☑ City/Town Office: City Council

COMMITTEE ID NUMBER 20-NP-06

☐ School Board District:

		<u></u>			
	Committee Information:	Committee Name:	Moses for Council		
CAN	DIDATE INFORMATION (only if fil	ing as a candidate comr	nittee):		
	Office Sought:	☐ County Office:		☐ Special District Office:	

Cumulative Report:

COMMITTEE INFORMATION (require

☐ Check here if this is the candidate committee's first, cumulative report for the election cycle. Also select appropriate Reporting Period below.

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

REPORTING PERIOD (check one):

	REPORTING PERIOD	REPORT DUE
	2023 March Pre-Election Report (Local Only): January 1, 2023 to February 25, 2023	February 26, 2023 to March 4, 2023
	2023 March Post-Election (Q1) Report (Local Only): February 26, 2023 to March 31, 2023	April 1, 2023 to April 15, 2023
	2023 Quarter 1 Report: January 1, 2023 to March 31, 2023	April 1, 2023 to April 17, 2023
	2023 May Pre-Election Report (Local Only): April 1, 2023 to April 29, 2023	April 30, 2023 to May 6, 2023
	2023 May Post-Election (Q2) Report (Local Only): April 30, 2023 to June 30, 2023	July 1, 2023 to July 15, 2023
	2023 Quarter 2 Report: April 1, 2023 to June 30, 2023	July 1, 2023 to July 17, 2023
	2023 August Pre-Election Report (Local Only): July 1, 2023 to July 15, 2023	July 16, 2023 to July 22, 2023
	2023 August Post-Election (Q3) Report (Local Only): July 16, 2023 to September 30, 2023	October 1, 2023 to October 16, 2023*
	2023 Quarter 3 Report: July 1, 2023 to September 30, 2023	October 1, 2023 to October 16, 2023*
	2023 November Pre-Election Report (Local Only): October 1, 2023 to October 21, 2023	October 22, 2023 to October 28, 2023
	2023 November Post-Election (Q4) Report (Local Only): October 22, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
	2023 Quarter 4 Report: October 1, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
	2024 March Pre-Election Report (Local Only): January 1, 2024 to February 24, 2024	February 25, 2024 to March 2, 2024
	2024 March Post-Election (Q1) Report (Local Only): February 25, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
	2024 Quarter 1 Report: January 1, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
	2024 May Pre-Election Report (Local Only): April 1, 2024 to May 4, 2024	May 5, 2024 to May 11, 2024
	2024 May Post-Election (Q2) Report (Local Only): May 5, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
	2024 Quarter 2 Report: April 1, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
	2024 August Pre-Primary Election Report: July 1, 2024 to July 20, 2024	July 21, 2024 to July 27, 2024
	2024 August Post-Primary Election (Q3) Report: July 21, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
/	2024 Quarter 3 Report: July 1, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
V	2024 November Pre-General Election Report: October 1, 2024 to October 19, 2024	October 20, 2024 to October 26, 2024
1	2024 November Post-General Election (Q4) Report: October 20, 2024 to December 31, 2024	January 1, 2025 to January 15, 2025
	Final Campaign Finance Report Prior to Committee Termination: End of Previous Period through Today's Date	Same Date of Termination

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)	\$ 3,055.58	
(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	\$ 3,055.58	

*Reporting deadline extended to next business day if deadline date is a holiday or Sunday. A.R.S. §§§ 1-243(A), 1-301 and 1-303.

Check here if filing no financial activity during the reporting period. Lines (a)-(d) still must be completed, but only this cover page and the following page need to be filed.



COMMITTEE ID NUMBER
20-NP-06

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.

Eileen P Nexsen		10/07/2024
Printed Name of Committee Treasurer	Signature of Committee Treasurer	Date



SUMMARY OF RECEIPTS (Schedule A):

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



SUMMARY OF DISBURSEMENTS (Schedule B):

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



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

SCHEDULE A(1)(a)

/	Individual Co	ntributor Informa	tion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			- -
	Street Address		1			
1	City	State	ZIP	1		
	Occupation	Employer				
_	Name	<u></u>	Date Contribution Received			
	Street Address		l	1		
2	City	State	ZiP	-		
	Occupation	Employer				
\vdash	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP	_		
	Occupation	Employer		_		
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZiP			
	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address	-				
5	City	State	ZIP			
	Occupation	Employer				

*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 ____



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

SCHEDULE A(1)(b)

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

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



MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

/	Individual Contr	ributor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
l	Street Address		<u> </u>	1		
1	City	State	ZIP	1		
	Occupation	Employer		-		
	Name	<u> </u>	Date Contribution Received			
	Street Address			1		
2	City	State	ZIP	-		
	Occupation	Employer	I			
	Name	Date Contribution Received				
	Street Address			1		
3	City	State	ZIP			
	Occupation	Employer				i
H	Name	Date Contribution Received				
	Street Address		1			
4	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address		1	7		
5	City	State	ZIP			
		Employer	<u> </u>	╡		
	Occupation	' '				

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

	COMMITT	TEE ID	NUMBER
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MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

	Candidate Com	mittee Contributor I	Information	Amount R	eceived	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc	
	Committee Name							
	Street Address							
1	City	State	ZIP					
	Committee ID Number	Date Contribution R	teceived					
-	Committee Name		· · · · · · · · · · · · · · · · · · ·		-			
	Street Address							
2	City	State	ZIP					
	Committee ID Number	Date Contribution R	Received		_			
	Committee Name							
	Street Address							
3	City	State	ZIP					
	Committee ID Number Date Contribution Received							
	Committee Name							
	Street Address							
	Street Address							
4	Street Address City	State	ZIP					
		State Date Contribution R						
	City				· :			
•	City Committee ID Number				:			
	Committee ID Number Committee Name							

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

/	/	Political Action Committe	ee Contributor Inf	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	\
Γ		Committee Name						\
		Street Address				ı		
1		City	State	ZIP				
	Ì	Committee ID Number Date Contribution Received						
f		Committee Name						
		Street Address						
	2	City	State	ZIP				
		Committee ID Number	Date Contribution Receive	ed				
ŀ		Committee Name						
		Street Address						
	3	City	State	ZIP				
1		Committee ID Number Date Contribution Received						
ŀ	-	Committee Name						
		Street Address						
	4	City	State	ZIP				
		Committee ID Number Date Contribution Received						
ŀ	_	Committee Name						
		Street Address						
	5	City	State	ZIP				
		Committee (D Number	Date Contribution Receive	I				
		Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 1(e))				/

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

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\sim		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ID IN	JIVIDER

MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

mmittee Name oet Address y mmittee ID Numbor mmittee Name oet Address	State Date Contribution Rece	ZIP		Reporting Period	Election Cycl	
y mmittee (D Numbor mmittee Name eet Address						
mmittee (D Number mmittee Name eet Address						
mmittee Name eet Address	Date Contribution Rece	ived				
eet Address						
у						
	State	ZIP				
mmittee (D Number	Date Contribution Rec	cived				
mmittee Name						
cet Address						
у	State	ZIP				
mmittee ID Number	Date Contribution Rec	chved				
sunittee Name						
reet Address		:				
у	State	ZIP				
mmittee ID Number	Date Contribution Rec	cived				
mmittee Name						
pet Address						
у	State	ZiP				
	Date Contribution Rec	eived				
- n	enittee ID Number nnittee Name et Address	Date Contribution Recommittee ID Number Date Contribution Recommittee Name et Address State	mittee ID Number Date Contribution Received mittee Name et Address State ZIP	mittee ID Number Date Contribution Received Imittee Name et Address State ZIP	Date Contribution Received Imittee Name et Address State ZIP	

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

	,						
		Partnership Cont	ributer Informatic	en.	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Partnership Name					
		Street Address					
	1	City	State	ZIP			
		Corporation Commission File Number	Date Contribution Receive	d			
	Partnership Name						
	,	Street Address					
	2	City	State	ŽIP			
		Corporation Commission File Number	Date Contribution Receive	ed		1	
		Partnership Name					
		Street Address					
	3	City	State	ZIP			
		Corporation Commission File Number					
		Partnership Name					
		Street Address					
	4	City	State	ZIP			
		Corporation Commission File Number	Date Contribution Receive	ed			
		Partnership Name		<u> </u>			
		Streat 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	mary of Receipts," I	ine 1(g))			

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

MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

,							
_	Corporation	/ LLC Contributor Inf	formation	Amount Receive	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 R	eceived				
_	Corporation/LLC Name						
	Corporational Contraction						
	Street Address						
2	City	State	ZIP				
	Corporation Commission File Number	Date Contribution R	Received				
	Corporation/LLC Name		<u> </u>				
	Street Address						
3	City	State	ZIP				
	Corporation Commission File Number	Date Contribution R	teceived				
	Corporation/LLC Name						
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number	Date Contribution R	teceived				
	Corporation/LLC Name	Corporation/LLC Name					
	Street Address						
5		State	ZIP				
5	City	State	"				

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

	Labor Organization C	Contributor Inform	aation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Γ	Labor Organization Name					
	Street Address		-			
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Received	d			
r	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	oration Commission File Number Date Contribution Received				
	Labor Organization Name					
	Stroot Address					
4	City	State	ZIP			
	Corporation Commission File Number	ation Commission File Number Date Contribution Received				
	Labor Organization Name					
	Street Address					
5	5 City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	I			
	Enter total only if last page of schedule (transfer the total received this period to "Summ	nary of Receipts," (ine 1(i))			

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

_		ite Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
١	Name		Date Contribution Received			
İ	Street Address					
1	City	State	ZIP			
	Occupation	Employer	1			
1	Name	_L_	Date Contribution Received	_		
ľ	Street Address	L	_			
2	City	State	ZIP			
	Occupation Emptoyer					
2	Name		Date Contribution Received			
	Street Address		<u> </u>	1		
	City	State	ZIP	1		
	Occupation	Employer	<u> </u>			
	Name		Date Contribution Received			
	Street Address			-		
4	City	State	ZIP			
	Occupation	Employer		_		
1	Name		Date Contribution Received	<u> </u>		
	Street Address					
5	City	State	ZIP	_		
	Occupation	Employer	<u>l</u> .	_		

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

_	Contribute	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			1		
2	City	State	ZIP	1		
١	ID Number (if applicable)		Date of Original Contribution	1		
	Name		Date Contribution Refunded			
	Street Address			1		
3	City	State	ZIP			
	ID Number (if appäcable)	.1	Date of Original Contribution	1		
r	Name		Date Contribution Refunded			
	Street Address		<u>i </u>			
4	City	State	ZIP	1		
	ID Number (if applicable)	Date of Original Contribution	1			
	Name		Date Contribution Refunded			
	Street Address	<u></u>				
5	City	State	ZiP	1		
	ID Number (if applicable)		Date of Original Contribution			
F	Enter total only if last page of schedule (transfer the total received this period to "Sun	nmary of Receipts,*	line 1(I))	<u> </u>		

Schedule A(1)(I), page____ of___



LOANS RECEIVED:

SCHEDULE A(2)(a)

ender Name	Date Loan Received				Election Cycl
Street Address		Lender Name Date Loan Received			
		. <u>-</u>			
ity	State	ZIP	1		
Susrantor/Endorser Name	Non-Electoral Purpose	?? (PACs and Political Parties Only)			
ender Name	Date Loan Received				·
itroet Address			-		
Sity	State	ZIP			
Non-Electoral Purpose? (PACs and Political Parties Only)		7			
ender Name	Oate Loan Received				
Street Address					
City City	State	ZiP			
suarantor/Endorser Name		? (PACs and Political Parties Only)			
ender Name	Date Loan Received				
Street Address					
City	State	ZIP			
Suarantor/Endorser Name	1	:? (PACs and Political Parties Only)	-		
ender Name	Date Loan Received				
Street Address			1		
City	State	ZIP	-		
Suarantor/Endorser Name	•	e? (PACs and Political Parties Only)	+		
	roet Address Ny usrantor/Endorser Name reet Address	roet Address Ny State Inder Name Non-Electoral Purpose Inder Name Date Loan Received Inder Name Date Loan Received Inder Name Non-Electoral Purpose Inder Name Date Loan Received Inder Name Non-Electoral Purpose Inder Name Date Loan Received Inder Name Non-Electoral Purpose Inder Name Date Loan Received Inder Name Non-Electoral Purpose Inder Name Date Loan Received Inder Name Date Loan Received Inder Name Date Loan Received Inder Name Non-Electoral Purpose Inder Name Date Loan Received Inder Name Date Loan Received	Total Name Date Loan Received Total Address Ty State ZIP Non-Electoral Purpose? (PACe and Political Parties Only) Inder Name Date Loan Received Total Loan Received Total Address Ty State ZIP Non-Electoral Purpose? (PACe and Political Parties Only) Inder Name Date Loan Received Total Address Ty State ZIP Non-Electoral Purpose? (PACe and Political Parties Only) Inder Name Date Loan Received Total Address Ty State ZIP Non-Electoral Purpose? (PACe and Political Parties Only) Inder Name Date Loan Received Total Address Ty State ZIP Non-Electoral Purpose? (PACe and Political Parties Only) Inder Name Date Loan Received	Total Address Ty State Date Loan Received Ty State ZIP Non-Electoral Purpose? (PACe and Political Parties Only) Index Name Date Loan Received Ty State ZIP Non-Electoral Purpose? (PACe and Political Parties Only) Index Name Date Loan Received Ty State ZIP Non-Electoral Purpose? (PACe and Political Parties Only) Index Name Date Loan Received Ty State ZIP Non-Electoral Purpose? (PACe and Political Parties Only) Index Name Date Loan Received Ty State ZIP Non-Electoral Purpose? (PACe and Political Parties Only) Index Name Date Loan Received Ty State ZIP Non-Electoral Purpose? (PACe and Political Parties Only) Index Name Date Loan Received Ty State ZIP Non-Electoral Purpose? (PACe and Political Parties Only) Index Name Date Loan Received Ty State ZIP Non-Electoral Purpose? (PACe and Political Parties Only) Index Name Date Loan Received	Treet Address Treet

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



FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

_		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	<u> </u>	Date Forgiveness Received			
	Street Address		<u> </u>			
2	City	State	ZIP	•		
	Original Amount of Loan	Amount Still Outstanding	I			
T	Lender Name	Name Date Forgiveness Received				
	Street Address	treet Address				
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name	•	Date Forgiveness Received			
	Street Address		I	1		
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	J.			
	Londor Name	Londor Name Date Forgives				
	Street Address					
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	<u> </u>	1		
T	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 2(b))	<u> </u>		

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

REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

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

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	Name Date Interest Accrued				
	Street Address					
1	City	State	ZiP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Interest Accrued		,	
	Street Address		<u> </u>			
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding]		
	Borrower Name	<u> </u>	Date Interest Accrued			
	Street Address		<u></u>	1		
3	City	State	ZIP	1		
	Original Amount Borrowed	Amount Still Outstanding	<u> </u>			
	Borrower Name	Date Interest Accrued				
	Street Address			-		
4	City	State	ZIP	1		
	Original Amount Borrowed Amount Still Outstanding		<u> </u>	1		
	Borrower Name	L	Date Interest Accrued			
	Street Address	<u> </u>				
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding		1		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,* t	ine 2(d))	1	-	

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

20-NP-06



STATE OF ARIZONA FRANCE REPOMPAIGN

COMMITTEE ID NUMBER

REBATES AND REFUNDS RECEIVED:			SCHEDULE A(3)

_	Payor	Information		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	\
	Payor Name		Date Rebate/Refund Received				
	Street Address		I				
1	1 City	State	ZiP				
	Original Purchase Amount	Reason for Refund/Rebati	•				
	Payor Name		Date Rebate/Refund Received				
	Street Address						
2	2 City	State	ZIP				
	Original Purchase Amount	Reason for Refund/Rebati	0				
H	Payor Name	l	Date Rebate/Refund Received				
	Street Address	L.,					
3	3 City	State	ZIP		:		
	Original Purchase Amount	Reason for Refund/Rebati	0				
H	Payor Name	<u> </u>	Date Rebate/Retund Received				
	Street Address		l				
4	4 City	State	ZIP				
	Original Purchase Amount	Resson for Retund/Rebat	<u> </u>				
\mid	Psyor Name	<u> </u>	Date Rebate/Refund Received				
	Street Address	Street Address					
5	5 Caty	State	ZIP				
	Original Purchase Amount	Reason for Refund/Rebat	•	1			
\backslash	Enter total only if last page of schedule (transfer the total received this period to "Sur	nmary of Receipts."	line 3)	L			

Schedule A(3), page____ of ___

COMMI	TTEE	D NUN	IBER

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)

				[Cumulative	Cumulative
	Individual Cor	tributor Informati	on	Amount Received	Amount this Reporting Period	Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
ľ	Street Address					
1	City	State	ZIP .	-		
-	Occupation	Employer		_		
+	Name		Date In-Kind Contribution Received	1		
ŀ	Street Address					
2	City	State	ZIP			
-	Occupation	Employer				
		Linpier Line				
	Name		Date In-Kind Contribution Received			
	Street Address					
3	City	State	ZIP			
l	Occupation	Employer	<u> </u>	1		
1	Name	I	Date In-Kind Contribution Received			
ŀ	Street Address			•		
4	City	State	ZIP	-		
ł	Occupation	Employer		-		
	Name		Date In-Kind Contribution Received			
-	Street Address			1		
5	City	State	ZIP	-		
- 1		Ī	1	1		

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

Schedule A(5), page____ of ___



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

SCHEDULE A(5)(b)

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

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



COMMITTEE ID NUMBER
20-NP-06

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

SCHEDULE A(5)(c)

/	Candidate Committee	Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name	-				
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution i	Received			
_	Committee Name					
	Street Address		-			
2	City	State	ZiP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name		-			
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	line 5(d))			

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		ļ			
		Street Address					
۱.	۱.						
1	'	City	State	ZIP			
	ı	Committee ID Number	Date In-Kind Contribution	Received	1		
	١						
┢	┪	Committee Name					
	١						
	ł	Street Address			1		
	١						
2	2		T ₂	T			
	١	City	State	ZIP			
	ļ				ļ		
	١	Committee ID Number	Date In-Kind Contribution	Received			
L	╛						
	١	Committee Name					
	١						
	ſ	Street Address					
	١						
3	3	City	State	ZiP	1		
	ı						
	ł	Committee ID Number	Date In-Kind Contribution	Received	1		
┢	┪	Committee Name	L				
1	١						
-	ł	Street Address			1		
	1						
4	4		12	I			
	ı	City	State	ΖΙΡ			
	ŀ						
		Committee ID Number	Date In-Kind Contribution	Received			
L	4		[
1		Committee Name					
1	l						
	1	Street Address					
١.	_						
٤	9	City	State	ZIP	1		
		Committee ID Number	Date In-Kind Contribution	Received	1		
上	7	Enter total only if last page of schedule			•		
		Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 5(d))			

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

<u>/</u>		n Committee Contributor	Information	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	Сну	State	ZIP			
	Committee ID Number	Date In-Kind Contributi	on Received			
	Committee Name					
	Street Address					:
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribut	ion Received			
_	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribut	<u></u>			
		Date in Figure Controls	an 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 Contribut	ion Received			
4	Enter total only if last page of s (transfer the total received this peri		····		-	

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

,						
	Political Party Co	ntributor Informat	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
ŀ	Committee ID Number	Date In-Kind Contribution	Received			
H	Committee Name				,	
	Street Address			-		
2	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Received	-		
H	Committee Name	<u> </u>		<u> </u>		
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
F	Committee Name				_	
	Street Address	-				
4	City	State	ZIP	 		
	Committee ID Number	Date In-Kind Contribution	a Received	<u> </u>		
F	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date in-Kind Contribution				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 5(f))			

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

/						
	Partnership Co	ntributor Informati	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address			1		
1	City	State	ZIP	:		
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name	1				
	Street Address					
2	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	n Received			
	Partnership Name					
	Street Address		· .	-		
3	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	n Received	-		
	Partivership Name	<u> </u>				
	Street Address			1		
4	City	State	ZIP	1		
	Corporation Commission File Number	Date In-Kind Contribution	n Received	1		
\vdash	Partnership Name	<u> </u>				
	Street Address			-		
5	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	n Received	1		
	Enter total only if last page of schedule (transfer the total received this period to "Sui	nmary of Receipte *	line S(a))	<u></u>		

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



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

/	Corporation / LLC C	Contributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Г	Corporation/LLC Name					
	Street Address		-			
1	Caty	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
	Street Address			1		
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	1		
	Corporation Commission File Number	Date In-Kind Contribution	Received	1		
	Corporation/LLC Name					
	Street Address			-		
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	I Received	1		
	Enter total only if last page of schedule (transfer the total received this period to "Surr	mary of Receipts,"	line 5(h))	<u> </u>		

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

	Labor Organization Name	zation Contributor Infor	mation	Amount Received	Cumulative Amount this	Cumulative Amount this
	Labor Organization Name				Reporting Period	Election Cycle
1	Street Address			1		
	City	State	ZIP	7		
	Corporation Commission File Number	Date In-Kind Contribution	n Received			
1	Labor Organization Name		· 	 		
	Street Address			_		
2	City	State	ZIP	1		
	Corporation Commission File Number	Date In-Kind Contribution	n Received	-		
\dashv	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Received	-		
-	Labor Organization Name					
ŀ	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Received			
	Labor Organization Namo					
ŀ	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	on Received			

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			
ŀ	Street Address					
1	City	State	ZIP			
	Asset or Property Contributed		l			
⇃						
١	Name		Date In-Kind Contribution Received	:		
ſ	Street Address					
1	City	State	ZIP			
ŀ	Asset or Property Contributed			_		
4	Name		Date In-Kind Contribution Received			
١	Street Address					
ľ	City	State	ZIP]		
ľ	Asset or Property Contributed		-			
1	Name		Date In-Kind Contribution Received			
ŀ	Street Address			-	:	
ļ			,			
	City	State	ZIP			
	Asset or Property Contributed					
1	Name		Date In-Kind Contribution Received		_	
	Street Address		<u> </u>			
,	City	State	ZIP	-		
	Asset or Property Contributed					
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receipts,*	line 5(j))			
_	The second secon	Street Address City Asset or Property Contributed Name Street Address City Asset or Property Contributed	Street Address City State Asset or Property Contributed Name Street Address City State Asset or Property Contributed Name Street Address City State Asset or Property Contributed Name Street Address City State Asset or Property Contributed Name Street Address City State Asset or Property Contributed Name Street Address City State Asset or Property Contributed	Name Date in-Kind Contribution Received Street Address City State ZIP Asset or Property Contributed Name Date in-Kind Contribution Received Street Address City State ZIP Asset or Property Contributed Street Address City State ZIP Asset or Property Contributed Street Address City State ZIP Asset or Property Contributed Street Address City State ZIP Asset or Property Contributed Name Date in-Kind Contribution Received Street Address City State ZIP Asset or Property Contributed Name Date in-Kind Contribution Received Street Address City State ZIP Asset or Property Contributed	Name Date In-Kind Centribution Received Street Address City State ZIP Asset or Property Contributed Name Date In-Kind Centribution Received Street Address City State ZIP Asset or Property Contributed Name Date In-Kind Centribution Received Street Address City State ZIP Asset or Property Contributed Name Date In-Kind Centribution Received City State ZIP Asset or Property Contributed Name Date In-Kind Centribution Received Street Address City State ZIP Asset or Property Contributed Name Date In-Kind Centribution Received Street Address City State ZIP Asset or Property Contributed Name Date In-Kind Centribution Received Street Address City State ZIP Asset or Property Contributed	Name Date In-Flored Contribution Received Amount Received Reporting Period

Schedule 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			7		
1	City	State	ZIP	1		
	Type of item Donated	I,		1		
	Name		Date In-Kind Denation Received			
	Street Address			1	<u>.</u>	
2	City	State	ZIP	1		
	Type of Item Donated			-		
_	Name		Date In-Kind Donation Received			
	Street Address	1				
3	City	State	ZIP	1		
	Type of item Donated	<u> </u>				
	Name	Date In-Kind Donation Received				
	Street Address		1			
4	City	State	ZIP			
	Type of item Donated					
_	Name		Date In-Kind Donation Received			
	Street Address					
5	City	State	ZIP			
	Type of Item Donated	7				
_	Enter total only if last page of schedule (transfer the total received this period to "Sum	1				

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	· · · · · · · · · · · · · · · · · · ·	Date of Extension of Credit			
	Name		<u> </u>			
	Street Address					
2	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit	-	·	- - -
_	Namo					
	Street Address	1				
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			ı	
	Name					
	Street Address					
5	City	State	ZIP	1		
	Services or Goods Provided on Credit	l	Date of Extension of Credit	1		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receints *	Ine 7(a))	I		

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



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

_	Creditor	Information		Payment Amount on Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		· · · · · · · · · · · · · · · · · · ·			
	Street Address					
1	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name		l			
	Street Address					
2	City	State	ZIP			
	Services or Goods Originally Provided on Credit	I	Date of Original Extension of Credit			
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Originally Provided on Credit	Date of Original Extension of Credit				
	Name	- <u></u>				
	Street Address					
4	Сћу	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
_	Name					
	Street Address					
5	City	State	ZIP	!		
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
			I	1		

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

_	Payor Co	mmittee Informatio	on	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 Expen	nse (if applicable)			
r	Committee Name		Payment Date			
	Street Address		<u> </u>			
2	City	State	ZIP			
	Date of Joint Fundraising Event (If applicable)	Type of Shared Exper	nse (if applicable)			
r	Committee Name		Payment Date			
	Street Address					
3	City	State	ZiP			
	Date of Joint Fundraising Event (if applicable)	nse (if applicable)				
-	Committee Name	!	Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	nse (if applicable)	-		
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZiP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	nse (if applicable)			
	Enter total only if last page of sched (transfer the total received this period to	ule Summary of Receipts	s," line 8)			

Schedule A(8), page____ of ____



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

_	Payor I	nformation		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					-
	Street Address					
1	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Purchased	L	Payment Date			
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Purchased	Payment Date				
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
5	City	State	ZP			
	Services or Goods Purchased		Payment Date			
_	Enter total only if last page of schedule (transfer the total received this period to "Sum					

Schedule A(9), page___ of ___



COMMITTEE	ID NUMBER

OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

/_	_	Infor	mation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Name					
		Street Address		-			
	1	City	State	ŽIP			
		Type of Account Receivable or Debt Owed	'	Date that Debt Accrued			
Ì		Name		<u> </u>			
		Street Address				:	
	2	City	State	ZIP			
3		Type of Account Receivable or Debt Owed		Date that Debt Accrued			
ŀ		Name		<u> </u>			
		Street Address					
	3	City	State	ZIP			
		Typo of Account Receivable or Debt Owed		Date that Debt Accrued			
ŀ		Name					
		Street Address					
	4	City	State	ZiP			
		Type of Account Receivable or Debt Owed		Date that Debt Accrued			
l		Name					
		Street Address					
	5	City	State	ZIP	1		
		Type of Account Receivable or Debt Owed	I	Date that Debt Accrued	1		
		Enter total only if last page of schedule (transfer the total received this period to "Surm	mary of Receipts."	line 10)	<u> </u>		
\ L		· · · · · · · · · · · · · · · · · · ·	,				



COMMITTEE	ID NUMBER	

TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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

Schedule A(11), page____ of ____

MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

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

Schedule A(12), page____ of ____



COMMITTEE	ID	NUMBER	

DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

	Recipier	nt Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cycl
	Name	Disbursement Date				·
	Street Address					
	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)	☐ Cash ☐ Credit		
	Name	Disbursement Date	<u> </u>			
	Stroet Address	<u> </u>		-		
	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)	☐ Cash☐ Credit		
	Name	Disbursement Date				
	Street Address			1		
3	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date				
	Street Address	<u>. I</u>		_		
4	City	State	ZIP	 		
	Type of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date	-			
	Street Address			1		
5	City	State	ZIP	☐ Cash☐ Credit		
	Type of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)	in Cleak		
			ments," line 1)		 	

Schedule B(1), page___ of ___



COMMITTEE	ID NUMBER

MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	Candidate Committee	ee Recipient Infon	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	reet Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Made	•	☐ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP	TI Cook		
	Committee ID Number	Date Contribution Made	1	□ Cash □ Credit		
	Committee Name			_		
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee (D Number	Date Contribution Made				
	Committee Name	<u> </u>				
	Street Address			\dashv		
4	City	State	ZIP			
	Committee ID Number	Date Contribution Made	<u> </u>	☐ Cash☐ Credit		
_	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		

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



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

	Political Acti	on Committee Recipier	nt Information	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name						
ĺ	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution	Made	□ Credit		
	Committee Name					
İ	Street Address					
2	City	State	ZIP			
ł	Committee ID Number	Date Contribution	Made	☐ Cash☐ Credit		
1	Committee Name	Committee Name				
Street Address						
	City	State	ZIP			
	Committee ID Number	Date Contribution	Made	□ Cash □ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution	ı Made	□ Cash □ Credit		
Committee Name						
Street Address						
5	City	State	ZIP			
	Committee ID Number	Date Contribution	ı Made	□ Cash □ Credit		
+	Enter total only if last page of (transfer the total disbursed this p	schedule		I		

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



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Politic	al Party Recipient Inform	eation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name					-	
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee (D Number	Date Contribution Ma	ade	□ Cash		
	Committee Name	<u> </u>				
ŀ	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution M	ade	□ Cash □ Credit		
	Committee Name					
3	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution M	ade	☐ Cash☐ Credit		
_	Committee Name					
	Street Address					
4	City	State	ZiP			
	Committee ID Number	Date Contribution M	ade	□ Cash □ Credit		
	Committee Name					
	Street Address					
5	City	State	ZiP			
	Committee ID Number	Date Contribution M	ade	□ Cash □ Credit		
-	Enter total only if last page of (transfer the total disbursed this p	schedule				



COMMITTEE ID NUMBER	

MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partnership	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Permership Name					-
	Street Address					
	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made	a	☐ Credit		
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mad	le	☐ Cash	□ Cash □ Credit	
-	Partnership Name					
	Street Address					
3	City	State	ZIP			
	corporation Commission File Number Date Contribution Made		☐ Cash☐ Credit			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mad	de	☐ Cash☐ Credit		
-	Partnership Name					
	Street Address					
اء	City	State 21P		□ Cash		
	Corporation Commission File Number	Date Contribution Mad	de	□ Casii		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(d))				+	



COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	n / LLC Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
l	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution N	lade	☐ Cash☐ Credit		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution (Made	☐ Cash☐ Credit		
1	Corporation/LLC Name			-		
	Street Address					
3	City	State	ZiP			
	Corporation Commission File Number	ration Commission File Number Date Contribution Made		□ Cash □ Credit		
_	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
1	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
4	Enter total only if last page of sc	hadula				

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



COMMITTEE ID NUMBER	

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Organiz	ation Recipient In	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Labor Organization Name					
	Street Address					
ı	City	State	ZIP			
	Corporation Commission File Number	Date Contribution N	lade	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution I	Made	□ Cash □ Credit		
_	Labor Organization Name					
	Street Address					
3	City State ZIP					
		Date Contribution I		☐ Cash☐ Credit		
	Corporation Commission File Number	Date Contribution				
	Labor Organization Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution i	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 sche (transfer the total disbursed this period to	dule to "Summary of Disbi	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	. <u>-</u>				
	1	City	State	ZIP			
		Committee ID Number		Date of Original Contribution			
		Committee Name		Date Refund Received			
		Street Address					
	2	City	State	ZIP			
		Committee ID Number	Date of Original Contribution				
		Committee Name	Date Refund Received				
		Street Address					
	3	City	State	ZIP			
		Committee ID Number	Date of Original Contribution				
		Committee Name		Date Refund Received			
	4	Street Address					
	•	City	State	ZIP			
		Committee ID Number		Date of Original Contribution			
		Committee Name		Date Refund Received			
	5	Street Address		_			
	٦	City	State	ZIP			
		Committee ID Number		Date of Original Contribution			
		Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 2(h))			

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



LOANS MADE:

SCHEDULE B(3)(a)

_		r Information		Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name					
	Street Address					
1	City	State	ZiP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
2	City	State	ZIP			!
	Guarantor/Endorser Name	Date Loan Made	L	-		
-	Borrower Name					
	Street Address					
3	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
4	City	State	21P			i
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
5	City	State	ZIP			
1		1	I			

Schedule B(3)(a), page___of ___



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

/_	/	Guarantor	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				
l		Guarantor Name	<u> </u>				
		Stroet 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	Guarantor Name				
		Street Address					
	5	City	State	ZIP			
		Borrower Name	Date Loan Guaranteed	<u> </u>			
		Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 3(b))	<u>. </u>		

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



FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

/	Воггоwе	r Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Forgiveness Made			
	Street Address		<u>. </u>	-		
1	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding		-		
-	Borrower Name		Date Forgiveness Made			
	Street Address			1		
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	4		
		Amount Still Outstanding		4		
	Original Amount of Loan	Amount Soll Outstanding				
	Borrower Name	Borrower Name				
-	Street Address					
5	Сћу	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding		7		

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



REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

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

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



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

/ 		der Information		Amount of Interest	Cumulative Amount this	Cumulative Amount this
				Accrued	Reporting Period	Election Cycle
	Lender Name		Date Interest Accrued			
ŀ	Street Address		I	_		
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	,	1		
1	Lender Name		Date Interest Accrued			
ŀ	Street Address			\dashv		
2	City	State	ZIP			
ŀ	Original Amount Borrowed	Amount StB Outstanding		\dashv		
_	Lender Name		Date Interest Accrued			
	Street Address	<u> </u>	-			
3	City State		ZIP	_		
į	Original Amount Borrowed	Amount Still Outstanding		4		
	Lender Name		Date Interest Accrued			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Interest Accrued			
	Stroet Address		<u></u>			
5	City	State	ZiP			
		Amount Still Outstanding				

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

REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

Re	cipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
yor		Date Rebate/Refund Made			
			1		
	State	ZIP	7		
sion File Number (if applicable)	Original Payment Amount	Date of Original Payment			
yor	<u>. </u>	Date Rebate/Refund Made			
	State	ZIP			
sion File Number (if applicable)	Original Payment Amount	Date of Original Payment			
yor	1	Date Rebate/Refund Made			
Street Address					
	State	ZIP	_		
sion File Number (if applicable)	Original Payment Amount	Name of Original Payor			
yor		Date Rebate/Refund Made			
Street Address					
	State	ZIP	_		
sion File Number (if applicable)	Original Payment Amount	Name of Original Payor		:	
yor	<u> </u>	Date Rebate/Refund Made			
Stroet Address					
	State	ZIP			
sion File Number (If applicable)	Original Payment Amount	Name of Original Payor	_		
			page of schedule sed this period to "Summary of Disbursements," line 4)		

Schedule B(4), page____ of ____



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/	Candidate Committee	ee Recipient Inform	nation	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	1				
	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	1				
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made		1		
	Committee Name					
	Street Address					
5	City	State	ZIP			:
			L	1		

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

_	Political Action Commit	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			
\vdash	Committee Name	L				
	Street Address	7-2				
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	Committee ID Number Date In-Kind Contribution Made				
	Committee Name	1				
	Stroet Address					
5	City	State	ZIP			
	Committee (D Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 5(b))			

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

		ecipient Information	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name Street Address					
1	City	State	ZIP			
	Committee (D Number	Date In-Kind Contribution	Made			
	Committoe Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
\dashv	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee (D Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
4	City	State	ZiP			
	Committee ID Number	Date In-Kind Contribution Made				
	Committee Name	<u> </u>				
	Street Address					
5	City	State	ZIP			
	Committee (D Number	Date In-Kind Contribution	Made			

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

IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

		Partnership Red	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
		Partnership Name					
İ		Street Address					
	1	City	State	ZIP			
		Corporation Commission File Number	Date In-Kind Contribution	Made			
ŀ		Partnership Name					
		Street Address					
	2	City	State	ZIP			
		Corporation Commission File Number	Date In-Kind Contribution	Made			
Ì		Partnership Name					
		Street Address					
	3	City	State	ZIP			
		Corporation Commission File Number	Date In-Kind Contribution Made				
ŀ		Partnership Name					
		Street Address					
	4	City	State	ZIP		i	
		Corporation Commission File Number	Date In-Kind Contribution	Made			
İ		Partnership Name	<u> </u>				
		Street Address					
	5	City	Stato	ZIP			
		Corporation Commission File Number	Date In-Kind Contribution	Made			
		Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursen				

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

	/							
_	<u> </u>	Corporation / LLC	Recipient Informa	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	\
l	ļ	Corporation/LLC Name						İ
	Ì	Street Address						
	1	City	State	ZiP				
		Corporation Commission File Number	Date In-Kind Contribution	Made				
	1	Corporation/LLC Name						
	Street Address							
;	2	City	State	ZIP				
	l	Corporation Commission File Number	Date In-Kind Contribution	Made				
r		Corporation/LLC Name						
		Street Address						
	3	City	State	ZIP				
		Corporation Commission File Number	Date In-Kind Contribution	Made				
r		Corporation/LLC Name						
		Street Address						
	4	City	State	ZiP				
		Corporation Commission File Number	Date In-Kind Contribution	Made				
r		Corporation/LLC Name						
		Street Address						
	5	City	State	ZIP				
		Corporation Commission File Number	Date In-Kind Contribution	Made				
\mid		Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	mmary of Disburser	I			,	

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



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

	Labor Organization	Recipient Inform	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address				!	
1	City	State	ZIP		:	
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name	<u>. </u>				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
H	Labor Organization Name					
	Street Address					
3	City	State	ZiP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
-	Labor Organization Name					
	Stroet Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
\vdash	Labor Organization Name	Labor Organization Name				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
\mid	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	I mmary of Disbursen	nents,* line 5(f))	L		



COMMITTEE	ID.	NUMBER

INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

/	<u> </u>	Recipient Information		Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Strest Address			-		
1	City	State	ZIP	-		
	Candidate(e) Supported (including % supported)	Candidate(s) Opposed (inclu	iding % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit		
_	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		1	:		
2	City	State	ZiP	1		
	Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % supported)		uding % apposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
	Recipient Name	L	Mode of Advertising (TV, mail, etc)			
	Street Address		<u>l</u> .	1		
3	City	State	ZIP			
	Canddate(s) Supported (including % supported)	Candidate(s) Opposed (inch	uding % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit		
	Raciplent Name		Mode of Advertising (TV, mail, etc)			
	Street Address		1	1		
4	City	State	ZIP	1		
	Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % supported)		☐ Cash			
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	☐ Credit		
	Enter total only if last page of schedul (transfer the total disbursed this period to "	e Summary of Disburser	ments," line 6)			

Schedule B(6), page____ of ___



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

/	Expenditure I	Recipient Informatio		Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mzil, etc)			
	Street Address			1		
1	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed ((including % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		□ Credit		
	Recipient Name	<u> </u>	Mode of Advertising (TV, mail, etc)			
	Street Address					
2	Сну	State	ZIP	-		
	Ballot Measure(s) Supported (including % supported)) Ballot Measure(s) Opposed (including % opposed)		_ ☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Bection Month/Year			_ ☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZiP	-	i	
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(including % appased)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Section Month/Year			_ □ Credit		
	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		
	Date of First Publication, Display, Delivery, or Broadcast	ttion, Display, Delivery, or Broadcast Election Month/Year		_ □ Credit		
	Enter total only if last page of schedul (transfer the total disbursed this period to "	e Summary of Disburser	nents," line 7)	<u>I</u>	-	

Schedule B(7), page____ of ___



RECALL EXPENDITURES MADE:

SCHEDULE B(8)

				`		
_	Expenditure F	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Reco	<u>. </u>	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		- □ Credit		
-	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address]		
2	City	State	ZIP	1		
	Supporting or Opposing Issuance of Recal Order? Candidate Sought to be R		stled	☐ Cash ☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast Office Held			Li Credit		
	Recipient Name	·	Mode of Advertising (TV, mail, etc)			
	Street Address					i
3	City	State	ZIP		:	
	Supporting or Opposing Issuance of Recall Order?	Cendidate Sought to be Reco	atled	☐ Cash☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held] = 0.00.1		
	Recipient Name		Mode of Advertising (TV, meil, etc)			
	Street Address					
4	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Reco	alled	☐ Cash ☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	eadcest Office Held				

Schedule B(8), page____ of ___



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

/.	/	Benefitt	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
'		Candidate Name Date E		Date Benefit Provided			
		Street Address					
	1	City	State	ZIP			
		Type of Benefit Provided					
		Notes:					
		Candidate Name		Date Benefit Provided			
		Street Address	_				
	2	City	State	ZIP			
		Type of Benefit Provided					
		Notes:					
	\vdash	Candidate Name Date Benef		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					
		Notes:					
		Enter total only if last page of schedule	, ,		<u></u>		
		Enter total only if last page of schedule (transfer the total disbursed this period to "S	ummary of Disbursen				

Schedule B(9), page____ of ____



COMMITTEE ID NUMBER	

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

_	Recipient (Committee Informa	ation	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name			Payment Date			
Street Address						
•	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)	☐ Credit		
	Committee Name Payment Date					
	Street Address					
2	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expe	ense (if applicable)	□ Credit		
	Committee Name	'	Payment Date			
	Street Address					
3	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)	□ Credit		
	Committee Name	Payment Date				
	Street Address					
4	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable) Typo of Shared Expense (if applicable)			□ Credit		
	Committee Name Payment Date					
	Street Address					
5	City	State	ZiP	□ Cash		
	Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)		□ Credit			
	Enter total only if last page of sched (transfer the total disbursed this period to	ule Summary of Disbu	rsements," line 10)			



REIMBURSEMENTS MADE:

SCHEDULE B(11)

/	Recipient	Information		Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	☐ Credit		
	Name					
	Street Address					
2	City	State	ZIP	_		
	Services or Goods Raimbursed	l	Reimbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address			_		
3	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
_						
	Name	4				
	Street Address					
4	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed Reimbursement Date		Reimbursement Date	☐ Credit		
_	Namo					
	Street Address		\dashv			
5	City	State	ZiP	-		
	Services or Goods Reimbursed	<u> </u>	Reimbursement Date	☐ Cash☐ Credit		
_	Enter total only if last name of schedule		<u> </u>			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sui	mmary of Disbursen	nents," line 11)			



COMMITTEE	ID NUMBER	

OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

/_	_	Debt In	formation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	\
	Name					_		
		Street Address						
	1	City	State	ZIP				
		Type of Account Payable or Debt Owed		Date that Debt Accrued				
ŀ		Name		I_				
		Street Address						
	2	City	State	ZIP				
		Type of Account Payable or Debt Owed		Date that Debt Accrued				
ł		Name						
l		Street Address						
	3	City	State	ZIP				
İ		Type of Account Payable or Debt Owed		Date that Debt Accrued				
		Name	_				-	
		Street Address						
		Subtraces						
	4	City	State	ZIP				
		Type of Account Psyable or Debt Owed Date that Debt Accrued		1				
ľ		Name						
		Street Address						
	5	City	State	ZIP		Ī		
		Type of Account Payable or Debt Owed	<u> </u>	Date that Debt Accrued				
		Enter total only if last page of schedule						
\		Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	line 12)				/

Schedule B(12), page___ of ____



TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

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

Schedule A(13), page____ of ____



COMMITTEE ID NUMBER	

MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

		t Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					:
	Street Address					
1	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	☐ Credit		
	Name					
	Street Address					
2	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	☐ Credit		
	Name			==		
	Street Address					
3	City		ZIP	☐ Cash		
	Disbursement Type	•	Disbursement Date	□ Credit		
	Name					
	Street Address					
4	City		ZIP	☐ Cash		
	Disbursement Type	Disbursement Date	□ Credit			
	Name					
	Stroet Address					
5	City	State	ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Credit		
_	Enter total only if last page of schedule (transfer the total disbursed this period to "Su					



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