

COMMITTEE ID NUMBER PC-19-008

COMMITTEE	INFORMATION	(required)):
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	Committee Information:	Committee Name:	Friends of Leah Martineau		
CAN	DIDATE INFORMATION (only if f	iling as a candidate comr	nittee):		
	Office Sought:	☐ County Office:		☐ Special District Office:	
		☑ City/Town Office	e: Town Council	☐ School Board District:	
	Cumulative Report:	an ann dialata annonitta ala	first supplied in a remark for the	lection evols. Also select appropriate Poporting Period hele	

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
	2024 November Pre-General Election Report: October 1, 2024 to October 19, 2024	October 20, 2024 to October 26, 2024
	2024 November Post-General Election (Q4) Report: October 20, 2024 to December 31, 2024	January 1, 2025 to January 15, 2025
	Final Campaign Finance Report Prior to Committee Termination: End of Previous Period through Today's Date	Same Date of Termination
	*Reporting deadline extended to next business day if deadline date is a holiday or Sunday, A.R.S. §§§ 1-24	3(A) 1 301 and 1 303

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

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)	\$ 3,112.42	
(b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)	\$ 0.00	\$ 0.00
(c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)	\$ 0.00	\$ 0.00
(d) = Balance at close of reporting period	\$ 3,112.42	
Check here if filing no financial activity during the reporting period. Lines (a)-(d) still must be	ne completed but only this	cover page and the

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
PC-19-008

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.

Shaun Martineau	Shaun Martineau Date: 2024.01.06 10:51:10 -07'00'	01/06/2024
Printed Name of Committee Treasurer	Signature of Committee Treasurer	Date

SUMMARY OF RECEIPTS (Schedule A):

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



SUMMARY OF DISBURSEMENTS (Schedule B):

	Disbursements	Cash	Equity
/	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)		



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

SCHEDULE A(1)(a)

	Individual Cont	ributor Informatic	on	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	<u>I</u>	Date Contribution Received			
	Street Address		<u> </u>			
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 "Sum	mary of Receipts,"	line 1(a))			

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

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

COMMITTEE ID NUMBER

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

SCHEDULE A(1)(b)

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

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

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



MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

/	Individual Conti	ributor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address		<u> </u>	-		
1	City	State	ZIP	_		
ŀ	Occupation	Employer		_		
1	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP			
-	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address			_		
3	City	State	ZIP	_		
-	Occupation	Employer				
1	Name		Date Contribution Received			
	Street Address			_		
4	City	State	ZIP			
-	Occupation	Employer				
	Name		Date Contribution Received			
ŀ	Street Address			-		
5	City	State	ZIP	-		
	Occupation	Employer				
\dashv	Enter total only if last page of schedule (transfer the total received this period to "Sum					

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	I ed			
	Committee Name	l				
	Street Address					
2	City	State ZIP				
	Committee ID Number	<u>l</u> ed				
	mmittee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 1(d))			<u> </u>

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(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	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	<u> </u> ed			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	ed	1		
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	Date Contribution Received			
	Committee Name					
	Street Address			-		
5	City	State	ZIP			

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

/						
/	Political P	arty Contributor Infor	mation	Amount Receive	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Re	eceived			
	Committee Name	I				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution R	eceived		-	
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution R	eceived			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution R	eceived			
	Committee Name					
	Street Address					
5	City	State ZIP				
	Committee ID Number	Date Contribution R				

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MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

/				1	1	
	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	-		
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name	I				
	Street Address			-		
2	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receive	ed	-		
	Partnership Name					
	Street Address			-		
3	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receive	<u>I</u> ed	-		
	Partnership Name					
	Street Address			-		
4	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receive	<u>l</u> ed	-		
	Partnership Name					
	Street Address			-		
5	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receive	<u>I</u> ed	-		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	nary of Receipts," l	line 1(g))	<u> </u>		

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



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

	Corporation / LLC C	Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name				. 0	j
	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 Receive	ed	-		
-	Corporation/LLC Name					
	Street Address			_		
3	City	State	ZIP	_		
	Corporation Commission File Number	Date Contribution Receive	ed			
	Corporation/LLC Name					
	Street Address			-		
4	City	State	ZIP	<u> </u> -		
	Only	Glate	211			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Corporation/LLC Name	<u> </u>				
	Street Address			-		
5	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receive	<u> </u> ed	-		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," l	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					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	I ed			
	Labor Organization Name	<u> </u>				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	<u>I</u> ed			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	<u> </u> ed			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	<u> </u> ed			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	<u> </u> ed			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	nary of Receipts," l	line 1(i))	1		

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

	Candidate	e Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address		l			
1	City	State	ZIP			
	Occupation	Employer	1			
	Name		Date Contribution Received			
	Street Address		<u> </u>			
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				
L	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," l	line 1(j))			

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

	Contributo	r 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		L			
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			
	ID Number (if applicable)		Date of Original Contribution			
	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(I))			

Schedule A(1)(I), page____ of___



LOANS RECEIVED: SCHEDULE A(2)(a)

	Lender I	nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name	Date Loan Received				
	Street Address					
1	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address					
3	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)				
	Lender Name	Date Loan Received				
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address		-			
5	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receints " I	ine 2(a))	1		

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		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	I	Date Forgiveness Received			
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan Amount Still Outstanding					
	Lender Name		Date Forgiveness Received			
	Street Address		<u>I</u>			
5	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding	l			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	I mary of Receipts," I	ine 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	I	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	l	Date Repayment Received			
	Street Address			-		
4	City	State	ZIP	-		
	Original Amount Borrowed Amount Still Outstanding		<u> </u>	-		
	Borrower Name	I	Date Repayment Received			
	Street Address		1	1		
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	1	1		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	many of Possints "	line 2(c))			

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



INTEREST ACCRUED ON LOANS MADE: SCHEDULE A(2)(d)

				l	l I	
	Borrower	Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Interest Accrued			
	Street Address		1			
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	,			
	Borrower Name		Date Interest Accrued			
	Street Address		1			
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Interest Accrued			
	Street Address		1			
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name	I	Date Interest Accrued			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Interest Accrued			
	Street Address		1			
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	many of Receipts " I	line 2(d))	l		
	Name of the total received this period to Sun	mary or recoupies, I	2(u//			

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

PC-19-008



STATE OF ARIZONA FRIMMET REFORMPAIGN

COMMITTEE ID NUMBER

	/	Payor Information		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Payor Name		Date Rebate/Refund Received		. 3	, ,
	Street Address					
1	City	State	ZIP			
	Original Purchase Amount	Reason for Refun	nd/Rebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
2	City	State	ZIP			
	Original Purchase Amount	Reason for Refur	nd/Rebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refur	nd/Rebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
4	City	State	ZIP			
	Original Purchase Amount	Reason for Refur	nd/Rebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
5	City	State	ZIP			
	Original Purchase Amount	Reason for Refur	nd/Rebate	_		

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
ccount with Interest Earned (Bank Name / Type of Account)		
ccount with Interest Earned (Bank Name / Type of Account)		
ccount with Interest Earned (Bank Name / Type of Account)		
eccount with Interest Earned (Bank Name / Type of Account)		
occount with Interest Earned (Bank Name / Type of Account)		
otal ransfer 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 Conti	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Name		Date In-Kind Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer	-			
	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					
5	City	State	ZIP			
	Occupation	Employer	<u> </u>			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," l				

*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 1(b))		

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

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

COMMITTEE ID NUMBER
PC-19-008

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

SCHEDULE A(5)(c)

				1	1	
	Candidate Committee	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name	I				
	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	I				
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name	l				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	L Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receints " I	ine 5(d))	l		

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



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

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

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

	Political Action Commi	ttee Contributor In	nformation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received	-		
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
	Committee Name	Committee Name				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received			
	Enter total only if last page of schedule	- Parallel "	line 5(a))			
	(transfer the total received this period to "Sur	ninary or Receipts,"	iiile o(e))			

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

Political Par	ty Contributor Inforn	nation	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 Contribu	tion Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribu	ution Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribu	ution Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribu	Date In-Kind Contribution Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribu	ution Received			
	Committee Name Street Address City Committee ID Number Street Address City Committee ID Number Committee ID Number Committee ID Number Committee Name Street Address City Committee ID Number City Committee ID Number Committee Name	Committee Name Street Address City State Committee ID Number Date In-Kind Contribut Committee Name Street Address City State Committee Name Street Address City State Committee Name Street Address City State Committee ID Number Date In-Kind Contribut Committee Name Street Address City State Committee ID Number Date In-Kind Contribut Committee ID Number Date In-Kind Contribut Committee Name Street Address City State Committee ID Number Date In-Kind Contribut Committee ID Number Street Address	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 Name Street Address City State ZIP Committee Name Street Address City State 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 Committee Name Street Address City State ZIP Committee Name Street Address City Date In-Kind Contribution Received	Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received City State ZIP Committee ID Number Date In-Kind Contribution Received City State ZIP Committee ID Number Date In-Kind Contribution Received City State ZIP Committee ID Number Date In-Kind Contribution Received City State ZIP Committee ID Number Date In-Kind Contribution Received City State ZIP Committee ID Number Date In-Kind Contribution Received City State ZIP Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received City State ZIP Committee ID Number Date In-Kind Contribution Received City State ZIP Committee ID Number Date In-Kind Contribution Received	Political Party Contributor Information Amount Received Amount this Reporting Period Contrillate Name Sized Address City State 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 Committee Name Sized Address City State ZiP Committee Name Sized Address City State ZiP Committee Name Sized Address City State ZiP Committee ID Number Date In-Kind Contribution Received Committee Name Sized Address City State ZiP Committee Name Sized Address City State ZiP Committee ID Number Date In-Kind Contribution Received Sized Address Sized Address

Arizona Secretary of State Revision 9/28/23

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		3			
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	I 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	<u> </u>				
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	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	mary of Receipts " I	ine 5(a))			

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
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	I Received			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	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					
	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					
	(transfer the total received this period to "Sum	mary of Receipts," I	ine 5(h))			

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

	Labor Organization	Contributor Inforn	nation	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	I Received			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Received				
	Labor Organization 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					

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



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

SCHEDULE A(5)(j)

/	Candidate	e Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received		Reporting Period	Election Cycle
	Street Address			_		
1	City	State	ZIP	<u> </u> -		
	Asset or Property Contributed			-		
	Asset of Property Continuated					
	Name		Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP	<u> </u>		
	Asset or Property Contributed			_		
	Name		Date In-Kind Contribution Received			
	Street Address			<u> </u> -		
3	City	State	ZIP	-		
	Asset or Property Contributed			_		
			T			
	Name		Date In-Kind Contribution Received			
	Street Address					
4	City	State	ZIP			
	Asset or Property Contributed	1				
	Name		Date In-Kind Contribution Received			
	Street Address			-		
5	City	State	ZIP	_		
	Asset or Property Contributed			_		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 5(j))			

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



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

SCHEDULE A(6)

/	s	ource Information		Amount Received	Cumulative Amount this	Cumulative Amount this
	Name		Date In-Kind Donation Received		Reporting Period	Election Cycle
	Street Address					
1	City	State	ZIP			
	Type of Item Donated	I	I			
	Name		Date In-Kind Donation Received			
	Street Address					
2	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address		1			
3	City	State	ZIP			
	Type of Item Donated	.	-			
	Name		Date In-Kind Donation Received			
	Street Address		,			
4	City	State	ZIP			
	Type of Item Donated	-	'			
	Name		Date In-Kind Donation Received			
	Street Address		•			
5	City	State	ZIP			
	Type of Item Donated	1	<u>'</u>			
	Enter total only if last page of sch (transfer the total received this period	edule		•		

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		l			
	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 Exter		Date of Extension of Credit			
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 7(a))					

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



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

Creditor Information on Credit Amount this Amoun							
Streat Address 1 City State Services or Goods Originally Provided on Credit Deter of Original Extension of Credit Reme Streat Address 2 City State Streat Address 3 City State Streat Address 3 City State Streat Address 4 City State Streat Address 4 City State Streat Address 5 City State State Streat Address 5 City State State Streat Address 5 City State State State Streat Address 5 City State St	_	Creditor	Information		on Credit	Amount this	Cumulative Amount this Election Cycle
1 City State Criscos or Goods Originally Provided on Criedit Date of Original Extension of Credit Nome Street Address 2 City State ZiP Services or Goods Originally Provided on Credit Date of Original Extension of Credit Nome Street Address 3 City State ZiP Services or Goods Originally Provided on Credit Date of Original Extension of Credit Nome Street Address 4 City State ZiP Services or Goods Originally Provided on Credit Date of Original Extension of Credit Nome Street Address 5 City State ZiP Street Address 5 City State ZiP State ZiP State ZiP State ZiP State Address 5 City State ZiP State ZiP		Name					
Services or Goods Originally Provided on Credit Name Street Address		Street Address					
Name Street Address 2 City State ZIP Senices or Goods Originally Provided on Credit Date of Original Extension of Credit Name Street Address 3 City State ZIP Senices or Goods Originally Provided on Credit Date of Original Extension of Credit Name Street Address 4 City State ZIP Senices or Goods Originally Provided on Credit Date of Original Extension of Credit Name Street Address 4 City State ZIP Senices or Goods Originally Provided on Credit Date of Original Extension of Credit Name Street Address 5 City State ZIP	1	City	State	ZIP			
Street Address 2 City State ZIP Services or Goods Crignally Provided on Credit Date of Original Extension of Credit Name Street Address 3 City State ZIP Services or Goods Originally Provided on Credit Date of Original Extension of Credit Name Street Address 4 City State ZIP Services or Goods Originally Provided on Credit Date of Original Extension of Credit Name Street Address 4 City State ZIP Services or Goods Originally Provided on Credit Date of Original Extension of Credit Name Street Address 5 City State ZIP		Services or Goods Originally Provided on Credit	I	Date of Original Extension of Credit			
2 City Services or Goods Originally Provided on Credit Date of Original Extension of Credit Name Street Address 3 City Services or Goods Originally Provided on Credit Date of Original Extension of Credit Name Services or Goods Originally Provided on Credit Date of Original Extension of Credit Name Street Address 4 City State ZIP Services or Goods Originally Provided on Credit Date of Original Extension of Credit Name Street Address 5 City State ZIP State ZIP		Name					
Services or Goods Originally Provided on Credit State		Street Address					
Name Street Address 3 City State ZIP Services or Goods Originally Provided on Credit Date of Original Extension of Credit Name Street Address 4 City State ZIP Services or Goods Originally Provided on Credit Date of Original Extension of Credit Name Street Address 5 City State ZIP	2	City	State	ZIP			
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 5 City State ZIP Street Address 5 City State ZIP		Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
Services or Goods Originally Provided on Credit Date of Original Extension of Credit		Name					
City State ZIP Services or Goods Originally Provided on Credit Date of Original Extension of Credit Name Street Address 4 City State ZIP Services or Goods Originally Provided on Credit Date of Original Extension of Credit Name Street Address 5 City State ZIP		Street Address					
Name Street Address City State ZIP Services or Goods Originally Provided on Credit Date of Original Extension of Credit Name Street Address 5 City State ZIP	3	City	State	ZIP			
Street Address 4 City State ZIP Services or Goods Originally Provided on Credit Date of Original Extension of Credit Name Street Address 5 City State ZIP		Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
A City State ZIP Services or Goods Originally Provided on Credit Date of Original Extension of Credit Name Street Address 5 City State ZIP		Name					
City State ZIP Services or Goods Originally Provided on Credit Date of Original Extension of Credit Name Street Address 5 City State ZIP		Street Address			-		
Name Street Address City State ZIP	4	City	State	ZIP			
Street Address 5 City State ZIP		Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
5 City State ZIP		Name					
City State ZIP		Street Address					
Services or Goods Originally Provided on Credit Date of Original Extension of Credit	5	City State		ZIP			
		Services or Goods Originally Provided on Credit		Date of Original Extension of Credit	t		
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 7(b))		Enter total only if last page of schedule		. 74.)			

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



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor C	committee Information	ation	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 E	Expense (if applicable)			
	Committee Name	<u> </u>	Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)			
_	Enter total only if last page of sche	-11 -				

Schedule A(8), page____ of ____



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

1 City Service Name Street A Service Name Street A Street A Street A A Street A A A A A A A A A A A A A A A A A A A	ees or Goods Purchased et Address et Address ces or Goods Purchased	State	ZIP Payment Date ZIP ZIP Payment Date		Reporting Period	Election Cycle
1 City Service Name Street A Service A Street A Service Street A Street A	tes or Goods Purchased at Address ces or Goods Purchased		Payment Date ZIP			
Service Name Street A City Service Name Street A Service Name Street A Street A	at Address Des or Goods Purchased		Payment Date ZIP			
Name Street A Service Name Street A Street A Street A	at Address Des or Goods Purchased	State	ZIP			
Street . 2 City Service Name Street . 3 City Service Name Street .	es or Goods Purchased	State				
2 City Service Name Street A Service Street A	ces or Goods Purchased	State				
Service Name Street Service Name Street Name		State				
Street A Street A Street A Service Name Street A			Payment Date			
Street A City Service Name Street A	3					
3 City Service Name Street		Name				
Service Name Street	Street Address					
Name Street		State	ZIP			
Street	ces or Goods Purchased		Payment Date			
4	lame					
4 City	Street Address					
		State	ZIP			
Service	ces or Goods Purchased		Payment Date			
Name	Name					
Street	Street Address					
5 City	State ZIP		ZIP			
			Payment Date			
	res or Goods Purchased	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," I				

Schedule A(9), page____ of ____



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

/	Information			Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
2	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
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	marv of Receipts." I	line 10)			

Schedule A(10), page____ of ____

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 l	nformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name		I			
	Street Address					
2	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
3	City	State	ZIP			
	Receipt Type	Receipt Date				
	Name					
	Street Address					
4	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name	Name				
	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 ____



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/	Recipient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Name	Disbursement Date				
	Street Address	ddress				
1	City	State	ZIP			
	Type of Operating Expense Paid		rpose? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement D	oate			
	Street Address					
2	City	State	ZIP			
				□ Cash		
	Type of Operating Expense Paid	Non-Electoral Pu	rpose? (PACs and Political Parties Only)	☐ Credit		
	Name	Disbursement D	Pate			
3	Street Address	I				
	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Pu	rpose? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name					
	Street Address					
4	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Pu	rpose? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement D	Disbursement Date			
	Street Address					
5	City	04-4-	ZIP			
	City	State	ZIP	□ Cash □ Credit		
	Type of Operating Expense Paid	Non-Electoral Pu	rpose? (PACs and Political Parties Only)			
_	Enter total only if last page of s					

Schedule B(1), page____ of ____



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/				Amount	Cumulative	Cumulative
	Candidate Commi	ttee Recipient Info	rmation	Contributed	Amount this Reporting Period	Amount this Election Cycle
	Committee Name					-
	treet Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
				- Credit		
	Committee Name					
	Street Address					
2	City	State ZIP				
	Committee ID Number	Date Contribution Made	9	□ Cash □ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address	istraet Address				
4						
•	City	State	ZIP	☐ Cash		
	Committee ID Number	Date Contribution Made		□ Credit		
	Committee Name	1				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Made	•	☐ Cash☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "S	e				



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

/	Political Action Comm	nittee Recipient Inf	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address	treet Address				
1	City	State	ZIP	_ _ □ Cash		
	Committee ID Number	Committee ID Number Date Contribution Made				
	Committee Name	-				
	Street Address					
2	City	State	ZIP	_ □ Cash		
	Committee ID Number	☐ Credit				
	Committee Name					
2	Street Address	Street Address				
	City	State	ZIP	_ □ Cash		
	Committee ID Number	☐ Credit				
	Committee Name	Committee Name				
	Street Address					
4	City	State	ZIP	_ _ □ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name	1				
	Street Address	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 "S	ummary of Disburser	ments," line 2(b))			
			edule B(2)(b), pageo			



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Polit	tical Party 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 Contribution N	lade	□ Cash □ Credit		
	Committee Name	I				
	Street Address					
2	City	State	ZIP	□ Cook		
	Committee ID Number	Date Contribution N	Made	☐ Cash☐ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution N	Made	☐ Cash☐ Credit		
	Committee Name	l .				
	Street Address					
4	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution N	Made	□ Credit		
	Committee Name	l .				
	Street Address					
5	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution N	I Made	☐ Credit		
_	Enter total only if last page of	of schedule period to "Summary of Disbu	ureamente " line 2(c))	1		



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partner	ship Recipient Inform	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					,
	Street Address					
1	City	State	ZIP	ПОсть		
	Corporation Commission File Number	Date Contribution N	Made	□ Cash □ Credit		
	Partnership Name	I				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution N	Made	□ Cash □ Credit		
	Partnership Name					
3 -	Street Address	Street Address				
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution N	Made	□ Cash □ Credit		
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution N	Made	□ Cash □ Credit		
	Partnership Name	<u> </u>				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution N	Made	□ Cash □ Credit		
_	Enter total only if last page of sc (transfer the total disbursed this perio	hedule		[



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

/	Corporation A	/ LLC Recipient Inforr	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address	treet Address				
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made	9	□ Cash □ Credit		
	orporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number Date Contribution Made		□ Cash □ Credit			
	Corporation/LLC Name					
	Street Address	Street Address				
3	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Mad	le	☐ Credit		
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP	□ Cook		
	Corporation Commission File Number	Date Contribution Mad	le	□ Cash □ Credit		
	Corporation/LLC Name	Corporation/LLC Name				
	Street Address	Street Address				
	City	State	ZIP	□ Cash		
5		D. O. 17 F. M.	<u> </u>	□ Casii		
5	Corporation Commission File Number	Date Contribution Mad				



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Organ	nization Recipient Info	ormation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	ade	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	lade	☐ Cash☐ Credit		
3	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	lade	☐ Cash☐ Credit		
	Labor Organization Name					
	Street Address	Street Address				
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	lade	☐ Cash☐ Credit		
_	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	oration Commission File Number Date Contribution Made		☐ Cash☐ Credit		
	Enter total only if last page of sch (transfer the total disbursed this perio	nedule	rsements." line 2(f)			
_	,				1	



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

		Amount this Reporting Period	Amount this Election Cycle		
Committee Name		Date Refund Received			
Street Address					
City	State	ZIP			
Committee ID Number	l	Date of Original Contribution			
Committee Name		Date Refund Received			
Street Address					
City	State	ZIP			
Committee ID Number		Date of Original Contribution			
Committee Name		Date Refund Received			
Street Address					
City	State	ZIP			
Committee ID Number		Date of Original Contribution			
Committee Name		Date Refund Received			
Street Address					
City	State	ZIP			
Committee ID Number		Date of Original Contribution			
Committee Name		Date Refund Received			
Street Address					
City	State	ZIP			
Committee ID Number		Date of Original Contribution	_		
	City Committee ID Number Committee Name Street Address City Committee Name Street Address City Committee ID Number Committee Name Street Address City Committee Name Street Address City Committee ID Number	City State Committee ID Number Committee Name Street Address City State Committee Name Street Address City State Committee ID Number Committee Name Street Address City State Committee ID Number Street Address City State Committee ID Number Street Address City State	City State ZIP Committee ID Number Date of Original Contribution Committee Name Date Refund Received Street Address City State ZIP Committee ID Number Date of Original Contribution Committee Name Date of Original Contribution Committee Name Date Refund Received Street Address City State ZIP Committee ID Number Date of Original Contribution Committee Name Date Refund Received Street Address City State ZIP Committee ID Number Date of Original Contribution Committee ID Number Date of Original Contribution Committee Name Date of Original Contribution Street Address City State ZIP	City State ZiP Committee ID Number Date of Original Contribution Committee Name Date Refund Received Street Address City State ZiP Committee Name Date of Original Contribution Committee Name Date of Original Contribution Committee ID Number Date of Original Contribution Committee ID Number Date of Original Contribution Committee Name Date of Original Contribution Committee Name Date of Original Contribution Committee ID Number Date of Original Contribution Street Address City State ZiP Committee Name Date Refund Received	Committee ID Number Committee

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



LOANS MADE: SCHEDULE B(3)(a)

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

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	l				
	Street Address					
2	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed	l			
	Guarantor Name					
	Street Address					
3	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed	l			
	Guarantor Name					
	Street Address					
4	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name	<u> </u>				
	Street Address					
5	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed	1			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts." I	line 3(b))			
	1,	· · · · · · · · · · · · · · · · · · ·	· //		I	

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	I	Date Forgiveness Made			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	l			
	Borrower Name		Date Forgiveness Made			
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name	L	Date Forgiveness Made			
	Street Address		I			
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name	l	Date Forgiveness Made			
	Street Address		L			
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	l			
T	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 3(c))	L		

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

	Lender	Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Repayment Made			
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	<u> </u>			
	Lender Name		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	Street Address				
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Enter total only if last page of school-le					
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	mmary of Disburser	ments," 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					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	<u> </u>			
	Lender Name	<u> </u>	Date Interest Accrued			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	<u> </u>			
	Lender Name		Date Interest Accrued			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Interest Accrued			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Interest Accrued			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	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
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					
2 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	Name of Original Payor			
Name of Original Payor		Date Rebate/Refund Made			
Street Address					
4 City	State	ZIP			
Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
Name of Original Payor		Date Rebate/Refund Made			
Street Address					
5 City	State	ZIP			
Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
Enter total only if last page of sche (transfer the total disbursed this period	edule to "Summary of Disburs	ements," line 4)			

Schedule B(4), page____ of ____



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(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			
	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						
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name	l				
	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			
	Committee ID Number	Date III-Kind Contribution	WIGUG			

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

Political Action Commi	ttee Recipient Info	ormation	Amount Contributed	Cumulative Amount this	Cumulative Amount this
			001111120100	Reporting Period	Election Cycle
Street Address	Committee Name				
Sity	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Made			
Committee Name	l				
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Made			
Committee Name					
Street Address					
Sity	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Made			
Committee Name					
Street Address					
Sity	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			
	Street Address Committee ID Number Committee Name Street Address City Committee ID Number Committee Name Street Address City Committee Name Enter total only if last page of schedule	Committee ID Number Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution Committee Name Street Address City State Committee Name Committee ID Number Date In-Kind Contribution Committee Name Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution	State ZIP Committee ID Number Date In-Kind Contribution Made Street Address Date In-Kind Contribution Made	State ZIP Committee ID Number Date In-Kind Contribution Made Street Address Street Address	State ZIP Committee ID Number Date In-Kind Contribution Made Street Address State ZIP Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made

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IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

Politica	l Party Recipient Inform	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contrib	ution Made			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contrib	oution Made			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contrib	oution Made			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contrib	oution Made			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contrib	aution Made			
	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 ID Number City Committee ID Number Committee ID Number	Committee Name Street Address City State Committee ID Number Date In-Kind Contrib Committee Name Street Address City State Committee ID Number Date In-Kind Contrib Street Address City State Committee Name Street Address City State Committee ID Number Date In-Kind Contrib Street Address City State Committee ID Number Date In-Kind Contrib Committee ID Number Date In-Kind Contrib Committee Name Street Address City State Committee Name Street Address City State Committee ID Number Date In-Kind Contrib Committee ID Number Street Address	Street Address 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 Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made	Contributed Committee Name Street Address City State 2IP Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State 2IP Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made	Political Party Recipient Information Amount this Reporting Period Contributed Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Committee ID Number Date In-Kind Contribution Made Committee ID Number Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee ID Number Street Address Street Address

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



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

	Partnership Re	cipient Informatio	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	I Made				
	Partnership Name						
	Street Address						
2	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contribution	Made				
	Partnership Name						
	Street Address						
3	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contribution	Made				
	Partnership Name						
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contribution	Made				
	Partnership Name						
	Street Address						
5	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contribution	Made				
	Enter total only if last page of schedule						
1	(transfer the total disbursed this period to "Sur	mmary of Disbursen	nents," line 5(d))				

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

/				1	1	
	Corporation	/ LLC Recipient Info	ormation	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 In-Kind Contril	L oution Made			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	bution Made			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	bution Made			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	Date In-Kind Contribution Made			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contri	hution Mado			

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				3		
	Street Address						
1	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contribution	Made				
	Labor Organization Name						
	Street Address						
2	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contribution	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	Date In-Kind Contribution	Made				
	Labor Organization Name						
	Street Address						
5	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contribution	Made				
	Enter total only if last page of schedule						
	(transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 5(f))				

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



INDEPENDENT EXPENDITURES MADE: SCHEDULE B(6)

				1	, ,	
/	Expenditure	Recipient Informati	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (inc	luding % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit		
_	Recipient Name	l	Mode of Advertising (TV, mail, etc)			
	Street Address					
2	City	State	ZIP			
	Candidate(s) Supported (including % supported)	e(s) Supported (including % supported) Candidate(s) Opposed (inclu		☐ Cash☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ Credit		
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (inc	luding % opposed)	☐ Cash☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ Credit		
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address					
4	City	State	ZIP			
	Candidate(s) Supported (including % supported)	andidate(s) Supported (including % supported) Candidate(s) Opposed (including % supported)		☐ Cash☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ L Orean		
	Enter total only if last page of schedul (transfer the total disbursed this period to ":	e Summary of Dieburgo	uments " line 6)	ı		
	The rotal dispursed this period to	ounimary of Disburse	inens, ine o)			

Schedule B(6), page____ of ____



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

	Expenditure	Recipient Informati	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)		, and a second	,
	Street Address					
1	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	d (including % opposed)	_ ☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		- □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Oppose		d (including % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Election Month/Year			_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			_		
3	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	d (including % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City	State	ZIP			
4	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed (including % opposed)		☐ Cash		
4		Election Month/Year		☐ Credit		

Schedule B(7), page____ of ____



RECALL EXPENDITURES MADE: SCHEDULE B(8)

	Expenditure	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			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	called	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Office Held			- □ Credit		
	Recipient Name	<u>l</u>	Mode of Advertising (TV, mail, etc)			
	Street Address		<u> </u>			
2	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast		_ □ Credit			
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Rec		zalled	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		_ □ Credit		
	Recipient Name	<u>l</u>	Mode of Advertising (TV, mail, etc)			
	Street Address		<u> </u>			
4	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?			☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast			_ □ Credit		
	Enter total only if last page of schedul (transfer the total disbursed this period to ":	e Summary of Dishumar	mente " line 8)	I		
	the rotal dispulsed this period to	ounimary of Dispurser	пень, шео)			

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					
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					
	Notes:					
	Enter total only if last page of schedule (transfer the total disbursed this period to "S	e ummary of Disbursen	nents," line 9)			

Schedule B(9), page____ of ____



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

/	Recipient	Committee Inforn	nation	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	xpense (if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	xpense (if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address	Street Address				
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable) Type of Shared Expen		opense (if applicable)	☐ Cash☐ Credit		
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	xpense (if applicable)	☐ Cash☐ Credit		
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	xpense (if applicable)	□ Cash □ Credit		
	Enter total only if last page of sche	dulo.				



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	- Cook		
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
2	City	State	ZIP	□ Cook		
	Services or Goods Reimbursed	Reimbursement Date	□ Cash □ Credit			
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	mmary of Disbursen	nents," line 11)			

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					
	Street Address					
1	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
2	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
3	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
4	City	State	ZIP			
	Type of Account Payable or Debt Owed D:		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	mary of Receipts," I	ine 12)			

Schedule B(12), page____ of ____

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 A(13), page____ of ____



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		1			
	Street Address					
2	City		ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
3	City		ZIP			
	Disbursement Type		Disbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address					
4	City	1	ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
5	Street Address					
J	City	State	ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Credit		
_	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur		•	•		

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