COMMITTEE INFORMATION	DN (required):	
Committee Informatio	n: Committee Name:	
CANDIDATE INFORMATIO	N (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
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.

COMMITTEE	ID N	UME	BER
-----------	------	-----	------------



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		
☐ Check here if filing no financial activity during the reporting period. Lines (a)-(d) must still following signed certification 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.

Arizona Secretary of State Revision 10/22/2025



Under A.R.S. § 16-926(B)(5), a campaign finance report must be certified by the

committee treasurer under penalty of perjury that the contents of the report are true and correct.
By filing this report, you certify that, under penalty of perjury, you have examined the contents of this report, and the contents are true and correct.
Printed Name of Committee Treasurer Signature of Committee Treasurer Date

SUMMARY OF RECEIPTS (Schedule A):

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

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)		



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

SCHEDULE A(1)(a)

	Individual Conti	ributor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name	l	Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name	<u>I</u>	Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
	Name	<u> </u>	Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	many of Possints "	lino 1(a))			
	Lacino so ano total received tine period to odini	, or recoupts, 1				

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

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

COMMITTEE ID NUMBER

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

SCHEDULE A(1)(b)

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

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

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



MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

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

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



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

	Candidate Committee	Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address			<u> </u>		
2		T				
_	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	<u>I</u> ed			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	<u> </u> ed			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	<u> </u>			
	Enter total only if last page of schedule (transfer the total received this period to "Sum					

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

	Political Action Commit	ee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	d			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
5		1				
-	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	manual December 11	ino 4(a))	I		
	ruansier the total received this period to Sum	mary or neceipis, I	IIIC 1(C))			

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

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

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

	Partnership Con	tributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Sky	Suite				
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	City	State	ZIF			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name					
	Street Address					
3	City State ZIP					
	City	State	ZIF			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name					
	Street Address					
4		la.	T			
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name					
	Street Address					
5						
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	l				
	(transfer the total received this period to "Sum	mary of Receipts," I	line 1(g))			

Schedule A(1)(g), page___ of ___



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

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

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

	Labor Organization	Contributor Inforn	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name	Labor Organization Name				
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	I ed			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed	-		
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Received				
	Labor Organization Name					
	Street Address					
5	City	City State ZIP				
	Corporation Commission File Number	Date Contribution Receive	ed			
	Enter total only if last mage of eah - dul-					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 1(i))			

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

_	Candidate	Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name	I	Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer				
-	Enter total only if last page of schedule (transfer the total received this period to "Sumi	manual Desemble 111	line 4(:))			
	(transfer the total received this period to "Sumi	mary or receipts," I	iiie i(J))			

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

	Contribut	or Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Refunded			-
	Street Address					
1	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
2	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			
	Name		Date Contribution Refunded			
	Street Address					
4	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
5	City	State	ZIP			
J	İ					

Schedule A(1)(I), page____ of___



LOANS RECEIVED: SCHEDULE A(2)(a)

Lender I	nformation		1	Cumulative	Cumulative
	monnation		Amount Received	Amount this Reporting Period	Amount this Election Cycle
Lender Name	ler Name Date Loan Received				
Street Address					
City	State	ZIP			
Guarantor/Endorser Name		PACs and Political Parties Only)			
Lender Name	Date Loan Received				
Street Address					
City	State	ZIP			
Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)				
Lender Name	Date Loan Received				
Street Address					
City	State	ZIP			
Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)				
Lender Name	Date Loan Received				
Street Address					
City	State	ZIP			
Guarantor/Endorser Name		PACs and Political Parties Only)	-		
Lender Name	Date Loan Received				
Street Address					
City	State	ZIP			
Guarantor/Endorser Name		PACs and Political Parties Only)			
	Guarantor/Endorser Name Lender Name Street Address City Guarantor/Endorser Name Lender Name Street Address City Guarantor/Endorser Name Lender Name Lender Name Lender Name Street Address City Guarantor/Endorser Name Lender Name Street Address City Guarantor/Endorser Name Lender Address City Guarantor/Endorser Name	City State Guarantor/Endorser Name Non-Electoral Purpose? (Lender Name Date Loan Received Street Address City State Guarantor/Endorser Name Non-Electoral Purpose? (Lender Name Date Loan Received Street Address City State Guarantor/Endorser Name Non-Electoral Purpose? (Lender Name Date Loan Received Street Address City State Guarantor/Endorser Name Non-Electoral Purpose? (City State Street Address City State City State City State City State Street Address City State Street Address Street Address Street Address Street Address Street Address	City State ZIP Guarantor/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only) Lender Name Date Loan Received City State ZIP Guarantor/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only) Lender Name Date Loan Received Street Address City State ZIP Guarantor/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only) Lender Name Date Loan Received Street Address City State ZIP Guarantor/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only) Lender Name Date Loan Received Street Address City State ZIP Guarantor/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only) Lender Name Date Loan Received Street Address City State ZIP Guarantor/Endorser Name Date Loan Received Street Address City State ZIP Guarantor/Endorser Name Date Loan Received	City State ZIP Guarantor/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only) Lender Name Date Loan Received Street Address City State ZIP Guarantor/Endorser Name Date Loan Received Street Address City State ZIP City State ZIP Guarantor/Endorser Name Non-Electoral Purposer? (PACs and Political Parties Only) Carder Name Date Loan Received	

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



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

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

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



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

	Borrower	Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Repayment Received			
	Street Address		<u> </u>	-		
1	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Borrower Name		Date Repayment Received			
	Street Address			-		
2	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		_		
	Borrower Name		Date Repayment Received			
	Street Address			_		
3	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Borrower Name		Date Repayment Received			
	Street Address			_		
4	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address			-		
5			ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		_		
	-	ourit Our Outstanding				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 2(c))			

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

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

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



REBATES AND REFUNDS RECEIVED: SCHEDULE A(3)

/	Payor II	nformation		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Payor Name		Date Rebate/Refund Received			
	Street Address					
1	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	9			
	Payor Name	I	Date Rebate/Refund Received			
	Street Address					
2	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	<u> </u>			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	<u> </u>			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
4	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	9			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
5	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	<u> </u>			
_	Enter total only if last page of schedule					
	(transfer the total received this period to "Sum	mary of Receipts," I	ine 3)			

Schedule A(3)	, page	of	

COMMITTEE ID NUMBER

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
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 ____



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

SCHEDULE A(5)(a)

Individual Contributor Information Name							
Name Street Address		Individual Contr	ributor Informatio	n	Amount Received	Amount this	Cumulative Amount this Election Cycle
Date Part Date Date		Name		Date In-Kind Contribution Received			-
Occupation Rame Date In-Kind Contribution Received City State ZIP Occupation Employer Date In-Kind Contribution Received Street Address City State ZIP Occupation Employer Date In-Kind Contribution Received Street Address City State ZIP Occupation Employer Date In-Kind Contribution Received Street Address Temployer Date In-Kind Contribution Received Employer Date In-Kind Contribution Received Street Address A City State ZIP Occupation Employer Date In-Kind Contribution Received		Street Address		<u> </u>	-		
Name Date In-Kind Contribution Received Street Address 2 City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address 3 City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address 4 City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address 4 City State ZIP Occupation Employer	1	City	State	ZIP	-		
Siteet Address City State ZIP Occupation Employer Name Oate In-Kind Contribution Received Siteet Address City State ZIP Occupation Employer Occupation Employer Aname Oate In-Kind Contribution Received Siteet Address City State ZIP Occupation Employer Date In-Kind Contribution Received Siteet Address City Occupation Employer Occupation Employer Date In-Kind Contribution Received Siteet Address A Date In-Kind Contribution Received Siteet Address Date In-Kind Contribution Received		Occupation	Employer				
City State ZIP Occupation Employer Date In-Kind Contribution Received Street Address City State ZIP Occupation Employer Date In-Kind Contribution Received Street Address 4 City State ZIP Occupation Employer Date In-Kind Contribution Received Employer Date In-Kind Contribution Received Employer Date In-Kind Contribution Received Street Address 4 Date In-Kind Contribution Received Date In-Kind Contribution Received		Name	<u> </u>	Date In-Kind Contribution Received			
Name Date In-Kind Contribution Received		Street Address		<u> </u>	-		
Name Date In-Kind Contribution Received	2	City	State	ZIP	-		
Street Address City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address City State ZIP Occupation Employer Date In-Kind Contribution Received Street Address Street Address Date In-Kind Contribution Received		Occupation	Employer		-		
State		Name		Date In-Kind Contribution Received			
Occupation Employer Name Date In-Kind Contribution Received Street Address City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address Employer Date In-Kind Contribution Received Street Address Date In-Kind Contribution Received		Street Address			-		
Name Date In-Kind Contribution Received Street Address City State ZIP Occupation Employer Date In-Kind Contribution Received Street Address Street Address	3	City	State	ZIP	-		
Street Address City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address		Occupation	Employer		_		
City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address		Name		Date In-Kind Contribution Received			
City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address		Street Address			_		
Name Date In-Kind Contribution Received Street Address	4	City	State	ZIP	-		
Street Address		Occupation	Employer		-		
		Name		Date In-Kind Contribution Received			
5 City State ZIP		Street Address					
	5	City	State	ZIP	-		
Occupation Employer		Occupation	Employer		_		
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5(a))		Takan kakal amba ifi lash wa wa afa aba a ba					

 * 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 ___

COMMITTEE ID NUMBER

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

SCHEDULE A(5)(b)

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

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

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



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

SCHEDULE A(5)(c)

/	Individual Contr	ibutor Information	ı	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 I	Received			
	Committee Name	L				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name	<u> </u>				
	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 "Sumr	nary of Receipts," lin	ne 5(c))			

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



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

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

Arizona Secretary of State Revision 9/25/2025

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

	Political Action Commi	ttee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number					
	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 "Sur	nmary of Receipts," I	line 5(e))			

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

Political Party Con	ntributor Informat	ion	Amount Received	Cumulative Amount this	Cumulative Amount this
				Reporting Period	Election Cycle

Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution I	I Received			
Committee Name					
Street Address					
Sity	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
Committee Name					
Street Address					
Sity	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution Received				
Committee Name					
Street Address					
Sity	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
	treet Address ity committee ID Number committee Name treet Address ity committee ID Number committee Name treet Address ity committee Name treet Address ity committee ID Number treet Address State Date In-Kind Contribution Committee ID Number Date In-Kind Contribution Date In-Kind Contribution Committee ID Number Date In-Kind Contribution Committee Name State Date In-Kind Contribution Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution Committee Name Treet Address State Date In-Kind Contribution Committee Name Treet Address Date In-Kind Contribution Committee Name Treet Address Date In-Kind Contribution Date In-Kind Contribution	treet Address ity State ZIP committee ID Number Date In-Kind Contribution Received committee Name ity State ZIP committee ID Number Date In-Kind Contribution Received committee ID Number Date In-Kind Contribution Received committee Name ity State ZIP committee Name treet Address ity State ZIP committee ID Number Date In-Kind Contribution Received committee ID Number Date In-Kind Contribution Received committee Name treet Address ity State ZIP	treet Address State ZIP Committee ID Number Date In-Kind Contribution Received State ZIP State ZIP Committee ID Number Date In-Kind Contribution Received State ZIP Committee ID Number Date In-Kind Contribution Received State ZIP Committee ID Number Date In-Kind Contribution Received State ZIP Committee ID Number Date In-Kind Contribution Received State ZIP Committee ID Number Date In-Kind Contribution Received	Itreed Address State ZIP committee ID Number Date In-Kind Contribution Received ZIP ammittee ID Number Date In-Kind Contribution Received ZIP committee ID Number Date In-Kind Contribution Received ZIP committee ID Number Date In-Kind Contribution Received ZIP committee Name ZIP committee ID Number Date In-Kind Contribution Received ZIP committee ID Number Date In-Kind Contribution Received	

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

,						
	Partnership Con	tributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name				. 0	,
	Street Address	eet Address				
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address			-		
2	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received	_		
	Partnership Name					
	Street Address			_		
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received	_		
	Partnership Name					
	Street Address					
4	City	State	ZIP	_		
	Corporation Commission File Number	Date In-Kind Contribution	Received	_		
	Partnership Name					
	Street Address			-		
5	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	many of Receipts " I	line 5(a))			
	Land of the total received this period to odin	, o	3(9//			

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



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

	Corporation / LLC	Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name				r toper mig r energ	
	Street Address			1		
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received	1		
	Corporation/LLC Name	·				
	Street Address			-		
2	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
	Corporation/LLC Name					
	Street Address	-				
3	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
	Corporation/LLC Name					
	Street Address			-		
4	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
	Corporation/LLC Name	ı				
	Street Address	1				
5	City	State	ZIP	1		
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
	Enter total only if last page of schedule (transfer the total received this period to "Sur	nmary of Receipts," I	line 5(h))			

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

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

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



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

SCHEDULE A(5)(j)

/	/						
		Candidate	Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Name		Date In-Kind Contribution Received			
	-	Street Address			-		
1	ı	City	State	ZIP			
	-	Asset or Property Contributed					
		ASSECTION OF THE PROPERTY OF T					
		Name		Date In-Kind Contribution Received			
	-	Street Address		l			
2	2	City	State	ZIP			
	_	Asset or Property Contributed					
				T			
		Name		Date In-Kind Contribution Received			
		Street Address					
3	3	City	State	ZIP			
	-	Asset or Property Contributed					
_		Name		Date In-Kind Contribution Received			
				Date in this contraction to contract			
		Street Address					
4	1	City	State	ZIP			
	-	Asset or Property Contributed					
H		Name		Date In-Kind Contribution Received			
	-	2000					
F		Street Address		,			
5	,	City	State	ZIP			
		Asset or Property Contributed	<u> </u>	1			
\vdash		Enter total only if last page of schedule					
F		(transfer the total received this period to "Sumi		line 5(j)) edule A(5)(j), page of			/



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

SCHEDULE A(6)

_	Source I	nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Donation Received			
	Street Address			<u> </u>		
1	City	State	ZIP			
	Type of Item Donated	Type of Item Donated				
	Name		Date In-Kind Donation Received			
	Street Address			-		
2	Name Street Address City Type of Item Donated Name	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	<u> </u>				
	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 "Sumi		line C)	1		
	Itualisier the total received this period to "Sumi	mary or Receipts,"	iirie o)			

Schedule A(6), page____ of ____



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

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

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



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

Creditor Information			Payment Amount on Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Name					
Street Address					
City	State	ZIP			
Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
Name					
Street Address					
City	State	ZIP			
Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
Name					
Street Address			_		
City	State	ZIP			
Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
Name					
Street Address					
City	State	ZIP			
Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
Name					
Street Address					
City	State	ZIP			
		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					
	Name Street Address City Services or Goods Originally Provided on Credit Name Street Address City Services or Goods Originally Provided on Credit Name Street Address City Services or Goods Originally Provided on Credit Name Street Address City Services or Goods Originally Provided on Credit Name Street Address City Services or Goods Originally Provided on Credit Name Street Address City Services or Goods Originally Provided on Credit Name Street Address	Street Address City State Services or Goods Originally Provided on Credit Name Street Address City State Services or Goods Originally Provided on Credit Name Street Address City State Street Address City State Street Address City State Street Address City State Services or Goods Originally Provided on Credit Name Street Address City State Street Address Street Address Street Address	Name Street Address City State ZIP Date of Original Extension of Credit Name Street Address City State ZIP Services or Goods Originally Provided on Credit Date of Original Extension of Credit Name Street Address City ZIP Date of Original Extension of Credit Name Street Address City ZIP Date of Original Extension of Credit Name Street Address City ZIP Date of Original Extension of Credit Name Street Address ZIP Date of Original Extension of Credit Name Street Address ZIP Services or Goods Originally Provided on Credit Date of Original Extension of Credit Name Street Address City ZIP Services or Goods Originally Provided on Credit ZIP Services or Goods Originally Provided on Credit ZIP Name Street Address ZIP Street Address ZIP Services or Goods Originally Provided on Credit ZIP Name	Name Street Address City State Address Street Address City Date of Original Extension of Credit Name Street Address City Date of Original Extension of Credit Street Address City Date of Original Extension of Credit Name Street Address City Date of Original Extension of Credit Name Street Address City Date of Original Extension of Credit Street Address City Date of Original Extension of Credit Date of Original Extension of Credit Street Address City Date of Original Extension of Credit Services or Goods Originally Provided on Credit Date of Original Extension of Credit Name Street Address City Date of Original Extension of Credit State Street Address City Date of Original Extension of Credit Name Street Address City Date of Original Extension of Credit State State Zil'	Creditor Information Name Street Address City Street Address

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



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

/	Payor C	ommittee Informa	tion	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			-
	Street Address					
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	spense (if applicable)			
2	Committee Name		Payment Date			
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	spense (if applicable)			
3	Committee Name		Payment Date			
	Street Address					
	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	spense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	spense (if applicable)			
5	Committee Name		Payment Date			
	Street Address					
	City State		ZIP			
	Date of Joint Fundraising Event (if applicable)		spense (if applicable)			
	Enter total only if last page of scheotransfer the total received this period to	dule "Summary of Recei	pts," line 8)			

Schedule A(8), page____ of ____



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

Payment Amount this Reporting Period Name Stock Zer							
Store Address 1 City State ZP Services or Goods Purchased Proposed Purchased Name Store Address 2 City State ZP Services or Goods Purchased Proposed Purchased Name Store Address 3 City State ZP Services or Goods Purchased Proposed Purchased Name Store Address 4 City State ZP Services or Goods Purchased Proposed Pro	_	Payor II	nformation		Payment Amount	Amount this	Cumulative Amount this Election Cycle
Toty State		Name					
Services or Goods Purchased Payment Date Sized Address City State Services or Goods Purchased Payment Date State Address The Address State Address State Address State Address The Address State Address State Address The Address State Address The Address State Address The Address State Address The		Street Address					
State	1	City	State	ZIP			
Street Address ZIP		Services or Goods Purchased		Payment Date			
City State ZIP Services or Goods Purchased Prayment Date Name Street Address City State ZIP Services or Goods Purchased Prayment Date Payment Date The Address ZIP Services or Goods Purchased Prayment Date Name Street Address A City State ZIP Services or Goods Purchased Prayment Date Name Street Address Toty State ZIP Services or Goods Purchased Prayment Date Name Street Address Frayment Date		Name					
Services or Goods Purchased Payment Date Name Street Address 3 City State ZIP Services or Goods Purchased Payment Date All City Street Address 4 City Street Address Name Street Address 5 City Street Address 5 City Street Address 5 City Street Address 5 City Street Address 5 Street Address 5 City Street Address 5 Services or Goods Purchased Payment Date Payment Date		Street Address					
Name Street Address Tight Address Street Address All Payment Date Payment Date City State ZIP Services or Goods Purchased Payment Date Tight Address City State ZIP Services or Goods Purchased Payment Date Street Address Payment Date Street Address Fayment Date Street Address Fayment Date Street Address Payment Date	2	City	State	ZIP			
Street Address City State ZiP Services or Goods Purchased Payment Date In the City State ZiP City State ZiP Services or Goods Purchased Payment Date Street Address City State ZiP Services or Goods Purchased Payment Date Street Address Total City State ZiP Services or Goods Purchased Payment Date Street Address Fayment Date		Services or Goods Purchased		Payment Date			
City State ZIP Services or Goods Purchased Payment Date Payment Date Paymen		Name					
Services or Goods Purchased Payment Date Name Street Address City State ZIP Services or Goods Purchased Payment Date Payment Date In the services or Goods Purchased Payment Date Street Address City State ZIP Services or Goods Purchased Payment Date Street Address Fayment Date Payment Date		Street Address					
Name Street Address 4 City State ZIP Services or Goods Purchased Payment Date Name Street Address 5 City State ZIP Services or Goods Purchased Payment Date Payment Date	3	City	State	ZIP			
Street Address City State ZIP Services or Goods Purchased Payment Date Name Street Address City State ZIP Services or Goods Purchased Payment Date		Services or Goods Purchased		Payment Date			
A City State ZIP Services or Goods Purchased Payment Date Name Street Address City State ZIP Services or Goods Purchased Payment Date		Name					
Services or Goods Purchased Payment Date Name Street Address City State ZIP ZIP ZIP Services or Goods Purchased Payment Date		Street Address					
Name Street Address City State ZIP Services or Goods Purchased Payment Date	4	City	State	ZIP			
Street Address City State ZIP Services or Goods Purchased Payment Date		Services or Goods Purchased		Payment Date			
City State ZIP Services or Goods Purchased Payment Date		Name					
City State ZIP Services or Goods Purchased Payment Date		Street Address					
	5	City	State	ZIP			
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts." line 9)		Services or Goods Purchased		Payment Date			
		Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts " I	ine 9)	l		



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

/				ı	1 1	
_	Info	mation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Type of Account Receivable or Debt Owed	<u> </u>	Date that Debt Accrued			
	Name					
	Street Address					
2	City	State	ZIP			
	Type of Account Receivable or Debt Owed		-			
	Name					
	Street Address					
3	City	State	ZIP	_		
	Type of Account Receivable or Debt Owed		Date that Debt Accrued	_		
	Name					
	Street Address					
4	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued	_		
	Name					
	Street Address					
5	City	State	ZIP	_		
	Type of Account Receivable or Debt Owed		Date that Debt Accrued	_		
	Enter total only if last page of schedule (transfer the total received this period to "Sum					

COMMITTEE ID NUMBER

TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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

Schedule A(11), page____ of ____



MISCELLANEOUS RECEIPTS: SCHEDULE A(12)

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

Schedule A(12), page____ of ____



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

F	Recipient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Name	Disbursement Da	ate			-
Street Address					
City	State	ZIP			
Type of Operating Expense Paid		Non-Electoral Purpose? (PACs and Political Parties Only)			
Name		ate			
Street Address					
City	State	ZIP			
Type of Operating Expense Paid	Non-Electoral Pur	pose? (PACs and Political Parties Only)	□ Cash □ Credit		
Name	Disbursement Da	Disbursement Date			
Street Address					
City	State ZIP				
	Non-Electoral Pur	pose? (PACs and Political Parties Only)	□ Cash		
Name	Disdursement Da	ite			
Street Address					
City	State	ZIP	□ Cash		
Type of Operating Expense Paid		Non-Electoral Purpose? (PACs and Political Parties Only)			
Name		ate			
Street Address					
City	State	ZIP	□ Cash		
Type of Operating Expense Paid	Non-Electoral Pur	pose? (PACs and Political Parties Only)			
	Street Address City Type of Operating Expense Paid Name Street Address City Type of Operating Expense Paid Name Street Address City Type of Operating Expense Paid Name Street Address City Type of Operating Expense Paid Name Street Address City Type of Operating Expense Paid Name Street Address City Type of Operating Expense Paid Name Street Address City Type of Operating Expense Paid Name Street Address	Street Address City State Type of Operating Expense Paid Non-Electoral Purporal Disbursement Date of Operating Expense Paid Non-Electoral Purporal Date of Operating	Street Address City State ZIP Type of Operating Expense Paid Non-Electoral Purpose? (PACs and Political Parties Only) Street Address City State ZIP Type of Operating Expense Paid Non-Electoral Purpose? (PACs and Political Parties Only) Name Disbursement Date Street Address City State ZIP Type of Operating Expense Paid Non-Electoral Purpose? (PACs and Political Parties Only) Name Disbursement Date Street Address City State ZIP Type of Operating Expense Paid Non-Electoral Purpose? (PACs and Political Parties Only) Name Disbursement Date Street Address City State ZIP Type of Operating Expense Paid Non-Electoral Purpose? (PACs and Political Parties Only) Name Disbursement Date Street Address City State ZIP Type of Operating Expense Paid Non-Electoral Purpose? (PACs and Political Parties Only) Disbursement Date Street Address City State ZIP Non-Electoral Purpose? (PACs and Political Parties Only) Disbursement Date Street Address City State ZIP Street Address City State ZIP	Name Diabursement Date Cash Credit	Recipient Information Discursement Date Di

Schedule B(1), page____ of ____



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

	Candidate Committe	e Recipient Inforr	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address			_		
1	City	State	ZIP	_ □ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
2	Street Address	T		_		
_	City	State	ZIP	☐ Cash		
	Committee ID Number Committee Name	Date Contribution Made		☐ Credit		
	Street Address			-		
3	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
4	Street Address	T	T			
•	City	State	ZIP	□ Cash □ Credit		
	Committee ID Number Committee Name	Date Contribution Made		L Great		
	Street Address					
5	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	mmary of Disbursen	nents," line 2(a))			
\		Sche	edule B(2)(a), pageo	f		



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

Political Action Commit			1		
Committee Name	tee Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name Street Address					
5.00.7.44.000					
City	State	ZIP	☐ Cash		
Committee ID Number	Date Contribution Made		☐ Credit		
Committee Name					
Street Address					
City	State ZIP	□ Cash			
Committee ID Number	Date Contribution Made		□ Credit		
Committee Name					
Street Address					
City	State	ZIP	□ Cash		
Committee ID Number	Date Contribution Made		□ Credit		
Committee Name					
Street Address					
City	State	ZIP	□ Cash		
Committee ID Number	Date Contribution Made		□ Credit		
Committee Name					
Street Address					
City	State	ZIP	☐ Cash		
Committee ID Number	Date Contribution Made		□ Credit		
Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursem	nents," line 2(b))			
	Committee ID Number Committee Name Street Address City Committee ID Number Committee Name Street Address City Committee ID Number Committee ID Number Committee Name Street Address City Committee Name Street Address City Committee ID Number Committee Name Street Address City Committee ID Number	Committee ID Number Date Contribution Made Street Address City State Committee ID Number Date Contribution Made Street Address City State Committee ID Number Date Contribution Made Street Address City State Committee ID Number Date Contribution Made Committee ID Number Date Contribution Made Committee ID Number Date Contribution Made Enter total only if last page of schedule transfer the total disbursed this period to "Summary of Disbursen	Committee ID Number Committee Name Street Address City State ZIP Committee ID Number Date Contribution Made Committee Name Street Address City State ZIP Committee Name 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))	Cash Credit	Committee ID Number Cash Credit



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

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



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partner	ship Recipient Informa	tion	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Partnership Name						
	Street Address						
1	City	State	ZIP	□ Cash			
	Corporation Commission File Number	Date Contribution Mad	de	□ Credit			
	Partnership Name	l					
	Street Address						
2	City	State	□ Cash				
	Corporation Commission File Number	Date Contribution Ma	l ide	□ Cash			
	Partnership Name						
	Street Address						
3	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit			
	Partnership Name						
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Ma	ide	□ Cash □ Credit			
	Partnership Name						
	Street Address						
5	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit			
_	Enter total only if last page of sci	hedule					



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	n / LLC Recipient In	formation	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	Date Contribution	Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	n Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address	Street Address				
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	n Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	n 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 sol (transfer the total disbursed this period	nedule				



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Organ	nization Recipient In	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name			,		
	Street Address	tt Address				
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Labor Organization Name					
-	Street Address					
3	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution	Made	□ Casn		
	Labor Organization Name	Labor Organization Name				
	Street Address					
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution	Made	□ Credit		
	Labor Organization Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution	Made	□ Credit		
-	Enter total only if last page of sch (transfer the total disbursed this perio	nedule d to "Summary of Disb	ursements," line 2(f))	I		



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

	Contributo	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Date Refund Received			
	Street Address					
1	City	State	ZIP	-		
	Committee ID Number		Date of Original Contribution	-		
	Committee Name		Date Refund Received			
	Street Address			-		
2	City	State	ZIP	-		
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address	1				
3	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address		1	1		
4	City	State	ZIP	1		
	Committee ID Number	I	Date of Original Contribution	1		
	Committee Name		Date Refund Received			
	Street Address		1	1		
5	City	State	ZIP			
	Committee ID Number	L	Date of Original Contribution	1		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursei	ments," line 2(h))	1		

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



LOANS MADE: SCHEDULE B(3)(a)

	Borrow	er Information		Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name					
	Street Address					
1	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made	l			
	Borrower Name					
	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
3	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	er 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 ___



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

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

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



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

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

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



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

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

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



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

Lender I	nformation		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Lender Name		Date Interest Accrued			
Street Address			-		
City	State	ZIP	-		
Original Amount Borrowed	Amount Still Outstanding		-		
Lender Name		Date Interest Accrued			
Street Address			-		
City	State	ZIP	-		
Original Amount Borrowed	Amount Still Outstanding		-		
Lender Name	<u> </u>	Date Interest Accrued			
Street Address			_		
City	State	ZIP	_		
Original Amount Borrowed	Amount Still Outstanding		_		
Lender Name		Date Interest Accrued			
Street Address			1		
City	State	ZIP	_		
Original Amount Borrowed	Amount Still Outstanding				
Lender Name		Date Interest Accrued			
Street Address			-		
City	State	ZIP	-		
Original Amount Borrowed	Amount Still Outstanding		-		
-					
	Lender Name Street Address City Original Amount Borrowed City Original Amount Borrowed	Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address Street Address	Lender Name Date Interest Accrued	Lender Name Street Address City State City City State City City State City City State City City City City City City City City	Lender Information Dele Information Amount 18 Amount 18 Reporting Period

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

/	Red	cipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
)	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor		Date Rebate/Refund Made			
-	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Enter total only if last page of sche (transfer the total disbursed this period	edule	sements " line 4)			

Schedule B(4), page____ of ____



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

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

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

	Political Action Comm	ittee Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
-	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
_	Enter total only if last page of schedule (transfer the total disbursed this period to "Su					

Arizona Secretary of State Revision 9/25/2025

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

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

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



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

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

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

Corporation / LLC Recipient Information Amount this Amount this Amount this	/						
Street Address Carporation Commission File Number	Corporation / LLC	Recipient Informa	ation		Amount this	Cumulative Amount this Election Cycle	
Toly State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation LLC Name Street Address Corporation Commission File Number Date In-Kind Contribution Made Corporation Commission File Number Date In-Kind Contribution Made Corporation LLC Name Street Address Gliy State ZIP Corporation Commission File Number Date In-Kind Contribution Made	С	Corporation/LLC Name					
Corporation Commission File Number Corporation Commission File Number Date In-Kind Contribution Made	S	Street Address					
Corporation/LLC Name Street Address Zay State ZaP Corporation Commission File Number Date In-Kind Contribution Mede Street Address Cay State ZaP Corporation/LLC Name Street Address Cay State ZaP Corporation Commission File Number Date In-Kind Contribution Mede	С	City State ZIP		ZIP			
Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made	С	Corporation Commission File Number	Date In-Kind Contribution	Made			
2 City State ZIP Corporation/Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address 3 City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address 4 City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address 4 City State ZIP Corporation Commission File Number Date In-Kind Contribution Made	С	Corporation/LLC Name					
Corporation/LLC Name Street Address Corporation/LLC Name Street Address Corporation/LLC Name Date In-Kind Contribution Made ZIP Corporation/CLC Name Street Address Corporation/CLC Name Street Address Street Address City State ZIP Corporation/CLC Name Street Address Street Address City State ZIP Corporation/CLC Name Street Address Street Address Street Address Corporation/CLC Name Street Address Street Address Street Address Street Address	s	Street Address			-		
Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made	С	City	State	ZIP	_		
Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made	С	Corporation Commission File Number	Date In-Kind Contribution	Made	_		
Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address City Corporation Commission File Number Date In-Kind Contribution Made ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address	С	Corporation/LLC Name					
Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made	s	Street Address	_				
Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address	С	City	State	ZIP	_		
Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address	С	Corporation Commission File Number	Date In-Kind Contribution	Made	_		
City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address	С	Corporation/LLC Name					
City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Corporation/LLC Name Street Address	s	Street Address			_		
Corporation/LLC Name Street Address	С	City	State	ZIP	_		
Street Address	С	Corporation Commission File Number	Date In-Kind Contribution Made		_		
5	С	Corporation/LLC Name					
5 City State ZIP	S	Street Address			-		
	С	Sity	State	ZIP	-		
Corporation Commission File Number Date In-Kind Contribution Made	С	Corporation Commission File Number	Date In-Kind Contribution	Made	-		
Enter total only if last page of schedule	F	Enter total only if last page of schedule					

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



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

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

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



INDEPENDENT EXPENDITURES MADE: SCHEDULE B(6)

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

Schedule B(6), page____ of ____



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

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



RECALL EXPENDITURES MADE: SCHEDULE B(8)

1	Expenditure I	Recipient Informatio		Expenditure	Cumulative	Cumulative
1	Recipient Name		on	Amount	Amount this Reporting Period	Amount this Election Cycle
1			Mode of Advertising (TV, mail, etc)			
1	Street Address					
F	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	□ Cash		
Ī	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			
F	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	☐ Cash		
-	Date of First Publication, Display, Delivery, or Broadcast Office Held			_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
3	City	State	ZIP			
F	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
4	City	State	ZIP	-		
}	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Recalled		☐ Cash		
-	Date of First Publication, Display, Delivery, or Broadcast	Office Held		_ □ Credit		
-	Enter total only if last page of schedul (transfer the total disbursed this period to "S	<u> </u> e				

Schedule B(8), page____ of ____



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

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

Schedule B(9), page___ of ____

COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

/		Recipient Com	nmittee Information	ı	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name	Committee Name					
	Street Address						
1	City		State	ZIP	□ Cash		
	Date of Joint Fundraising Even	t (if applicable)	Type of Shared Expense (I (if applicable)	□ Credit		
	Committee Name		I	Payment Date			
	Street Address						
2	City		State	ZIP	□ Cash		
	Date of Joint Fundraising Even	t (if applicable)	Type of Shared Expense (if applicable)	□ Credit		
	Committee Name		Payment Date				
	Street Address						
3	City		State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable) Type of Shared Expense		I if applicable)	□ Credit			
	Committee Name		I	Payment Date			
	Street Address			l			
4	City		State	ZIP	□ Cash		
	Date of Joint Fundraising Even	Date of Joint Fundraising Event (if applicable) Type of Shared Expense		(if applicable)	□ Credit		
	Committee Name	Committee Name					
	Street Address		1				
5	City		State	ZIP	□ Cash		
	Date of Joint Fundraising Even	t (if applicable)	Type of Shared Expense ((if applicable)	□ Credit		
	Enter total only if la	st page of schedule ursed this period to "Su	mmary of Dishursen	nents " line 10)	I		
	La anord the total disp	aloog this period to ou	minary or Disbursen	10110, 1110 10)			

Schedule B(10), page____ of ____



REIMBURSEMENTS MADE: SCHEDULE B(11)

	Recipie	nt Information		Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Name				
	Street Address					
1	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	□ Credit		
	Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	□ Credit		
	Name					
	Street Address					
3	City	State	ZIP	Florit		
	Services or Goods Reimbursed	Reimbursement Date	□ Cash □ Credit			
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Reimbursed f		Reimbursement Date	☐ Cash☐ Credit		

Schedule B(11), page____ of ____



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

	Debt In	formation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Name				
	Street Address					
1	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name		l			
	Street Address					
2	City	State	ZIP			
	Type of Account Payable or Debt Owed	l	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 "Sum	many of Dessints " !	ino 12)	<u> </u>		
	The folial received this period to Sum	mary or Receipts, T	IIIC 12)			

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 ____



MISCELLANEOUS DISBURSEMENTS: SCHEDULE B(14)

	Reci	oient Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Credit		
	Name		·			
2	Street Address					
2	City	State	ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Credit		
	Name					
3	Street Address					
	City	State	ZIP	☐ Cash		
	Disbursement Type	Disbursement Date	□ Credit			
	Name					
4	Street Address		710			
	City	State	ZIP Disbursement Date	☐ Cash☐ Credit		
				- Gredit		
	Name Street Address					
5	City State		ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Enter total only if last page of sched	ule				
	(transfer the total disbursed this period to	"Summary of Disbu	rsements," line 14)			

Schedule B(14), page____ of ____

COMMITTEE ID NUMBER

AGGREGATE OF DISBURSEMENTS - \$250 OR LESS:

SCHEDULE B(15)

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

Schedule B(15), page____ of ____