

COMMITTEE INFORMATION (required):

Committee Information: Committee Name:

CANDIDATE INFORMATION (only if filing 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 candidate committee's first, cumulative report for the election cycle. Also select appropriate Reporting Period below.

Cumulative reporting period start date (which supersedes the start date for the Reporting Period selected below): _

REPORTING PERIOD (check one):

/	REPORTING PERIOD	REPORT DUE
	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 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 Pre-Primary Election Report: July 1, 2024 to July 13, 2024	July 14, 2024 to July 20, 2024
	2024 Quarter 3 Report (Local Only): July 1, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
	2024 Post-Primary Election (Q3) Report: July 14, 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
	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. §§	1-243(A), 1-301, and 1

FINANCIAL SUMMARY (required):

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

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

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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.

Tom Prel

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(l) 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		
	(f) Political Parties (g) Partnerships		
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(i) Labor Organizations (PACs & Political Parties Only)		
	(j) Candidate's Personal Assets or Property (Candidate Committees Only)		
	(k) In-Kind Contributions Subtotal (equity: add 5(a) through 5(j))		
6.	In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
7.	Extensions of Credit		
	(a) Extensions of Credit Received		
	(b) Payments on Extensions of Credit Received		
	(c) Net Extensions of Credit (subtract 7(b) from 7(a))		
8.	Joint Fundraising / Shared Expense Payments Received		
9.	Payments Received for Goods / Services		
10.	Outstanding Accounts Receivable / Debts Owed to Committee		
11.			
	Miscellaneous Receipts (use cash and/or equity as applicable)		



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		
3.	Recall Expenditures Made		
9.	Support Provided to Party Nominees (Political Parties Only)		
10.	Joint Fundraising / Shared Expense Payments Made		
11.	Reimbursements Made		
12.	Outstanding Accounts Payable / Debts Owed by Committee		
13.	Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)		
14.	Miscellaneous Disbursements		
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:*

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

SCHEDULE A(1)(a)

	Individual Contributor Information			Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP	_		
	Occupation	Employer		_		
	Name		Date Contribution Received			
	Street Address		I	_		
2	City	State	ZIP	_		
	Occupation	Employer	I	_		
	Name	I	Date Contribution Received			
	Street Address			_		
3	City	State	ZIP			
	Occupation	Employer				
	Name	L	Date Contribution Received			
	Street Address	Street Address				
4	City	State	ZIP			
	Occupation	Employer				
	Name	1	Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer		7		
	Enter total only if last page of schere (transfer the total received this period to	dule "Summary of Receip	ts," line 1(a))			



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

SCHEDULE A(1)(b)

		Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Cumulativ	e Contributions from In-State Individuals - \$100 or Less		
	only if last page of schedule 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 ____



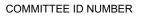


MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

	/ Individual Cont	ributor Informatic	on 	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Na	ame		Date Contribution Received			
St	treet Address					
1 _{Ci}	ity	State	ZIP	-		
00	ccupation	Employer		_		
Na	ame		Date Contribution Received			
St	treet Address			_		
2 _{Ci}	ity	State	ZIP	_		
00	ccupation	Employer		_		
Na	ame		Date Contribution Received			
St	treet Address			_		
3 _{Ci}	ity	State	ZIP	_		
	ccupation	Employer		_		
Na	ame		Date Contribution Received			
St	treet Address					
4 _{Ci}	ity	State	ZIP			
00	ccupation	Employer	I	-		
Na	ame		Date Contribution Received			
St	treet Address		I	-		
5 _{Ci}	ity	State	ZIP	_		
00	ccupation	Employer		-		
Ei (tr	nter total only if last page of schedule ransfer the total received this period to "Sum	mary of Receipts "	line 1(c))			
			edule A(1)(c), page	of	<u> </u>	

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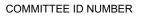


MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

/	Candidate Committee	Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name	1				
	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 Received				
	Committee Name	1				
	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	many of Possiste ""	inc $1(d)$			
		mary of Receipts, 1				

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





MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

/	1	n Committee Contributor	Information	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Red	ceived			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Re	ceived			
	Committee Name					
•	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Re	ceived			
	Committee Name	Committee Name				
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Re	ceived			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Re	Ceived			
	Enter total only if last page of s (transfer the total received this per	schedule				

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

	Politic	al Party Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution I	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 o (transfer the total received this pe	I f schedule eriod to "Summary of Recei	ots," line 1(f))	I		



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

	Partners	hip Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Partnership Name				Troporting Forloa	Licolori Oyo
-	Street Address					
-	City	State	ZIP			
-	Corporation Commission File Number	Date Contribution	Received			
┥	Partnership Name					
-	Street Address					
2	City	State	ZIP			
-	Corporation Commission File Number	Date Contribution	Received			
	Partnership Name					
:	Street Address					
; -	City	State	ZIP			
-	Corporation Commission File Number	Date Contribution Received				
	Partnership Name					
-	Street Address					
	City	State	ZIP			
-	Corporation Commission File Number	Date Contribution Received				
	Partnership Name					
$\left \right $	Street Address					
-	City	State	ZIP			
	Corporation Commission File Number	Date Contributior	I Received			
	Enter total only if last page of scl (transfer the total received this period	nedule				



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

	/						
/	/	Corporation / LLC C	contributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Corporation/LLC Name Street Address					
1		City	State	ZIP			
		Corporation Commission File Number Corporation/LLC Name	Date Contribution Receive	d			
	ę	Street Address					
2	(City Corporation Commission File Number	State Date Contribution Receive	ZIP	-		
		Corporation/LLC Name					
		Street Address					
3		City Corporation Commission File Number	State Date Contribution Receive	ZIP			
	C	Corporation/LLC Name					
4	1	Street Address	0	710			
		City Corporation Commission File Number	State Date Contribution Receive	ZIP			
	(Corporation/LLC Name					
5		Street Address City	State	ZIP			
	C	Corporation Commission File Number	Date Contribution Receive	ad			
Ľ	E (1	Enter total only if last page of schedule transfer the total received this period to "Sum	mary of Receipts," I	ine 1(h))	1		
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MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

	Labor Organi	zation Contributor I	nformation	Amount Receive	d Cumulative Amount this Reporting Period	Amount this
1 -	Labor Organization Name					
	Street Address					Cumulative Amount this Election Cycle
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
	Labor Organization Name					
	Street Address					
2	City State ZIP					
	Corporation Commission File Number	Date Contribution	Received			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
	Labor Organization Name	I				
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
4	Labor Organization Name	I				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
	Enter total only if last page of sch (transfer the total received this period	edule to "Summary of Recei	pts," line 1(i))	I		

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MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

		Candidate Information	I Contraction of the second	Amount Received	Cumulative Amount this Reporting Period	Amount this
	Name		Date Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
	City	State	ZIP			Cumulative Amount this Election Cycle
	Occupation	Employer	I			
	Name		Date Contribution Received			
	Street Address					
ŀ	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address		I			
	City	State	ZIP	—		
	Occupation	Employer	I			
		schedule riod to "Summary of Recei				

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

Ī		ributor Informatio	1	Amount Refunded	Cumulative Amount this Reporting Period	Amount th
	Name		Date Contribution Refunded			
	Street Address					
	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
-	Street Address					
?	City	State	ZIP			
-	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
3	City	State	ZIP	_		
-	ID Number (if applicable)		Date of Original Contribution			
3 c	Name		Date Contribution Refunded			
	Street Address	Street Address				
ŀ	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			Cumulative Amount th Election Cyc
	Name	Name				
-	Street Address	Street Address		_		
5	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Enter total only if last page of sche	dulo				

Schedule A(1)(I), page____ of____

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LOANS RECEIVED:

SCHEDULE A(2)(a)

/					Cumulative	Cumulative
		Lender Information		Amount Received	Amount this Reporting Period	Amount this Election Cycle
	Lender Name	ender Name Date Loan Received				
	Street Address					
1	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purp	ose? (PACs and Political Parties C	nly)		
	Lender Name	Date Loan Receive	ed			
	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purp	ose? (PACs and Political Parties C	nly)		
	Lender Name	Date Loan Receive	ed			
	Street Address					
3		Chrite	710			
	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purp	ose? (PACs and Political Parties C	nly)		
	Lender Name	Date Loan Receive	ed			
	Street Address					
4						
Т	City	State	ZIP			
	Guarantor/Endorser Name		ose? (PACs and Political Parties C	nly)		
	Lender Name	Date Loan Receive	ed			
	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purp	ose? (PACs and Political Parties C	nly)		

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



FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A	(2)	(b)

/	Lenc	der 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 Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address			-		
2	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding		-		
	Lender Name	<u> </u>	Date Forgiveness Received			
	Street Address			-		
3	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address			-		
4	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding		-		
	Lender Name		Date Forgiveness Received			
	Street Address		l	-		
5	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding	L	-		
	Enter total only if last page of schedu (transfer the total received this period to "	ule				

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



COMMITTEE ID NUMBER

REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

-		ower Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cyc
	Borrower Name		Date Repayment Received			
	Street Address					
	City	State	ZIP	—		
ľ	Original Amount Borrowed	Amount Still Outstand	ling	_		
	Borrower Name		Date Repayment Received			
	Street Address			_		
	City State		ZIP			
	Original Amount Borrowed Amount Still Outstanding		ling			
	Borrower Name		Date Repayment Received			
	Street Address			_		
;	City	State	ZIP	_		
3	Original Amount Borrowed	Amount Still Outstand	ling	_		
	Borrower Name		Date Repayment Received			
	Street Address					
	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstand	ling	_		
3 	Borrower Name		Date Repayment Received			
	Street Address	Street Address		_		
; -	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstand	ling	_		

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



INTEREST ACCRUED ON LOANS MADE:

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

SCHEDULE A(2)(d)

/	Borrower	Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Interest Accrued			
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Interest Accrued			
	Street Address		1			
2	City	State	ZIP	-		
·	Original Amount Borrowed	Amount Still Outstanding		-		
	Borrower Name		Date Interest Accrued			
	Street Address					
3	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding	I	-		
	Borrower Name		Date Interest Accrued			
	Street Address		I	-		
4	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
_	Borrower Name	1	Date Interest Accrued			
-	Street Address		1			
5	City	State	ZIP			
-	Original Amount Borrowed	Amount Still Outstanding	1	-		
-	Enter total only if last page of schedule (transfer the total received this period to "Sum	1				

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



REBATES AND REFUNDS RECEIVED:

SCHEDULE A(3)

			1	1 1	
Payor li	nformation		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Payor Name		Date Rebate/Refund Received			
Street Address					
City	State	ZIP			
Original Purchase Amount	Reason for Refund/Rebate	9	-		
Payor Name	I	Date Rebate/Refund Received			
Street Address					
City	State	ZIP	-		
Original Purchase Amount	Reason for Refund/Rebate	3	-		
Payor Name	I	Date Rebate/Refund Received			
Street Address		-			
City	State	ZIP	-		
Original Purchase Amount	Reason for Refund/Rebate	3	-		
Payor Name		Date Rebate/Refund Received			
Street Address	Street Address				
City	State	ZIP	-		
Original Purchase Amount	Reason for Refund/Rebate	<u> </u>	-		
Payor Name		Date Rebate/Refund Received			
Street Address			-		
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	I mary of Receipts." li	ine 3)	l		
т <u>г</u>				<u> </u>	
	Payor Name Street Address City Original Purchase Amount Payor Name Street Address City Original Purchase Amount	Street Address City State Original Purchase Amount Reason for Refund/Rebate Payor Name Street Address City State Original Purchase Amount Reason for Refund/Rebate Original Purchase Amount Reason for Refund/Rebate Payor Name State City State Original Purchase Amount Reason for Refund/Rebate Payor Name State City State Original Purchase Amount Reason for Refund/Rebate Payor Name State City State Original Purchase Amount Reason for Refund/Rebate Payor Name State City State Original Purchase Amount Reason for Refund/Rebate Payor Name Street Address City State Original Purchase Amount Reason for Refund/Rebate Payor Name Street Address City State Original Purchase Amount Reason for Refund/Rebate City State Original Purchase Amount Reason	Payer Name Date Rebate/Retund Received Street Address ZIP Original Purchase Amount Reason for Refund/Rebate Payer Name Date Rebate/Refund Received Street Address ZIP Original Purchase Amount Reason for Refund/Rebate Payer Name Date Rebate/Refund Received Street Address ZIP Original Purchase Amount Reason for Refund/Rebate Payer Name Date Rebate/Refund Received Street Address ZIP Original Purchase Amount Reason for Refund/Rebate Payer Name Date Rebate/Refund Received Street Address ZIP Original Purchase Amount Reason for Refund/Rebate Payer Name Date Rebate/Refund Received Street Address ZIP City State ZIP Original Purchase Amount Reason for Refund/Rebate Payer Name Date Rebate/Refund Received Street Address ZIP City State ZIP Original Purchase Amount Reason for Refund/Rebate Payer Name Date Rebate/Refund Received Street Address ZIP Original Purchase Amount Reason for Refund/Rebate Payer Name Date Rebate/Refund	Payor Internation or Refunded Payor Name Date Rebate/Refund Received Image: Comparison of the Compa	Payor Information Amount this network of Refund Received Amount this network of Refund Received Payor Name Data Research Refund Received Ender Refund Received Ender Refund Received State Actross State 20° State Ender Refund Received Payor Name Base for Refund Received Data Research Refund Received Ender Refund Received Ender Refund Received Payor Name Data Research Refund Received Data Research Refund Received Ender Refund Received Ender Refund Received Payor Name Data Research Refund Received Data Research Refund Received Ender Refund Received Ender Refund Received Payor Name Data Research Refund Received Data Research Refund Received Ender Refund Received Ender Refund Received Payor Name Data Research Refund Received Data Research Refund Received Ender Refund Received Ender Refund Received Payor Name Data Research Refund Received Data Research Refund Received Ender Refund Recei



SCHEDULE A(4)

INTERES	T ACCRUED ON COMMITTEE MONIES:		SCHEI
		Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Account with Interest Earned (Bank Name / Type of Account)		
	Account with Interest Earned (Bank Name / Type of Account)		
	Account with Interest Earned (Bank Name / Type of Account)		
	Account with Interest Earned (Bank Name / Type of Account)		

Total

Account with Interest Earned (Bank Name / Type of Account) (transfer the total received this period to "Summary of Receipts," line 4)

Schedule A(4), page____ of ____





CLE:*
CL

SCHEDULE A(5)(a)

cupation	ibutor Informatio	Date In-Kind Contribution Received ZIP Date In-Kind Contribution Received ZIP ZIP	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
eet Address y cupation me eet Address y cupation g g cupation g g g g g g g g g g g g g g g g g g g	Employer	ZIP Date In-Kind Contribution Received			
y cupation me eet Address y cupation	Employer	Date In-Kind Contribution Received			
cupation me eet Address y cupation	Employer	Date In-Kind Contribution Received			
me eet Address y cupation	State		-		
eet Address y cupation			-		
y cupation		ZIP	-		
cupation		ZIP			
	Employer				
me					
		Date In-Kind Contribution Received			
eet Address			-		
y	State	ZIP	-		
cupation	Employer		-		
me		Date In-Kind Contribution Received			
Street Address			-		
y	State	ZIP	-		
cupation	Employer		-		
me		Date In-Kind Contribution Received			
Street Address			-		
y	State	ZIP	-		
cupation	Employer		-		
nter total only if last page of schedule					
		State supation me Pet Address r supation supation Employer me supation Employer me supation Employer me supation Employer me set Address r State supation Employer ter total only if last page of schedule unsfer the total received this period to "Summary of Receipts,"	r State ZIP xupation Employer ne Date In-Kind Contribution Received set Address State ZIP r State ZIP supation Employer Employer rupation Employer Employer supation Employer Employer ne Date In-Kind Contribution Received Date In-Kind Contribution Received supation Employer Employer r State ZIP supation Employer Employer rter total only if last page of schedule unsfer the total received this period to "Summary of Receipts," line 5(a)) Employer	r State ZIP supation Employer ne Date In-Kind Contribution Received oet Address IP rupation Employer rupation Employer ne Date In-Kind Contribution Received rupation Employer ne Date In-Kind Contribution Received rupation Employer ref Address IP rupation Employer ref Address IP rupation Employer rupation State ZIP	Image: State ZIP inpation Employer ne Date In-Kind Contribution Received inter Address ZIP inpation Employer inpation Employer

^tIf 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), page____ of ____



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 ____

COMMITTEE ID NUMBER



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

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

SCHEDULE A(5)(c)

/	Candidate Committe	e Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name Street Address	_				
1	City	State	ZIP	_		
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
2	Street Address City	State	ZIP	_		
	Committee ID Number	Date In-Kind Contribution	Received	_		
	Committee Name					
3	Street Address					
3	City Committee ID Number	State Date In-Kind Contribution	ZIP	_		
	Committee Name					
	Street Address		-			
4	City	State	ZIP	_		
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name Street Address			_		
5	City					
	Committee ID Number	Date In-Kind Contribution	Received	-		
_	Enter total only if last page of schedule (transfer the total received this period to "Sun					

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





IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

/	Candidate Committee	e Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	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	many of Pagainte "	inc $5(d)$			

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





IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

/	Political Action Com	mittee Contributor In	formation	Amount Received	Cumulative Amount this	Cumulative Amount this
	Committee Name				Reporting Period	Election Cycle
-	Street Address			-		
1	City	State	ZIP	-		
ľ	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					
ŀ	Street Address	-				
5	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Received	-		
_	Enter total only if last page of schedu					

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

	Politi	cal Party Contributor Info	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Committee Name					
	Street Address			l		
1	City State ZIP				l	
	Committee ID Number	Date In-Kind Contr			l	
	Committee Name					
	Street Address					l
2	City	State	ZIP			l
	Committee ID Number	Date In-Kind Cont	ribution Received			l
	Committee Name					
	Street Address					l
3	City	State	ZIP			l
	Committee ID Number	Date In-Kind Cont	ribution Received			1
	Committee Name					
	Street Address					l
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ribution Received			l
	Committee Name	I				
	Street Address					1
5	City	State	ZIP			l
	Committee ID Number	Date In-Kind Cont	ribution Received			l
	Enter total only if last page ((transfer the total received this p	I of schedule period to "Summary of Recei	pts," line 5(f))	I		
			Schedule A(5)(f), pa	ao of		



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

	Partnersl	nip Contributor Infor	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl		
	Partnership Name						
-	Street Address						
-	City	State	ZIP				
	Corporation Commission File Number						
	Partnership Name						
-	Street Address						
2	City	State	ZIP				
-	Corporation Commission File Number	Date In-Kind Cont	tribution Received		-		
	Partnership Name						
s	Street Address						
-	City	State	ZIP				
-	Corporation Commission File Number	Date In-Kind Cont	tribution Received				
	Partnership Name						
-	Street Address						
	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Cont	tribution Received				
	Partnership Name						
	Street Address						
-	City	State	ZIP				
	Corporation Commission File Number Date In-Kind Contribution 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)

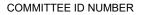
/						
		ontributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
-	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
	Street 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					
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
-	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	poration Commission File Number Date In-Kind Contribution Received				
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receipts," I	ine 5(h))	l		
			hedule A(5)(h), page	of		/
	33	Corporation/LLC Name Street Address City Corporation Commission File Number Corporation/LLC Name Street Address City Corporation/LLC Name Street Address City Corporation/LLC Name Street Address Corporation/LLC Name Street Address City Corporation/LLC Name Street Address City	Corporation/LLC Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Corporation/LLC Name Street Address City State Corporation/LLC Name Date In-Kind Contribution Corporation/LLC Name Date In-Kind Contribution Corporation/LLC Name Date In-Kind Contribution Corporation/LLC Name Street Address City State Corporation/LLC Name Date In-Kind Contribution Corporation/LLC Name Date In-Kind Contribution Corporation/LLC Name Street Address City State Corporation/LLC Name Date In-Kind Contribution Corporation/LLC Name State City State Corporation/LLC Name Date In-Kind Contribution Corporation/LLC Name Street Address City State Corporation/LLC Name Date In-Kind Contribution Corporation/LLC Name Date In-Kind Contribution Corporation/LLC Name Date In-Kind Contribution City State Corpo	Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Corporation/LLC Name Street Address ZIP Corporation Commission File Number Date In-Kind Contribution Received Corporation/LLC Name Street Address ZIP Corporation/LLC Name ZIP Corporation/LLC Name Date In-Kind Contribution Received Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Date In-Kind Contribution Received Corporation/LLC Name Date In-Kind Contribution Received Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Date In-Kind Contribution Received Corporation/LLC Name State ZIP Corporation/LLC Name State ZIP Corporation/LLC Name Date In-Kind Contribution Received Corporation/LLC Name State ZIP Corporation/LLC Name	Corporation LLC Name Breet Address City State Corporation Commission File Number Date In-Kind Contribution Received Corporation LLC Name ZP Street Address Corporation LLC Name Street Address Date In-Kind Contribution Received Corporation LLC Name ZP Street Address Corporation LLC Name Street Address Date In-Kind Contribution Received Corporation LLC Name Date In-Kind Contribution Received Street Address Corporation LLC Name Street Address Date In-Kind Contribution Received Corporation LLC Name Date In-Kind Contribution Received Street Address Corporation LLC Name Street Address Corporation LLC Name	Corporation / LLC Contributor Information Amount Received Amount Received Amount Received Amount Received Reporting Period Event Address



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

	Labor Organi	zation Contributor I	Amount Receiv	ed 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 Cont	ribution Received			
	Labor Organization Name					
	Street Address					
2	City State ZIP		ZIP			
	Corporation Commission File Number	Date In-Kind Cont	tribution Received			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	tribution Received			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	tribution Received			
	Labor Organization Name	I				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	tribution Received			
	Enter total only if last page of sch (transfer the total received this period	edule to "Summary of Recei	ipts," line 5(i))	1		





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

SCHEDULE A(5)(j)

Candidate 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		-			
	Name		Date In-Kind Contribution Received			
	Street Address			-		
2	City	State	ZIP			
·	Asset or Property Contributed			-		
	Name	Date In-Kind Contribution Received				
3	Street Address			-		
	City	State	ZIP	-		
	Asset or Property Contributed			-		
			Date In-Kind Contribution Received			
	Name		_			
4	Street Address					
4	City	State	ZIP			
	Asset or Property Contributed	-				
	Name		Date In-Kind Contribution Received			
	Street Address			1		
5	City	State	ZIP	-		
	Asset or Property Contributed			-		
_	Enter total only if last page of schedule (transfer the total received this period to "Sum					





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

SCHEDULE A(6)

	Source	nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Donation Received	_		
	Street Address					
1	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
2	Street Address					
	City	State	ZIP			
	Type of Item Donated					
	Name	Date In-Kind Donation Received				
	Street Address					
3	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address					
4	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
_	Street Address					
5	City	State	ZIP			
	Type of Item Donated					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 6)	·		



EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

	C	reditor Information		Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
ļ	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 sch	edule				
	Enter total only if last page of sch (transfer the total received this period	to "Summary of Rece	eipts," line 7(a))			



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

	Credito	r 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					
ĺ	Street Address	-				
2	City	State	ZIP	-		
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit	-		
	Name					
	Street Address			-		
3	City	State	ZIP	-		
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address			-		
4	City	State	ZIP	-		
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit	-		
	Name					
	Street Address			-		
5	City	State	ZIP	-		
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit	1		
	Enter total only if last page of schedule transfer the total received this period to "Summary of Receipts," line 7(b))			1		



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

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

Schedule A(8), page____ of ____



COMMITTEE ID NUMBER

PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

/	/				Cumulative	Cumulative
	1	ayor Information		Payment Amount	Amount this Reporting Period	Amount this Election Cycle
	Name					l
1	Street Address					
	City	State	ZIP			l
	Services or Goods Purchased	Payment Date			l	
	Name					
2	Street Address					l
	City	State	ZIP			l
	Services or Goods Purchased		Payment Date			l
	Name					
3	Street Address			l		
	City	State	ZIP			l
	Services or Goods Purchased		Payment Date			1
	Name					
	Street Address			l		
4	City	State	ZIP			l
	Services or Goods Purchased		Payment Date			l
	Name					
	Street Address					l
5	City	State	ZIP			l
	Services or Goods Purchased		Payment Date			l
	Enter total only if last page of sche (transfer the total received this period t	I				
	<u>r</u>		,			





OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

_	Info	rmation		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	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					
	Enter total only if last page of schedule (transfer the total received this period to "Sur	nmary of Receipts,"	line 10)	L		
		S	chedule A(10), page c	of		



TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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

Schedule A(11), page____ of ____



MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

	ſ	ource Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cyc
	Name					
	Street Address					
1	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
2	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
3	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
4	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
5	City	State	ZIP			
	Receipt Type		Receipt Date			
_	Enter total only if last page of sch (transfer the total received this period	odulo				

Schedule A(12), page____ of ____



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

	Recipie	ent Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
an	me	Disbursement Date				
Street Address						
ty	у	State	ZIP			
p	be of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only)		□ Cash □ Credit		
an	me	Disbursement Date				
re	eet Address			-		
ty	у	State	ZIP	-		
p	pe of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only)		□ Cash □ Credit		
an	me	Disbursement Date				
Street Address						
ty	у	State	ZIP			
p	be of Operating Expense Paid	Non-Electoral Purpose?	? (PACs and Political Parties Only)	□ Cash □ Credit		
an	me	Disbursement Date				
re	eet Address			_		
ty	у	State	ZIP	-		
p	pe of Operating Expense Paid	Non-Electoral Purpose?	? (PACs and Political Parties Only)	☐ Cash ☐ Credit		
an	me	Disbursement Date				
Street Address			-			
ty	y	State	ZIP	 □ Cash		
p	pe of Operating Expense Paid	Non-Electoral Purpose?	? (PACs and Political Parties Only)	Credit		
na	nter total only if last page of schedul ansfer the total disbursed this period to "s	e	urse	ursements," line 1)	ursements," line 1)	ursements," line 1)

Schedule B(1), page____ of ____





MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	Candidate	Committee Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	□ Credit				
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number Date Contribution Made		□ Cash □ Credit			
	Committee Name					
	Street Address	Street Address				
3						
5	City	State	ZIP	□ Cash		
	Committee ID Number Date Contribution Made					
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Mad	le	□ Cash □ Credit		
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Mac	le	□ Cash □ Credit		

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





MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

/		ction Committee Recipient	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 M	□ Credit			
	Committee Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Committee ID Number					
-	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	Committee ID Number Date Contribution Made				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	mmittee ID Number Date Contribution Made		☐ Cash ☐ Credit		
-	Enter total only if last page o	f - de de de				

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



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Political Party Recipient Information		Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc	
	Committee Name					
	Street Address					
	City	State ZIP		□ Cash		
	Committee ID Number Date Contribution Made					
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	ttee ID Number Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
; -	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution	Made			
	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution	Made	□ Cash □ Credit		
-	Committee Name	1				
	Street Address					
	City	State	ZIP			
	Committee ID Number	Committee ID Number Date Contribution Made		□ Cash □ Credit		
	Enter total only if last page of (transfer the total disbursed this p	schedule eriod to "Summary of Disb	ursements," line 2(c))			



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	hip Recipient Inform	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name				Election by or	
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	lade	□ Cash □ Credit		
	Partnership Name					
	Street Address	Street Address				
2	City	State	ZIP			
	Corporation Commission File Number Date Contribution Made		□ Cash □ Credit			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Commission File Number Date Contribution Made		□ Cash □ Credit		
	Partnership Name					
	Street Address	Street Address				
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	Nade	□ Cash □ Credit		
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution N	/lade	□ Cash □ Credit		
	Enter total only if last page of sch (transfer the total disbursed this period					





MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	□ Cash □ Credit				
	Corporation/LLC Name					
	Street Address					
2	City State ZIP					
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Corporation/LLC Name					
٤	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ 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			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Enter total only if last page of scl (transfer the total disbursed this perio					

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



COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

		ation Recipient Inforr	nation	Amount Contributor	Amount this Reporting Period	Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
ŀ	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Labor Organization Name					
F	Street Address					
2	City	State	ZIP			
ŀ	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Labor Organization Name					
-	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Labor Organization Name					
-	Street Address					
4	City	State	ZIP			
-	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Labor Organization Name					
-	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number Date Contribution Made		□ Cash □ Credit			
-	Enter total only if last page of sched (transfer the total disbursed this period to	ule	ments." line 2(f))			

Arizona Secretary of State Revision 9/28/23 (fillable format)



COMMITTEE ID NUMBER

CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

	C	ontributor Informatic	on	Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cyc
	Committee Name		Date Refund Received		Reporting Period	Election Cyc
	Street Address					
1	City	State	ZIP			l
1	Committee ID Number		Date of Original Contribution	-		l
-	Committee Name		Date Refund Received			
÷	Street Address			_		l
	City	State	ZIP	-		l
	Committee ID Number		Date of Original Contribution	-		1
	Committee Name		Date Refund Received			
-	Street Address			_		l
;	City	State	ZIP	_		l
ľ	Committee ID Number		Date of Original Contribution	-		1
	Committee Name		Date Refund Received			
ľ	Street Address	Street Address		-		1
ŀ	City	State	ZIP	-		l
ſ	Committee ID Number		Date of Original Contribution	_		l
-	Committee Name		Date Refund Received			
	Street Address			-		l
; -	City	State	ZIP	-		l
ľ	Committee ID Number		Date of Original Contribution			l
4	Enter total only if last page of so (transfer the total disbursed this peri	bodulo				

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

Arizona Secretary of State Revision 9/28/23 (fillable format)



LOANS MADE:

	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	0 /4					
	City	State Date Loan Made	ZIP			
	Guarantor/Endorser Name					
	Borrower Name					
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name					
	Borrower Name	1				
	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made	1			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 3(a))	<u> </u>		

Schedule B(3)(a), page____of

SCHEDULE B(3)(a)



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

/				Amount	Cumulative	Cumulative
		Guarantor Information		Amount Guaranteed	Amount this Reporting Period	Amount this
	Guarantor Name					
	Street Address					
1	City	State	ZIP			
	Borrower Name	Date Loan Guarant	eed			
	Guarantor Name					
	Street Address					
2	City	State	ZIP			
	Borrower Name	Date Loan Guarant	teed			
	Guarantor Name					
	Street Address	let Address				
3						
	City	State	ZIP			
	Borrower Name	Date Loan Guarant	teed			
	Guarantor Name					
	Street Address					
4	City	State	ZIP			
	Borrower Name	Date Loan Guarant	teed			
	Guarantor Name					
	Street Address					
5		C	710			
-	City	State	ZIP			
	Borrower Name	Date Loan Guarant	teed			
_	Enter total only if last page of s (transfer the total received this perio	abadula				

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



FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

/	Borr	ower Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Forgiveness Made			
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstand	ling	_		
	Borrower Name		Date Forgiveness Made			
	Street Address					
2	City	State	ZIP	_		
	Original Amount of Loan Amount Still		ling			
	Borrower Name		Date Forgiveness Made			
	Street Address			_		
3	City	State	ZIP	_		
	Original Amount of Loan	Amount Still Outstand	ling	_		
	Borrower Name		Date Forgiveness Made			
	Street Address					
4	City	State	ZIP	_		
	Original Amount of Loan Amount Still Outstanding		ling			
_	Borrower Name		Date Forgiveness Made			
	Street Address					
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstand	ling			
	Enter total only if last page of scheo (transfer the total disbursed this period t					

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



SCHEDULE B(3)(d)

REPAYMENT ON LOANS RECEIVED:

			Amount Repaid	Amount this Reporting Period	Amount this Election Cycle
Lender Name		Date Repayment Made			
Street Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding	1			
Lender Name	I	Date Repayment Made			
Street Address			_		
City	State	ZIP			
Original Amount Borrowed	al Amount Borrowed Amount Still Outstanding				
Lender Name		Date Repayment Made			
Street Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding				
Lender Name		Date Repayment Made			
Street Address					
City	State	ZIP	_		
Original Amount Borrowed	Amount Still Outstanding				
Lender Name		Date Repayment Made			
Street Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding		_		
	Street Address City Original Amount Borrowed Lender Name Street Address City Original Amount Borrowed Lender Name Street Address City Original Amount Borrowed Lender Name Street Address 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 City State C	Steel Address City State Address City Amount Borrowed Amount Still Outstanding Lender Name Date Repayment Made Steel Address City State Address City State Address City State Address City State City State City City State City City City City City City City City	Breek Address City State ZiP Original Amount Borrowed Amount Still Outstanding Date Repayment Made Streek Address City State ZiP City State ZiP City Streek Address City State ZiP City State ZiP City Original Amount Borrowed Amount Still Outstanding City Streek Address Date Repayment Made Streek Address City State City State ZiP Cit	Street Address ZP City and Amount Borroored Amount Still Outstanding City and Amount Borroored Amount Still Outstanding Street Address Data Repayment Made City and Amount Borroored Amount Still Outstanding City and Amount Borroored Amount Still Ou

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

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ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

	Lender Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cycl
ame		Date Interest Accrued			
dress					
	State	ZIP			
mount Borrowed	Amount Still Outstandi	ng			
ame		Date Interest Accrued			
Street Address					
	State	ZIP			
mount Borrowed	Amount Still Outstandi	ing			
Lender Name		Date Interest Accrued			
dress					
	State	ZIP			
mount Borrowed	Amount Still Outstandi	ing			
ame		Date Interest Accrued			
dress					
	State	ZIP			
nmount Borrowed	Amount Still Outstandi	ing			
ame		Date Interest Accrued			
dress					
	State	ZIP			
Amount Borrowed	Amount Still Outstandi	ing			
total	only if last page of	Borrowed Amount Still Outstand	t Borrowed Amount Still Outstanding	Borrowed Amount Still Outstanding only if last page of schedule	Borrowed Amount Still Outstanding only if last page of schedule

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					
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			_		
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					
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	_		
Name of Original Payor		Date Rebate/Refund Made			
Street Address			_		
City	State	ZIP	-		
	Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Street Address City Street Address Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Name of Original Payor	Street Address City State Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Street Address City State Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Original Payment Amount Name of Original Payor Original Payment Amount Street Address City Street Address City Street Address Original Payment Amount Name of Original Payor State Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor State City State City State Street Address City Street Address City Street Address State City State Name of Original Payor Original Payment Amount Name of Original Payor Original Payment Amount Name of Original Payor Original Payment Amount	Name of Original Payor Date Rebate/Refund Made Street Address ZIP 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 City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Date Rebate/Refund Made Street Address ZIP Corporation Commission File Number (if applicable) Original Payment Amount Date of Original Payment Name of Original Payor Date Rebate/Refund Made ZIP City State ZIP City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Name of Original Payor Date Rebate/Refund Made ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Name of Original Payor Date Rebate/Refund Made Street Address ZIP City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Name of Original Payor Date Rebate/Refund Made ZIP ZIP ZIP	Refunded Refunded Name of Original Payor Date Rebate/Refund Made Street Address ZIP City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Date Rebate/Refund Made Name of Original Payor Date Rebate/Refund Made Street Address 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 City State ZIP Street Address Date relonginal Payor Date Rebate/Refund Made Street Address City State ZIP City State ZIP Street Address City State ZIP City State ZIP City <td>Recipient Information Amount resided / Reporting Period Name of Drighal Payer Date RetaileReturd Made Amount resided / Reporting Period Direct Adtress 22P Interim Compared Payer Date of Original Payment Direct Adtress Date of Original Payment Date of Original Payment Date of Original Payment Corporation Commission File Number (If applicable) Original Payment Amount Date of Original Payment Environment Payer Direct Address ZIP Date of Original Payment Environment Payer Environment Payer Direct Address ZIP Date of Original Payment Environment Payer Environment Payer Corporation Commission File Number (If applicable) Original Payment Amount Date of Original Payment Environment Payer Name of Original Payer Date of Original Payment Date of Original Payment Environment Payer City State ZIP Environment Payer Environment Payer City Bate ZIP Environment Payer Environment Payer City State ZIP Environment Payer Envinter Payer City</td>	Recipient Information Amount resided / Reporting Period Name of Drighal Payer Date RetaileReturd Made Amount resided / Reporting Period Direct Adtress 22P Interim Compared Payer Date of Original Payment Direct Adtress Date of Original Payment Date of Original Payment Date of Original Payment Corporation Commission File Number (If applicable) Original Payment Amount Date of Original Payment Environment Payer Direct Address ZIP Date of Original Payment Environment Payer Environment Payer Direct Address ZIP Date of Original Payment Environment Payer Environment Payer Corporation Commission File Number (If applicable) Original Payment Amount Date of Original Payment Environment Payer Name of Original Payer Date of Original Payment Date of Original Payment Environment Payer City State ZIP Environment Payer Environment Payer City Bate ZIP Environment Payer Environment Payer City State ZIP Environment Payer Envinter Payer City

Schedule B(4), page____ of ____

COMMITTEE ID NUMBER



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/						
		e Committee Recipient Ir	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Made			
	Committee Name					
	Street Address					
~						
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contril	pution Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contril	oution Made			
			JULION MADE			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contril	oution Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contril	pution Made			

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





IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

/				I	Ormaniation	
	Political Actior	n Committee Recipient	Information	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address	et Address				
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number					
	Committee Name					
Stree	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contril	bution Made			
	Committee Name					
	Street Address					
4						
	City	State	ZIP			
	Committee ID Number					
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contri	bution Made			
_	Enter total only if last page of so	chedule iod to "Summary of Disbu				

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

	Polit	ical Party Recipient Informat	tion	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Committee Name					
F	Street Address					
1	City	State	ZIP			
-	Committee ID Number	Date In-Kind Contributio	n Made			
	Committee Name					
-	Street Address					
2	City	State	ZIP			
Ī	Committee ID Number Date In-Kind Contribution Made					
	Committee Name					
Ē	Street Address					
3	City	State	ZIP			
-	Committee ID Number	Date In-Kind Contributio	on Made			
	Committee Name					
	Street Address	Street Address				
4	City	State	ZIP			
Ī	Committee ID Number	Date In-Kind Contributio	on Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
ŀ	Committee ID Number Date In-Kind Contribution Made					
	Enter total only if last page c (transfer the total disbursed this	f schedule period to "Summary of Disburse	ements," line 5(c))			



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

	Partners	hip Recipient Inform	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					Election Cycl
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Conti	ibution Made			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Made			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Made			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Made			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Made			
	Enter total only if last page of sch (transfer the total disbursed this perio	nedule				



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

/					Cumulative	Cumulative
	Corporation / LL	C Recipient Informa	ation	Amount Contributed	Amount this Reporting Period	Amount this Election Cycle
	Corporation/LLC Name					
	Street Address			-		
1	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Made	-		
	Corporation/LLC Name					
	Street Address			-		
2	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	ate 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					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	l Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "S	e		1		



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

	Labor Organ	nization Recipient Ir	nformation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Labor Organization Name					
	Street Address					l
	City	State	ZIP			1
	Corporation Commission File Number	Date In-Kind Cont	ribution Made			l
I	Labor Organization Name					
	Street Address					l
	City	State	ZIP			l
	Corporation Commission File Number	Date In-Kind Con	tribution Made			l
	Labor Organization Name					
	Street Address					l
,	City	State	ZIP			l
	Corporation Commission File Number	Date In-Kind Con	tribution Made			l
	Labor Organization Name					
	Street Address					l
	City	State	ZIP			1
	Corporation Commission File Number	Prporation Commission File Number Date In-Kind Contribution Made				1
	Labor Organization Name					
	Street Address					l
5	City	State	ZIP			l
	Corporation Commission File Number	Date In-Kind Con	tribution Made			l
-	Enter total only if last page of sch (transfer the total disbursed this period	edule d to "Summary of Disb	oursements," line 5(f))	1		



INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

/	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	_		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	icluding % 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	icluding % 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 (in	icluding % 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	-		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	Icluding % opposed)	□ Cash		
				Credit	1	

Schedule B(6), page____ of ____



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			-		
City	State	ZIP			
Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Oppose	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			1		
City	State	ZIP	-		
Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Oppose	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			-		
City	State	ZIP	-		
Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Oppose	ed (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			1		
City	State	ZIP	1		
Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Oppose	d (including % opposed)	□ Cash		
	Election Month/Year		Credit		
	Expenditure Recipient Name Street Address City Ballot Measure(s) Supported (including % supported) Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City Ballot Measure(s) Supported (including % supported) Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City Ballot Measure(s) Supported (including % supported) Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City Ballot Measure(s) Supported (including % supported) City City City City City City City City	Recipient Name Street Address City State Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed Date of First Publication, Display, Delivery, or Broadcast Election Month/Year Recipient Name Street Address City State Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed Street Address Election Month/Year City State Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed Recipient Name Election Month/Year Recipient Name Election Month/Year Recipient Name Election Month/Year Street Address Election Month/Year City State Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed City State Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed Date of First Publication, Display, Delivery, or Broadcast Election Month/Year Recipient Name State State Recipient Name State State Recipient Name State	Street Address City State ZIP Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed (including % opposed) Date of First Publication, Display, Delivery, or Broadcast Election Month/Year Recipient Name Mode of Advertising (TV, mail, etc) Street Address ZIP City State ZIP Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed (including % opposed) Date of First Publication, Display, Delivery, or Broadcast Election Month/Year Recipient Name Election Month/Year 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Measure(s) Supported (including % supported) Balot Measure(s) Opposed (including % opposed) Credit Date of First Publication, Display, Delivery, or Broadcatt Election Month/Year Cash City State ZIP Cash Date of First Publication, Display, Delivery, or Broadcatt Election Month/Year Cash City State ZIP Cash Steet Address Election Month/Year Cash Credit City State ZIP Cash Credit Steet Address Election Month/Year Cash Credit City State ZIP Cash Credit Date of First Publication, Display, Delivery, or Broadcatt Election Month/Ye</td><td>Expenditure Recipient Information Expenditure Amount this Reporting Period Respective Address Mode of Adversing (TV, not, etc) Amount this Reporting Period Beter Address Sale 2IP Amount this Reporting (IV, not, etc) Beter Address Sale 2IP Amount this Reporting (IV, not, etc) Beter Address Sale 2IP Cash Cash Date of First Publication, Display, Delwary, or Broadcast Election MonthYtar Cash Credit Recipient Manne Sale 2IP Cash Credit Date of First Publication, Display, Delwary, or Broadcast Baltid Measure(i) Copocod (IV, not, etc) Cash Credit Date of First Publication, Display, Delwary, or Broadcast Baltid Measure(i) Copocod (IV, not, etc) Cash Credit Date of First Publication, Display, Delwary, or Broadcast Baltid Measure(i) Copocod (IV, not, etc) Cash Credit Stefer Address Stefer Address Credit Cash Credit Date of First Publication, Display, Delwary, or Broadcast Baltid Measure(i) Copocod (IV, not, etc) Cash Credit Baltid Measure(i) Supported (including % supported)</td></t<>	Recipient Name Mode of Advertising (TV, mail, etc) Steef Address 2IP Balot Measure(s) Supported (including % supported) Balot Measure(s) Opposed (including % opposed) Date of First Publication, Display, Delivery, or Broadcatt Election Month/Year City State ZIP Balot Measure(s) Supported (including % supported) Balot Measure(s) Opposed (including % opposed) Credit City State ZIP Balot Measure(s) Supported (including % supported) Balot Measure(s) Opposed (including % opposed) Credit Date of First Publication, Display, Delivery, or Broadcatt Election Month/Year Cash City State ZIP Cash Date of First Publication, Display, Delivery, or Broadcatt Election Month/Year Cash City State ZIP Cash Steet Address Election Month/Year Cash Credit City State ZIP Cash Credit Steet Address Election Month/Year Cash Credit City State ZIP Cash Credit Date of First Publication, Display, Delivery, or Broadcatt Election Month/Ye	Expenditure Recipient Information Expenditure Amount this Reporting Period Respective Address Mode of Adversing (TV, not, etc) Amount this Reporting Period Beter Address Sale 2IP Amount this Reporting (IV, not, etc) Beter Address Sale 2IP Amount this Reporting (IV, not, etc) Beter Address Sale 2IP Cash Cash Date of First Publication, Display, Delwary, or Broadcast Election MonthYtar Cash Credit Recipient Manne Sale 2IP Cash Credit Date of First Publication, Display, Delwary, or Broadcast Baltid Measure(i) Copocod (IV, not, etc) Cash Credit Date of First Publication, Display, Delwary, or Broadcast Baltid Measure(i) Copocod (IV, not, etc) Cash Credit Date of First Publication, Display, Delwary, or Broadcast Baltid Measure(i) Copocod (IV, not, etc) Cash Credit Stefer Address Stefer Address Credit Cash Credit Date of First Publication, Display, Delwary, or Broadcast Baltid Measure(i) Copocod (IV, not, etc) Cash Credit Baltid Measure(i) Supported (including % supported)

Schedule B(7), page____ of ____



RECALL EXPENDITURES MADE:

SCHEDULE B(8)

Expenditure	Recipient Informati	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Recipient Name		Mode of Advertising (TV, mail, etc)			
Street Address			-		
City	State	ZIP	-		
Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Re	ecalled	_ □ Cash		
Date of First Publication, Display, Delivery, or Broadcast	Office Held		- □ Credit		
Recipient Name		Mode of Advertising (TV, mail, etc)			
Street Address			-		
2 City	State	ZIP	_		
Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Re	called	_ □ Cash		
Date of First Publication, Display, Delivery, or Broadcast	Office Held		Credit		
Recipient Name		Mode of Advertising (TV, mail, etc)			
Street Address			-		
3 City	State	ZIP	-		
Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Re	called	□ Cash		
Date of First Publication, Display, Delivery, or Broadcast	Office Held		Credit		
Recipient Name		Mode of Advertising (TV, mail, etc)			
Street Address			-		
4 City	State	ZIP	-		
Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Re	ecalled	□ Cash		
Date of First Publication, Display, Delivery, or Broadcast	Office Held		Credit		
Enter total only if last page of schedu (transfer the total disbursed this period to	lle "Summany of Disburse	ments " line 8)	<u> </u>		
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SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

	/					Oursel attract	Common lasting
		Benefit	ted Candidate		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Candidate Name		Date Benefit Provided			
	-	Street Address		l			
1	1	City	State	ZIP			
		Type of Benefit Provided					
	ł	Notes:					
_		Candidate Name		Date Benefit Provided			
	-	Street Address					
	-	City	State	ZIP			
2	2						
		Type of Benefit Provided					
		Notes:					
		Candidate Name		Date Benefit Provided			
	ľ	Street Address					
3	3	City	State	ZIP			
		Type of Benefit Provided					
	I	Notes:					
		Candidate Name		Date Benefit Provided			
	-	Street Address					
2		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 Disburserr	nents," line 9)			
_						<u> </u>	

Schedule B(9), page____ of ____



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

/	Recipient C	ommittee Informatio	n	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 Expense	(if applicable)			
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)			
	Committee Name		Payment Date			
	Street Address		1	_		
3	City	State	ZIP	 □ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)			
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
	Enter total only if last page of schedu	le				
	(transfer the total disbursed this period to	Summary of Disburser	ments," line 10)			

Schedule B(10), page____ of ____



REIMBURSEMENTS MADE:

SCHEDULE B(11)

	Recipien	t Information		Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Reimbursed		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			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
4		Chata				
	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	□ Credit		
	Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed	1	Reimbursement Date			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su		I	I		

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SCHEDULE B(12)

/		nformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP	_		
	Type of Account Payable or Debt Owed		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					
	(transfer the total received this period to "Su	mmary of Rece	eipts," line 12)			

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Schedule B(12), page____ of ____



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		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			
-	Name		1			
	Street Address					
5	City	State	ZIP	□ Cash		
	Disbursement Type		Disbursement Date			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disburse	ments," line 14)	I		

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AGGREGATE OF DISBURSEMENTS - \$250 OR LESS:

SCHEDULE B(15)

		Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Cumulative of Disburs	sements - \$250 or Less		
Enter total only if last (transfer the total received	page of schedule this period to "Summary of Disbursements," line 15)		
(transfer the total received	this period to "Summary of Disbursements," line 15)		

Schedule B(15), page____ of