

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		
	<ul><li>(e) Political Action Committees</li><li>(f) Political Parties</li></ul>		
	(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))			



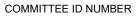
#### MONETARY CONTRIBUTIONS RECEIVED FROM IN-STATE INDIVIDUALS - \$100 OR LESS (AGGREGATE):\*

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 \_\_\_\_



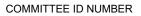


#### MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

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 <sub>Ci</sub>	ity	State	ZIP	-		
00	ccupation	Employer		_		
Na	ame		Date Contribution Received			
St	treet Address			_		
2 <sub>Ci</sub>	ity	State	ZIP	_		
00	ccupation	Employer		_		
Na	ame		Date Contribution Received			
St	treet Address			_		
3 <sub>Ci</sub>	ity	State	ZIP	_		
	ccupation	Employer		_		
Na	ame		Date Contribution Received			
St	treet Address					
4 <sub>Ci</sub>	ity	State	ZIP			
00	ccupation	Employer	I	-		
Na	ame		Date Contribution Received			
St	treet Address		I	-		
5 <sub>Ci</sub>	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))			
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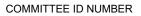


MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

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

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

Schedule A(5), 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)

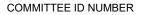
/						
		ontributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
-	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
	Street 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	<b>0</b> /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		<b>C</b>	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 \_\_\_\_

-



#### 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	

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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       Recipient Name     Istate     ZIP       Recipient Name     Node of Advertising (TV, mail, etc)       Street Address     ZIP       City     State     ZIP       Ballot Measure(s) Supported (including % supported)     Ballot Measure(s) Opposed (including % opposed)       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       Date of First Publication, Display, Delivery, or Broadcast     Election Month/Year       Date of First Publication, Display, Delivery, or Broadcast     Election Month/Year       Recipient Name <t< td=""><td>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</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)

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#### 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>		
עימוזטיפו עופ נטנמו עוצטערצפע נוווג 191100 נס					

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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)			
<b>_</b>						<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)			

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#### 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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#### 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)		

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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)		

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