

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

	Committee Information:	Committee Name:	
CANI	DIDATE INFORMATION (only if fil	ing as a candidate committee):	
	Office Sought.	☐ County Office:	☐ Special District Office:
		☐ City/Town Office:	School Board District:
	Cumulative Report:		
	□ Check here if this is the	e candidate committee's first, cumulative re	eport for the election cycle. Also select appropriate Reporting Period below.
	Cumulative reporting perio	od start date (which supersedes the start	date for the Reporting Period selected below):
REP	ORTING PERIOD (check one):		

	REPORTING PERIOD	REPORT DUE				
	2023 March Pre-Election Report (Local Only): January 1, 2023 to February 25, 2023	February 26, 2023 to March 4, 2023				
	2023 March Post-Election (Q1) Report (Local Only): February 26, 2023 to March 31, 2023	April 1, 2023 to April 15, 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 15, 2023				
	2023 Quarter 2 Report: April 1, 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 Quarter 3 Report: July 1, 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*				
	2023 Quarter 4 Report: October 1, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*				
	2024 March Pre-Election Report (Local Only): January 1, 2024 to February 24, 2024	February 25, 2024 to March 2, 2024				
	2024 March Post-Election (Q1) Report (Local Only): February 25, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024				
	2024 Quarter 1 Report: January 1, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024				
	2024 May Pre-Election Report (Local Only): April 1, 2024 to May 4, 2024	May 5, 2024 to May 11, 2024				
	2024 May Post-Election (Q2) Report (Local Only): May 5, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024				
	2024 Quarter 2 Report: April 1, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024				
	2024 July Pre-Primary Election Report: July 1, 2024 to July 13, 2024	July 14, 2024 to July 20, 2024				
	2024 July Post-Primary Election (Q3) Report: July 14, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024				
	2024 Quarter 3 Report: July 1, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024				
	2024 November Pre-General Election Report: October 1, 2024 to October 19, 2024	October 20, 2024 to October 26, 2024				
	2024 November Post-General Election (Q4) Report: October 20, 2024 to December 31, 2024	January 1, 2025 to January 15, 2025				
	Final Campaign Finance Report Prior to Committee Termination: End of 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	3(A), 1-301 and 1-303.				

FINANCIAL SUMMARY (required):

,	n Cycle to Date
_	

□ 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.

		_	
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))		
	(I) Refunds Given Back to Contributors		
	(m) Net Monetary Contributions (subtract 1(I) from 1(k))		
2.	Loans (a) Loans Received		
	(b) Forgiveness on Loans Received		
	(c) Repayment on Loans Made		
	(d) Interest Accrued on Loans Made		
-	(e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))		
3.	Rebates and Refunds Received		
4.	Interest Accrued on Committee Monies		
5.	In-Kind Contributions Received		
	(a) 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		
	Outstanding Accounts Receivable / Debts Owed to Committee		
	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
	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)		

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))		
6.	Independent Expenditures Made		
7.	Ballot Measure Expenditures Made		
8.	Recall Expenditures Made		
9.	Support Provided to Party Nominees (Political Parties Only)		
10.	Joint Fundraising / Shared Expense Payments Made		
11.	Reimbursements Made		
12.	Outstanding Accounts Payable / Debts Owed by Committee		
13.	Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)		
14.	Miscellaneous Disbursements		
15.	Aggregate of Disbursements - \$250 or Less		
16.	Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15)		



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

SCHEDULE A(1)(a)

	Individual Contr	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	l	Date Contribution Received				
	Street Address		1				
2	City	State	ZIP				
	Occupation	Employer					
	Name	l	Date Contribution Received				
	Street Address						
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					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	(5)	F 44 W				
	transfer the total received this period to "Summary of Receipts," line 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 ____

COMMITTEE ID NUMBER

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.

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



MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

	Individual Cont	ributor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address	Street Address				
1		T .	T			
	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4			,			
4	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer				
	э э э э э э э э э э э э э э э э э э э	Employer				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts "	line 1(c))			
	I' I I I I I I I I I I I I I I I I I I	.,	· \-11			

Arizona Secretary of State Revision 9/28/23

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



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

	Candidate Committee	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 Contribution Receive	ed			
	Committee Name					
	Street Address			-		
2		T	T			
_	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	I ed			
	Committee Name	Committee Name				
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	<u> </u> ed			
	Committee Name					
	Street Address					
4	City	State	ZIP	-		
	Committee ID Number	Date Contribution Receive	ed	-		
	SOMMINGS IS INGINES.	Date contribution (coord				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	I ed			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	<u>I</u>				

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

	Political Action Committ	ee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Committee Name						
	Street Address						
1	City	State	ZIP				
	Committee ID Number	Date Contribution Receive	ed				
	Committee Name						
	Street Address						
2	City	State	ZIP				
	Committee ID Number	Date Contribution Receive	ed				
	Committee Name						
	Street Address						
3	City	State	ZIP	_			
	Committee ID Number	Date Contribution Receive	ed				
	Committee Name						
	Street Address						
4							
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	<u>l</u> ed				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	many of Passints "1	line 1(a))	<u> </u>			
	(transier trie total received this period to Summary of Receipts, line 1(e))						

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

/						
	Political Party Co	ntributor Informat	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	d			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed	_		
	Committee Name					
	Street Address					
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	ard.			
		Date Continuation (1990)				
	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 "Sum	mary of Receints " I	ine 1(f))	l		

Arizona Secretary of State Revision 9/28/23

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

	Partnership Con	tributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP	-		
	Corporation Commission File Number	on File Number Date Contribution Received				
	Partnership Name					
	Street Address					
2	City	State	ZIP	-		
				_		
	Corporation Commission File Number Date Contribution Received					
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	os, portado, rociminación y la value d	Date Continuation (Cooper				
	Partnership Name					
	Street Address					
4	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receive	ed			
	Supportation Commission File Number	Date Contribution (Cock)				
	Partnership Name					
	Street Address					
5	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receive	ed			
						1
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	line 1(g))			

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



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

	Corporation	/ LLC 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			
F	Corporation/LLC Name					
	Street Address			_		
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed	_		
H	Corporation/LLC Name					
	Street Address			_		
3	City	State	ZIP	_		
	Corporation Commission File Number	Date Contribution Receive	ed	_		
H	Corporation/LLC Name					
	Street Address			_		
4	City	State	ZIP	_		
	Corporation Commission File Number	Date Contribution Receive	ed	_		
	Corporation/LLC Name					
	Street Address			_		
5	City	State	ZIP	_		
	Corporation Commission File Number	Date Contribution Receive	ed	_		
\vdash	Enter total only if last page of sch (transfer the total received this period	nedule				
Ĺ	(transfer the total received this period	to "Summary of Receipts," I	line 1(h))			

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

	Labor Organization	on Contributor Inform	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receiv	ed	-		
	Labor Organization Name					
	Street Address			-		
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ved	-		
	Labor Organization Name					
	Street Address			_		
3	City	State	ZIP	_		
	Corporation Commission File Number	Date Contribution Receiv	/ved	_		
	Labor Organization Name					
	Street Address					
4	City	State	ZIP	_		
	Corporation Commission File Number	Date Contribution Receiv	ved			
	Labor Organization Name					
	Street Address			-		
5	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receiv	ved	-		
	Enter total only if last page of schedu	le				
	(transfer the total received this period to "S	ummary of Receipts,"	line 1(i))			

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

	Candidate	e Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address			1		
1	City	State	ZIP	-		
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address			-		
2	City	State	ZIP	-		
	Occupation	Employer		-		
	Name		Date Contribution Received			
	Street Address			_		
3	City	State	ZIP	_		
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address			-		
4	City	State	ZIP	<u> </u> 		
	Occupation	Employer		-		
	Name		Date Contribution Received			
	Street Address			_		
5		State	ZIP	-		
				-		
	Occupation	Employer				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," l	line 1(j))			

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

Со	ntributor Informatio	n	Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
ne		Date Contribution Refunded			
eet Address					
	State	ZIP			
umber (if applicable)	I	Date of Original Contribution			
ne		Date Contribution Refunded			
eet Address					
	State	ZIP			
Number (if applicable)		Date of Original Contribution			
ne		Date Contribution Refunded			
eet Address					
	State	ZIP			
Number (if applicable)		Date of Original Contribution			
ne		Date Contribution Refunded			
eet Address					
	State	ZIP			
Number (if applicable)		Date of Original Contribution			
ne		Date Contribution Refunded			
eet Address					
	State	ZIP			
Number (if applicable)		Date of Original Contribution			
Number ((if applicable)	State (if applicable)	State ZIP	State ZIP (if applicable) Date of Original Contribution	State ZIP (if applicable) Date of Original Contribution

Schedule A(1)(I), page____ of___



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					
1	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)	-		
	Lender Name	Date Loan Received				
	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)				
	Lender Name	Date Loan Received				
	Street Address	<u> </u>				
3	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address	<u> </u>				
4	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Enter total only if last page of schedule (transfer the total received this period to "Sum		ine 2(a))			

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



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

	Lender I	nformation		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Forgiveness Received			
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name	l	Date Forgiveness Received			
	Street Address		1			
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	1			
	Lender Name		Date Forgiveness Received			
	Street Address	1				
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name	<u> </u>	Date Forgiveness Received			
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name	L	Date Forgiveness Received			
	Street Address		I			
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	<u>I</u>			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," l	ine 2(b))	<u> </u>		

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					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name	<u> </u>	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					
	(transfer the total received this period to "Sum	mary of Receipts," I	ine 2(c))			

Arizona Secretary of State Revision 9/28/23

Schedule A(2)(c), page____ of____

INTEREST ACCRUED ON LOANS MADE: SCHEDULE A(2)(d)

		Information	,	Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Interest Accrued			
	Street Address		l			
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	1			
	Borrower Name	I	Date Interest Accrued			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Interest Accrued			
	Street Address			1		
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Interest Accrued			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Interest Accrued			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Enter total only if lost wass of sales did-					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 2(d))			

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



STATE OF ARIZONA FRIMNOTRE FOR PAIGN

COMMITTEE ID NUMBER

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

Schedule A(3), page____ of ____

COMMITTEE ID NUMBER

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle

Schedule A(4), page____ of ____



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

SCHEDULE A(5)(a)

	Individual Contr	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Name		Date In-Kind Contribution Received			
	Street Address			-		
1	City	State	ZIP	-		
	Occupation	Employer		-		
	Name		Date In-Kind Contribution Received			
	Street Address			-		
2	City	State	ZIP	_		
	Occupation	Employer		<u> </u>		
	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> -		
	V.S	State				
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address	Street Address		1		
5	City	State	ZIP	1		
	Occupation	Employer		-		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," l	line 5(a))			

Schedule A(5), page____ of ___

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

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 1(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)

/	Candidate Committee	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	Received			
	Committee Name	l				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
Ì	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 5(d))			

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



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

Candidate Committee	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution I	Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
Enter total only if last page of schedule					
	Committee Name Street Address City Committee ID Number Street Address City Committee ID Number Committee Name Street Address City Committee ID Number Street Address City Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number	Street Address City State Committee ID Number Date In-Kind Contribution I Committee ID Number Date In-Kind Contribution I Street Address City State Committee ID Number Date In-Kind Contribution Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution	Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Street Address Street Address Street Address Street Address Street Address	Silvest Address City Slate ZIP Committee Name Sireet Address City Slate ZIP Committee Name Sireet Address City Slate ZIP Committee ID Number Date in-Kind Contribution Received Committee Name Silvest Address City Slate ZIP Committee Name Silvest Address City Slate ZIP Committee Name Silvest Address City Slate ZIP Committee ID Number Date in-Kind Contribution Received Committee ID Number ZIP Committee ID Number Date in-Kind Contribution Received Committee ID Number Date in-Kind Contribution Received Committee ID Number Date in-Kind Contribution Received	Camrittee Name Street Address Chy State ZP Committee 1D Number Date in-Kind Contribution Received Committee Name Street Address Cry State ZP Committee Name Street Address Cry State ZP Committee Name Street Address Cry State ZP Committee ID Number Date in-Kind Contribution Received Committee Name Street Address Cry State ZP Committee ID Number Date in-Kind Contribution Received

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

/	Political Action Committ	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	Received			
	Committee Name	I				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address			_		
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received	_		
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received	_		

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

/						
	Political Party Co	ntributor Informat	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					-
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	(5)				

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

	Partnership Con	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 5(g))			

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



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

	Corporation /	LLC Contributor Inform	nation	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 Contribution	Received	-		
	Corporation/LLC Name					
	Street Address			-		
2	City	State	ZIP	_		
	Corporation Commission File Number	Date In-Kind Contribution	n Received	_		
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	n Received	-		
	Corporation/LLC Name					
	Street Address			-		
4	City	State	ZIP	_		
	Corporation Commission File Number	Date In-Kind Contribution	n Received			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	n Received	_		
	Enter total only if last page of sch	edule				
	Enter total only if last page of sch (transfer the total received this period to	to "Summary of Receipts,"	line 5(h))			

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

/	Labor Organizatio	on Contributor Inform	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					,
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date 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			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP	_		
	Corporation Commission File Number	Date In-Kind Contribution	Received			
_	Enter total only if last name of schedu	le le				_
	Enter total only if last page of schedu (transfer the total received this period to "S	ummary of Receipts,"	line 5(i))			

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



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

SCHEDULE A(5)(j)

/						
	Candidat	e Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address					
1	City	State	ZIP			
	Asset or Property Contributed					
			1			
	Name		Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address					
3		in the contract of the contrac				
ľ	City	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address					
4	City	State	ZIP			
	Asset or Property Contributed					
			1			
	Name		Date In-Kind Contribution Received			
	Street Address	Street Address				
5	City	State	ZIP			
	Asset or Property Contributed	1	1			
H	Enter total only if last page of schedule (transfer the total received this period to "Sun					
F	(transfer the total received this period to "Sun		line 5(j)) nedule A(5)(i) nage of			/



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

SCHEDULE A(6)

	/	Source I	nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Name		Date In-Kind Donation Received		-	-
	ļ	Street Address					
		Sileet Address					
1	1	City	State	ZIP			
		Type of Item Donated		,			
		Name		Date In-Kind Donation Received			
	-	Street Address					
2	2	City	State	ZIP			
	-	Type of Item Donated					
\vdash	-	Name		Date In-Kind Donation Received			
		. Talle		Sale in Time Bondien Toostoo			
	-	Street Address					
3	3	City	State	ZIP			
		Type of Item Donated					
		Name		Date In-Kind Donation Received			
	-	Street Address					
4	4	City	State	ZIP			
	ļ	Type of Item Donated					
		Name		Date In-Kind Donation Received			
	-	Street Address					
5	5	City	State	ZIP			
		Type of Item Donated					
		Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receipts," l	line 6)			
\ 🗀							/

Schedule A(6), page____ of ____



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	l	Date of Extension of Credit			
	Name					
	Street Address					
2	City	State	ZIP	1		
	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	1			
	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 "Summary of Receipts," line 7(a))					
	l,	.,,	\=//		L	

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



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

/	Creditor	Information		Payment Amount on Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	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					
	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 7(b))					
	(transfer the total received this period to "Sum	mary of Receipts," l	ine 7(b))			

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



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

/	Payor Col	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Committee Name		Payment Date			
	Street Address					
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exper	nse (if applicable)			
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exper	nse (if applicable)			
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exper	nse (if applicable)			
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exper	nse (if applicable)			
	Committee Name		Payment Date			
5	Street Address					
	City State		ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exper	nse (if applicable)			
	Enter total only if last page of schedu (transfer the total received this period to "S					

Schedule A(8), page____ of ____



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

	Payor II	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			
	Name					
	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	ine 9)			

Schedule A(9), page____ of ____



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

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

Schedule A(10), page____ of ____

COMMITTEE ID NUMBER

TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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

Schedule A(11), page____ of ____



MISCELLANEOUS RECEIPTS: SCHEDULE A(12)

_	Source I	nformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name		I			
	Street Address					
2	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
3	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
4	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
5	Street Address					
٥	City	State	ZIP			
	Receipt Type		Receipt Date			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," li	ine 12)			

Schedule A(12), page____ of ____



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

	ŀ	Recipient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Disbursement Da	ate			
	Street Address	I				
	City	State	ZIP			
	Type of Operating Expense Paid		Non-Electoral Purpose? (PACs and Political Parties Only)			
	Name	Disbursement Da	ate			
	Street Address					
	City	State	State ZIP			
				□ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only)) Credit		
	Name	Disbursement Date				
	Street Address					
	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only)		☐ Cash☐ Credit		
	Name	Disbursement Da	ate			
	Street Address					
	City	State	ZIP			
				□ Cash		
	Type of Operating Expense Paid	Non-Electoral Pur	pose? (PACs and Political Parties Onl	y) □ Credit		
	Name	Disbursement Da	ate			
	Street Address	I				
	City	State	ZIP	□ Cash		
	Type of Operating Expense Paid	Non-Electoral Pur	pose? (PACs and Political Parties Onl	□ Credit		
1	Enter total only if last page of se	<u> </u>				

Schedule B(1), page____ of ____



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	Candidate Committee	ee Recipient Infor	mation	Amount Contributed	Cumulative Amount this	Cumulative Amount this
	Committee Name				Reporting Period	Election Cycle
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		□ Credit		
	Committee Name					
2	Street Address	T	1			
	City	State	ZIP	□ Cash □ Credit		
	Committee ID Number Date Contribution Made Committee Name			Li Credit		
	Street Address					
3		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	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	manan, of Diahumaan	nente " line 2(a))			



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

_	Political Action Commit	tee Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name	Committee Name				
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
2	Street Address		T			
	City	State Pate Contribution Made	ZIP	□ Cash □ Credit		
	Committee ID Number Date Contribution Made Committee Name			Li Gredit		
	Street Address					
3	Oily	State	ZIP	□ Cash		
	Committee ID Number Date Contribution Made			□ Credit		
	Committee Name Street Address					
4		State	ZIP			
	Committee ID Number	Date Contribution Made	ZIF	□ Cash □ Credit		
	Committee Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		□ Credit		
L	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 2(b))			
/		Sche	edule B(2)(b), page of	·		



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Political Party Re	ecipient Informati	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name Street Address	Committee Name Street Address				,
1	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name	Committee Name				
2	Street Address City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
3 -	Street Address					
5	City Committee ID Number	State Date Contribution Made	ZIP	☐ Cash☐ Credit		
	Committee Name	Date contribution wade		- Cloun		
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	1	□ Credit		
	Committee Name Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
_	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	(5:1	. "!" - 0())			



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	ship Recipient Informa	ition	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 Mar	de	□ Credit		
	Partnership Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Ma	ade	□ Casn		
	Partnership Name					
	Street Address					
3	City	State	ZIP	E O all		
	Corporation Commission File Number	Date Contribution Ma	de	☐ Cash☐ Credit		
	Partnership Name					
	Street Address					
4	City	State	ZIP	C Cash		
	Corporation Commission File Number	Date Contribution Ma	ade	□ Cash □ Credit		
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	nde	☐ Cash☐ Credit		
_	Enter total only if last page of sci (transfer the total disbursed this perio	l nedule				



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	n / LLC Recipient Info	rmation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Ma	ade	□ Credit		
	Corporation/LLC Name	L .				
	Street Address					
2	City	State	ZIP	□ Cook		
	Corporation Commission File Number	Date Contribution M	lade		☐ Cash☐ Credit☐	
	Corporation/LLC Name					
	Street Address	Street Address				
3	City	State	ZIP	E Out		
	Corporation Commission File Number	Date Contribution M	lade	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution M	Date Contribution Made			
	Corporation/LLC Name					
	Street Address	Street Address				
5	City	State	ZIP	- Cook		
	Corporation Commission File Number	Date Contribution M	ade	☐ Cash☐ Credit		
	Enter total only if last page of sch (transfer the total disbursed this perio	nedule				



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

/	Labor Organ	ization Recipient Inform	mation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address	Street Address				
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made		□ Credit		
	Labor Organization Name	I				
	Street Address					
2	City	State	ZIP	□ Cash		
	Corporation Commission File Number Date Contribution Made			□ Credit		
	Labor Organization Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made	,	□ Credit		
	Labor Organization Name					
	Street Address	Street Address				
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made	,	□ Credit		
	Labor Organization Name	l .				
	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 I to "Summary of Disburse	ements," line 2(f))			



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			
	Committee Name		Date Refund Received			
	Street Address					
2	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
3	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
4						
4	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address			-		
5	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
_	Enter total only if last page of schedule					
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 2(h))			

Arizona Secretary of State Revision 9/28/23

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



LOANS MADE: SCHEDULE B(3)(a)

	/	Borrower Information		Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name					
	Street Address					
1	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
3	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Enter total only if last page of s (transfer the total received this period)	chedule od to "Summary of Receipts	," line 3(a))			

Schedule B(3)(a), page___of ___



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

		r 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				
	Guarantor Name					
	Street Address					
2	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name	<u> </u>				
	Street Address					
3	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address					
4	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name	<u> </u>				
	Street Address					
5	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 3(b))			

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



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

/	Borrower	Information		Amount Forgiven	Cumulative Amount this	Cumulative Amount this
				9	Reporting Period	Election Cycle
	Borrower Name		Date Forgiveness Made			
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	<u> </u>			
	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					
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	I nmary of Disbursen	nents," line 3(c))			

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



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

_	Lender I	nformation		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Repayment Made			
	Street Address		l			
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
		9				
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 3(d))			,

Arizona Secretary of State Revision 9/28/23

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



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

Lender I	nformation		Amount of Interest Accrued	Amount this	Cumulative Amount this Election Cycle
Lender Name		Date Interest Accrued			-
Street Address		<u> </u>			
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding				
Lender Name	l	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			
	Amount Still Outstanding		_		
	Lender Name Street Address City Original Amount Borrowed Lender Name Street Address City Original Amount Borrowed Lender Name Street Address City City Original Amount Borrowed Street Address City Original Amount Borrowed City Original Amount Borrowed	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 Street Address Street Address	Ender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Sill Outstanding Ender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Sill Outstanding Lender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Sill Outstanding Ender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Sill Outstanding Ender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Sill Outstanding Ender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Sill Outstanding Date Interest Accrued Street Address City Date Interest Accrued Street Address Date Interest Accrued	Lender Name Sireet Address City State City	Lender Information Lender Name Date Inferest Accoused Street Address City State City State Date Inferest Accoused Amount Still Outstanding Date Inferest Accoused Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Date Inferest Accoused Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Date Inferest Accoused Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Date Inferest Accoused Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Date Inferest Accoused Street Address City State Date Inferest Accoused Date Inferest Accoused Street Address City State Date Inferest Accoused Date Inferest Accoused Street Accoused Date Inferest Accoused Date Inferest Accoused Street Accoused Date Inferest Accoused Date Inferest Accoused Street Accoused Date Inferest Accoused

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

/	Red	cipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
1	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					
	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Enter total only if last page of sche (transfer the total disbursed this period	edule				

Schedule B(4), page____ of ____



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/	Candidate Committe	e Recipient Inforr	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution I	 Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name	I				
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address	Street Address				
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name	<u> </u>				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

_	Political Action Commit	ttee Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name	I				
	eet Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 5(b))					

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

Political Party Re	aginiant Informatic		Amount	Cumulative	Cumulative
	ecipieni iniornalii	on	Contributed	Amount this Reporting Period	Amount this Election Cycle
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution I	I Made			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Made			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Made			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution Made				
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Made			
	Street Address City Committee ID Number Committee Name Street Address City Committee ID Number Committee Name Street Address City Committee ID Number Street Address City Committee ID Number Committee ID Number Committee ID Number Committee ID Number Committee Name Street Address City Committee Name	Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee ID Number Date In-Kind Contribution Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State Committee ID Number Date In-Kind Contribution Street Address City State	Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made	Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Street Address City State ZIP Committee ID Number Date In-Kind Contribution Mede Committee ID Number Date In-Kind Contribution Mede	Street Address Committee ID Number Committee Name Street Address City State ZP Committee ID Number Date In-Kind Contribution Made Committee ID Number Committee ID Number Date In-Kind Contribution Made ZP Committee ID Number Committee ID Number Date In-Kind Contribution Made ZP Committee ID Number Committee ID Number Date In-Kind Contribution Made ZP Committee ID Number Committee ID Number Date In-Kind Contribution Made ZP Committee ID Number Committee ID Number Date In-Kind Contribution Made ZP Committee ID Number Street Address City State ZP Committee ID Number Date In-Kind Contribution Made

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



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

/						
	Partnership	Recipient Informatio	n	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Partnership Name					
	Street Address			_		
2	City	ity State ZIP		_		
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Partnership Name					
F	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made	-		
	Partnership Name					
	Street Address			_		
5	City	State	ZIP	_		
	Corporation Commission File Number	Date In-Kind Contribution	Made			
_	Enter total only if last page of schedu	le				
	Enter total only if last page of schedu (transfer the total disbursed this period to	Summary of Disburser	nents," line 5(d))			

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

Corporation / LLC Recipient Information Amount this Am							
Street Address Corporation Commission File Number		Corporation /	/ LLC Recipient Inform	mation		Amount this	Cumulative Amount this Election Cycle
Topy State		Corporation/LLC Name					
Corporation Commission File Number Date In-Kind Contribution Made		Street Address					
Corporation/LLC Name Street Address Zity State ZitP Corporation Commission File Number Date In-Kind Contribution Medie Street Address Zity State ZitP Corporation Commission File Number Date In-Kind Contribution Medie Street Address Zity State ZitP Corporation Commission File Number Date In-Kind Contribution Medie	1	City	State	ZIP			
Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made		Corporation Commission File Number	Date In-Kind Contributi	on Made			
2 City State ZIP Corporation/Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address 3 City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address 4 City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address 4 City State ZIP Corporation Commission File Number Date In-Kind Contribution Made		Corporation/LLC Name					
Corporation/LLC Name Street Address Corporation/LLC Name Street Address Corporation/LLC Name Date In-Kind Contribution Made ZIP Corporation/LLC Name Street Address Corporation/LLC Name Street Address Tile Number Date In-Kind Contribution Made ZIP Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address Tile Number Date In-Kind Contribution Made		Street Address					
Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address City Date In-Kind Contribution Made	2	City	State	ZIP			
Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made		Corporation Commission File Number	Date In-Kind Contribut	ion Made			
Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address City Corporation Commission File Number Date In-Kind Contribution Made ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation Commission File Number Date In-Kind Contribution Made		Corporation/LLC Name					
Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made	3	Street Address					
Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address		City	State	ZIP			
Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address		Corporation Commission File Number	Date In-Kind Contribut	ion Made			
City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address		Corporation/LLC Name					
City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address		Street Address					
Corporation/LLC Name Street Address	4	City	State	ZIP			
Street Address		Corporation Commission File Number	Date In-Kind Contribut	ion Made			
5		Corporation/LLC Name					
5 City State ZIP		Street Address					
	5	City	State	ZIP			
Corporation Commission File Number Date In-Kind Contribution Made		Corporation Commission File Number	Date In-Kind Contribut	ion Made			
Enter total only if last page of schedule	4	Enter total only if last page of sche	edule				

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



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

/	Labor Organiza	tion Recipient Inform	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Labor Organization Name					
-	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made	_		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 5(f))					
	(transfer the total disbursed this period to	"Summary of Disburser	ments," line 5(f))			

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



INDEPENDENT EXPENDITURES MADE: SCHEDULE B(6)

/				Even am dituma	Cumulative	Cumulative
	Expenditure	Recipient Informa	tion	Expenditure Amount	Amount this Reporting Period	Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	ncluding % 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			
-	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	ncluding % 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			
	Candidate(s) Supported (including % supported)	Candidate(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					
4	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	Lancluding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ □ Credit		

Schedule B(6), page____ of ____



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

/	Expenditure I	Recipient Informatio	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			·
	Street Address			_		
1	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(including % opposed)	□ Cash □ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		- Li Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address	Ta	Taus			
2	City Ballot Measure(s) Supported (including % supported)	State Ballot Measure(s) Opposed	ZIP (including % opposed)	_		
	Date of First Publication, Display, Delivery, or Broadcast Election Month/Year		(g)	□ Cash □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(including % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Election Month/Year		_ □ Credit			
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address					
4	City	State	ZIP	1		
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed (including % opposed)		□ Cash □ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year				
	Enter total only if last page of schedul (transfer the total disbursed this period to "\$	e Summary of Disburser	ments," line 7)			
\		Sci	hedule B(7), page of _			/



RECALL EXPENDITURES MADE: SCHEDULE B(8)

	Expenditure I	Recipient Informatio	n	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			_		
1	City	State	ZIP	-		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Reca	alled	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		- □ Credit		
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address					
2	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Rec		alled	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Office Held			☐ Credit		
	Recipient Name	I.	Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Reca	ndidate Sought to be Recalled			
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		☐ Credit		
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address		1	1		
4	City	State	ZIP	1		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Recalled		☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		□ Credit		
	Enter total only if last page of schedul (transfer the total disbursed this period to "S	e Summary of Disbursen	nents," line 8)	I		

Schedule B(8), page____ of ____



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

	Benefit	ted Candidate		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Candidate Name		Date Benefit Provided			
	Street Address					
1	City	State	ZIP			
	Type of Benefit Provided		,			
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
2	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name	Date Benefit Provided				
	Street Address		l			
3	City	State	ZIP			
	Type of Benefit Provided		l			
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
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 Summary of Disbursen	nents," line 9)			

Schedule B(9), page____ of ____

COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

_	<u></u>		nmittee Informatio		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	-	Committee Name Street Address		Payment Date			
1	1	City	State	ZIP			
	-	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
	=	Committee Name		Payment Date			
2	,	Street Address City	State	ZIP			
		Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
		Committee Name		Payment Date			
3	3	Street Address	1				
•		City Date of Joint Fundraising Event (if applicable)	State Type of Shared Expense	ZIP (if applicable)	□ Cash □ Credit		
		Committee Name		Payment Date			
		Street Address					
4		City	State	ZIP	□ Cash		
		Date of Joint Fundraising Event (if applicable) Committee Name	Type of Shared Expense	(if applicable) Payment Date	_ Groun		
	}	Street Address					
5	5	City	State	ZIP	□ Cash		
		Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Credit		
		Enter total only if last page of schedule (transfer the total disbursed this period to "Su	ımmary of Disburser	nents," line 10)			

Schedule B(10), page____ of ____



REIMBURSEMENTS MADE: SCHEDULE B(11)

	,	Paciniant Information		Reimbursement	Cumulative Amount this	Cumulative Amount this
	Name	Recipient Informatior	ı	Amount	Reporting Period	Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Reimbursed	I	Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address					
3	City	State	ZIP			
				☐ Cash☐ Credit		
	Services or Goods Reimbursed		Reimbursement Date	Li Credit		
	Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	□ Credit		
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		

Schedule B(11), page____ of ____



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

	Debt In	formation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP	-		
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address			-		
2	City	State	ZIP	-		
	Type of Account Payable or Debt Owed		Date that Debt Accrued	-		
	Name					
	Street Address	-				
3	City	State	ZIP	-		
	Type of Account Payable or Debt Owed	Date that Debt Accrued	-			
	Name					
	Street Address			-		
4	City	State	ZIP	-		
	Type of Account Payable or Debt Owed		Date that Debt Accrued	-		
	Name					
	Street Address			-		
5	City	State	ZIP	-		
	Type of Account Payable or Debt Owed		Date that Debt Accrued	-		
	Enter total only if last page of schedule					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," l	ine 12)			

Schedule B(12), page____ of ____

COMMITTEE ID NUMBER

TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Total (transfer the total disbursed this period to "Summary of Disbursements," line 13)		

Schedule A(13), page____ of ____



MISCELLANEOUS DISBURSEMENTS: SCHEDULE B(14)

		Recipient Information	า	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City		ZIP	□ Cash		
	Disbursement Type	,	Disbursement Date	□ Credit		
	Name					
	Street Address					
2	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Credit		
	Name					
	Street Address					
3	City		ZIP	□ Cash		
	Disbursement Type	,	Disbursement Date	□ Credit		
	Name					
	Street Address					
4	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Credit		
	Name					
	Street Address					
5	City	State	ZIP	□ Coob		
	Disbursement Type	<u>l</u>	Disbursement Date	□ Cash □ Credit		
	Enter total only if last page (transfer the total disbursed thi	of schedule				

Schedule B(14), page____ of ____

COMMITTEE ID NUMBER

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)		

Schedule B(15), page____ of

Addendum to Committee Campaign Finance Report

Committee Name: Brian Carey Committee

Committee # CC-2024-01

Date 8/5/2024

Schedule B(1) (Page 2 of 2)

DISBURSEMENTS FOR OPERATING EXPENSES

Item #6

Hot and Sweet Coffee and Donuts

36 S Lake Powell Blvd #2361, Page AZ 86040

Refreshments - Cash

\$36.00 (This period and cumulative report)

SCHEDULE B(1) TOTALS

Cumulative Amount This Reporting Period \$976.13

Cumulative Amount This Election Cycle \$976.13