	State	ZIP			
	orrower Name Date Loan Guaranteed					
	Guarantor Name					
	Street Address					
5	City	State	ZIP			
	Borrower Name	Date Loan Guarantee	ed			
_	Enter total only if last page of s (transfer the total received this peri	chedule				

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		Date Forgiveness Made			·
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
0	Street Address					
2	City	State	ZIP			
	Original Amount of Loan					
	Borrower Name		Date Forgiveness Made			
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	1			
	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			1		
5	City State		ZIP	1		
	Original Amount of Loan Amount Still Outstanding		1			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 3(c))			1		



SCHEDULE B(3)(d)

REPAYMENT ON LOANS RECEIVED:

	Lei	nder Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Repayment Made			
1	Street Address		, , , , , , , , , , , , , , , , , , ,			
	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstand	ding			
	Lender Name		Date Repayment Made			
	Street Address		I	_		
2	City	State	ZIP	_		
	Original Amount Borrowed	ling	_			
	Lender Name		Date Repayment Made			
	Street Address	I				
3	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstand	ling	_		
	Lender Name		Date Repayment Made			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstand	ling			
	Lender Name	Lender Name				
5	Street Address		I	_		
	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstand	l			
	Enter total only if last page of sche (transfer the total disbursed this period t	I dule o "Summary of Disbur	sements," line 3(d))			

_



SCHEDULE B(3)(e)

	Lender	Information	Date Interest Accrued	Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Street Address		_			
1	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Lender Name	Date Interest Accrued				
2	Street Address					
2	City State		ZIP	_		
	Original Amount Borrowed Amount Still Outstanding Lender Name		Date Interest Accrued			
	Street Address			_		
3	City State		ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		_		
	Lender Name Date In		Date Interest Accrued			
	Street Address					
4	City	y State		_		
	Original Amount Borrowed Amount Still Outstanding		Date Interest Accrued			
5	Lender Name Street Address			-		
	City State		qID	-		
	Original Amount Borrowed Amount Still Outstanding			-		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 3(e))					



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

ame of Original Payor Ireet Address Ity	State Original Payment Amount State Original Payment Amount	Date Rebate/Refund Made ZIP Date of Original Payment Date Rebate/Refund Made ZIP			
Ity orporation Commission File Number (if applicable) ame of Original Payor ireet Address ity orporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment Date Rebate/Refund Made ZIP			
orporation Commission File Number (if applicable) ame of Original Payor treet Address ity orporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment Date Rebate/Refund Made ZIP			
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ity orporation Commission File Number (if applicable)		ZIP	_		
ity orporation Commission File Number (if applicable)			_		
orporation Commission File Number (if applicable)			-	1 1	
	Original Payment Amount				
ame of Original Payor		Date of Original Payment	-		
	Date Rebate/Refund Made				
rreet Address			-		
ity	State	ZIP	-		
orporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
ame of Original Payor		Date Rebate/Refund Made			
Street Address			-		
ity	State	ZIP	-		
orporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor	-		
Name of Original Payor		Date Rebate/Refund Made			
ireet Address		-			
ity	State	ZIP	-		
orporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor	-		
nter total only if last page of scher	dule	ements." line 4)			
	poration Commission File Number (if applicable) me of Original Payor eet Address r poration Commission File Number (if applicable) me of Original Payor eet Address r poration Commission File Number (if applicable) ter total only if last page of sche	poration Commission File Number (if applicable) Original Payment Amount ne of Original Payor	poration Commission File Number (if applicable) Original Payment Amount Name of Original Payor me of Original Payor Date Rebate/Refund Made pet Address Image: Commission File Number (if applicable) State ZIP poration Commission File Number (if applicable) Original Payment Amount Name of Original Payor poration Commission File Number (if applicable) Original Payment Amount Name of Original Payor me of Original Payor Date Rebate/Refund Made Date Rebate/Refund Made poration Commission File Number (if applicable) Original Payment Amount Name of Original Payor aet Address Image: Commission File Number (if applicable) Original Payment Amount Name of Original Payor reat Address Image: Commission File Number (if applicable) Original Payment Amount Name of Original Payor	poration Commission File Number (If applicable) Original Payment Amount Name of Original Payor ne of Original Payor Date Rebate/Refund Made set Address ZIP poration Commission File Number (If applicable) Original Payment Amount Name of Original Payor ne of Original Payor State ZIP poration Commission File Number (If applicable) Original Payment Amount Name of Original Payor ne of Original Payor Date Rebate/Refund Made Importation Commission File Number (If applicable) original Payor Date Rebate/Refund Made Importation Commission File Number (If applicable) original Payor Date Rebate/Refund Made Importation Commission File Number (If applicable) original Payor Date Rebate/Refund Made Importation Commission File Number (If applicable) original Payor Importation Commission File Number (If applicable) Original Payment Amount Name of Original Payor r State ZIP Importation Commission File Number (If applicable) Importation Commission File Number (If applicable) Original Payment Amount Name of Original Payor ter total only if last page of schedule Importation Commission File Number (Importation Commission File Number (Importation Commission File Number (Importation Commissio	poration Commission File Number (If applicable) Original Payor Name of Original Payor ne of Original Payor Date Rebate/Refund Made ret Address ZIP poration Commission File Number (If applicable) Original Payment Amount Name of Original Payor ne of Original Payor Date Rebate/Refund Made Implication poration Commission File Number (If applicable) Original Payment Amount Name of Original Payor ne of Original Payor Date Rebate/Refund Made Implication poration Commission File Number (If applicable) Original Payment Amount Name of Original Payor bet Address Implication Date Rebate/Refund Made Implication poration Commission File Number (If applicable) Original Payment Amount Name of Original Payor ter Address Implication Implication Implication poration Commission File Number (If applicable) Original Payment Amount Name of Original Payor ter total only if last page of schedule insfer the total disbursed this period to "Summary of Disbursements," line 4) Implication

COMMITTEE ID NUMBER



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

Candidate Committee Recipient Information Amount Contributed Cumulative Amount this Reporting Period Committee Name Street Address I I City Street IP Image: Committee Name Image:										
Image: Street Address State ZIP Committee ID Number Date In-Kind Contribution Made City State Zity State Zity State Zity State Zity Date In-Kind Contribution Made City State Zity State Zity Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Street Address Zity Committee ID Number Date In-Kind Contribution Made Street Address Zity Committee ID Number Date In-Kind Contribution Made City State ZiP Committee ID Number Date In-Kind Contribution Made City State ZiP Committee ID Number Date In-Kind Contribution Made	Cumulative Amount this Election Cycle	Amount this	nation	e Recipient Inforr			/			
1 City Bate 2P Committee ID Number Date In-Kind Contribution Made 2 Committee Name 2 Street Address 2 Committee ID Number 2 Street Address 2 Committee ID Number 2 Committee ID Number 2 State 2 Committee ID Number 2 Committee Name 3 Street Address 2 Committee ID Number 3 Committee ID Number 4 Committee ID Number 4 Committee ID Number 2 Committee ID Number 3 Committee ID Number			Committee Name							
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			ZIP	State		City	4			
Committee Name Image: Committee Name			Committee ID Number Date In-Kind Contribution Made							
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Street Address			Street Address							
5 City State ZIP			ZIP	State		City	5			
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Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 5(a))					otal only if last page of schedule	Enter total only				

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

COMMITTEE ID NUMBER



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

SCHEDULE B(5)(b)

IN-KIND CONTRIBUTIONS TO PO	LITICAL ACTION COMMITTEES:
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	Political Ad	ction Committee Recipie	ent Information	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name Street Address					
-						
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Cor	ntribution Made			
	Committee Name					
	Street Address					
2	ity State ZIP					
	Committee ID Number	ID Number Date In-Kind Contribution Made				
_	Committee Name					
	Street Address	treet Address				
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Co	ntribution Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Co	Date In-Kind Contribution Made			
	Committee Name					
	Street Address					
5	City	State	State ZIP			
	Committee ID Number	Date In-Kind Co	ntribution Made			
_	Enter total only if last page ((transfer the total disbursed this	of schedule				

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

	Politi	cal Party Recipient Info	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	tribution Made			
	Committee Name					
	Street Address					
2	City State ZIP					
	Committee ID Number Date In-Kind Contribution Made					
	Committee Name					
	Street Address					
3	City	State ZIP				
	Committee ID Number	Date In-Kind Cor	tribution Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Cor	tribution Made			
_	Committee Name					
	Street Address					
5	City	State	State ZIP			
	Committee ID Number	mmittee ID Number Date In-Kind Contribution Made				
	Enter total only if last page o (transfer the total disbursed this					
	r		Schedule B(5)(c), pag	le of		



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

	Partners	hip Recipient Inform	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 Contrib	oution 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 Contri	bution Made			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	bution Made			
-	Partnership Name					
	Street Address					
5	City	State ZIP				
	Corporation Commission File Number	Date In-Kind Contri	bution Made			
_	Enter total only if last page of sch (transfer the total disbursed this perio					



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

	Corporation	n / LLC Recipient In	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con				
	Corporation/LLC Name					
	Street Address					
2	City State ZIP					
	Corporation Commission File Number					
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cor	tribution Made			
	Corporation/LLC Name					
	Street Address					
ł	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cor	atribution Made			
	Corporation/LLC Name					
	Street Address					
5	City	State ZIP				
	Corporation Commission File Number					
-	Enter total only if last page of sch (transfer the total disbursed this period	I				



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

	Labor Orga	nization Recipient I	nformation	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 Con	tribution Made			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cor	ntribution Made			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cor	ntribution Made			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cor	ntribution Made			
-	Labor Organization Name					
	Street Address					
5	City	State	ZIP	—		
	Corporation Commission File Number Date In-Kind Contribution Made			—		
	Enter total only if last page of scl (transfer the total disbursed this perio	nedule d to "Summarv of Disl	oursements," line 5(f))	I		
		, <u> </u>				



INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

		Recipient Informa		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 (ir	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			_		
	City	State	ZIP	-		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (ir	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			_		
	City	State	ZIP	_		
3	Candidate(s) Supported (induding % supported)	Candidate(s) Opposed (ir	ncluding % opposed)			
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	☐ Cash ☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
				_		
	Street Address	,		_		
4	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (ir	ncluding % opposed)	□ Cash □ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought			
	Enter total only if last page of schedul	e 		1		
	(transfer the total disbursed this period to "	Summary of Disburs	ements," line 6)			

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BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

		Recipient Inform	- I	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) Opp	osed (including % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		– □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			_		
2	City	State	ZIP	_		
2	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opp	osed (including % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Election Month/Year					
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			_		
	City	State	ZIP	_		
3				_		
	Ballot Measure(s) Supported (including % supported)		osed (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	City	State	ZIP	1		
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed (including % opposed)		_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		Credit		
	Enter total only if last page of schedul (transfer the total disbursed this period to "	e Summary of Disbu	rsements," line 7)			



SCHEDULE B(8)

RECALL EXPENDITURES MADE:

_		Recipient Informatio	1	Expenditure Amount	Amount this Reporting Period	Amount this Election Cycl
	Recipient Name Street Address		Mode of Advertising (TV, mail, etc)	_		l
						I
1	City	State	ZIP			l
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	□ Cash		l
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		- 🗆 Credit		1
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address		1	-		1
2	City	State	ZIP	-		1
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	_ □ Cash		1
	Date of First Publication, Display, Delivery, or Broadcast Office Held			_ 🗆 Credit		l
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					l
3	City	State	ZIP			1
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	□ Cash □ Credit		1
	Date of First Publication, Display, Delivery, or Broadcast	Office Held				1
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address		1	-		1
ŀ	City	State	ZIP	-		1
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	l alled	□ Cash		l
	Date of First Publication, Display, Delivery, or Broadcast Office Held		Credit			
1	Enter total only if last page of schedul (transfer the total disbursed this period to "s	e		1		

Schedule B(8), page____ of ____





SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

		Benefitted Candida	te	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Candidate Name		Date Benefit Provided			
	Street Address		I			
1	City	State	ZIP			
	Type of Benefit Provided		I			
	Notes:			_		
-	Candidate Name		Date Benefit Provided			
	Street Address					
2	City	State	ZIP	_		
<u> </u>	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address			_		
	015		710	_		
3	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address		·			
4	City	State	ZIP			
	Type of Benefit Provided		I			
	Notes:					
_	Enter total only if last page	e of schedule				
	(transfer the total disbursed th	is period to "Summary of Di	sbursements," line 9)			

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JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

/		Committee Information	1	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name Street Address		Payment Date			
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
,	Street Address					
2	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	1	Credit		
	Committee Name Street Address		Payment Date			
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
	Committee Name	I	Payment Date			
1	Street Address					
4	City	State	ZIP	□ Cash □ Credit		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable) Payment Date			
	Street Address					
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 sched (transfer the total disbursed this period to	ule		1		

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Schedule B(10), page____ of ____



REIMBURSEMENTS MADE:

SCHEDULE B(11)

	Recipien	t Information		Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	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		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Reimbursed Reimbursement Da			□ 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		Reimbursement Date	□ Cash □ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	mmary of Disburs	ements " line 11)			

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OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

	Debt	nformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
Ī	Street Address					
1	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address			_		
2	City	State	ZIP	-		
-	Type of Account Payable or Debt Owed		Date that Debt Accrued	_		
	Name					
Ī	Street Address			_		
3	City	State	ZIP	_		
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
-	Street Address					
4	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued	_		
	Name					
ŀ	Street Address			-		
5	City	State	ZIP	1		
	Type of Account Payable or Debt Owed	<u> </u>	Date that Debt Accrued	1		
	Enter total only if last page of schedule (transfer the total received this period to "Sur	nmary of Disburser	nents," line 12)			

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COMMITTEE ID NUMBER

TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCE	IFDL	ЛF	B(13)

	Cumulative Amount this Reporting Period	Cumulative Amount this Electior 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)		

Schedule B(13), page____ of ____



MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

	Recipient	Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Disbursement Type	L	Disbursement Date			
	Name					
	Street Address					
2	City	State	ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
3	City	State	ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
4	City	State	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 "Sur	nmary of Disburse	ments." line 14)			
_	L .		-			



AGGREGATE OF DISBURSEMENTS - \$250 OR LESS:

SCHEDULE B(15)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Cumulative of Disbursements - \$250 or Less		
Enter total only if last page of schedule (transfer the total received this period to "Summary of Disbursements," line 15)		
*If disbursement(s) of \$250 or less is listed on another dis	bursement schedule, do not include them	on Schedule B(15).

Schedule B(15), page____ of ____