COMMITTEE INFORMATION (required):

Committee Information:	Committee Name:		
	Chairperson's name:		
	Treasurer's name:		
DIDATE INFORMATION (only if f	iling as a candidate committee):		
Office Sought.	☐ Statewide Office:		
Office Sought.	☐ Statewide Office: ☐ State Legislature:		
Office Sought:		District:	

REPORTING PERIOD (check one):

REPORTING PERIOD	REPORT DUE
2016 4 th Quarter Report: November 5, 2016 to December 31, 2016	January 1, 2017 to January 15, 2017
2017 March Pre-Election Report (Local Only): January 1, 2017 to February 25, 2017	February 26, 2017 to March 4, 2017
2017 1st Quarter Report (Local Only): February 26, 2017 to March 31, 2017	April 1, 2017 to April 15, 2017
2017 1st Quarter Report: January 1, 2017 to March 31, 2017	April 1, 2017 to April 15, 2017
2017 2 nd Quarter Report: April 1, 2017 to June 30, 2017	July 1, 2017 to July 15, 2017
2017 3 rd Quarter Report: July 1, 2017 to September 30, 2017	October 1, 2017 to October 15, 2017
2017 4 th Quarter Report: October 1, 2017 to December 31, 2017	January 1, 2018 to January 15, 2018
2018 1st Quarter Report: January 1, 2018 to March 31, 2018	April 1, 2018 to April 15, 2018
2018 2 nd Quarter Report: April 1, 2018 to June 30, 2018	July 1, 2018 to July 15, 2018
2018 August Pre-Election Report: July 1, 2018 to August 11, 2018	August 12, 2016 to August 18, 2018
2018 3 rd Quarter Report: August 12, 2018 to September 30, 2018	October 1, 2018 to October 15, 2018
2018 October Pre-Election Report: October 1, 2018 to October 20, 2018	October 21, 2018 to October 27, 2018
2018 4th Quarter Report: October 21, 2018 to December 31, 2018	January 1, 2019 to January 15, 2019
Misc. Pre-Election Report: (1st day of quarter to 17th day before election): Reporting Period: to Reporting Jurisdiction: Date of Election:	(reporting period end to 10 th day before election Report due: to

FINANCIAL SUMMARY (required):

	Activity	Cash Activity This Reporting Period	Election Cycle to Date
(a)	Committee value at the beginning of this reporting period (<i>i.e.</i> ending balance from the previous reporting period)		
(b)	+ Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)		
(c)	- Total disbursements (from "Summary of Disbursements," line 15 (cash column) for this reporting period)		
(d)	= Balance at close of reporting period		



SUMMARY OF RECEIPTS (Schedule A):

	Receipts	Cash	Equity
<u> </u>	Monetary Contributions Received		
	(a) Individuals - More than \$50		
	(b) Individuals - \$50 or Less (Aggregate)		
	(c) Candidate Committees		
	(d) Political Action Committees		
	(e) Political Parties		
	(f) Partnerships		
	(g) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(h) Labor Organizations (PACs & Political Parties Only)		
	(i) Candidate's Personal Monies (Candidate Committees Only)		
	(j) Monetary Contributions Subtotal (add 1(a) through 1(i))		
	(k) Refunds Given Back to Contributors		
	(I) Net Monetary Contributions (subtract 1(k) from 1(j))		
2.	Loans (a) Loans Received		
-	(b) Forgiveness on Loans Received		
	(c) Repayment on Loans Made		
	(d) Interest Accrued on Loans Made		
-	(e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))		
3.	Rebates and Refunds Received		
4.	Interest Accrued on Committee Monies		
5.	In-Kind Contributions Received		
	(a) Individuals - More than \$50		
	(b) Individuals - \$50 or Less (Aggregate)		
	(c) Candidate Committees		
	(d) Political Action Committees		
	(e) Political Parties		
	(f) Partnerships		
	(g) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(h) Labor Organizations (PACs & Political Parties Only)		
	(i) Candidate's Personal Assets or Property (Candidate Committees Only)		
	(j) In-Kind Contributions Subtotal (equity: add 5(a) through 5(i))		
6.	In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
7.	Extensions of Credit		
	(a) Extensions of Credit Received		
	(b) Payments on Extensions of Credit Received		
	(c) Net Extensions of Credit (subtract 7(b) from 7(a))		
8.	Joint Fundraising / Shared Expense Payments Received		
9.	Payments Received for Goods / Services		
10.	Outstanding Accounts Receivable / Debts Owed to Committee		
11.	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
12.	Miscellaneous Receipts		
13.	Total Receipts (cash: add 1(l), 2(e), 3-4, 8-9, 11-12; equity: add 2(b), 5(j), 6-7, 10-12)		
\	10 ca. 110001pto (cash. add 1(1), 2(0), 5-7, 5-9, 11-12, 5quity. add 2(0), 5(1), 5-7, 10-12)		

SUMMARY OF DISBURSEMENTS (Schedule B):

/			
	Disbursements	Cash	Equity
/ <u>1.</u>	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)		
	(j) 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.	Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 14; equity: add 3(f), 5(j), & 12-14)		
\		ı	



MONETARY CONTRIBUTIONS RECEIVED FROM INDIVIDUALS - MORE THAN \$50 DURING ELECTION CYCLE:*

SCHEDULE A(1)(a)

	Individual Cont	ributor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address			-		
1	City	State	ZIP	-		
	Occupation	Employer		-		
	Name	<u> </u>	Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer		-		
	Name		Date Contribution Received			
	Street Address			_		
3	City	State	ZIP	_		
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address			1		
4	City	State	ZIP	_		
	Occupation	Employer		_		
	Name		Date Contribution Received			
	Street Address		1			
5	City	State	ZIP			
	Occupation	Employer		-		
	Enter total only if last page of schedule (transfer total to "Summary of Receipts," line 1(a))					

 * If contributions of \$50 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 INDIVIDUALS - \$50 OR LESS (AGGREGATE):*

SCHEDULE A(1)(b)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Cumulative Contributions from Individuals - \$50 or Less		
Enter total only if last page of schedule (transfer total to "Summary of Receipts," line 1(b))		

^{*}If contributions of more than \$50 are listed on Schedule A(1)(a), do not include them on Schedule A(1)(b).

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



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(c)

	Candidate Committee	e Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	ed			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
	Committee Name	Committee Name				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Enter total only if last page of schedule (transfer total to "Summary of Receipts." line 1(c))			<u> </u>		

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(d)

Political Action C	ommittee Contributor Ir	nformation	Amount Received		Cumulative Amount this Election Cycle
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Receiv	ed			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Receiv	ved			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Receiv	ved			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Receiv	ved			
Committee Name					
Street Address					
City	State	ZIP			
	Committee Name Street Address City Committee ID Number Street Address City Committee ID Number Committee Name Street Address City Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number Committee ID Number Street Address City Committee Name Street Address City Committee ID Number	Committee Name Street Address City State Committee ID Number Date Contribution Received Street Address City State Committee ID Number Date Contribution Received Street Address City State Committee Name Street Address City State Committee ID Number Date Contribution Received Street Address City State Committee ID Number Date Contribution Received Street Address City State Committee ID Number Date Contribution Received Street Address City State Committee ID Number Date Contribution Received Street Address City State Committee ID Number Date Contribution Received Street Address City State	Street Address City State ZIP Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received Street Address City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Street Address City State ZIP Committee Name Street Address City Date Contribution Received	Committee Name Street Address City State ZIP Committee (IO Number Date Contribution Received Date Date Contribution Received Date Date Contribution Received Date Date Date Date Date Date Date Date	Political Action Committee Contributor Information Amount Received Amount this Reporting Period Committee Name Street Address City State Committee ID Number Date Contribution Received Street Address City State Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Committee ID Number Committee ID Number Date Contribution Received Committee ID Number Committee ID Number Date Contribution Received Committee ID Number Committee ID Number Date Contribution Received Committee ID Number Committee ID Number

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(e)

				I	l a I	
	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			
	Committee ID Number	Date Contribution Receive	I dd			
	Committee Name	l .				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	<u>I</u>			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
4	City	State	ZIP	_		
	Committee ID Number	Date Contribution Received				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Enter total only if last page of schedule (transfer total to "Summary of Receipts," line 1(e))					

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(f)

/						
	Partnership Con	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 d			
	Partnership Name					
	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	ed			
	Partnership Name					
	Street Address					
١,	oli oci villa oci					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Received				
	Partnership Name	1				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	I ed			
	Enter total only if last page of schedule (transfer total to "Summary of Receipts." line 1(f))	<u> </u>		<u> </u>		

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



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(g)

,						
	Corporation / L	LC Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP	_		
	Corporation Commission File Number	Date Contribution Receive	l ed			
	Corporation/LLC Name	I				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	l ed			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number Date Contribution Received					
	Corporation/LLC Name	I				
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receiv	I ed	1		
	Enter total only if last page of scheo	lule		1		

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(h)

	Labor Organization (Contributor Inforn	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					-
	Street Address	Street Address				
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	<u>I</u> ed			
	Labor Organization Name	<u>I</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>I</u> ed			
	Labor Organization Name	<u>I</u>				
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	<u>l</u> ed			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	I ed			
	Enter total only if last page of schedule (transfer total to "Summary of Receipts," line 1(h))	<u> </u>		<u> </u>		

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(i)

/				ı	1 1	
	Candidate	e Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received		1 5	
	Street Address					
1	City	State	ZIP	-		
	Occupation	Employer		=		
	Name		Date Contribution Received			
	Street Address			-		
2	City	State	ZIP			
	Occupation	Employer				
	Name	<u>l</u>	Date Contribution Received			
	Street Address					
3	City	State	ZIP	-		
	Occupation	Employer		-		
	Name	L	Date Contribution Received			
	Street Address			=		
4	City	State	ZIP	=		
	Occupation	Employer				
	Name	ı	Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer	1			
	Enter total only if last page of schedule (transfer total to "Summary of Receipts," line 1(i))	I.		1		

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(k)

Contributo				Cumulative	Cumulative \
	r Information		Amount Refunded	Amount this Reporting Period	Amount this Election Cycle
Name		Date Contribution Refunded			
Street Address					
City	State	ZIP			
ID Number (if applicable)		Date of Original Contribution			
Name		Date Contribution Refunded			
Street Address					
City	State	ZIP			
ID Number (if applicable)		Date of Original Contribution			
Name		Date Contribution Refunded			
Street Address					
City	State	ZIP			
ID Number (if applicable)		Date of Original Contribution			
Name		Date Contribution Refunded			
Street Address					
City	State	ZIP			
ID Number (if applicable)		Date of Original Contribution			
Name		Date Contribution Refunded			
Street Address		<u> </u>			
City	State	ZIP			
ID Number (if applicable)		Date of Original Contribution			
Enter total only if last page of schedule			l		
	City ID Number (if applicable) Name Street Address City ID Number (if applicable) Street Address City ID Number (if applicable) Name Street Address City ID Number (if applicable)	City State ID Number (if applicable) Name Street Address City State ID Number (if applicable) Name Street Address City State ID Number (if applicable) Name Street Address City State ID Number (if applicable) Name Street Address City State ID Number (if applicable) Street Address City State ID Number (if applicable) Name Street Address City State ID Number (if applicable) Name Street Address City State	City State ZIP Date of Original Contribution Name Date Contribution Refunded Street Address City State ZIP Date of Original Contribution Name Date Contribution Refunded Street Address City State ZIP Date of Original Contribution Name Date Contribution Refunded Street Address City State ZIP Date of Original Contribution Name Date Contribution Refunded Street Address City State ZIP Date of Original Contribution Date Contribution Refunded Street Address City State ZIP Date of Original Contribution Street Address City State ZIP Date of Original Contribution Street Address City State ZIP Date of Original Contribution Name Date Contribution Refunded Street Address City State ZIP Date of Original Contribution Date Contribution Refunded Street Address City State ZIP Date of Original Contribution Date Contribution Refunded	City State ZIP Date of Original Contribution Name Date Contribution Refunded Street Address City State ZIP Date of Original Contribution Name Date Contribution Refunded Street Address City Date of Original Contribution Name Date Contribution Refunded Street Address City State ZIP ID Number (if applicable) Date of Original Contribution Street Address City State ZIP Date of Original Contribution Name Date Contribution Refunded Street Address City State ZIP Date of Original Contribution Street Address City State ZIP Date of Original Contribution Street Address City Date of Original Contribution Date Contribution Refunded Street Address City Date of Original Contribution Date Contribution Refunded Date Contribution Refunded Date Contribution Refunded Date Contribution Refunded Date Contribution Refunded	City Slade ZIP Date of Original Contribution Name Date Contribution Refunded Sincer Address City State ZIP Date of Original Contribution Date Contribution Refunded Sincer Address City Date of Original Contribution Name Date Contribution Refunded Sincer Address City Date of Original Contribution Name ZIP Date of Original Contribution Date Contribution Refunded Sincer Address City Date of Original Contribution Name Date of Original Contribution Name ZIP Date of Original Contribution Date of Original Contribution Name ZIP Sincer Address City Date of Original Contribution Date of Original Contribution Name ZIP Date of Original Contribution Date of Original Contribution

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



LOANS RECEIVED: SCHEDULE A(2)(a)

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

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



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

/	Lender In	nformation		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Forgiveness Received		r toponing r onou	
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address	Street Address				
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Enter total only if last page of schedule (transfer total to "Summary of Receipts." line 2(b))					

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



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

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

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



INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

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

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

REBATES AND REFUNDS RECEIVED:

SCHEDULE A(3)

Payor Information Amount this or Refunded or Refunded Pariod Physical Name Date Release Return Received Total Address Total Address Total Address Date Release Return Received Dat	/						
Street Addresses		Payor In	formation		Amount Rebated or Refunded	Amount this	Cumulative Amount this Election Cycle
Toly Coly	Payor Name		Date Rebate/Refund Received				
City Original Purchase Amount Reason for RefundRetate Date Retails Return Received Street Address City Original Purchase Amount Reason for RefundRetate Date Retails Return Received Street Address Gity Original Purchase Amount Reason for RefundRetails Date Retails Refund Received Street Address Gity Original Purchase Amount Reason for RefundRetails Date Retails Refund Received Street Address City Original Purchase Amount Reason for RefundRetails Date Retails Refund Received Street Address City Original Purchase Amount Reason for RefundRetails Date Retails Refund Received Street Address City Original Purchase Amount Reason for RefundRetails Date Retails Refund Received Street Address City Original Purchase Amount Reason for RefundRetails State ZIP Original Purchase Amount Reason for RefundRetails State ZIP Original Purchase Amount Reason for RefundRetails Reason for RefundRetails Reason for RefundRetails	Stre	eet Address					
Date Rebate/Refund Received Date Rebate/Refund Received	City	у	State	ZIP			
2 City State Address Street Address 2 City State Street Address Street Address 3 Street Address City State Street Address City State Street Address City State Street Address City State Street Address Street Address A City State State Street Address	Orig	ginal Purchase Amount	Reason for Refund/Rebate				
City	Borr	rrower Name		Date Rebate/Refund Received			
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City State ZIP	Borrower Name		Date Rebate/Refund Received				
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Borrower Name Street Address City Original Purchase Amount Reason for Refund/Rebate Date Rebate/Refund Received State ZIP Date Rebate/Refund Received State ZIP Date Rebate/Refund Received Street Address Street Address City State ZIP Date Rebate/Refund Received Street Address Street Address Tip Original Purchase Amount Reason for Refund/Rebate	City	y	State	ZIP			
Street Address City State ZIP Original Purchase Amount Reason for Refund/Rebate Borrower Name Date Rebate/Refund Received Street Address City State ZIP Original Purchase Amount Reason for Refund/Rebate	Orig	ginal Purchase Amount	Reason for Refund/Rebate	3			
A City State ZIP Original Purchase Amount Reason for Refund/Rebate Date Rebate/Refund Received Street Address City State ZIP Original Purchase Amount Reason for Refund/Rebate	Borr	rrower Name		Date Rebate/Refund Received			
City State ZIP Original Purchase Amount Reason for Refund/Rebate Borrower Name Date Rebate/Refund Received Street Address City State ZIP Original Purchase Amount Reason for Refund/Rebate	Stre	eet Address		l			
Borrower Name Street Address City Original Purchase Amount Reason for Refund/Rebate	City	у	State	ZIP			
Street Address City State ZIP Original Purchase Amount Reason for Refund/Rebate	Orig	ginal Purchase Amount	Reason for Refund/Rebate	3			
City State ZIP Original Purchase Amount Reason for Refund/Rebate	Borr	rrower Name		Date Rebate/Refund Received			
City State ZIP Original Purchase Amount Reason for Refund/Rebate	Street Address		1				
	City	у	State	ZIP			
Enter total only if last page of schedule	Orig	ginal Purchase Amount	Reason for Refund/Rebate	1			
(transfer total to "Summary of Receipts," line 3)		nter total only if last page of schedule			l		

Schedule A(3), page ____ of

COMMITTEE ID NUMBER

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

	Cumulative Amount this Report Period	rting 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 total to "Summary of Receipts," line 4)		

Schedule A(4), page ____ of ____



IN-KIND CONTRIBUTIONS RECEIVED FROM INDIVIDUALS - MORE THAN \$50 DURING ELECTION CYCLE:*

SCHEDULE A(5)(a)

	Individual Contr	ributor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received		. 0	
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name	l	Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name	l	Date In-Kind Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name	l	Date In-Kind Contribution Received			
	Street Address		<u> </u>			
4	City	State	ZIP			
	Occupation	Employer				
	Name	l	Date In-Kind Contribution Received			
	Street Address	Street Address				
5	City	State	ZIP			
	Occupation	Employer	l			
	Enter total only if last page of schedule	l		l		
	(transfer total to "Summary of Receipts," line 5(a))					

*If in-kind contributions of \$50 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 INDIVIDUALS - \$50 OR LESS (AGGREGATE):*

SCHEDULE A(5)(b)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Cumulative In-Kind Contributions from Individuals - \$50 or Less		
Enter total only if last page of schedule (transfer total to "Summary of Receipts," line 1(b))		

^{*}If contributions of more than \$50 are listed on Schedule A(5)(a), do not include them on Schedule A(5)(b).

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



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(c)

	Candidate Committee	e Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	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	1				
	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			l		

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(d)

	Political Action Committ	ee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date 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	Committee Name				
5	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
	Enter total only if last page of schedule (transfer total to "Summary of Receipts." line 5(d))					

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(e)

/						
	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			
	Committee ID Number	Date In-Kind Contribution	I Received			
	Committee Name	l				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
	Committee Name	<u>I</u>				
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Received				
	Committee Name	<u> </u>				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	I Received			
	Enter total only if last page of schedule	l		l		
	(transfer total to "Summary of Receipts," line 5(e))				ı	

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(f)

	Partnership Con	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 In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Received				
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
	Enter total only if last page of schedule (transfer total to "Summary of Receipts," line 5(f))	<u> </u>				

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



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(g)

/				1	1 1	
/	Corporation / L	LC Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Received			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Received			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Received	1		
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	n Received	-		
_	Enter total only if last page of sched	dule				

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(h)

			I	l I	
Labor Organization (Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
Labor Organization Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	I Received			
Labor Organization Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	Received			
Labor Organization Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	Received			
Labor Organization Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution Received				
Labor Organization Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	I Received			
Enter total only if last page of schedule	l		l		
	Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Street Address City Corporation Commission File Number	Labor Organization Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Street Address City State Corporation Commission File Number Date In-Kind Contribution Labor Organization Name Street Address City State City State Corporation Commission File Number Date In-Kind Contribution Labor Organization Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Labor Organization Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Street Address City State Corporation Commission File Number Date In-Kind Contribution Labor Organization Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Corporation Commission File Number Date In-Kind Contribution Enter total only if last page of schedule	Street Address City Strate ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City Strate ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City Strate ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City Strate ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City Strate ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City Strate ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City Strate ZIP Corporation Commission File Number Date In-Kind Contribution Received Enter total only if last page of schedule	Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Enter total only if last page of schedule	Reporting Period Sincer Address City State Date In Kind Contribution Received Corporation Commission File Number Date In Kind Contribution Received City State Zip Corporation Commission File Number Date In Kind Contribution Received City State Zip Corporation Commission File Number Date In Kind Contribution Received City State Zip Corporation Commission File Number Date In Kind Contribution Received City State Zip Corporation Commission File Number Date In Kind Contribution Received City State Zip Corporation Commission File Number Date In Kind Contribution Received City State Zip Corporation Commission File Number Date In Kind Contribution Received City State Zip Corporation Commission File Number Date In Kind Contribution Received City State Zip Corporation Commission File Number Date In Kind Contribution Received City State Zip Corporation Commission File Number Date In Kind Contribution Received City State Zip Corporation Commission File Number Date In Kind Contribution Received City State Zip Corporation Commission File Number Date In Kind Contribution Received City State Zip Corporation Commission File Number Date In Kind Contribution Received City State Zip Corporation Commission File Number Date In Kind Contribution Received

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



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

SCHEDULE A(5)(i)

/				1	1 1	
	Candidate	Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address	Street Address				
1	City	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address	1				
2	City	State	ZIP			
	Asset or Property Contributed					
	Name Da		Date In-Kind Contribution Received			
	Street Address					
3	City	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address	Street Address				
4	City	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address	Street Address				
5	City	State	ZIP	1		
	Asset or Property Contributed					
	Enter total only if last page of schedule (transfer total to "Summary of Receipts," line 5(i))					

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



In-Kind Donations Received (Non-Contributions) (PACs and 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			
1	Street Address			-		
	City	State	ZIP	-		
	Type of Item Donated	l				
	Name		Date In-Kind Donation Received			
	Street Address	Street Address				
2	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address					
3	City	State	ZIP			
	Type of Item Donated					
	Name	Name				
	Street Address		1			
4	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address	Street Address				
5	City	State	ZIP	1		
	Type of Item Donated	Type of Item Donated				
	Enter total only if last page of schedule (transfer total to "Summary of Receipts," line 6)			1		

Schedule A(6), page ____ of ____



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

				1		
	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					
-	Street Address					
2	City	State	ZIP			
:	Services or Goods Provided on Credit	<u> </u>	Date of Extension of Credit			
	Name					
-	Street Address					
3	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
_	Street Address					
4	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
-	Street Address					
5	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Enter total only if last page of schedule					

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					
	Street Address	Street Address				
2	City	State	ZIP			
	Services or Goods Originally Provided on Credit Date of Original Extension of Credit					
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Originally Provided on Credit Date of Original Extension of Credit					
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Originally Provided on Credit Date of Original Ex		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 C		Date of Original Extension of Credit			
	Enter total only if last page of schedule					
	(transfer total to "Summary of Receipts," line 7(b))				ı	

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



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

Str Co Co Str Co Co Cit Data						
Str Co Co Str Co Co Cit Data	Payor Committee Information				Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1 Citition Date of Control Dat	Committee Name		Payment Date			·
Cit Dat Co Str 2 Citit Co Co Co Co Co Co Co Co Co C	treet Address	<u> </u>				
Co Str Cit	ity	State	ZIP			
Str 2 Cit	ate of Joint Fundraising Event (if applicable)	Type of Shared Expense (i	if applicable)			
2 Cit	ommittee Name		Payment Date			
Dat Co	Street Address		l			
Co	ity	State	ZIP			
	ate of Joint Fundraising Event (if applicable)	Type of Shared Expense (i	I if applicable)			
C+r	Committee Name		Payment Date			
Sii	Street Address					
3 Cit	ity	State	ZIP			
Dat	ate of Joint Fundraising Event (if applicable)	Type of Shared Expense (i	I if applicable)			
Со	Committee Name		Payment Date			
Str	Street Address					
4 Cit	ity	State	ZIP			
Dat	ate of Joint Fundraising Event (if applicable)	Type of Shared Expense (i	I if applicable)	-		
Со	ommittee Name		Payment Date			
Str	Street Address					
5 Cit	ity	State	ZIP			
Dat	ate of Joint Fundraising Event (if applicable)	Type of Shared Expense (i	I if applicable)			
	nter total only if last page of schedule					

Arizona Secretary of State Revision 11/5/16

Schedule A(8), page ____ of ___



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

/				1	, ,	
	Payor II	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	Street Address				
2	City	State	ZIP	-		
	Oily	State	211			
	Services or Goods Purchased Payment Date					
	Name					
	Street Address					
3	City	State	ZIP	-		
	Oily	State	211			
	Services or Goods Purchased Payment Date					
	Name					
	Street Address					
4	City	State	ZIP			
	Gity	State	ZIF			
	Services or Goods Purchased		Payment Date			
	Name		l			
	Street Address	Street Address				
5	Cit.					
	City	State	ZIP			
	Services or Goods Purchased Payment Date					
	Enter total only if last page of schedule		1	I		
	(transfer total to "Summary of Receipts," line 9)					

Schedule A(9), page ____ of ___



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

/				1	l	0
	Infor	mation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Type of Account Receivable or Debt Owed		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					

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 total to "Summary of Receipts," line 11)		

Schedule A(11), page ____ of ____



MISCELLANEOUS RECEIPTS: SCHEDULE A(12)

Source Information Amount Source Information Amount this Reporting Period Sincer Address Carmulative Amount this Reporting Period City Receipt Type R								
Street Address 1 City State ZIP Recept Type Recept Date Name Street Address 2 City State ZIP Recept Type Recept Date Name Street Address 3 City State ZIP Recept Date		Source Information			Amount	Amount this	Amount this	\
1		Name						
Receipt Type Receipt Date Name Street Address ZIP		Street Address						
Name Street Address 2 City State ZIP Receipt Type Receipt Date Street Address 3 City State ZIP Receipt Type Receipt Date Name Street Address 4 City State ZIP		City	State	ZIP				
Street Address 2 City State ZIP Receipt Type Receipt Date Name Street Address City State ZIP Receipt Type Receipt Date Type Receipt Type Receipt Date Name Receipt Type Receipt Date Name Street Address Value ZIP Receipt Type Receipt Date Name Street Address Value ZIP State ZIP		Receipt Type		Receipt Date				
2		Name						
City State ZIP Receipt Type Receipt Date Name Street Address City State ZIP Receipt Type Receipt Date Name Street Address City State ZIP Receipt Type Receipt Date	2	Street Address						
Name Street Address City State ZIP Receipt Type Receipt Date Name Street Address 4 City State ZIP		City	State	ZIP				
Street Address City State ZIP Receipt Type Receipt Date Name Street Address 4 City State ZIP		Receipt Type		Receipt Date				
City State ZIP Receipt Type Receipt Date Name Street Address 4 City State ZIP	3	Name						
Receipt Type Receipt Date Name Street Address City State ZIP Receipt Date		Street Address						
Name Street Address City State ZIP		City	State	ZIP				
Street Address 4 City State ZIP		Receipt Type Receipt Date		Receipt Date				
4 City State ZIP		Name						
City State ZIP	4	Street Address						
Receipt Type Receipt Date		City	State	ZIP				
		Receipt Type		Receipt Date				
Name	5	Name						
Street Address		Street Address						
5 City State ZIP		City	State	ZIP				
Receipt Type Receipt Date		Receipt Type	l	Receipt Date				
Enter total only if last page of schedule (transfer total to "Summary of Receiots," line 12)			<u>I</u>			/		

Schedule A(12), page ____ of ___



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

	Recipie	nt Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Disbursement Date				
	Street Address					
1	City	State	ZIP	□ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpose?	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Name	Disbursement Date				
	Street Address	tt Address				
2	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only)		□ Cash □ Credit		
	Name	Disbursement Date	Disbursement Date			
3	Street Address					
	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only)		☐ Cash☐ Credit		
	Name	Disbursement Date				
	Street Address					
4	City	State	ZIP	□ Cash		
	Type of Operating Expense Paid		Non-Electoral Purpose? (PACs and Political Parties Only)			
	Name	Disbursement Date	Disbursement Date			
	Street Address			1		
5	City	State	ZIP	☐ Cash☐ Credit		
	Type of Operating Expense Paid	Non-Electoral Purpose?	Non-Electoral Purpose? (PACs and Political Parties Only)			

Schedule B(1), page ____ of ___



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	Candidate Committee	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Committee Name					
	Street Address			-		
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		□ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP	☐ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP	☐ Cash		
	mmittee ID Number Date Contribution Made			☐ Credit		
	Committee Name					
١,	Street Address					
4	City	State	ZIP	☐ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address					
5	City	State ZIP		□ Cash		
	Committee ID Number	D Number Date Contribution Made		☐ Credit		_
	Enter total only if last page of schedule (transfer total to "Summary of Disbursements." line 2(a))					
			edule B(2)(a), pageo			/



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

/	Political Action Comr	nittee Recipient Inf	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
1	Street Address					
	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	1	☐ Credit		
	Committee Name					
	Street Address			_		
2	2 City	State	ZIP	_ □ Cash		
	Committee ID Number	Date Contribution Made	Date Contribution Made			
	Committee Name					
3	Street Address					
	Gity City	State	ZIP	- Cook		
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Committee Name					
	Street Address	_				
4	Tity City	State	ZIP	_ □ Cash		
	Committee ID Number	Date Contribution Made	Date Contribution Made			
	Committee Name					
	Street Address	Street Address				
5	City	State	ZIP	_ □ Cash		
	Committee ID Number	Date Contribution Made	1	☐ Casn ☐ Credit		
_	Enter total only if last page of schedule (transfer total to "Summary of Disbursements." line 2(b))	3		1		
_	parameter of Dispulsionions, and 2001					,



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Polit	tical Party Recipient Inform	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
1	Street Address					
	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution M	ade	□ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP	F 0 1		
	Committee ID Number	Date Contribution N	lade	☐ Cash☐ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution N	lade	☐ Cash☐ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Committee ID Number	Committee ID Number Date Contribution Made				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution N	lade	□ Cash □ Credit		
_	Enter total only if last page of	of schedule				



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partner	ship Recipient Inforn	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name				Reporting Feriod	Liection Cycle
	Street Address					
1	City		ZIP			
	Corporation Commission File Number			□ Cash □ Credit		
	Partnership Name					
	Street Address					
2	City		ZIP			
	Corporation Commission File Number			□ Cash □ Credit		
3	Partnership Name					
	Street Address					
	City		ZIP			
	Corporation Commission File Number			□ Cash □ Credit		
	Partnership Name					
	Street Address	Street Address				
4	City		ZIP			
	Corporation Commission File Number			☐ Cash☐ Credit		
	Partnership Name	Partnership Name				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	☐ Cash☐ Credit		
_	Enter total only if last page of schedule					



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

/	Corporation	n / LLC Recipient Inf	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City		ZIP	□ Cash		
	Corporation Commission File Number			☐ Credit		
	Corporation/LLC Name					
	Street Address					
2	City		ZIP	□ Cash		
	Corporation Commission File Number			□ Credit		
	Corporation/LLC Name					
	Street Address					
3	City		ZIP	□ Cash		
	Corporation Commission File Number		l	□ Credit		
	Corporation/LLC Name					
	Street Address					
4	City		ZIP	□ Cash		
	Corporation Commission File Number		l	□ Credit		
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution	Made	□ Credit		
	Enter total only if last page of sch (transfer total to "Summary of Disbursements," line 2			1		



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

/	Labor Organizatio	n Recipient Inform	nation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name				Reporting Period	Election Cycle
	Street Address					
1	City		ZIP			
	Corporation Commission File Number			□ Cash □ Credit	☐ Cash☐ Credit	
	Labor Organization Name					
	Street Address					
2	City		ZIP			
	Corporation Commission File Number			□ Cash □ Credit	☐ Cash☐ Credit☐ Credit☐ ☐ Credit☐ ☐ Credit☐ ☐ Cash☐ ☐	
	Labor Organization Name					
	Street Address					
3	City		ZIP			
	Corporation Commission File Number			□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
4	City		ZIP			
	Corporation Commission File Number			☐ Cash☐ Credit		
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made	ı	☐ Cash☐ Credit		
	Enter total only if last page of schedule					

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



LOANS MADE: SCHEDULE B(3)(a)

Borrower Name Borrower Name Street Address 1 City State 2IP Guaranton/Endorser Name Borrower Name Street Address 2 City State 2IP Guaranton/Endorser Name Date Loan Made Borrower Name Street Address 3 City State 2IP Guaranton/Endorser Name Date Loan Made Borrower Name Street Address 3 City State 2IP Guaranton/Endorser Name Date Loan Made Borrower Name Street Address 4 City State 2IP Guaranton/Endorser Name Date Loan Made Borrower Name Street Address 4 City State 2IP Guaranton/Endorser Name Date Loan Made Borrower Name Street Address 4 City State 2IP Guaranton/Endorser Name Date Loan Made Borrower Name							
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Total City State ZIP Guaranton/Endorser Name Borrower Name Street Address City State ZIP Guaranton/Endorser Name Date Loan Madde Borrower Name Street Address 3 City State ZIP Guaranton/Endorser Name Date Loan Madde Borrower Name Street Address 4 City State ZIP Guaranton/Endorser Name Date Loan Madde Date Loan Madde		Borrower Name					
Guarantor/Endorser Name Borrower Name Street Address Zip Guarantor/Endorser Name Date Loan Made Zip Guarantor/Endorser Name Date Loan Made Borrower Name Street Address Zip Guarantor/Endorser Name Date Loan Made Borrower Name Street Address Zip Guarantor/Endorser Name Date Loan Made Zip Guarantor/Endorser Name Date Loan Made		Street Address					
Borrower Name Street Address City State Date Loan Made Borrower Name Street Address City State ZIP Guarantor/Endorser Name Date Loan Made Borrower Name Street Address City State ZIP Guarantor/Endorser Name Date Loan Made Borrower Name Street Address ZIP Guarantor/Endorser Name Date Loan Made	1	City	State	ZIP			
Zireet Address City State ZIP Guarantor/Endorser Name Date Loan Made Borrower Name Street Address City State ZIP Guarantor/Endorser Name Date Loan Made Borrower Name Street Address City State ZIP Guarantor/Endorser Name Date Loan Made Borrower Name Date Loan Made Street Address 4 City State ZIP Guarantor/Endorser Name Date Loan Made		Guarantor/Endorser Name	Date Loan Made				
City State ZiP		Borrower Name					
City State ZIP Guarantor/Endorser Name Date Loan Made Borrower Name Street Address City State ZIP Guarantor/Endorser Name Date Loan Made Borrower Name Street Address City State ZIP Guarantor/Endorser Name Date Loan Made		Street Address					
Borrower Name Street Address Gity State ZIP Guarantor/Endorser Name Date Loan Made Borrower Name Street Address City State ZIP Guarantor/Endorser Name Date Loan Made	2	City	State	ZIP			
Street Address City State ZIP Guarantor/Endorser Name Date Loan Made Borrower Name Street Address City State ZIP Guarantor/Endorser Name Date Loan Made		Guarantor/Endorser Name	Date Loan Made	<u> </u>			
City State ZIP Guarantor/Endorser Name Date Loan Made Borrower Name Street Address City State ZIP Guarantor/Endorser Name Date Loan Made		Borrower Name					
City State ZIP Guarantor/Endorser Name Date Loan Made Borrower Name Street Address 4 City State ZIP Guarantor/Endorser Name Date Loan Made		Street Address					
Borrower Name Street Address 4 City State ZIP Guarantor/Endorser Name Date Loan Made	3	City	State	ZIP			
Street Address City State ZIP Guarantor/Endorser Name Date Loan Made		Guarantor/Endorser Name	Date Loan Made				
4 City State ZIP Guarantor/Endorser Name Date Loan Made		Borrower Name					
City State ZIP Guarantor/Endorser Name Date Loan Made		Street Address					
	4	City	State	ZIP			
Borrower Name		Guarantor/Endorser Name	Date Loan Made				
		Borrower Name					
Street Address		Street Address					
5 City State ZIP	5	City	State	ZIP			
Guarantor/Endorser Name Date Loan Made		Guarantor/Endorser Name	Date Loan Made	1			
Enter total only if last page of schedule (transfer total to "Summary of Receipts." line 3)					<u> </u>		

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	City	City			
	Borrower Name	Borrower Name				
	Guarantor Name					
	Street Address					
3	City	City	City			
	Borrower Name	Borrower Name				
	Guarantor Name					
	eet Address					
4	City	City	City			
	Borrower Name	Borrower Name	<u>I</u>			
	Guarantor Name					
	Street Address					
5	City	City	City			
	Borrower Name	Borrower Name	<u> </u>			
	Enter total only if last page of schedule					
	(transfer total to "Summary of Receipts," line 3(b))					

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



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

	Cumulative Amount this Election Cycle
Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Still Outstanding City State ZIP Original Amount of Loan Amount Still Outstanding	
1 City State ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address Gity State ZIP Original Amount of Loan Amount Still Outstanding	
Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address ZIP Original Amount of Loan Amount Still Outstanding Date Forgiveness Made	
Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Still Outstanding	
Street Address City State ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Still Outstanding	
City State ZIP	
City State ZIP Original Amount of Loan Amount Still Outstanding Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Still Outstanding	
Borrower Name Date Forgiveness Made Street Address City State ZIP Original Amount of Loan Amount Still Outstanding	
Street Address City State ZIP Original Amount of Loan Amount Still Outstanding	
3 City State ZIP Original Amount of Loan Amount Still Outstanding	
City State ZIP Original Amount of Loan Amount Still Outstanding	
Borrower Name Date Forgiveness Made	
Street Address	
4 City State ZIP	
Original Amount of Loan Amount Still Outstanding	
Borrower Name Date Forgiveness Made	
Street Address	
5 City State ZIP	
Original Amount of Loan Amount Still Outstanding	
Enter total only if last page of schedule	

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					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name	I	Date Repayment Made			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	<u> </u>			
	Lender Name		Date Repayment Made			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	<u> </u>			
	Enter total only if last page of schedule					
	(transfer total to "Summary of Disbursements." line 3(d))					

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

INTEREST ACCRUED ON LOANS RECEIVED:

SCHEDULE B(3)(e)

	Lender II				0	
ı		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				
ı	Lender Name		Date Interest Accrued			
	Street Address					
2	City	State	ZIP			
(Original Amount Borrowed	Amount Still Outstanding	ı			
ı	Lender Name		Date Interest Accrued			
	Street Address		ı			
3	City	State	ZIP			
(Original Amount Borrowed	Amount Still Outstanding	L			
ı	Lender Name		Date Interest Accrued			
\$	Street Address					
4	City	State	ZIP			
(Original Amount Borrowed	Amount Still Outstanding	<u> </u>			
ı	Lender Name		Date Interest Accrued			
	Street Address					
5	City	State	ZIP			
(Original Amount Borrowed	Amount Still Outstanding				
	Enter total only if last page of schedule			l		

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

_	Red	cipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
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	edule				
	(transfer total 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	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address	Street Address				
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule					
	(transfer total to "Summary of Disbursements." line 5(a))					

Arizona Secretary of State Revision 11/5/16

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

	Political Action Cor	nmittee Recipient Inf	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name	•				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Made			
	Committee Name					
	Street Address					
5	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	n Made			
	Enter total only if last page of schedu	ule				
	(transfer total to "Summary of Disbursements." line 5(b))					

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

Political Party Recipient Information Amount this Amount	/						
Street Authorise Description Descripti		Political Party R	decipient Informati	on		Amount this	Cumulative Amount this Election Cycle
The Committee ID Number Committee ID Number Committee ID Num		Committee Name			-		
Committee ID Number Date In-Kind Contribution Made Committee Name Street Address Cay Committee ID Number Date In-Kind Contribution Made ZIP Committee Name Street Address ZIP Committee ID Number Date In-Kind Contribution Made ZIP Committee ID Number Date In-Kind Contribution Made		Street Address					
Committee Name Committee Name Commi	1	City	State	ZIP			
Street Address State ZIP		Committee ID Number	Date In-Kind Contribution	Made			
Committee ID Number		Committee Name					
City State ZIP Committee ID Number Date In-Kind Contribution Made Street Address Gity State ZIP Committee ID Number Date In-Kind Contribution Made ZIP Committee ID Number Date In-Kind Contribution Made ZIP Committee ID Number Date In-Kind Contribution Made ZIP Committee ID Number Street Address ZIP Committee ID Number Date In-Kind Contribution Made		Street Address					
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	2	City	State	ZIP			
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 ID Number Date In-Kind Contribution Made Committee Name Street Address Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee ID Num		Committee ID Number	Date In-Kind Contribution	Made			
Committee ID Number Date In-Kind Contribution Made Committee Name Straet Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Straet Address City State ZIP Committee Name Street Address City State ZIP Committee Name Date In-Kind Contribution Made		Committee Name					
Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made		Street Address					
Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made	3	City	State	ZIP			
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 ID Number	Date In-Kind Contribution	n Made			
4 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					
City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP ZIP ZIP ZIP Date In-Kind Contribution Made		Street Address					
Committee Name	4	City	State	ZIP			
Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made		Committee ID Number	Date In-Kind Contribution	Made			
City State ZIP Committee ID Number Date In-Kind Contribution Made		Committee Name	Committee Name				
City State ZIP Committee ID Number Date In-Kind Contribution Made		Street Address					
	5	City	State	ZIP			
Enter total only if last page of schedule		Committee ID Number	Date In-Kind Contribution	n Made			
(transfer total to "Summary of Disbursements," line 5(c), columns A and B)							

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



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

	Partners	hip Recipient Informa	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 Contribu	Lution Made			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	ution Made			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	ution Made			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	ution Made			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	ution Made			

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

,						
	Corporation / I	LLC Recipient Informa	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address	Street Address				
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Corporation/LLC Name	I				
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Corporation/LLC Name	l				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Enter total only if last page of sched	lule		ı		

Schedule B(5)(e), page ____ of ___



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

	Labor Organiz	ation Recipient Inform	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name				reporting r enou	Liection Cycle
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	I 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	I n Made			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	ile Number Date In-Kind Contribution Made				
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	I Made			
	Enter total only if last page of scheo (transfer total to "Summary of Disbursements," line 5(1))	dule		1		

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



INDEPENDENT EXPENDITURES MADE: SCHEDULE B(6)

/	Expenditure	Recipient Informati	ion	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	cluding % 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	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (inc	cluding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP			
	Candidate(s) Supported (including % supported)	andidate(s) Supported (including % supported) Candidate(s) Opposed (inclu		☐ 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					
4	City	State	ZIP			
	Candidate(s) Supported (including % supported)	orted) Candidate(s) Opposed (including % opposed)		☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ □ Credit		
	Enter total only if last page of schedul (transfer total to "Summary of Disbursements," line 6)	le				

Schedule B(6), page ____ of ____



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

/	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				
	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		Mode of Advertising (TV, mail, etc)			
	Street Address					
2	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		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(including % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election 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	Election Month/Year		_ □ Credit		
_	Enter total only if last page of schedul	e e				
	(transfer total to "Summary of Disbursements," line 7,)					

Schedule B(7), page ____ of ____



RECALL EXPENDITURES MADE: SCHEDULE B(8)

Expenditure	Recipient Informatio	n	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Recipient Name		Mode of Advertising (TV, mail, etc)			-
Street Address			-		
City	State	ZIP	=		
Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	□ Cash		
Date of First Publication, Display, Delivery, or Broadcast	Office Held		- □ Credit		
Recipient Name	ı	Mode of Advertising (TV, mail, etc)			
Street Address			=		
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	Office Held		_ □ Credit		
Recipient Name		Mode of Advertising (TV, mail, etc)			
Street Address			-		
City	State				
Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	☐ Cash		
Date of First Publication, Display, Delivery, or Broadcast	Office Held		_ □ Credit		
Recipient Name		Mode of Advertising (TV, mail, etc)			
Street Address					
City	State	ZIP	-		
Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Recalled		☐ Cash		
	Office Held		☐ Credit		
	Recipient Name Street Address City Supporting or Opposing Issuance of Recall Order? Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City Supporting or Opposing Issuance of Recall Order? Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City Supporting or Opposing Issuance of Recall Order? Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City Supporting or Opposing Issuance of Recall Order? Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City	Recipient Name Street Address City State Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recipient Name Street Address City State Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recipient Name Street Address City State Date of First Publication, Display, Delivery, or Broadcast Office Held Recipient Name Street Address City State Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recipient Name Street Address City State Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recipient Name Street Address City State State Street Address City State Street Address City State Street Address City State Street Address City State	Street Address City State ZIP Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled Date of First Publication, Display, Delivery, or Broadcast Office Held Recipient Name Mode of Advertising (TV, mail, etc) Street Address City State ZIP Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled Recipient Name Mode of Advertising (TV, mail, etc) Street Address City State ZIP Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled Recipient Name Mode of Advertising (TV, mail, etc) Street Address City State Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled Recipient Name Mode of Advertising (TV, mail, etc) Street Address City State ZIP Street Address City State ZIP	Recipient Name Mode of Advertising (TV, mail, etc)	Expenditure Recipient Information Recipier Name Mode of Advertising (TV, mal, etc)

Schedule B(8), page ____ of ____



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

	Benefitt	ed 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 total to "Summary of Disbursements," line 9))				
L	Court o Commany of Disbursomerto, line 9)					

Schedule B(9), page ____ of ___



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

	Recipient Cor	nmittee Information	n	Payment Amount	Cumulative Amount this	Cumulative Amount this
	Committee Name		Payment Date		Reporting Period	Election Cycle
	Street Address					
1	City	State				
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense ((if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address		L			
2	City	State		□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense ((if applicable)	□ Credit		
	Committee Name		Payment Date			
	Street Address					
3	City	State		□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense ((if applicable)	□ Credit		
	Committee Name		Payment Date			
	Street Address					
4	City	State		□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type 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 schedule (transfer total to "Summary of Disbursements," line 10)					

Schedule B(10), page ____ of _



REIMBURSEMENTS MADE: SCHEDULE B(11)

		Recipient	Information		Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Name					
		Street Address					
1 c s s s s s s s s s s s s s s s s s s	City		ZIP	☐ Cash			
		Services or Goods Reimbursed			☐ Credit		
		Name					
		Street Address					
N S S S S S S S S S	City		ZIP	□ Cash			
		Services or Goods Reimbursed			☐ Credit		
	3	Name					
		Street Address					
3	Ci	City		ZIP	☐ Cash		
		Services or Goods Reimbursed			☐ Credit		
		Name					
		Street Address					
4	4	City		ZIP	☐ Cash		
		Services or Goods Reimbursed			☐ Credit		
		Name					
		Street Address					
5	5	City	State	ZIP	☐ Cash		
		Services or Goods Reimbursed Reimbursement Date			☐ Credit		
\mid		Enter total only if last page of schedule (transfer total to "Summary of Disbursements," line 11)					/
L		quantities to Summary of Dispursements, line 11)					/



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		Date that Debt Accrued			
	Name					
	Street Address					
5	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			

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 total to "Summary of Disbursements," line 14)		

Schedule A(13), page ____ of ____



MISCELLANEOUS DISBURSEMENTS: SCHEDULE B(14)

Recipient Information				Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					-
	Street Address					
1	City		ZIP	□ Cash		
	Disbursement Type			□ Credit		
	Name					
	Street Address					
	City		ZIP	□ Cash		
	Disbursement Type			□ Credit		
	Name					
,	Street Address					
,	City		ZIP	□ Cash		
	Disbursement Type			☐ Credit		
	Name	Name				
1	Street Address					
	City		ZIP	□ Cash		
	Disbursement Type			☐ Credit		
	Name					
	Street Address					
	City	State	ZIP	☐ Cash☐ Credit		
	Disbursement Type Disbursement Date			Li Credit		
	Enter total only if last page of schedule transfer total to "Summary of Disbursements," line 12, columns A and B)					