



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

COMMITTEE INFORMATION (required):

Committee Information: Committee Name: _____

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

Office Sought:	<input type="checkbox"/> County Office: _____	<input type="checkbox"/> Special District Office: _____
	<input type="checkbox"/> City/Town Office: _____	<input type="checkbox"/> 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

2025 August Post-Election (Q3) Report (Local Only): July 20, 2025 to September 30, 2025	October 1, 2025 to October 15, 2025
2025 Quarter 3 Report: July 1, 2025 to September 30, 2025	October 1, 2025 to October 15, 2025
2025 November PAC Pre-Election Report (Election in Qtr): October 1, 2025 to October 18, 2025	October 19, 2025 to October 20, 2025
2025 November PAC Post-Election (Q4) Report (Election in Qtr): October 19, 2025 to December 31, 2025	January 1, 2026 to January 15, 2026
2025 Quarter 4 Report: October 1, 2025 to December 31, 2025	January 1, 2026 to January 15, 2026
2025 Annual (Cumulative) Report (Local Candidates)*: January 1, 2025 to December 31, 2025	January 1, 2026 to January 15, 2026
2026 March PAC Pre-Election Report (Election in Qtr): January 1, 2026 to February 21, 2026	February 22, 2026 to February 23, 2026
2026 Post-Primary Election Report (Local March Candidates): January 1, 2026 to March 10, 2026	March 11, 2026 to March 25, 2026
2026 March PAC Post-Election (Q1) Report (Election in Qtr): February 22, 2026 to March 31, 2026	April 1, 2026 to April 15, 2026
2026 Quarter 1 Report (Local March Candidates): March 11, 2026 to March 31, 2026	April 1, 2026 to April 15, 2026
2026 Quarter 1 Report: January 1, 2026 to March 31, 2026	April 1, 2026 to April 15, 2026
2026 May PAC Pre-Election Report (Election in Qtr): April 1, 2026 to May 2, 2026	May 3, 2026 to May 4, 2026
2026 May PAC Post-Election (Q2) Report (Election in Qtr): May 3, 2026 to June 30, 2026	July 1, 2026 to July 15, 2026
2026 Quarter 2 Report: April 1, 2026 to June 30, 2026	July 1, 2026 to July 15, 2026
2026 August PAC Pre-Election Report (Election in Qtr): July 1, 2026 to July 18, 2026	July 19, 2026 to July 20, 2026
2026 August Post-Primary Election Report (State/Local Aug Candidates): July 1, 2026 to Aug 4, 2026	August 5, 2026 to August 19, 2026
2026 August PAC Post-Election (Q3) Report (Election in Qtr): July 19, 2026 to September 30, 2026	October 1, 2026 to October 15, 2026
2026 Quarter 3 Report (State/Local Aug Candidates): August 5, 2026 to September 30, 2026	October 1, 2026 to October 15, 2026
2026 Quarter 3 Report: July 1, 2026 to September 30, 2026	October 1, 2026 to October 15, 2026
2026 November PAC Pre-Election Report: October 1, 2026 to October 17, 2026	October 18, 2026 to October 19, 2026
2026 November Post-Primary Election Report (Local Nov Candidates)**: Oct. 1, 2026 to Nov. 3, 2026	November 4, 2026 to November 18, 2026
2026 November PAC Post-Election (Q4) Report: October 18, 2026 to December 31, 2026	January 1, 2027 to January 15, 2027
2026 Quarter 4 Report (Local Nov Candidates)**: November 4, 2026 to December 31, 2026	January 1, 2027 to January 15, 2027
2026 Quarter 4 Report: October 1, 2026 to December 31, 2026	January 1, 2027 to January 15, 2027
2026 Annual (Cumulative) Report (Local Candidates)*: January 1, 2026 to December 31, 2026	January 1, 2027 to January 15, 2027
Final Campaign Finance Report Prior to Committee Termination: End of Previous Period through Today's Date	Same Date of Termination

*Excluding local candidates who reported in their general election year.

**Applies to charter cities that allow candidate primary elections on November election date.



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

FINANCIAL SUMMARY (required):

Activity	Cash Activity This Reporting Period	Election Cycle to Date
(a) Committee value at the beginning of this reporting period (i.e. 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		
<input type="checkbox"/> Check here if filing no financial activity during the reporting period. <i>Lines (a)-(d) must still be completed</i> , but only this cover page and the following signed certification page need to be filed.		

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

Arizona Secretary of State Revision 10/22/2025



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

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

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

Printed Name of Committee Treasurer

Signature of Committee Treasurer

Date



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

SUMMARY OF RECEIPTS (Schedule A):

Receipts	Cash	Equity
1. Monetary Contributions Received		
(a) In-State Individuals - More than \$100		
(b) In-State Individuals - \$100 or Less (Aggregate)		
(c) Out-of-State Individuals		
(d) Candidate Committees		
(e) Political Action Committees		
(f) Political Parties		
(g) Partnerships		
(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
(i) Labor Organizations (PACs & Political Parties Only)		
(j) Candidate's Personal Monies (Candidate Committees Only)		
(k) Monetary Contributions Subtotal (add 1(a) through 1(j))		
(l) Refunds Given Back to Contributors		
(m) Net Monetary Contributions (subtract 1(l) from 1(k))		
2. Loans		
(a) Loans Received		
(b) Forgiveness on Loans Received		
(c) Repayment on Loans Made		
(d) Interest Accrued on Loans Made		
(e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))		
3. Rebates and Refunds Received		
4. Interest Accrued on Committee Monies		
5. In-Kind Contributions Received		
(a) In-State Individuals - More than \$100		
(b) In-State Individuals - \$100 or Less (Aggregate)		
(c) Out-of-State Individuals		
(d) Candidate Committees		
(e) Political Action Committees		
(f) Political Parties		
(g) Partnerships		
(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
(i) Labor Organizations (PACs & Political Parties Only)		
(j) Candidate's Personal Assets or Property (Candidate Committees Only)		
(k) In-Kind Contributions Subtotal (equity: add 5(a) through 5(j))		
6. In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
7. Extensions of Credit		
(a) Extensions of Credit Received		
(b) Payments on Extensions of Credit Received		
(c) Net Extensions of Credit (subtract 7(b) from 7(a))		
8. Joint Fundraising / Shared Expense Payments Received		
9. Payments Received for Goods / Services		
10. Outstanding Accounts Receivable / Debts Owed to Committee		
11. Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
12. Miscellaneous Receipts (use cash and/or equity as applicable)		
13. Total Receipts (cash: add 1(m), 2(e), 3-4, 8-9, 11-12; equity: add 2(b), 5(k), 6-7(c), 10-12)		



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

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 3(b) & 3(c))		
4. Rebates and Refunds Made (Non-Contributions)		
5. Value of In-Kind Contributions Provided		
(a) Candidate Committees		
(b) Political Action Committees		
(c) Political Parties		
(d) Partnerships		
(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		
(f) Labor Organizations (PAC & Political Parties Only)		
(g) Contributions Subtotal (add 5(a) through 5(f))		
6. Independent Expenditures Made		
7. Ballot Measure Expenditures Made		
8. Recall Expenditures Made		
9. Support Provided to Party Nominees (Political Parties Only)		
10. Joint Fundraising / Shared Expense Payments Made		
11. Reimbursements Made		
12. Outstanding Accounts Payable / Debts Owed by Committee		
13. Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)		
14. Miscellaneous Disbursements		
15. Aggregate of Disbursements - \$250 or Less		
16. Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15)		



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

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

SCHEDULE A(1)(a)

Individual Contributor Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle			
1	Name	Date Contribution Received							
	Street Address								
	City	State	ZIP						
	Occupation	Employer							
2	Name	Date Contribution Received							
	Street Address								
	City	State	ZIP						
	Occupation	Employer							
3	Name	Date Contribution Received							
	Street Address								
	City	State	ZIP						
	Occupation	Employer							
4	Name	Date Contribution Received							
	Street Address								
	City	State	ZIP						
	Occupation	Employer							
5	Name	Date Contribution Received							
	Street Address								
	City	State	ZIP						
	Occupation	Employer							
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(a))									

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

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

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

SCHEDULE A(1)(b)

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

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

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

Individual Contributor Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle			
1	Name	Date Contribution Received							
	Street Address								
	City	State	ZIP						
	Occupation	Employer							
2	Name	Date Contribution Received							
	Street Address								
	City	State	ZIP						
	Occupation	Employer							
3	Name	Date Contribution Received							
	Street Address								
	City	State	ZIP						
	Occupation	Employer							
4	Name	Date Contribution Received							
	Street Address								
	City	State	ZIP						
	Occupation	Employer							
5	Name	Date Contribution Received							
	Street Address								
	City	State	ZIP						
	Occupation	Employer							
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(c))									

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

Candidate Committee Contributor Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle			
1	Committee Name								
	Street Address								
	City	State	ZIP						
	Committee ID Number	Date Contribution Received							
2	Committee Name								
	Street Address								
	City	State	ZIP						
	Committee ID Number	Date Contribution Received							
3	Committee Name								
	Street Address								
	City	State	ZIP						
	Committee ID Number	Date Contribution Received							
4	Committee Name								
	Street Address								
	City	State	ZIP						
	Committee ID Number	Date Contribution Received							
5	Committee Name								
	Street Address								
	City	State	ZIP						
	Committee ID Number	Date Contribution Received							
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(d))									

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

Political Action Committee Contributor Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name			
	Street Address			
	City	State	ZIP	
	Committee ID Number	Date Contribution Received		
2	Committee Name			
	Street Address			
	City	State	ZIP	
	Committee ID Number	Date Contribution Received		
3	Committee Name			
	Street Address			
	City	State	ZIP	
	Committee ID Number	Date Contribution Received		
4	Committee Name			
	Street Address			
	City	State	ZIP	
	Committee ID Number	Date Contribution Received		
5	Committee Name			
	Street Address			
	City	State	ZIP	
	Committee ID Number	Date Contribution Received		
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(e))				

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

Political Party Contributor Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
2	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
3	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
4	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
5	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(f))						

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

Partnership Contributor Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle			
1	Partnership Name								
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date Contribution Received							
2	Partnership Name								
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date Contribution Received							
3	Partnership Name								
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date Contribution Received							
4	Partnership Name								
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date Contribution Received							
5	Partnership Name								
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date Contribution Received							
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(g))									

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

Corporation / LLC Contributor Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle			
1	Corporation/LLC Name								
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date Contribution Received							
2	Corporation/LLC Name								
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date Contribution Received							
3	Corporation/LLC Name								
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date Contribution Received							
4	Corporation/LLC Name								
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date Contribution Received							
5	Corporation/LLC Name								
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date Contribution Received							
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(h))									

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

Labor Organization Contributor Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle			
1	Labor Organization Name								
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date Contribution Received							
2	Labor Organization Name								
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date Contribution Received							
3	Labor Organization Name								
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date Contribution Received							
4	Labor Organization Name								
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date Contribution Received							
5	Labor Organization Name								
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date Contribution Received							
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(i))									

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

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

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

Contributor Information				Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle			
1	Name	Date Contribution Refunded							
	Street Address								
	City	State	ZIP						
	ID Number (if applicable)		Date of Original Contribution						
2	Name	Date Contribution Refunded							
	Street Address								
	City	State	ZIP						
	ID Number (if applicable)		Date of Original Contribution						
3	Name	Date Contribution Refunded							
	Street Address								
	City	State	ZIP						
	ID Number (if applicable)		Date of Original Contribution						
4	Name	Date Contribution Refunded							
	Street Address								
	City	State	ZIP						
	ID Number (if applicable)		Date of Original Contribution						
5	Name	Date Contribution Refunded							
	Street Address								
	City	State	ZIP						
	ID Number (if applicable)		Date of Original Contribution						
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(I))									

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

LOANS RECEIVED:

SCHEDULE A(2)(a)

Lender Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
1	Lender Name	Date Loan Received			
	Street Address				
	City	State	ZIP		
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/>			
2	Lender Name	Date Loan Received			
	Street Address				
	City	State	ZIP		
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/>			
3	Lender Name	Date Loan Received			
	Street Address				
	City	State	ZIP		
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/>			
4	Lender Name	Date Loan Received			
	Street Address				
	City	State	ZIP		
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/>			
5	Lender Name	Date Loan Received			
	Street Address				
	City	State	ZIP		
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/>			
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 2(a))					

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

Lender Information				Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle			
1	Lender Name	Date Forgiveness Received							
	Street Address								
	City	State	ZIP						
	Original Amount of Loan	Amount Still Outstanding							
2	Lender Name	Date Forgiveness Received							
	Street Address								
	City	State	ZIP						
	Original Amount of Loan	Amount Still Outstanding							
3	Lender Name	Date Forgiveness Received							
	Street Address								
	City	State	ZIP						
	Original Amount of Loan	Amount Still Outstanding							
4	Lender Name	Date Forgiveness Received							
	Street Address								
	City	State	ZIP						
	Original Amount of Loan	Amount Still Outstanding							
5	Lender Name	Date Forgiveness Received							
	Street Address								
	City	State	ZIP						
	Original Amount of Loan	Amount Still Outstanding							
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 2(b))									

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

Borrower Information				Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle			
1	Borrower Name	Date Repayment Received							
	Street Address								
	City	State	ZIP						
	Original Amount Borrowed	Amount Still Outstanding							
2	Borrower Name	Date Repayment Received							
	Street Address								
	City	State	ZIP						
	Original Amount Borrowed	Amount Still Outstanding							
3	Borrower Name	Date Repayment Received							
	Street Address								
	City	State	ZIP						
	Original Amount Borrowed	Amount Still Outstanding							
4	Borrower Name	Date Repayment Received							
	Street Address								
	City	State	ZIP						
	Original Amount Borrowed	Amount Still Outstanding							
5	Borrower Name	Date Repayment Received							
	Street Address								
	City	State	ZIP						
	Original Amount Borrowed	Amount Still Outstanding							
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 2(c))									

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

Borrower Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Borrower Name	Date Interest Accrued		
	Street Address			
	City	State		
	Original Amount Borrowed	Amount Still Outstanding		
2	Borrower Name	Date Interest Accrued		
	Street Address			
	City	State		
	Original Amount Borrowed	Amount Still Outstanding		
3	Borrower Name	Date Interest Accrued		
	Street Address			
	City	State		
	Original Amount Borrowed	Amount Still Outstanding		
4	Borrower Name	Date Interest Accrued		
	Street Address			
	City	State		
	Original Amount Borrowed	Amount Still Outstanding		
5	Borrower Name	Date Interest Accrued		
	Street Address			
	City	State		
	Original Amount Borrowed	Amount Still Outstanding		
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 2(d))				

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

REBATES AND REFUNDS RECEIVED:

SCHEDULE A(3)

Payor Information		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
1	Payor Name	Date Rebate/Refund Received			
	Street Address				
	City	State	ZIP		
	Original Purchase Amount	Reason for Refund/Rebate			
2	Payor Name	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				
	City	State	ZIP		
	Original Purchase Amount	Reason for Refund/Rebate			
4	Payor Name	Date Rebate/Refund Received			
	Street Address				
	City	State	ZIP		
	Original Purchase Amount	Reason for Refund/Rebate			
5	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 "Summary of Receipts," line 3)					



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

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

Schedule A(4), page ____ of ____



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

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

SCHEDULE A(5)(a)

Individual Contributor Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle			
1	Name	Date In-Kind Contribution Received							
	Street Address								
	City	State	ZIP						
	Occupation	Employer							
2	Name	Date In-Kind Contribution Received							
	Street Address								
	City	State	ZIP						
	Occupation	Employer							
3	Name	Date In-Kind Contribution Received							
	Street Address								
	City	State	ZIP						
	Occupation	Employer							
4	Name	Date In-Kind Contribution Received							
	Street Address								
	City	State	ZIP						
	Occupation	Employer							
5	Name	Date In-Kind Contribution Received							
	Street Address								
	City	State	ZIP						
	Occupation	Employer							
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5(a))									

*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 ____



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

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

SCHEDULE A(5)(b)

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

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



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

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

SCHEDULE A(5)(c)

Individual Contributor Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle			
1	Committee Name								
	Street Address								
	City	State	ZIP						
	Committee ID Number	Date In-Kind Contribution Received							
2	Committee Name								
	Street Address								
	City	State	ZIP						
	Committee ID Number	Date In-Kind Contribution Received							
3	Committee Name								
	Street Address								
	City	State	ZIP						
	Committee ID Number	Date In-Kind Contribution Received							
4	Committee Name								
	Street Address								
	City	State	ZIP						
	Committee ID Number	Date In-Kind Contribution Received							
5	Committee Name								
	Street Address								
	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 "Summary of Receipts," line 5(c))									

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

Candidate Committee Contributor Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name			
	Street Address			
	City	State	ZIP	
	Committee ID Number	Date In-Kind Contribution Received		
2	Committee Name			
	Street Address			
	City	State	ZIP	
	Committee ID Number	Date In-Kind Contribution Received		
3	Committee Name			
	Street Address			
	City	State	ZIP	
	Committee ID Number	Date In-Kind Contribution Received		
4	Committee Name			
	Street Address			
	City	State	ZIP	
	Committee ID Number	Date In-Kind Contribution Received		
5	Committee Name			
	Street Address			
	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 "Summary of Receipts," line 5(d))				

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

Political Action Committee Contributor Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name			
	Street Address			
	City	State	ZIP	
	Committee ID Number	Date In-Kind Contribution Received		
2	Committee Name			
	Street Address			
	City	State	ZIP	
	Committee ID Number	Date In-Kind Contribution Received		
3	Committee Name			
	Street Address			
	City	State	ZIP	
	Committee ID Number	Date In-Kind Contribution Received		
4	Committee Name			
	Street Address			
	City	State	ZIP	
	Committee ID Number	Date In-Kind Contribution Received		
5	Committee Name			
	Street Address			
	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 "Summary of Receipts," line 5(e))				

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



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

Political Party Contributor Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
1	Committee Name							
	Street Address							
	City	State	ZIP					
	Committee ID Number	Date In-Kind Contribution Received						
2	Committee Name							
	Street Address							
	City	State	ZIP					
	Committee ID Number	Date In-Kind Contribution Received						
3	Committee Name							
	Street Address							
	City	State	ZIP					
	Committee ID Number	Date In-Kind Contribution Received						
4	Committee Name							
	Street Address							
	City	State	ZIP					
	Committee ID Number	Date In-Kind Contribution Received						
5	Committee Name							
	Street Address							
	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 "Summary of Receipts," line 5(f))								

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



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

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

Schedule A(5)(g), page ____ of ____



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

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

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



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

Labor Organization Contributor Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Received				
2	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Received				
3	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Received				
4	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Received				
5	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Received				
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5(i))						

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



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

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
1	Name	Date In-Kind Contribution Received			
	Street Address				
	City	State	ZIP		
	Asset or Property Contributed				
2	Name	Date In-Kind Contribution Received			
	Street Address				
	City	State	ZIP		
	Asset or Property Contributed				
3	Name	Date In-Kind Contribution Received			
	Street Address				
	City	State	ZIP		
	Asset or Property Contributed				
4	Name	Date In-Kind Contribution Received			
	Street Address				
	City	State	ZIP		
	Asset or Property Contributed				
5	Name	Date In-Kind Contribution Received			
	Street Address				
	City	State	ZIP		
	Asset or Property Contributed				
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5(j))					

Schedule A(5)(j), page ____ of ____



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

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

SCHEDULE A(6)

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

Schedule A(6), page _____ of _____



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

Creditor Information				Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle			
1	Name								
	Street Address								
	City	State	ZIP						
	Services or Goods Provided on Credit		Date of Extension of Credit						
2	Name								
	Street Address								
	City	State	ZIP						
	Services or Goods Provided on Credit		Date of Extension of Credit						
3	Name								
	Street Address								
	City	State	ZIP						
	Services or Goods Provided on Credit		Date of Extension of Credit						
4	Name								
	Street Address								
	City	State	ZIP						
	Services or Goods Provided on Credit		Date of Extension of Credit						
5	Name								
	Street Address								
	City	State	ZIP						
	Services or Goods Provided on Credit		Date of Extension of Credit						
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 7(a))									

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

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

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

Payor Committee Information				Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle			
1	Committee Name	Payment Date							
	Street Address								
	City	State	ZIP						
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (if applicable)							
2	Committee Name	Payment Date							
	Street Address								
	City	State	ZIP						
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (if applicable)							
3	Committee Name	Payment Date							
	Street Address								
	City	State	ZIP						
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (if applicable)							
4	Committee Name	Payment Date							
	Street Address								
	City	State	ZIP						
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (if applicable)							
5	Committee Name	Payment Date							
	Street Address								
	City	State	ZIP						
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (if applicable)							
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 8)									

Schedule A(8), page____ of ____



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

Payor Information				Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle			
1	Name								
	Street Address								
	City	State	ZIP						
	Services or Goods Purchased		Payment Date						
2	Name								
	Street Address								
	City	State	ZIP						
	Services or Goods Purchased		Payment Date						
3	Name								
	Street Address								
	City	State	ZIP						
	Services or Goods Purchased		Payment Date						
4	Name								
	Street Address								
	City	State	ZIP						
	Services or Goods Purchased		Payment Date						
5	Name								
	Street Address								
	City	State	ZIP						
	Services or Goods Purchased		Payment Date						
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 9)									

Schedule A(9), page____ of ____



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

Information			Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name				
	Street Address				
	City	State	ZIP		
	Type of Account Receivable or Debt Owed	Date that Debt Accrued			
2	Name				
	Street Address				
	City	State	ZIP		
	Type of Account Receivable or Debt Owed	Date that Debt Accrued			
3	Name				
	Street Address				
	City	State	ZIP		
	Type of Account Receivable or Debt Owed	Date that Debt Accrued			
4	Name				
	Street Address				
	City	State	ZIP		
	Type of Account Receivable or Debt Owed	Date that Debt Accrued			
5	Name				
	Street Address				
	City	State	ZIP		
	Type of Account Receivable or Debt Owed	Date that Debt Accrued			
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 10)					

Schedule A(10), page ____ of ____



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

	Source Information	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name Street Address City <input type="text"/> State <input type="text"/> ZIP <input type="text"/>			
2	Receipt Type <input type="text"/> Receipt Date			
3	Name Street Address City <input type="text"/> State <input type="text"/> ZIP <input type="text"/>			
4	Receipt Type <input type="text"/> Receipt Date			
5	Name Street Address City <input type="text"/> State <input type="text"/> ZIP <input type="text"/>			
	Receipt Type <input type="text"/> Receipt Date			
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 12)			

Schedule A(12), page of



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

Recipient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address			
	City	State	ZIP	
	Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/>		
2	Name	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address			
	City	State	ZIP	
	Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/>		
3	Name	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address			
	City	State	ZIP	
	Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/>		
4	Name	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address			
	City	State	ZIP	
	Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/>		
5	Name	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address			
	City	State	ZIP	
	Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only) <input type="checkbox"/>		
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 1)				

Schedule B(1), page ____ of ____



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

Candidate Committee Recipient Information		Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address			
	City	State	ZIP	
	Committee ID Number	Date Contribution Made		
2	Committee Name	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address			
	City	State	ZIP	
	Committee ID Number	Date Contribution Made		
3	Committee Name	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address			
	City	State	ZIP	
	Committee ID Number	Date Contribution Made		
4	Committee Name	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address			
	City	State	ZIP	
	Committee ID Number	Date Contribution Made		
5	Committee Name	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address			
	City	State	ZIP	
	Committee ID Number	Date Contribution Made		
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(a))				

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



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

Political Action Committee Recipient Information		Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address			
	City	State	ZIP	
	Committee ID Number	Date Contribution Made		
2	Committee Name	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address			
	City	State	ZIP	
	Committee ID Number	Date Contribution Made		
3	Committee Name	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address			
	City	State	ZIP	
	Committee ID Number	Date Contribution Made		
4	Committee Name	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address			
	City	State	ZIP	
	Committee ID Number	Date Contribution Made		
5	Committee Name	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address			
	City	State	ZIP	
	Committee ID Number	Date Contribution Made		
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(b))				

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



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

Political Party Recipient Information				Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
2	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
3	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
4	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
5	Committee Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made				
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(c))						

Schedule B(2)(c), page ____ of ____



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

Partnership Recipient Information				Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Partnership Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
2	Partnership Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
3	Partnership Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
4	Partnership Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
5	Partnership Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(d))						

Schedule B(2)(d), page ____ of ____



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

Corporation / LLC Recipient Information				Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle			
1	Corporation/LLC Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit					
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date Contribution Made							
2	Corporation/LLC Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit					
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date Contribution Made							
3	Corporation/LLC Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit					
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date Contribution Made							
4	Corporation/LLC Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit					
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date Contribution Made							
5	Corporation/LLC Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit					
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date Contribution Made							
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(e))									

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



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

Labor Organization Recipient Information				Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Labor Organization Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
2	Labor Organization Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
3	Labor Organization Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
4	Labor Organization Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
5	Labor Organization Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made				
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(f))						

Schedule B(2)(f), page ____ of ____



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

Contributor Information			Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name	Date Refund Received			
	Street Address				
	City	State			
	Committee ID Number	Date of Original Contribution			
2	Committee Name	Date Refund Received			
	Street Address				
	City	State			
	Committee ID Number	Date of Original Contribution			
3	Committee Name	Date Refund Received			
	Street Address				
	City	State			
	Committee ID Number	Date of Original Contribution			
4	Committee Name	Date Refund Received			
	Street Address				
	City	State			
	Committee ID Number	Date of Original Contribution			
5	Committee Name	Date Refund Received			
	Street Address				
	City	State			
	Committee ID Number	Date of Original Contribution			
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(h))					

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



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

LOANS MADE:

SCHEDULE B(3)(a)

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

Schedule B(3)(a), page ____ of ____



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

Guarantor Information		Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Guarantor Name			
	Street Address			
	City	State	ZIP	
	Borrower Name	Date Loan Guaranteed		
2	Guarantor Name			
	Street Address			
	City	State	ZIP	
	Borrower Name	Date Loan Guaranteed		
3	Guarantor Name			
	Street Address			
	City	State	ZIP	
	Borrower Name	Date Loan Guaranteed		
4	Guarantor Name			
	Street Address			
	City	State	ZIP	
	Borrower Name	Date Loan Guaranteed		
5	Guarantor Name			
	Street Address			
	City	State	ZIP	
	Borrower Name	Date Loan Guaranteed		
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 3(b))				

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



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

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

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

Lender Information				Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle			
1	Lender Name	Date Repayment Made							
	Street Address								
	City	State	ZIP						
	Original Amount Borrowed	Amount Still Outstanding							
2	Lender Name	Date Repayment Made							
	Street Address								
	City	State	ZIP						
	Original Amount Borrowed	Amount Still Outstanding							
3	Lender Name	Date Repayment Made							
	Street Address								
	City	State	ZIP						
	Original Amount Borrowed	Amount Still Outstanding							
4	Lender Name	Date Repayment Made							
	Street Address								
	City	State	ZIP						
	Original Amount Borrowed	Amount Still Outstanding							
5	Lender Name	Date Repayment Made							
	Street Address								
	City	State	ZIP						
	Original Amount Borrowed	Amount Still Outstanding							
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 3(d))									

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

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

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

Recipient Information			Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name of Original Payer	Date Rebate/Refund Made			
	Street Address				
	City	State			
	Corporation Commission File Number (if applicable)	Original Payment Amount			
2	Name of Original Payer	Date Rebate/Refund Made			
	Street Address				
	City	State			
	Corporation Commission File Number (if applicable)	Original Payment Amount			
3	Name of Original Payer	Date Rebate/Refund Made			
	Street Address				
	City	State			
	Corporation Commission File Number (if applicable)	Original Payment Amount			
4	Name of Original Payer	Date Rebate/Refund Made			
	Street Address				
	City	State			
	Corporation Commission File Number (if applicable)	Original Payment Amount			
5	Name of Original Payer	Date Rebate/Refund Made			
	Street Address				
	City	State			
	Corporation Commission File Number (if applicable)	Original Payment Amount			
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 4)					

Schedule B(4), page____ of ____



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

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

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

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

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



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

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

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



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

Partnership Recipient Information				Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle			
1	Partnership Name								
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date In-Kind Contribution Made							
2	Partnership Name								
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date In-Kind Contribution Made							
3	Partnership Name								
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date In-Kind Contribution Made							
4	Partnership Name								
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date In-Kind Contribution Made							
5	Partnership Name								
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date In-Kind Contribution Made							
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 5(d))									

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



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

Corporation / LLC Recipient Information				Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle			
1	Corporation/LLC Name								
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date In-Kind Contribution Made							
2	Corporation/LLC Name								
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date In-Kind Contribution Made							
3	Corporation/LLC Name								
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date In-Kind Contribution Made							
4	Corporation/LLC Name								
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date In-Kind Contribution Made							
5	Corporation/LLC Name								
	Street Address								
	City	State	ZIP						
	Corporation Commission File Number	Date In-Kind Contribution Made							
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 5(e))									

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



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

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

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



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

Expenditure Recipient Information			Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Recipient Name	Mode of Advertising (TV, mail, etc)	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address				
	City	State			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (including % opposed)			
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year			
2	Recipient Name	Mode of Advertising (TV, mail, etc)	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address				
	City	State			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (including % opposed)			
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year			
3	Recipient Name	Mode of Advertising (TV, mail, etc)	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address				
	City	State			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (including % opposed)			
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year			
4	Recipient Name	Mode of Advertising (TV, mail, etc)	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address				
	City	State			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (including % opposed)			
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 6)				

Schedule B(6), page____ of ____



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

Expenditure Recipient Information				Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
1	Recipient Name	Mode of Advertising (TV, mail, etc)		<input type="checkbox"/> Cash <input type="checkbox"/> Credit			
	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					
2	Recipient Name	Mode of Advertising (TV, mail, etc)		<input type="checkbox"/> Cash <input type="checkbox"/> Credit			
	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					
3	Recipient Name	Mode of Advertising (TV, mail, etc)		<input type="checkbox"/> Cash <input type="checkbox"/> Credit			
	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					
4	Recipient Name	Mode of Advertising (TV, mail, etc)		<input type="checkbox"/> Cash <input type="checkbox"/> Credit			
	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					
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 7)						

Schedule B(7), page____ of ____



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

RECALL EXPENDITURES MADE:

SCHEDULE B(8)

Expenditure Recipient Information				Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
1	Recipient Name	Mode of Advertising (TV, mail, etc)		<input type="checkbox"/> Cash <input type="checkbox"/> Credit			
	Street Address						
	City	State	ZIP				
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Recalled					
	Date of First Publication, Display, Delivery, or Broadcast	Office Held					
2	Recipient Name	Mode of Advertising (TV, mail, etc)		<input type="checkbox"/> Cash <input type="checkbox"/> Credit			
	Street Address						
	City	State	ZIP				
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Recalled					
	Date of First Publication, Display, Delivery, or Broadcast	Office Held					
3	Recipient Name	Mode of Advertising (TV, mail, etc)		<input type="checkbox"/> Cash <input type="checkbox"/> Credit			
	Street Address						
	City	State	ZIP				
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Recalled					
	Date of First Publication, Display, Delivery, or Broadcast	Office Held					
4	Recipient Name	Mode of Advertising (TV, mail, etc)		<input type="checkbox"/> Cash <input type="checkbox"/> Credit			
	Street Address						
	City	State	ZIP				
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Recalled					
	Date of First Publication, Display, Delivery, or Broadcast	Office Held					
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 8)						

Schedule B(8), page____ of ____



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

Benefitted Candidate			Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Candidate Name	Date Benefit Provided			
	Street Address				
	City	State	ZIP		
	Type of Benefit Provided				
	Notes:				
2	Candidate Name	Date Benefit Provided			
	Street Address				
	City	State	ZIP		
	Type of Benefit Provided				
	Notes:				
3	Candidate Name	Date Benefit Provided			
	Street Address				
	City	State	ZIP		
	Type of Benefit Provided				
	Notes:				
4	Candidate Name	Date Benefit Provided			
	Street Address				
	City	State	ZIP		
	Type of Benefit Provided				
	Notes:				
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 9)				

Schedule B(9), page____ of ____



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

Recipient Committee Information				Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name	Payment Date		<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (if applicable)				
2	Committee Name	Payment Date		<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (if applicable)				
3	Committee Name	Payment Date		<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (if applicable)				
4	Committee Name	Payment Date		<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (if applicable)				
5	Committee Name	Payment Date		<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (if applicable)				
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 10)					

Schedule B(10), page ____ of ____



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

REIMBURSEMENTS MADE:

SCHEDULE B(11)

Recipient Information				Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date			
2	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date			
3	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date			
4	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date			
5	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date			
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 11)						

Schedule B(11), page ____ of ____



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

Debt Information				Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name					
	Street Address					
	City	State	ZIP			
	Type of Account Payable or Debt Owed	Date that Debt Accrued				
2	Name					
	Street Address					
	City	State	ZIP			
	Type of Account Payable or Debt Owed	Date that Debt Accrued				
3	Name					
	Street Address					
	City	State	ZIP			
	Type of Account Payable or Debt Owed	Date that Debt Accrued				
4	Name					
	Street Address					
	City	State	ZIP			
	Type of Account Payable or Debt Owed	Date that Debt Accrued				
5	Name					
	Street Address					
	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 "Summary of Receipts," line 12)						

Schedule B(12), page ____ of ____



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

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

Schedule B(13), page ____ of ____



STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

Recipient Information			Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name		<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address				
	City	State	ZIP		
	Disbursement Type	Disbursement Date			
2	Name		<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address				
	City	State	ZIP		
	Disbursement Type	Disbursement Date			
3	Name		<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address				
	City	State	ZIP		
	Disbursement Type	Disbursement Date			
4	Name		<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address				
	City	State	ZIP		
	Disbursement Type	Disbursement Date			
5	Name		<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address				
	City	State	ZIP		
	Disbursement Type	Disbursement Date			
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 14)					

Schedule B(14), page ____ of ____



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

AGGREGATE OF DISBURSEMENTS – \$250 OR LESS:

SCHEDULE B(15)

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

Schedule B(15), page____ of ____