

COMMITTEE	INFORMATION	(required):
-----------	-------------	-------------

	Committee Information:	Committee Name:	Progress For Tucson
CAND	DATE INFORMATION (only if fill	ing as a candidate comr	nittee):
	Office Sought:		
		☐ City Office:	·
	Cumulative Report:		
	☐ Check here if this is the	candidate committee's	first, cumulative report for the election cycle. Also select appropriate Reporting Period below.
	Cumulative reporting period	od start date (which sup	ersedes the start date for the Reporting Period selected below):

REPORTING PERIOD (check one):

	2022 Quarter 4 Report: October 1, 2022 to December 31, 2022	and the second s
		January 1, 2023 to January 17, 2023*
	2023 Quarter 1 Report: January 1, 2023 to March 31, 2023	April 1, 2023 to April 17, 2023
	2023 May Pre-Election Report (Local Only): April 1, 2023 to April 29, 2023	April 30, 2023 to May 6, 2023
	2023 May Post-Election (Q2) Report (Local Only): April 30, 2023 to June 30, 2023	July 1, 2023 to July 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 November Pre-Election Report (Local Only): October 1, 2023 to October 21, 2023	October 22, 2023 to October 28, 2023
	2023 November Post-Election (Q4) Report (Local Only): October 22, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
~	Other Report: For Period of January 1 through April 15 2024	As needed
	ADDITIONAL REPORTS FOR PETITION DRIVE POLITICAL COMMITTEES, per Tucson Code	e, Chapter 12, Article XI:
	DUE: 60 days after the date of issuance of the petition serial number, or on the date of	filing the petition, whichever is earlier
	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	
	Final Campaign Finance Report Prior to Committee Termination: End of Previous Period through Today's Date "Reporting deadline extended to next business day if deadline date is a holiday or Sunday. A.R.S. §§§ 1-24	Same Date of Termination

*Reporting deadline extended to next business day if deadline date is a holiday or Sunday. A.R.S. §§§ 1-243(A), 1-301 and 1-303.

FINANCIAL SUMMARY (required):

,	
\$ 2,444.45	
\$ 2,444.45	
	SW Page Page

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



Under A.R.S. § 16-926(B)(5), a campaign finance report must be certified by the committee treasurer under penalty of perjury that the contents of the report are true and correct.

By filing this report, you certify that, under penalty of perjury, you have examined the contents of this report, and the contents are true and correct.

James P Lombard	43869379-fb73-4d6a extremel 1586 of 1486 of 14	04/11/2024
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	0	
	(b) In-State Individuals - \$100 or Less (Aggregate)	80	
	(c) Out-of-State Individuals	0	
	(d) Candidate Committees	0	
	(e) Political Action Committees	0	
	(f) Political Parties	0	
	(g) Partnerships	0	
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)	0	
		0	
	10 10 10 10 10 10 10 10 10 10 10 10 10 1	0	
	(j) Candidate's Personal Monies (Candidate Committees Only)	1 0920	
	(k) Monetary Contributions Subtotal (add 1(a) through 1(j))	0	
	(I) Refunds Given Back to Contributors		
	(m) Net Monetary Contributions (subtract 1(I) from 1(k))	0	
2.	Loans (a) Loans Received	0	
	(b) Forgiveness on Loans Received	U	
	(c) Repayment on Loans Made	0	
	(d) Interest Accrued on Loans Made	0	
	(e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))	0	
s.	Rebates and Refunds Received	0	
١.	Interest Accrued on Committee Monies	0	
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))		
i.	In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
	Extensions of Credit		
	(a) Extensions of Credit Received		
	(b) Payments on Extensions of Credit Received		
	(c) Net Extensions of Credit (subtract 7(b) from 7(a))		
3.	Joint Fundraising / Shared Expense Payments Received	0	
).	Payments Received for Goods / Services	0	
2600	Outstanding Accounts Receivable / Debts Owed to Committee		
1.	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)	0	
		16.45	
	Miscellaneous Receipts (use cash and/or equity as applicable) 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)	96.45	

SUMMARY OF DISBURSEMENTS (Schedule B):

	Disbursements	Cash	Equity
1	Disbursements for Operating Expenses	80.62	
2.	Contributions Made		
	(a) Candidate Committees	0	
	(b) Political Action Committees	0	
	(c) Political Parties	0	
	(d) Partnerships	0	
	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)	0	
	(f) Labor Organizations (PAC & Political Parties Only)	0	
	(g) Monetary Contributions Subtotal (add 2(a) through 2(f))	0	
	(h) Contribution Refunds Provided to the Reporting Committee	0	
	(i) Monetary Contributions Total (subtract 2(h) from 2(g))	0	6
3.	Loans		
	(a) Loans Made	0	
	(b) Loan Guarantees Made		
	(c) Forgiveness on Loans Made		
	(d) Repayment of Loans Received	0	
-	(e) Accrued Interest on Loans Received	0	
	(f) Total Loans (cash: add 3(a), 3(d) & 3(e); equity: add 2(b) & 2(c))	0	
4.	Rebates and Refunds Made (Non-Contributions)	0	
5.	Value of In-Kind Contributions Provided		
	(a) Candidate Committees		<u> </u>
	(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)	V	
	(g) Contributions Subtotal (add 5(a) through 5(f))		
6.	Independent Expenditures Made	0	
7.	Ballot Measure Expenditures Made	0	
8.	Recall Expenditures Made	0	
9.	Support Provided to Party Nominees (Political Parties Only)	0	
10.	Joint Fundraising / Shared Expense Payments Made	0	
11.	Reimbursements Made	0	
12.	Outstanding Accounts Payable / Debts Owed by Committee		
13.	Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)	0	
14.	Miscellaneous Disbursements (use cash and/or equity as applicable)	0	
15.	Aggregate of Disbursements - \$250 or Less (use cash and/or equity as applicable)	0	
16.	Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15)	80.62	

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

SCHEDULE A(1)(a)

/	/	**************************************	ibutor Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	- 1	_{Name} Janet L Wittenbraker		Date Contribution Received	200	0	200
		Street Address 2830 East Camino Pocero Porque					
		City Tucson	State AZ	ZIP 85716			
	- 1	Occupation Subcontracts Administrator	Employer Leidos				
		Name		Date Contribution Received			
		Street Address					
2	2	City	State	ZIP			
	İ	Occupation	Employer				
-	1	Name	2	Date Contribution Received			
24.2		Street Address					
3	3	City	State	ZIP			
2		Occupation	Employer				
T		Name		Date Contribution Received			
		Street Address			_		
4	4	City	State	ZIP			
: 10:		Occupation	Employer				
\vdash	+	Name		Date Contribution Received			
		Street Address					
5	5	City	State	ZIP			
		Occupation	Employer				
		Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 1(a))			

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

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

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	60	858
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(b))	60	858

^{*}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)

/	Individual Contr	ributor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer	1			
	Name		Date Contribution Received			
	Street Address		I			
2	City	State	ZIP			
	Occupation	Employer	L			
	Name	I	Date Contribution Received			
	Street Address		l.			
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer	•			
	Name		Date Contribution Received			
	Street Address		•			
5	City	State	ZIP			
	Occupation	Employer	1			
_	Enter total only if last page of schedule (transfer the total received this period to "Sum	1		<u> </u>		

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

MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

Candidate Committee Contributor Information Amount Received Amount this Reporting Period Committee Name Several Astress 1 Oty State JP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Date Contribution Received Date Contribution Received Date Contribution Received Date Committee ID Number Date Contribution Received Date Committee ID Number Date Contribution Received Date Contribution Received Date Committee ID Number Date Committee ID Number Date Contribution Received Date Committee ID Number Date Contribution Received Date Committee ID Number Date Contribution Received Date Committee ID Number Date Contribution Received	Candidate Committee Contributor Information Amount Received Amount this Reporting Period Committee Name Street Address Committee ID Number Date Contributes Received Date Contributes Received Committee ID Number Date Contributes Received Date Contributes Received Committee ID Number Date Contributes Received Date Contributes Received Committee ID Number Date Contributes Received Committee ID Numbe							
Street Address Carmittee Name Committee ID Number Date Contribution Received Committee Name Street Address Committee Name Committee Name Date Contribution Received Committee Name Date Contribution Received Committee Name Date Contribution Received Committee Name Servet Address Committee Name Date Contribution Received Committee Name Servet Address Committee ID Number Date Contribution Received Committee ID Number Committee Name Servet Address Committee ID Number Date Contribution Received	Street Address Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Date Contribution Received Committee ID Number Date Contribution Received	/	Candidate Committe	ee Contributor Info	rmation	Amount Received	Amount this	Amount this
Committee ID Number Committee Name Date Contribution Received Committee ID Number Date Contribution Received Date Contribution Received Committee ID Number Committee ID Number Date Contribution Received Committee ID Number Committee ID Number Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Committee ID Number Date Contribution Received Committee ID Number Committee ID Number Date Contribution Received Committee ID Number Committee ID Number Date Contribution Received Committee ID Number Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received	To City Suite D Number Committee ID Number Date Contribution Received		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 ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP	Committee ID Number Dele Contribution Received Committee ID Number Dele Contribution Received Committee ID Number Dele Contribution Received Committee ID Number		Street Address					
Committee Name Street Address City State 23P Committee ID Number Dete Contribution Received	Committee Name Steet Address Zety State ZIP Committee ID Number Date Contribution Received Committee Name Sevent Address 3 City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee Name Sevent Address 4 City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Enter total only if last page of schedule	1	City	State	ZIP			
Street Address City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Street Address City State ZIP Committee Name Street Address Street Address Street Address Street Address Street Address City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received	Street Address City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Street Address City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Street Address 4 City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Enter total only if last page of schedule		Committee ID Number	Date Contribution Receiv	ved			
2 City State ZIP Committee ID Number Date Contribution Received Committee Name Street Address Committee (ID Number Date Contribution Received Date Contribution Date Contribution Received Date Contribution R	2 City State ZIP Committee ID Number Date Contribution Received Street Address ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Street Address ZIP Committee ID Number Date Contribution Received Street Address Street Address Street Address Street Address Enter total only if last page of Schedule		Committee Name					
Committee ID Number Date Contribution Received Committee Name Street Address Gly State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received 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 ID Number Date Contribution Received Committee Name Street Address Clty State Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee Name Street Address Committee Name Street Address Committee Name Date Contribution Received Committee Name Street Address Date Contribution Received		Street Address					
Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received City State ZIP Committee ID Number Date Contribution Received City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received	Committee Name Street Address Committee ID Number Date Contribution Received Enter I Address Toly Street Address Enter I Address Toly Date Contribution Received	2	City	State	ZIP			
Street Address City State ZIP Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received Street Address City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee Name	Street Address Gity State ZIP Committee ID Number Date Contribution Received Committee Name Street Address Gity State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee Name Street Address Gity State ZIP Committee Name Street Address File Total only if last page of schedule		Committee ID Number	Date Contribution Receiv	ved			
3 City State ZIP Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received Committee ID Number ZIP Committee ID Number ZIP Committee Name Street Address City State ZIP Committee Name Street Address	City State ZIP		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 Street Address City State ZIP Committee Name Street Address ZIP Committee Name	Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee Name Street Address Firet total only if last page of schedule		Street Address					
Committee Name 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 Name Street Address City State ZIP Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee Name Street Address Enter total only if last page of schedule	3	City	State	ZIP			
Street Address City State ZIP Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP	Street Address City State ZIP Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received		Committee ID Number	Date Contribution Receiv	ved			
Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP ZIP	4 City State ZIP Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received		Committee Name					
City State ZIP Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP	Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received		Street Address					
Committee Name	Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received Enter total only if last page of schedule	4	City	State	ZIP			
Street Address City State ZIP	Street Address 5 City State ZIP Committee ID Number Date Contribution Received Enter total only if last page of schedule		Committee ID Number	Date Contribution Receiv	l ved			
5 City State ZIP	City State ZIP Committee ID Number Date Contribution Received Enter total only if last page of schedule		Committee Name					
City State ZIP	Committee ID Number Date Contribution Received Enter total only if last page of schedule		Street Address			-		
Committee ID Number Date Contribution Received	Enter total only if last page of schedule	5	City	State	ZIP	-		
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts " line 1(d))		Committee ID Number	Date Contribution Receiv	ved			

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

MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

/	Political Act	tion Committee Contribut	or I nformation	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	Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution	Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution	Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution	Received			
	Committee Name					
Street Address						
5	City	State	ZIP			
	Committee ID Number	Date Contribution	Received			
_	Enter total only if last page of (transfer the total received this page)	of schedule				

MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

	Political Party C	Contributor Informa	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name GOP Legislative District 17 Committee	Committee Name GOP Legislative District 17 Committee			0	1700
	Street Address 9187 E Wolfberry St					
1	City Tucson	State AZ	ZIP 85747			
	Committee ID Number 101040	September 18				
	Committee Name Legislative District 18 Republican Part	у		0	0	900
	Street Address 6000 N Canon Del Pajaro					
2	City Tucson	State AZ	ZIP 85750			
	Committee ID Number Date Contribution Received 101055 September 2 2023					
7	Committee Name	•				
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Recei	ived			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number Date Contribution Received					
	Committee Name	Committee Name				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Rece	ived			
4	Enter total only if last page of schedule					

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

/				1	Cumulativa	Cumulativa
	Partnersl	nip Contributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Re	eceived			
	Partnership Name	I				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Re	eceived			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution R	eceived			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution R	eceived			
	Partnership Name	I				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution R	eceived			
_	Enter total only if last page of sch (transfer the total received this period	nedule		l		



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

/				ı	Cumulativa	Cumulativa
	Corporation /	LLC Contributor Info	ormation	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 Re	ceived			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Re	eceived			
	Corporation/LLC Name	<u> </u>				
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number					
	Corporation/LLC Name	I				
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number Date Contribution Received					
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Re	eceived			
_	Enter total only if last page of sch (transfer the total received this period	edule	a words alexando			



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

/	Labor Organization	Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	I ed			
	Labor Organization Name	<u>I</u>				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	I ed			
	Labor Organization Name	l				
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	I ed			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	I ed			
	Labor Organization Name	I.				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	l ed			
_	Enter total only if last page of schedule (transfer the total received this period to "Sum	many of Bookints " !	lino 1(i))	L		

MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

		Candidate Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name	I	Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
	Name	I	Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page of s (transfer the total received this peri	I schedule iod to "Summary of Receip	pts," line 1(j))	l		



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

/	Contributo	r Information		Amount Refunded		Cumulative Amount this
	Name		Date Contribution Refunded		Reporting Period	Election Cycle
	Street Address			_		
1	City	State	ZIP	_		
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address		1			
2	City	State	ZIP			
	ID Number (if applicable)	<u> </u>	Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address		1			
3	City	State	ZIP	_		
	ID Number (if applicable)	l	Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address		•			
4	City	State	ZIP			
	ID Number (if applicable)	I	Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address		1			
5	City	State	ZIP			
	ID Number (if applicable)	ı	Date of Original Contribution			
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receints " I	line 1(I))	1		



LOANS RECEIVED: SCHEDULE A(2)(a)

/	Lender I	nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name	Date Loan Received				
	Street Address	<u> </u>				
1	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (I PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address	<u> </u>				
3	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (I PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address	L				
4	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address	I				
5	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)			

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



FORGIVENESS ON LOANS RECEIVED: SCHEDULE A(2)(b)

/	Le	nder 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 Outstandin	ng			
	Lender Name		Date Forgiveness Received			
	Street Address		1			
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstandin	ng .			
	Lender Name	•	Date Forgiveness Received			
	Street Address		•			
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstandir	ng			
	Lender Name	•	Date Forgiveness Received			
	Street Address		•			
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	Ig			
	Lender Name	·	Date Forgiveness Received			
	Street Address		•			
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstandin	ng			
_	Enter total only if last page of sche (transfer the total received this period to	edule	" line 2(h))	1		
	(transfer the total received this period to	o duminary of recorpts,	III10 2(b))			

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



REPAYMENT ON LOANS MADE: SCHEDULE A(2)(c)

	Borrower	Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Repayment Received			
	Street Address		I.	1		
1	City	State	ZIP	1		
	Original Amount Borrowed	Amount Still Outstanding	<u>I</u>	1		
	Borrower Name		Date Repayment Received			
	Street Address			-		
2	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Borrower Name		Date Repayment Received			
	Street Address			-		
3	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Borrower Name		Date Repayment Received			
	Street Address			-		
4	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Borrower Name		Date Repayment Received			
	Street Address			-		
5	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
_	Enter total only if last page of schedule					

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

INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

Borrower	Information		Amount of Interest Accrued	Amount this	Cumulative Amount this Election Cycle
Borrower Name		Date Interest Accrued			j
Street Address		I			
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding	L			
Borrower Name		Date Interest Accrued			
Street Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding		-		
Borrower Name		Date Interest Accrued			
Street Address			\dashv		
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding		_		
Borrower Name		Date Interest Accrued			
Street Address			-		
City	State	ZIP	\dashv		
Original Amount Borrowed	Amount Still Outstanding				
Borrower Name		Date Interest Accrued			
Street Address			_		
City	State	ZIP	_		
Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name Street Address City Original Amount Borrowed Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State	Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address Street Address	Borrower Name Date Interest Accoused	Borrower Information Anount this Reporting Period Borrower Name Date Interest Accrued Street Accrued Street Accrued Street Accrued Street Accrued Street Accrued Date Interest Accrued Street Accrued Street Accrued Date Interest Accrued Street Accrued Date Interest Accrued Street Accrued Date Interest Accrue	

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

REBATES AND REFUNDS RECEIVED:

SCHEDULE A(3)

/	Payor I	nformation		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Payor Name		Date Rebate/Refund Received			
	Street Address		<u>'</u>			
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/Reba				
	Payor Name		Date Rebate/Refund Received			
	Street Address					
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/	Rebate			
	Payor Name	<u> </u>	Date Rebate/Refund Received			
	Street Address					
4	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/	Rebate			
	Payor Name	l	Date Rebate/Refund Received			
	Street Address					
5	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/	Rebate			
	Enter total only if last page of schedule (transfer the total received this period to "Sum					

COMMITTEE ID NUMBER

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Account with Interest Eamed (Bank Name / Type of Account)		
Account with Interest Eamed (Bank Name / Type of Account)		
account with Interest Eamed (Bank Name / Type of Account)		
ccount with Interest Eamed (Bank Name / Type of Account)		
count with Interest Eamed (Bank Name / Type of Account)		
otal ransfer 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)

	Individual Conti	ributor Information	on	Amount Received	Cumulative Amount this	Cumulative Amount this
	Name		Date In-Kind Contribution Received		Reporting Period	Election Cycle
	Street Address					
	Street Audress					
1	City	State	ZIP			
	Occupation	Employer		-		
	Name		Date In-Kind Contribution Received			
	Street Address			_		
2	City	State	ZIP			
	Occupation	Employer		-		
			T			
	Name	Date In-Kind Contribution Received				
	Street Address					
3	City	State	ZIP			
	Occupation	Employer		_		
	Name		Date In-Kind Contribution Received			
	Street Address			-		
4	City	State	ZIP	-		
				<u> </u>		
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
5	City	State	ZIP	=		
	Occupation	Employer		-		
	Enter total only if last page of schedule (transfer the total received this period to "Sum					

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

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)

/				Ĭ	Cumulative	Cumulative
	Individual Contr	ibutor Informatio	n	Amount Received	Amount this Reporting Period	Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address	_	_			
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
ŀ	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name	I	Date In-Kind Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer	I			
	Name		Date In-Kind Contribution Received			
	Street Address		l			
5	City	State	ZIP			
	Occupation	Employer				
- 1						

Schedule A(5)(c), page___ of _



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

/					Cumulative	Cumulative
	Candidate	Committee Contributor	Information	Amount Rece	eived Amount this Reporting Period	Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ribution Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	tribution Received			
3	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	tribution Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Conf	tribution Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	tribution Received			
_	Enter total only if last page of	Carles dula				

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

	Political Action	on Committee Contribute	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 In-Kind Contri	bution Received			
	Committee Name	L				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Received			
	Committee Name	<u> </u>				
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Received			
	Committee Name	<u> </u>				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	libution Received			



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

	Political Party Cor	ntributor Informat	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Troporting Fortoc	Elocaon Gyolo		
ŀ	Street Address					
1	City	State	ZIP			
ŀ	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name	<u> </u>				
ŀ	Street Address					
2	City	State	ZIP			
-	Committee ID Number	Date In-Kind Contribution	Received			
+	Committee Name					
3	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
+	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
+	Committee Name					
}	Street Address					
5	City	State	ZIP			
-	Committee ID Number	Date In-Kind Contribution	Received	\dashv		

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

	Partners	hip Contributor Infor	mation	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 Contr	ibution Received			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Received			
	Partnership Name					
3	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Received			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Received			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Received			
-	Enter total only if last page of sch (transfer the total received this period	nedule		I		



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

	Corporation / LLC C	Contributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name				J	
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number Date In-Kind Contribution Received					
	Corporation/LLC Name	<u> </u>				
*	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
7	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts "	line 5(h))			

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

/	Labor Organization (Contributor Inforn	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
19	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name	I				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	many of Possints "	lino 5(i))	<u> </u>		

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



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

SCHEDULE A(5)(j)

Candidate	e Information		Amount Received	Cumulative Amount this	Cumulative Amount this
				Reporting Period	Election Cycle
Name		Date In-Kind Contribution Received			
Street Address			-		
City	State	ZIP			
Asset or Property Contributed			-		
Name		Date In-Kind Contribution Received			
Street Address					
City	State	ZIP	1		
Assats a Passata Contributed					
Asset or Property Contributed					
Name		Date In-Kind Contribution Received			
			_		
Street Address					
City	State	ZIP	-		
Asset or Property Contributed					
Name		Date In-Kind Contribution Received			
Street Address					
City	State	ZIP			
	0.003/0.00000.0000				
Asset or Property Contributed					
Name		Date In-Kind Contribution Received			
Street Address	Street Address				
City	State	ZID			
City	Sidle				
Asset or Property Contributed		1	1		
Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 5(j))			
1		nedule A(5)(j), page of	•		
	Street Address City Asset or Property Contributed Name Street Address City Asset or Property Contributed	Street Address City State Asset or Property Contributed Name Street Address City State Asset or Property Contributed Name Street Address City State Asset or Property Contributed Name Street Address City State Asset or Property Contributed Name Street Address City State Asset or Property Contributed Name Street Address City State Asset or Property Contributed Name Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts,"	Name Date In-Kind Contribution Received Street Address City State ZIP Asset or Property Contributed Name Date In-Kind Contribution Received Street Address City State ZIP Asset or Property Contributed Name Date In-Kind Contribution Received Street Address City State ZIP Asset or Property Contributed Street Address City State ZIP Asset or Property Contributed Name Date In-Kind Contribution Received Street Address City State ZIP Asset or Property Contributed Street Address City State ZIP Asset or Property Contributed Name Date In-Kind Contribution Received Street Address City State ZIP Asset or Property Contributed Name 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(j))	Name Date In-Kind Contribution Received Street Address City State ZIIP Asset or Property Contributed Name Date In-Kind Contribution Received Street Address City State ZIP Asset or Property Contributed Name Date In-Kind Contribution Received Street Address City State ZIP Asset or Property Contributed Name Date In-Kind Contribution Received Street Address City State ZIP Asset or Property Contributed Name Date In-Kind Contribution Received Street Address City State ZIP Asset or Property Contributed Name Date In-Kind Contribution Received Street Address City State ZIP Asset or Property Contributed Name Date In-Kind Contribution Received Street Address City State ZIP Asset or Property Contributed Enter I total only if I last page of schedule (transfer the Iotal received this period to "Summary of Receipts," line 5(j))	Amount Received Amorese Date In-Kind Contribution Received Reporting Period



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

SCHEDULE A(6)

	Soul	ce Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative \ Amount this Election Cycle
	Name	Date In-Kind Donation Received				
	Street Address					
1	City	State	ZIP			
	Type of Item Donated	1				
	Name		Date In-Kind Donation Received			
	Street Address					
2	City	State	ZIP			
	Type of Item Donated	I				
	Name	Date In-Kind Donation Received				
	Street Address	Street Address				
3	City	State	ZIP			
	Type of Item Donated					
7	Name	Name D				
	Street Address					
4	City	State	ZIP			
	Type of Item Donated	Type of Item Donated				
	Name		Date In-Kind Donation Received			
	Street Address	Street Address				
5	City	State	ZIP			
	Type of Item Donated					
	Enter total only if last page of sched (transfer the total received this period to "	ule Summary of Receip	ots," line 6)			



EXTENSIONS OF CREDIT RECEIVED: SCHEDULE A(7)(a)

/	Creditor	Information		Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address			-		
1	City	State	ZIP	-		
	Services or Goods Provided on Credit	1	Date of Extension of Credit			
	Name					
	Street Address			-		
2	City	State	ZIP	-		
	Services or Goods Provided on Credit		Date of Extension of Credit	-		
	Name					
	Street Address			-		
3	City	State	ZIP	_		
	Services or Goods Provided on Credit	Date of Extension of Credit	_			
	Name					
	Street Address			_		
4	City	State	ZIP	-		
	Services or Goods Provided on Credit		Date of Extension of Credit	_		
	Name					
	Street Address			-		
5	City	State	ZIP	-		
	Services or Goods Provided on Credit		Date of Extension of Credit	-		
_	Enter total only if last page of schedule					
_	(transfer the total received this period to "Sun	nmary of Receipts,"	line /(a))			

Schedule A(7)(a), page____ of ____



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

/	Creditor	Information		Payment Amount on Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1						
	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
044	Street Address					
2	City	State	ZIP			
243	Services or Goods Originally Provided on Credit	<u> </u>	Date of Original Extension of Credit			
	Name					
9 4 %	Street Address					
3	City	ZIP				
		State				
	Services or Goods Originally Provided on Credit Date of Original Extension of 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			
849	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
\vdash	Enter total only if last page of schedule (transfer the total received this period to "Sum		7(h))			
L	transier the total received this period to "Sum	mary of Receipts," I	me r(D))			

Schedule A(7)(b), page____ of ____



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

/					Cumulative	Cumulative
	Payor Co	mmittee Informatio	n	Payment Amount		Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address					
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exper	ise (if applicable)			
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expen	se (if applicable)			
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exper	se (if applicable)			
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exper	se (if applicable)			
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expen	se (if applicable)			
1	Enter total only if last page of sched (transfer the total received this period to "	ule				

Schedule A(8), page____ of ____



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

	Payor Ir	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					
	Street Address					
3	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
			Fayment Date			
	Name					
5	Street Address					
	City	State	ZIP			
	Services or Goods Purchased	Payment Date				
	nter total only if last page of schedule ansfer the total received this period to "Summary of Receipts," line 9)			-		

Schedule A(9), page____ of ____



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

Information					Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address			-		
2	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued	\dashv		
_	lame					
	Street Address			_		
3	City	State	ZIP	\dashv		
	Type of Account Receivable or Debt Owed		Date that Debt Accrued	_		
	Name					
	Street Address					
1	City	State	ZIP	_		
	Type of Account Receivable or Debt Owed	oldio	Date that Debt Accrued			
		Date that Debt Accided				
	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 (transfer the total received this period to "Sum			•		

Schedule A(10), page____ of ____

TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

	1	
	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Source of Surplus Monies / Recipient of Transferred Debt		
Source of Surplus Monies / Recipient of Transferred Debt		
Source of Surplus Monies / Recipient of Transferred Debt		
Source of Surplus Monies / Recipient of Transferred Debt		
Source of Surplus Monies / Recipient of Transferred Debt		
Total (transfer the total received this period to "Summary of Receipts," line 11)		

Schedule A(11), page____ of ____



MISCELLANEOUS RECEIPTS: SCHEDULE A(12)

,						
/	Source	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Name					
	Street Address					
1	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address			1		
2	City	State	ZIP	1	1	
	Receipt Type		Receipt Date	-		
_	Name					
	Street Address			-		
3	City	State	ZIP	_		
	Receipt Type		Receipt Date	-		
	Name					
	Street Address			-		
4	City	State	ZIP	-		
	Receipt Type	1	Receipt Date	_		
	Name					
	Street Address			1		
5	City	State	ZIP	1		
	Receipt Type	1	Receipt Date	-		

Schedule A(12), page____ of ____

DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/	No artist	cipient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Disbursement Date	20 14-204 0004	78	78	312
	Alliance Bank	Jan 31, Feb 2	29, Mar 31, 2024			
	Street Address					
1	4445 N Campbell Ave	1-	1			
	City Tucson	State AZ	ZIP 85718			
	STATE OF THE STATE	INTERNAL CONTRACTOR		☐ Cash ☐ Cash		
	Type of Operating Expense Paid Banking Fees	Non-Electoral Purpos	e? (PACs and Political Parties Only)	☐ Credit		
	The same production of the same statement of	Disbursement Date				
	Arizona Printer Services	April 10 2024		2.62	2.62	2062.45
	Street Address			_		
0	1106 S Pantano Rd					
2	City	State	ZIP			
	Tucson	AZ	85710	☑ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpos	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Supplies					
	Name	Disbursement Date			50	70
	City of Tucson	Nov 6 2023		. 958		
	Street Address 255 W Alameda					
3	City Tucson	State AZ	ZIP 85701	☑ Cash		
	Type of Operating Expense Paid Fee	Non-Electoral Purpos	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Name	Disbursement Date				
	Street Address			_		
4	City	State	ZIP	_		
				☐ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpos	e? (PACs and Political Parties Only)	☐ Credit	1	
	Name	Disbursement Date				
	Street Address					
5	City	State	ZIP	 		
				☐ Cash ☐ Credit		
	Type of Operating Expense Paid	Non-Electoral Purpos	e? (PACs and Political Parties Only)			
	Enter total only if last page of sch	edule			1007 ==0	
	Enter total only if last page of schedule transfer the total disbursed this period to "Summary of Disbursements," line 1)				601.72	2363.83

Schedule B(1), page____ of ____

COMMITTEE	ID NUMBER	2
-----------	------------------	---

MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	Candidate Committee	e Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
1	Street Address	1				
	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name	•				
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number Date Contribution Made			☐ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address	,				
5	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		_
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sui	mmary of Disburser	ments," line 2(a))			
		Scho	edule B(2)(a), page of	f		

MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

_	Political Action Comm	ittee Recipient Inf	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP	_ □ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
T	Committee Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made				
	Committee Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		□ Credit		
Ĺ	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	ımmary of Disburser	ments," line 2(b))			
\		Sche	edule B(2)(b), page of	f		

COMMIT	TEE ID	NUMBE	R

MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Political Party Re	ecipient Information	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Committee Name	<u> </u>				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ 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	l	□ Cash □ Credit		
_	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur					

MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partnersh	ip Recipient Informa	ation	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 Ma	ade	□ Credit		
	Partnership Name	I				
	Street Address					
2	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Ma	ade	□ Credit		
	Partnership Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Ma	ade	□ Credit		
	Partnership Name	l				
	Street Address					
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Ma	ade	□ Credit		
	Partnership Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Ma	ade	□ Credit		
	Enter total only if last page of sche (transfer the total disbursed this period	edule to "Summary of Disbur	rsements " line 2(d))	1		

MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	/ LLC Recipient Inform	nation	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	Date Contribution Made		□ Credit		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP	□ Cook		
	Corporation Commission File Number	Date Contribution Made		☐ Cash	□ Cash □ Credit	
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made		□ Credit		
	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 sch (transfer the total disbursed this period	edule d to "Summary of Disburse	ments," line 2(e))			

COMMIT	TEE ID	NUME	BER
--------	--------	------	-----

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

rporation Commission File Number or Organization Name eet Address y rporation Commission File Number or Organization Name	State Date Contribution Made State Date Contribution Made	ZIP	☐ Cash☐ Credit☐ Cash☐ Cash☐ Cash☐ Credit☐ Cre			
rporation Commission File Number oor Organization Name eet Address y rporation Commission File Number oor Organization Name	Date Contribution Made		□ Credit			
rporation Commission File Number or Organization Name eet Address y rporation Commission File Number or Organization Name	Date Contribution Made		□ Credit			
por Organization Name eet Address y rporation Commission File Number por Organization Name	State	ZIP	□ Credit			
y rporation Commission File Number oor Organization Name		ZIP				
y rporation Commission File Number oor Organization Name		ZIP				
rporation Commission File Number oor Organization Name		ZIP				
por Organization Name	Date Contribution Made					
eet Address		Labor Organization Name				
Street Address						
y	State	ZIP				
rporation Commission File Number	Date Contribution Made		□ Cash □ Credit			
por Organization Name						
eet Address						
у	State	ZIP				
rporation Commission File Number	Date Contribution Made		□ Cash □ Credit	☐ Cash☐ Credit		
oor Organization Name						
Street Address						
у	State	ZIP				
rporation Commission File Number	Date Contribution Made		□ Cash □ Credit			
nter total only if last page of schedule ansfer the total disbursed this period to "Sum	nmary of Disbursen	nents," line 2(f))				
ox e	or Organization Name et Address coration Commission File Number or Organization Name et Address coration Commission File Number coration Commission File Number	or Organization Name et Address State Date Contribution Made or Organization Name et Address State State Date Contribution Made ter Address State Date Contribution Made coration Commission File Number Date Contribution Made ter total only if last page of schedule nsfer the total disbursed this period to "Summary of Disbursen	or Organization Name et Address State ZIP Date Contribution Made or Organization Name et Address State ZIP Date Contribution Made ter Address State ZIP Date Contribution Made ter Address State ZIP Date Contribution Made	or Organization Name et Address State	Date Contribution Made Credit Credit Credit Credit Credit Credit Credit Date Contribution Made Credit Cash Coration Commission File Number Date Contribution Made Credit Credit Credit Credit Credit Credit Credit Credit	



CONTRIBUTION REFUNDS RECEIVED: SCHEDULE B(2)(h)

/	Contributo					
		r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Date Refund Received			
	Street Address					
1	City	State	ZIP			
	Committee ID Number	,	Date of Original Contribution			
\dashv	Committee Name		Date Refund Received			
	Street Address					
2	City	State	ZIP			
S .	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
3	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
4	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
\exists	Committee Name		Date Refund Received			
	Street Address					
5	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
\dashv	Enter total only if last page of schedule (transfer the total disbursed this period to "Sun	nmary of Disbursem	nents," line 2(h))			



LOANS MADE: SCHEDULE B(3)(a)

/		er 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					
	Borrower Name					
	Street Address					
3	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
_	Enter total only if last page of schedule					

Schedule B(3)(a), page___of ___



LOAN GUARANTEES MADE: SCHEDULE B(3)(b)

/		Guarantor Information		Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Guarantor Name					
	Street Address					
1	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed	1			
	Guarantor Name					
	Street Address					
2	City	State	ZIP			
	Borrower Name	Date Loan Guarantee	d d			
	Guarantor Name					
	Street Address					
3	City	State	ZIP			
	Borrower Name	Date Loan Guarantee	d d			
	Guarantor Name					
	Street Address					
4	City	State	ZIP			
	Borrower Name	Date Loan Guarantee	d			
	Guarantor Name					
	Street Address					
5	City	State	ZIP			
	Borrower Name	Date Loan Guarantee	d			
	Enter total only if last page of ea	hedule .				
	Enter total only if last page of so (transfer the total received this period	od to "Summary of Disburser	ments," line 3(b))			

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



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

/	Borrow	ver Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Forgiveness Made			
	Street Address		1	1		
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding		1		
	Borrower Name	1	Date Forgiveness Made			
	Street Address		•]		
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding]		
	Borrower Name	'	Date Forgiveness Made			
	Street Address		1			
3	City	State	ZIP	1		
	Original Amount of Loan	Amount Still Outstanding	1	1		
	Borrower Name		Date Forgiveness Made			
	Street Address		1	1		
4	City	State	ZIP	1		
	Original Amount of Loan	Amount Still Outstanding		1		
	Borrower Name		Date Forgiveness Made			
	Street Address		1	1		
5	City	State	ZIP]		
	Original Amount of Loan	Amount Still Outstanding	1	1		
_	Enter total only if last page of schedul	e e				
	(transfer the total disbursed this period to "	Summary of Disburse	ments," line 3(c))			

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



REPAYMENT ON LOANS RECEIVED: SCHEDULE B(3)(d)

		Lender Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Repayment Made		Troporang Foriou	Licetion Cycle
	Street Address		I			
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outs	tanding			
	Lender Name	I	Date Repayment Made			
	Street Address		I			
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outs	tanding			
	Lender Name		Date Repayment Made			
	Street Address					
	City	State	ZIP			
	Original Amount Borrowed Amount Still Outstanding		tanding			
	Lender Name	I	Date Repayment Made			
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outs	tanding			
	Lender Name		Date Repayment Made			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outs	tanding			
	Enter total only if last page of (transfer the total disbursed this p	schedule				



ACCRUED INTEREST 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		L			
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding		_		
Lender Name		Date Interest Accrued			
Street Address			-		
City	State	ZIP	-		
Original Amount Borrowed	Amount Still Outstanding		1		
Lender Name		Date Interest Accrued			
Street Address			-		
City	State	ZIP	1		
Original Amount Borrowed	Amount Still Outstanding		1		
Lender Name		Date Interest Accrued			
Street Address			-		
City	State	ZIP	-		
Original Amount Borrowed	Amount Still Outstanding		+		
Lender Name		Date Interest Accrued			
Street Address			-		
City	State	ZIP	-		
Original Amount Borrowed	Amount Still Outstanding		-		
	Original Amount Borrowed Lender Name Street Address City Original Amount Borrowed	Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding	Lender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Lender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Lender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Lender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding	Lender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Lender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Lender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Date Interest Accrued	Lender Name Date Interest Accrused Street Address City State ZIP Original Annount Borrowed Amount Still Outstanding Lender Name Date Interest Accrused Street Address City State ZIP Original Annount Borrowed Amount Still Outstanding Earlier Name Date Interest Accrused Street Address City State ZIP Original Annount Borrowed Amount Still Outstanding Lender Name Date Interest Accrused Street Address City State ZIP Original Annount Borrowed Amount Still Outstanding Lender Name Date Interest Accrused Street Address City State ZIP Original Annount Borrowed Amount Still Outstanding

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

	Rec	sipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address		L	-		
1	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor	l	Date Rebate/Refund Made			
5	Street Address					
3	City	State	ZIP	-		
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address		I.	1		
5	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor	1		
	Enter total only if last page of sche (transfer the total disbursed this period	dule to "Summary of Disbursen	nents." line 4)	I		
	the rest and restal disbursed this period	Janimary of Disbursen	, mio ij			

Schedule B(4), page____ of ____



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/	Candidate	e Committee Recipient I	nformation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contril	Dution Made			
	Committee Name					
	Street Address					
2	City	State	ZIP		,	
	Committee ID Number					
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contri	bution Made			
	Committee Name	<u> </u>				
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contri	bution Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contri	bution Made			
_	Enter total only if last page of (transfer the total disbursed this p	f schedule				

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

/	Political Ac	tion Committee Recipier	nt 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 Contr	ibution Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ribution Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ribution Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ribution Made			
	Committee Name					
			,			
5	Street Address	Г	Luc			
57	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ribution Made			
	Enter total only if last page of	of schedule period to "Summary of Disb	ursements " line 5(h))			



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

				1	Cumulative	Cumulative
	Political Party Re	ecipient Information	on	Amount Contributed	Amount this Reporting Period	Amount this Election Cycle
	Committee Name					
	Street Address			1		
1	City	State	ZIP	1		
	Committee ID Number	Date In-Kind Contribution	Made	1		
	Committee Name					
	Street Address					
2	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Made	<u> </u> 		
	Committee Name					
	Street Address]		
	City	State	ZIP	_		
	Committee ID Number	-				
	Committee Name					
	Street Address			_		
4	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Made	_		
	Committee Name					
	Street Address			-		
5	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution		_		

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



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

	Partners	ship Recipient Inform	ation	Amount Contributed	Cumulative Amount this	Cumulative Amount this
	Partnership Name			Contributed	Reporting Period	Election Cycle
	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 Contri	bution 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	nedule				



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

/	,				Cumulative	Cumulative
	Corporation A	LLC Recipient Infor	mation	Amount Contribut	Amount this	Amount this
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribut	tion Made			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	ation Made			
	Corporation/LLC Name					
3	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	ition Made		3	
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	ition Made			
	Corporation/LLC Name					1
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	ation Made			
_	Enter total only if last page of sche					

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



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

/	Labor Organization	Recipient Inform	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name	Labor Organization Name				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
0	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
Ť	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sui					
_	(transfer the total disbursed this period to "Sur	mmary of Disbursen	nents," line 5(f))			

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

INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

/	Expenditure R	Recipient Information	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address	Street Address				
1	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (incli	uding % 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 (incl	uding % 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		_			
3	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (incli	uding % opposed)	☐ Cash☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	Creak		
	Recipient Name	•	Mode of Advertising (TV, mail, etc)			
	Street Address		•			
4	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (incl	uding % opposed)	☐ Cash☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	Orean		
	Enter total only if last page of schedul (transfer the total disbursed this period to "S	e Summary of Disburser	ments," line 6)	,		

BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

/	Expenditure	Recipient Informa	tion	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative \ Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			-
	Street Address					
1	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Oppos	ed (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			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed (including % opposed)		☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Election Month/Year			□ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP	-		
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Oppos	ed (including % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Date of First Publication, Display, Delivery, or Broadcast Election Month/Year		_ □ Credit		
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address					
4	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed (including % opposed)		☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
_	Enter total only if last page of schedul (transfer the total disbursed this period to "	le Summary of Disburs	sements." line 7)	I		



RECALL EXPENDITURES MADE: SCHEDULE B(8)

Expenditure R	ecipient Information	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
Recipient Name		Mode of Advertising (TV, mail, etc)			
Street Address					
City	State	ZIP			
Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Reca	llled	☐ 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	llled	☐ Cash☐ Credit		
Date of First Publication, Display, Delivery, or Broadcast Office Held					
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	illed	☐ Cash ☐ Credit		
Date of First Publication, Display, Delivery, or Broadcast	Office Held		5.55		
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	illed	☐ Cash☐ Credit		
Date of First Publication, Display, Delivery, or Broadcast	Office Held		A. J. C.		
Enter total only if last page of schedule (transfer the total disbursed this period to "S	ummary of Disbursem	nents," line 8)			
	Street Address City Supporting or Opposing Issuance of Recall Order? Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City Supporting or Opposing Issuance of Recall Order? Date of First Publication, Display, Delivery, or Broadcast City Supporting or Opposing Issuance of Recall Order? Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City Supporting or Opposing Issuance of Recall Order? Date of First Publication, Display, Delivery, or Broadcast Enter total only if last page of schedule	Street Address City State Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recall Order of First Publication, Display, Delivery, or Broadcast Office Held Recipient Name Street Address City State Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recall Order of First Publication, Display, Delivery, or Broadcast Office Held Recipient Name Street Address City State Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recall Order of First Publication, Display, Delivery, or Broadcast Office Held Recipient Name Street Address City State Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recall Order of First Publication, Display, Delivery, or Broadcast Office Held Recipient Name Street Address City State Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recall Order of First Publication, Display, Delivery, or Broadcast Office Held Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recall Order of First Publication, Display, Delivery, or Broadcast Office Held Enter total only if last page of schedule	Street Address City State ZIP Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled Date of First Publication, Display, Delivery, or Broadcast City State ZIP Street Address City State ZIP Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled Date of First Publication, Display, Delivery, or Broadcast City State ZIP Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled Date of First Publication, Display, Delivery, or Broadcast City State ZIP Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled Date of First Publication, Display, Delivery, or Broadcast City State ZIP Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled Mode of Advertising (TV, mail, etc) Street Address City State ZIP Street Address City State ZIP Street Address City State ZIP Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled Date of First Publication, Display, Delivery, or Broadcast City State ZIP Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled Date of First Publication, Display, Delivery, or Broadcast City State ZIP Date of First Publication, Display, Delivery, or Broadcast City Office Held	Street Address City State ZIP Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled Cash Credit Ca	City State ZIP Supporting or Opposing bisuance of Recell Order? Condidate Sought to be Received Cash Credit Cash

Schedule B(8), page____ of ___



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

/	/	Benefitt	ted Candidate		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Candidate Name	Date Benefit Provided			,	
		Street Address					
		City	State	ZIP			
		Type of Benefit Provided					
		Notes:					
		Candidate Name	Candidate Name Date Benefit Provided				
		Street Address					
2	2	City	State	ZIP			
		Type of Benefit Provided					
_	Notes:						
		Candidate Name Date Benefit Provided Street Address					
		Olieti Addiess					
3	3	City	State	ZIP			
		Type of Benefit Provided					
		Notes:					
		Candidate Name		Date Benefit Provided			
		Street Address					
4	4	City	State	ZIP			
		Type of Benefit Provided					
		Notes:					
		Enter total only if last page of schedule (transfer the total disbursed this period to "S	e rummary of Disbursem	nents," line 9)			
\	\		Sch	nedule B(9), page of _			

COMMIT	TEE ID	NUMBER
--------	--------	--------

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

	Recipient Co	ommittee Informat	ion	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address					
1	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exper	nse (if applicable)	□ Casii		
	Committee Name	I	Payment Date			
	Street Address					
2	City	State	ZIP	T Oark		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exper	l nse (if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address	l				
	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exper	lnse (if applicable)	□ Casii		
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exper	l nse (if applicable)	□ Casii		
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicated application in the content of the conte		nse (if applicable)	□ Cash □ Credit		
	Enter total only if last page of schedu (transfer the total disbursed this period to "	le Summary of Disburs	sements," line 10)	I		

COMMITTEE	ID	NU	MB	ER
-----------	----	----	----	----

REIMBURSEMENTS MADE: SCHEDULE B(11)

/	Recipien	t Information		Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP	□ Cook		
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name		I			
	Street Address					
2	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Reimbursed	Reimbursement Date	□ Cash □ Credit			
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address	ress				
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	58814° W				

Schedule B(11), page____ of ____



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

/				ı	ı	
	Debt In	formation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address			_		
1	City	State	ZIP	1		
	Type of Account Payable or Debt Owed	L	Date that Debt Accrued			
	Name					
	Street Address			1		
2	City	State	ZIP			-
	Type of Account Payable or Debt Owed		Date that Debt Accrued	-		
	Name					
	Street Address		_			
3	City	State	ZIP]		
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name		I			
	Street Address			1		
4	City	State	ZIP	1		
	Type of Account Payable or Debt Owed	l	Date that Debt Accrued	_		-
	Name					
	Street Address			-		
5	City	State	ZIP	1		
	Type of Account Payable or Debt Owed		Date that Debt Accrued	1		
	Enter total only if last page of schedule	- A Dist	1 (in a 40)	ı		
_	(transfer the total received this period to "Sumi	mary of Disburseme	ents," line 12)			

Schedule B(12), page____ of ____

TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

	Cumulative Amount this Reporting	Cumulative Amount this Election
	Period	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		
Tatal		
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 Disbursement Date		□ Credit			
	Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Credit		
	Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Cash		
	Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Casii		
	Name		1			
	Street Address					
5	City	State	ZIP	T Cook		
	Disbursement Type	<u> </u>	Disbursement Date	□ Cash □ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	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 disbursement schedule, do not include them on Schedule B(15).						

Schedule B(15), page____ of ____