

COMMITTEE ID NUMBER
24-C-10

COMMITTEE	INFORMATION	(required):	
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REPORTING PERIOD (check one):

	Committee Information:	Committee Name:	Craig Howard for Town Council	
CANI	DIDATE INFORMATION (only if filing	g as a candidate comm	ittee):	
(Office Sought:	☐ County Office:		☐ Special District Office:
		☑ City/Town Office:	Town Council	☐ School Board District:
			rst, cumulative report for the election cycl rsedes the start date for the Reporting F	le. Also select appropriate Reporting Period below. Period selected below):

	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 July Pre-Primary Election Report: July 1, 2024 to July 13, 2024	July 14, 2024 to July 20, 2024
	2024 July Post-Primary Election (Q3) Report: July 14, 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.

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)	\$ 1,314.23	
(b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)		\$ 1,314.23
(c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)		
(d) = Balance at close of reporting period	\$ 1,314.23	
☐ Check here if filing <u>no</u> financial activity during the reporting period. Lines (a)-(d) still must following page need to be filed.	be completed, but only this of	cover page and the



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.

Craig Howard		10/15/2024
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		
2.	(m) Net Monetary Contributions (subtract 1(I) from 1(k)) Loans		
	(a) Loans Received		
	(b) Forgiveness on Loans Received		
-	(c) Repayment on Loans Made		
	(d) Interest Accrued on Loans Made		
-	(e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))		
3.	Rebates and Refunds Received		
4.	Interest Accrued on Committee Monies		
5.	In-Kind Contributions Received		
	(a) In-State Individuals - More than \$100		
	(b) In-State Individuals - \$100 or Less (Aggregate)		
	(c) Out-of-State Individuals		
	(d) Candidate Committees		
	(e) Political Action Committees		
	(f) Political Parties		
	(g) Partnerships		
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(i) Labor Organizations (PACs & Political Parties Only)		
	(j) Candidate's Personal Assets or Property (Candidate Committees Only)		
	(k) In-Kind Contributions Subtotal (equity: add 5(a) through 5(j))		
6.	In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
7.	Extensions of Credit		
	(a) Extensions of Credit Received		
	(b) Payments on Extensions of Credit Received		
	(c) Net Extensions of Credit (subtract 7(b) from 7(a))		
8.	Joint Fundraising / Shared Expense Payments Received		
9.	Payments Received for Goods / Services		
10.	Outstanding Accounts Receivable / Debts Owed to Committee		
-	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity asapplicable)		
	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)		

SUMMARY OF DISBURSEMENTS (Schedule B):

	Disbursements	Cash	Equity
1.	Disbursements for Operating Expenses		
2.	Contributions Made		
	(a) Candidate Committees		
	(b) Political Action Committees		
	(c) Political Parties		
	(d) Partnerships		
	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		
	(f) Labor Organizations (PAC & Political Parties Only)		
	(g) Monetary Contributions Subtotal (add 2(a) through 2(f))		
	(h) Contribution Refunds Provided to the Reporting Committee		
	(i) Monetary Contributions Total (subtract 2(h) from 2(g))		
3.	Loans		
	(a) Loans Made		
	(b) Loan Guarantees Made		
	(c) Forgiveness on Loans Made		
	(d) Repayment of Loans Received		
	(e) Accrued Interest on Loans Received		
	(f) Total Loans (cash: add 3(a), 3(d) & 3(e); equity: add 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	2200.00	
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		800.00
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)	2200.00	800.00



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

SCHEDULE A(1)(a)

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

*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 Contri	butor 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			Date Contribution Received			
	Street Address			1			
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	Street Address		1			
5	City		State	ZIP	-		
	Occupation		Employer		-		
\backslash	Enter total only if last (transfer the total receive	page of schedule	nary of Receipte "	line 1(c))			
Y	(uansier the total receive	ca ans penou to sum	inary of incocipis,				/

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



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

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

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

	Political Action 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 Contribution Receive	d			
	Committee Name	l				
	Street Address					
2	City	State	ZIP	-		
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
3	City	State	ZIP	_		
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
4	City	State	ZIP	_		
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
5		State	ZIP			
	City	State				
	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(e))			

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

Political Party Co	ntributor Informati			Cumulative	Cumulative
0 111 11		ion	Amount Received		Amount this Election Cycle
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Received	I d			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Receive	I ed			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Receive	ed			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Received				
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Receive	ed			
	Committee ID Number Committee Name Street Address City Committee ID Number Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number Committee ID Number	Committee ID Number Date Contribution Receive Street Address City State Committee ID Number Date Contribution Receive Committee Name Street Address City State Committee ID Number Date Contribution Receive Committee Name Street Address City State Committee Name Street Address City State Committee ID Number Date Contribution Receive Committee Name Street Address City State Committee Name Committee Name Street Address City State Committee Name Date Contribution Receive Committee Name	Committee ID Number Committee ID Number Committee ID Number Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee Name Street Address	Committee ID Number Cate Contribution Received Chy State City State Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received	Committee ID Number Date Contribution Received Street Address City State 2IP Date Contribution Received Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee Name Street Address City State 2IP Committee Name Street Address City State 2IP Committee ID Number Date Contribution Received Committee Name Street Address City State 2IP Committee Name Street Address Committee Name Street Address City State 2IP Committee Name Street Address City State 2IP Committee Name Street Address City State 2IP Committee Name Street Address City State Date Contribution Received

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

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

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



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

	Corporation / LLC	Contributor 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	I ad	-		
	Corporation/LLC Name					
	Street Address			-		
2	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receiv	ed	_		
	Corporation/LLC Name					
	Street Address			_		
3	City	State	ZIP	_		
	Corporation Commission File Number	Date Contribution Receiv	ed	_		
	Corporation/LLC Name					
	Street Address			_		
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed	-		
	Corporation/LLC Name					
	Street Address			_		
5	City	State	ZIP	_		
	Corporation Commission File Number	Date Contribution Receiv	ed	_		
	Enter total only if last page of schedule					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 1(h))			

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

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

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

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

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	<u> </u>				
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		ine 2(a))	<u> </u>		

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



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

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

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



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

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

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





STATE OF ARIZONA FRIMINGERE FOR PAIGN

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			,
	Street Address		I			
1	City	State	ZIP	_		
	Original Purchase Amount	Reason for Refund	d/Rebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address			_		
2	City	State	ZIP	_		
	Original Purchase Amount	Reason for Refund	t/Rebate	_		
	Payor Name		Date Rebate/Refund Received			_
	Street Address					
3	City	State	ZIP	_		
	Original Purchase Amount	Reason for Refund	ti/Rebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
4			1			
	City	State	ZIP			
	Original Purchase Amount	Reason for Refund	t/Rebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
5	City	State	ZIP			
	Original Purchase Amount	Reason for Refund	d/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
Account with Interest Earned (Bank Name / Type of Account)		
Account with Interest Earned (Bank Name / Type of Account)		
Account with Interest Earned (Bank Name / Type of Account)		
Account with Interest Earned (Bank Name / Type of Account)		
Account with Interest Earned (Bank Name / Type of Account)		
Total (transfer the total received this period to "Summary of Receipts," line 4)		

Schedule A(4), page____ of ____



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

SCHEDULE A(5)(a)

<u></u>	Individual Contr	ibutor Informatio	n	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	<u> </u>			
	Name		Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer	<u> </u>			
	Name		Date In-Kind Contribution Received			
	Street Address		<u> </u>			
4	City	State	ZIP			
	Occupation	Employer	<u> </u>			
	Name	<u> </u>	Date In-Kind Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer	1			
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	I mary of Receipts," I	ine 5(a))			

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

Schedule A(5), page____ of ___

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

24-C-10

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

SCHEDULE A(5)(c)

/	Candidate Committee	e Contributor Infor	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					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name	1				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts " I	ine 5(d))			

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



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

/						
/	Candidate Committee	Contributor Infor	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 I	Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
-	Street Address					
3	City	State	ZIP			
-	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
-	Street Address					
4	City	State	ZIP			
-	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name	<u> </u>				
	Street Address					
5	City	State	ZIP			
-	Committee ID Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sumi					

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

Political Action Committed mittee Name at Address mittee ID Number mittee Name	State Date In-Kind Contribution	ZIP	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
nt Address mittee ID Number mittee Name					
mittee ID Number mittee Name			- - -		
mittee Name					
mittee Name	Date In-Kind Contribution	I Received	†		
	<u> </u>				
tt Address					
	State	ZIP			
mittee ID Number	Date In-Kind Contribution	Received	_		
mittee Name					
nt Address			_		
	State	ZIP			
mittee ID Number	Date In-Kind Contribution	Received			
mittee Name					
et Address					
	State	ZIP			
mittee ID Number	Date In-Kind Contribution	Received	_		
mittee Name					
nt Address					
	State	ZIP	_		
	Date In-Kind Contribution	Received	_		
	nittee Name	t Address State	t Address State ZIP	t Address State ZIP	t Address State ZIP

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

Political Party Co	ontributor Informat	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Name					
iress					
	State	ZIP			
e ID Number	Date In-Kind Contribution	Received			
e Name					
iress					
	State	ZIP			
e ID Number	Date In-Kind Contribution	Received			
o Name					
dress					
	State	ZIP			
e ID Number	Date In-Kind Contribution	Received			
e Name					
iress					
	State	ZIP			
e ID Number	Date In-Kind Contribution	Received			
o Name					
dress					
	State	ZIP			
e ID Number	Date In-Kind Contribution	Received			
		umber Date In-Kind Contribution		umber Date In-Kind Contribution Received	umber Date In-Kind Contribution Received

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

,						
	Partnership Con	tributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	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 the total received this period to "Sum	I mary of Receipts." I	ine 5(g))	l		

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



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

	Corporation /	LLC Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					J
	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	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 sche (transfer the total received this period to	dule	E 5(h)			
	transfer the total received this period to	o Summary of Receipts,"	line o(n))			

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

/				1	1 1	
	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	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					
1	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 (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)

/						
	Candida	te Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address			<u>-</u>		
1	City	State	ZIP	-		
	Asset or Property Contributed			-		
_	Name		Date In-Kind Contribution Received			
				-		
	Street Address					
2	City	State	ZIP			
	Asset or Property Contributed		I	-		
H	Name		Date In-Kind Contribution Received			
	Street Address			_		
3	Gity	State	ZIP	_		
	Asset or Property Contributed			-		
	Asset of Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address		•	-		
4	City	State	ZIP	-		
	Asset or Property Contributed			_		
H	Name		Date In-Kind Contribution Received			
	Street Address			-		
5	City	State	ZIP	1		
		State	<u> </u>	_		
	Asset or Property Contributed					
	Enter total only if last page of schedule (transfer the total received this period to "Su	mmary of Receipts,"	line 5(j))			
	-		nedule A(5)(i) nage o	f		



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

SCHEDULE A(6)

	Source I	nformation		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Donation Received			
	Street Address	reet Address				
1	City	State	ZIP	-		
	Type of Item Donated	<u> </u>	1	-		
	Name		Date In-Kind Donation Received			
	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		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			-		
	Enter total only if last page of schedule					
	(transfer the total received this period to "Sum	mary of Receipts,"	line 6)			

Schedule A(6), page____ of ____



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

Creditor	Information		Amount of Credit	Cumulative	Cumulative
lame			Extended	Amount this Reporting Period	Amount this Election Cycle
Street Address		-			
Sity	State	ZIP	-		
ervices or Goods Provided on Credit		Date of Extension of Credit	-		
lame					
Street Address			-		
Sity	State	ZIP	-		
ervices or Goods Provided on Credit		Date of Extension of Credit	-		
lame					
Street Address			-		
City	State	ZIP	-		
Services or Goods Provided on Credit Date of Extension of Credit			-		
lame					
Street Address			-		
City	State	ZIP	-		
Services or Goods Provided on Credit		Date of Extension of Credit	-		
Name					
Street Address			_		
Sity	State	ZIP			
ervices or Goods Provided on Credit		Date of Extension of Credit	-		
	city envices or Goods Provided on Credit lame Street Address Sity envices or Goods Provided on Credit lame Street Address Sity envices or Goods Provided on Credit lame Street Address Sity envices or Goods Provided on Credit lame Street Address	State Street Address Street Address	State ZIP ervices or Goods Provided on Credit Date of Extension of Credit lame Street Address State ZIP Date of Extension of Credit Date of Extension of Credit Date of Extension of Credit Lame Street Address State ZIP Date of Extension of Credit Date of Extension of Credit Lame Street Address State ZIP Date of Extension of Credit Date of Extension of Credit	State ZIP Date of Extension of Credit Date of Extension of Credit	State ZIP Date of Extension of Credit Date of Extension of Credit State ZIP Date of Extension of Credit Date of Extension of Credit

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	l	Date of Original Extension of Credit			
	Name					
	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 Extension of Credit			
	Name					
5	Street Address					
	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 7(b))					
	(transfer the total received this period to "Sum	mary of Receipts," I	line 7(b))			

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



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor Co	ommittee Informa	tion	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			-
	Street Address					
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	pense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	pense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	pense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	pense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
5	City State		ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	pense (if applicable)			
	_ ` ` ,		,			

Schedule A(8), page____ of ____



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

	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					
2	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Purchased	Payment Date				
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 9)			<u> </u>		

Schedule A(9), page____ of ____



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

			ı	1	
Info	mation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Name					-
Street Address					
City	State	ZIP			
Type of Account Receivable or Debt Owed		Date that Debt Accrued			
Name					
Street Address					
City	State	ZIP			
Type of Account Receivable or Debt Owed		Date that Debt Accrued			
Name					
Street Address					
City	State	ZIP			
Type of Account Receivable or Debt Owed		Date that Debt Accrued			
Name					
Street Address	Street Address				
City	State	ZIP			
Type of Account Receivable or Debt Owed		Date that Debt Accrued			
Name					
Street Address					
City	State	ZIP	_		
Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Street Address City Type of Account Receivable or Debt Owed Name Street Address City Type of Account Receivable or Debt Owed Name Street Address City Type of Account Receivable or Debt Owed Name Street Address City Type of Account Receivable or Debt Owed Name Street Address City Type of Account Receivable or Debt Owed Name Street Address City Type of Account Receivable or Debt Owed	Street Address City State Type of Account Receivable or Debt Owed Name Street Address City State Type of Account Receivable or Debt Owed Name Street Address City State Type of Account Receivable or Debt Owed Name Street Address City State Type of Account Receivable or Debt Owed Name Street Address City State Type of Account Receivable or Debt Owed Name Street Address City State Type of Account Receivable or Debt Owed Name Street Address City State	Street Address City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued Name Street Address City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued Name Street Address City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued Name Street Address City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued Name Street Address City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued Name Street Address City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued Name Street Address City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued Name	Street Address City State ZIP Type of Account Receivable or Debt Owed Date that Debt Acoused Street Address City Date that Debt Acoused Name Street Address City Date that Debt Acoused	Information Amount this Reporting Period Name Street Address City State ZIP Type of Account Receivable or Debt Owed State State ZIP Date that Debt Accound State ZIP Type of Account Receivable or Debt Owed State ZIP Date that Debt Accound State ZIP Date that Debt Accound Street Address City State ZIP Street Address City State ZIP Street Address City State ZIP Type of Account Receivable or Debt Owed Street Address City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accound Name Street Address City State ZIP Street Address City State ZIP

COMMITTEE ID NUMBER

TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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

Schedule A(11), page____ of ____



MISCELLANEOUS RECEIPTS: SCHEDULE A(12)

	Source I	nformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
2	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
3	City	State	ZIP			
	Receipt Type		Receipt Date			
_	Name					
4	Street Address					
4	City	State	ZIP			
	Receipt Type		Receipt Date			
	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 "Sumi	mary of Receipts," li	ine 12)	<u> </u>		

Schedule A(12), page____ of ____



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

	ŀ	Recipient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Disbursement Da	ate			
	Street Address	Street Address				
1	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Pur	pose? (PACs and Political Parties Or	□ Cash □ Credit		
	Name	Disbursement Da	ate			
	Street Address					
2	City	State	ZIP			
	Type of Operating Expense Paid		Non-Electoral Purpose? (PACs and Political Parties Only)			
	Name		Disbursement Date			
	On the later					
	Street Address					
3	City	State	ZIP	□ Cash		
	Type of Operating Expense Paid	Non-Electoral Pur	rpose? (PACs and Political Parties Or			
	Name	Disbursement Di	ate			
	Street Address					
1	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Pur	pose? (PACs and Political Parties Or	□ Cash □ Credit		
	Name	Disbursement Da	ate			
	Street Address	<u> </u>				
5	City	State	ZIP	□ Cash		
	Type of Operating Expense Paid	Non-Electoral Pur	pose? (PACs and Political Parties Or	□ Credit		
-	Enter total only if last page of so	<u> </u>				

Schedule B(1), page____ of ____



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	Candidate Committe	ee Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name				Troporting Forlow	<u> </u>
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Made	1	□ Cash □ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Committee ID Number	mmittee ID Number Date Contribution Made				
	Committee Name					
	Street Address	ess				
3	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made				
	Committee Name	1				
	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	Date Contribution Made		☐ Credit		
	Enter total only if last page of schedule					



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

/	Political Action Commi	ttee Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		□ Credit		
	Committee Name					
2	Street Address	T	T			
	Committee ID Number	State Date Contribution Made	ZIP	□ Cash □ Credit		
	Committee Name	- Great				
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number	☐ Credit				
	Committee Name Street Address					
4		State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		□ Credit		
L	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	mmary of Disbursen	nents," line 2(b))			
/	_	Sche	edule B(2)(b), page of	·		



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Political Party Re	ecinient Informatio	on	Amount	Cumulative Amount this	Cumulative Amount this
	Committee Name	scipient informati	OII	Contributed	Reporting Period	Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
				- Orean		
	Committee Name					
	Street Address					
2	City	State	ZIP			
				□ Cash		
	ommittee ID Number Date Contribution Made			☐ Credit		
	Committee Name	Committee Name				
3 –	Street Address					
		T	1			
	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address					
4			1			
4	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	<u> </u>	□ Credit		
	Committee Name	Committee Name				
	Street Address					
5						
J	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	1	□ Casn □ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur					



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partner	ship Recipient Informa	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Partnership Name						
	Street Address						
1	City	State	ZIP	□ Cash			
	Corporation Commission File Number	Date Contribution Mad	de	□ Credit			
	Partnership Name	L .					
	Street Address	Idress					
2	City	State	ZIP	□ Cash			
	Corporation Commission File Number	Date Contribution Ma	nde	□ Credit	☐ Cash☐ Credit		
	Partnership Name						
	Street Address						
3	City	State	ZIP	□ Cash			
	Corporation Commission File Number	Date Contribution Ma	l de	□ Casn			
	Partnership Name	<u> </u>					
	Street Address						
4	City	State	ZIP	□ Cook			
	Corporation Commission File Number	Date Contribution Ma	l de	□ Cash □ Credit			
	Partnership Name						
	Street Address	Street Address					
5	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Ma	l ide	□ Cash □ Credit			
_	Enter total only if last page of solution (transfer the total disbursed this period)	hedule					

MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

,	Corporation	n / LLC Recipient In	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address	Street Address				
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
_	Enter total only if last page of sol (transfer the total disbursed this period	andula				



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Orga	nization Recipient In	formation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP	T O v t		
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
4	City	State	ZIP	□ Cook		
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
5	City	State	ZIP	[] Ozzak		
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
_	Enter total only if last page of sch (transfer the total disbursed this perio	l nedule d to "Summary of Dish	ursements." line 2(f))			



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

	Contributo	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Date Refund Received		1 0	,
	Street Address	<u> </u>				
1	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
2	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name	Date Refund Received				
	Street Address	<u> </u>				
3	City	State	ZIP			
	Committee ID Number	Date of Original Contribution				
	Committee Name	Date Refund Received				
	Street Address		1			
4	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
5	City	State	ZIP			
	Committee ID Number	I	Date of Original Contribution			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disburse	ments," line 2(h))	1		

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



LOANS MADE: SCHEDULE B(3)(a)

/	Borrower	Information		Amount Loaned	Cumulative Amount this	Cumulative Amount this
	Borrower Name				Reporting Period	Election Cycle
	Street Address					
1	City	State	ZIP			
	Guarantor/Endorser Name Date Loan Made					
	Borrower Name					
	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name Date Loan Made					
	Borrower Name					
	Street Address					
3	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made	L			
	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				
_	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)

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

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



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

				Ī		
	Borrower	Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Forgiveness Made			
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	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 (transfer the total disbursed this period to "Sun	nmary of Disbursem	nents," line 3(c))	1		

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		l			
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name	l	Date Repayment Made			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding		_		
	Lender Name		Date Repayment Made			
	Street Address			-		
5	City State		ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sui	nmary of Disbursen	nents," line 3(d))			

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



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

	Lender I	nformation		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Interest Accrued			,
	Street Address	Street Address				
1	City	State	ZIP	1		
	Original Amount Borrowed	Amount Still Outstanding	L			
	Lender Name		Date Interest Accrued			
	Street Address		_			
2	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
	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		-		
	Enter total only if last page of schedule					
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	mmary of Disbursen	nents," line 3(e))			

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

Rec	cipient Information		Amount Rebated /	Cumulative	Cumulative
			Refunded	Amount this Reporting Period	Amount this
Name of Original Payor		Date Rebate/Refund Made			
Street Address					
City	State	ZIP			
Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
Name of Original Payor		Date Rebate/Refund Made			
Street Address					
City	State	ZIP			
Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
Name of Original Payor		Date Rebate/Refund Made			
Street Address					
City	State	ZIP			
Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
Name of Original Payor		Date Rebate/Refund Made			
Street Address					
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					
City	State	ZIP			
Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
1 3 0 0	City Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Corporation Commission File Number (if applicable)	City State Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Street Address City State Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Street Address City State Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Street Address City State Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Street Address City State Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Street Address City State	City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Date of Original Payment Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Date of Original Payment Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP	City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Date of Original Payment Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Date of Original Payment Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP Date Rebate/Refund Made	City State Corporation Commission File Number (if applicable) Original Payment Amount Date of Original Payment Street Address City State City State City Date Rebate/Refund Made Street Address City State City Date Original Payment Date of Original Payment Date of Original Payment Name of Original Payment Street Address City State ZiP Corporation Commission File Number (if applicable) Original Payment Amount Date of Original Payment Name of Original Payment Date Rebate/Refund Made ZiP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made ZiP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made ZiP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made

Schedule B(4), page____ of ____



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

	Candidate Committee	e Recipient Inforn	nation	Amount Contributed	Cumulative Amount this	Cumulative Amount this
s				0011111111111111111	Reporting Period	Election Cycle
	Street Address	Committee Name				
1 0						
	Sity	State	ZIP			
C	Committee ID Number	Date In-Kind Contribution I	Made			
C	Committee Name					
s	Street Address					
2	City	State	ZIP			
C	Committee ID Number	Date In-Kind Contribution	Made			
C	Committee Name					
S	Street Address					
3	Sity	State	ZIP			
C	Committee ID Number	Date In-Kind Contribution	Made			
C	Committee Name					
S	Street Address					
4	City	State	ZIP			
C	Committee ID Number	Date In-Kind Contribution Made				
C	Committee Name					
s	Street Address					
5	City	State	ZIP			
C	Committee ID Number	Date In-Kind Contribution	Made			
E	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 5(a))					

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IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

_	Political Action Commit	ttee Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name	I				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
-	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur					
	(transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 5(b))			

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

/					1	
	Political Party Ro	ecipient Informati	on	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	<u> </u>				
	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	Street Address				
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
	Committee Name					
	Street Address					
5	ity State ZIP					
	Committee ID Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su					

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



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

/	Partnershin	Recipient Informatio	n	Amount	Cumulative Amount this	Cumulative Amount this
	Partnership Name	Trediplent Informatio		Contributed	Reporting Period	Election Cycle
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number Date In-Kind Contribution Made					
	Partnership Name	•				
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Partnership Name					
5	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number Date In-Kind Contribution Made					
	Enter total only if last page of schedo (transfer the total disbursed this period to	ule "Summary of Disburser	nents," line 5(d))			

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IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

Corporation / orporation/LLC Name treet Address ity	LLC Recipient Info	rmation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
treet Address	State				'
ity	State				ļ
	State				
orporation Commission File Number		ZIP			
	Date In-Kind Contribu	Ition Made			 -
orporation/LLC Name					
treet Address					
ity	State	ZIP			
orporation Commission File Number	Date In-Kind Contrib	ution Made			
orporation/LLC Name					
treet Address					
ity	State	ZIP			
orporation Commission File Number	Date In-Kind Contrib	ution Made			
orporation/LLC Name					
treet Address					
ity	State	ZIP			
orporation Commission File Number	Date In-Kind Contribution Made				
orporation/LLC Name					
Street Address					
ity	State	ZIP			
orporation Commission File Number	Date In-Kind Contrib	ution Made			
nter total only if last nage of sched	lule				
it o o tr it o r	proporation Commission File Number proporation/LLC Name reet Address by proporation/LLC Name reet Address by proporation Commission File Number proporation/LLC Name reet Address by proporation/LLC Name reet Address by proporation/LLC Name reet Address by proporation/LLC Name reet Address ty proporation Commission File Number reet Address ty proporation Commission File Number	proporation Commission File Number Date In-Kind Contribution of the International Contribution of the Inter	State ZIP Approaction Commission File Number Date In-Kind Contribution Made Approaction/LLC Name State ZIP Date In-Kind Contribution Made Date In-Kind Contribution Made	State ZIP Apporation Commission File Number Date In-Kind Contribution Made Treet Address Date In-Kind Contribution Made State ZIP Apporation Commission File Number Date In-Kind Contribution Made Date In-Kind Contribution Made State ZIP Apporation/LLC Name Treet Address Date In-Kind Contribution Made State ZIP Date In-Kind Contribution Made Date In-Kind Contribution Made Date In-Kind Contribution Made Date In-Kind Contribution Made Date In-Kind Contribution Made	y State ZIP proporation Commission File Number Date In-Kind Contribution Made proporation LLC Name Teet Address y State ZIP proporation Commission File Number Date In-Kind Contribution Made ZIP Date In-Kind Contribution Made ZIP State ZIP Date In-Kind Contribution Made ZIP State ZIP State ZIP State ZIP State ZIP Date In-Kind Contribution Made Date In-Kind Contribution Made Date In-Kind Contribution Made Date In-Kind Contribution Made

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



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

Labor Organization Recipient Information Allount Amount this Amount the							
Labor Organization Name Storie ZiP	/	Labor Organization	n Recipient Inform	ation	Amount Contributed	Amount this	Cumulative Amount this Election Cycle
Corporation Commission File Number Date In-Kind Contribution Made		Labor Organization Name					,
Coporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address City State ZiP Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address City State ZiP Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address City State ZiP Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address City State ZiP Corporation Commission File Number Date In-Kind Contribution Made		Street Address					
Labor Organization Name Street Address 2i Caly State Corporation Commission File Number Date in-Kind Contribution Made Labor Organization Name Street Address 3 Caly State Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address 4 City State State State Street Address 4 City State	1	City	State	ZIP			
Street Address Labor Organization Name Street Address Address Libor Organization Name Street Address Labor Organization Name Street Address Labor Organization Name Labor Organization Name Street Address Labor Organization Name		Corporation Commission File Number	Date In-Kind Contribution	Made			
Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address Address Labor Organization Name Street Address Labor Organization Name Street Address Labor Organization Name Street Address		Labor Organization Name					
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 4 City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address Labor Organization Name Street Address		Labor Organization Name					
Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address Labor Organization File Number Date In-Kind Contribution Made		Street Address					
Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made	2	City	State	ZIP			
Street Address Gity State ZIP Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made		Corporation Commission File Number	Date In-Kind Contribution	Made			
City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made	_	Labor Organization Name					
Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address Street Address		Street Address					
Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address	3	City	State	ZIP			
Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address		Corporation Commission File Number	Date In-Kind Contribution	Made			
City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address		Labor Organization Name					
City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Labor Organization Name Street Address		Street Address			_		
Labor Organization Name Street Address	4	City	State	ZIP			
Labor Organization Name Street Address							
Street Address		Corporation Commission File Number Date In-Kind Contribution Made					
		Labor Organization Name					
5 City State ZIP		Street Address					
	5	City	State	ZIP			
Corporation Commission File Number Date In-Kind Contribution Made		Corporation Commission File Number	Date In-Kind Contribution	Made			
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 5(f))	_	Enter total only if last page of schedule	mmany of Disburson	nents " line 5/f\\	<u> </u>		

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INDEPENDENT EXPENDITURES MADE: SCHEDULE B(6)

/				Expenditure	Cumulative	Cumulative
	Expenditure	Recipient Informa	tion	Amount	Amount this Reporting Period	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 (in	ncluding % 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			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	ncluding % 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)	Candidate(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			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (including % opposed)		_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	☐ Credit		

Schedule B(6), page____ of ____



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

	Expenditure	Recipient Info	ormation	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s)	Opposed (including % opposed)	 □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Ye	раг	☐ 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/Yea	ar	☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP			
J	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s)	Opposed (including % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Yea	ar	☐ 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		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Yea	ar	☐ Cash		

Schedule B(7), page____ of ____



RECALL EXPENDITURES MADE: SCHEDULE B(8)

/	Expenditure I	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		Mode of Advertising (TV, mail, etc)			
	Street Address					
2	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		Mode of Advertising (TV, mail, etc)			
	Street Address			_		
3	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		Mode of Advertising (TV, mail, etc)			
	Street Address		1			
4	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		
_	Enter total only if last page of schedul					

Schedule B(8), page____ of ____



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

/	Benefitt	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	l				
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
2	City	State	ZIP			
	Type of Benefit Provided	L	L			
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address		l			
3	City	State	ZIP			
	Type of Benefit Provided	L				
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
4	City	State	ZIP			
	Type of Benefit Provided	<u> </u>	L			
	Notes:					
	Enter total only if last page of schedule (transfer the total disbursed this period to "S	e ummary of Disbursem	nents," line 9)	<u>I</u>		

Schedule B(9), page____ of ____

COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

/	/	Recipient Com	mittee Information	n	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Committee Name Street Address		Payment Date			
1	1	City	State	ZIP			
	1	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense ((if applicable)	□ Cash □ Credit		
		Committee Name Street Address		Payment Date			
2	,	City	State	ZIP			
		Date of Joint Fundraising Event (if applicable)	Type of Shared Expense ((if applicable)	□ Cash □ Credit		
		Committee Name		Payment Date			
3	3	Street Address City State		ZIP			
		Date of Joint Fundraising Event (if applicable)	Type of Shared Expense ((if applicable)	□ Cash □ Credit		
		Committee Name		Payment Date			
4	1	Street Address		T			
•		City Date of Joint Fundraising Event (if applicable)	State Type of Shared Expense (ZIP (if applicable)	□ Cash □ Credit		
		Committee Name		Payment Date			
		Street Address					
5		City	State	ZIP	□ Cash		
_		Date of Joint Fundraising Event (if applicable)	Type of Shared Expense ((п арріїсавіе)	Li Gredit		
		Enter total only if last page of schedule (transfer the total disbursed this period to "Su	mmary of Disbursen	nents," line 10)			

Schedule B(10), page____ of ____



REIMBURSEMENTS MADE: SCHEDULE B(11)

Name Street Address 2 City State ZIP Services or Goods Reimbursed Reimbursement Date Cre Name Street Address 3 City State ZIP Services or Goods Reimbursed Reimbursement Date Cre Cre Cre Street Address 4 City State ZIP Services or Goods Reimbursed Reimbursement Date Cre Street Address 4 City State ZIP Services or Goods Reimbursed Reimbursement Date Cre Street Address 5 City State ZIP Cast Cre Cast Cre Cre Cast Cre Cast Cre Cast Cre Cast Cast Cast Cast Cast Cast Cast Cast		Recipient	Information		Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Cay State Zip Cast Cres Cast Cres Cres Cast Cres C	m	me					
City State ZiP Cat Cat	e	eet Address					
Services or Goods Reimbursed Reimbursement Date Crest Crest	y	у	State	ZIP	□ Cash		
Street Address City	vi	vices or Goods Reimbursed		Reimbursement Date	□ Credit		
Caty State Zip Cats Cate Cres Cate Cres Cate Cres Cate Cres Cate Cate Cres Cate	m	me					
Services or Goods Reimbursed Reimbursement Date Cat Cre Name Street Address City State ZIP Cat Services or Goods Reimbursed Reimbursement Date Cat Cre Cat Cre Name Street Address Lity State ZIP Cat Cre Cat Cre Name Street Address Lity State ZIP Cat Cre Cat Services or Goods Reimbursed Reimbursement Date Cat Cre Cat Cre Name Street Address Lity State ZIP Cat Cre Cat Cre Cat Cre Name Street Address Lity State ZIP Cat Cre Cat Cre Cat	ee	eet Address					
Services or Goods Reimbursed Reimbursement Date Cre Name Street Address City Services or Goods Reimbursed Reimbursement Date Cast Cre Services or Goods Reimbursed Reimbursement Date Cast Cre Street Address City State ZIP Cast Cre Cre Cast Cre Cre Cre Cre City State ZIP Cast Cre Cast Cre Cre Cre Cast Cre Cre Cast Cre Cre Cast Cre Cre Cast Cre Cast Cre Cast Cre Cast Cre Cre Cast Cre Cast Cre Cast Cre Cast Cre	y	у	State	ZIP	□ Cook		
Street Address City State ZIP Caservices or Goods Reimbursed Reimbursement Date Cree Name Street Address City State ZIP Caservices or Goods Reimbursed Reimbursement Date	vi	vices or Goods Reimbursed		Reimbursement Date	□ Casii		
City State ZIP Caster	Name						
City State ZiP Cas Cres Cas Cres Cas Cres Cres Cas Cres Cas Ca	Street Address						
Services or Goods Reimbursed Reimbursement Date Cre Name Street Address City State ZIP Cas Services or Goods Reimbursed Reimbursement Date Cre Cas Cre Street Address City State ZIP Cre Cas Cre Street Address	y	у	State	ZIP			
Street Address 4 City State ZIP Services or Goods Reimbursed Reimbursement Date Cast Cree Name Street Address City State ZIP Cree Cree Cast Cree Cree Cree Cast Cree Cree Cree Cast Cree	vi	vices or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
A City State ZIP Cas Services or Goods Reimbursed Reimbursement Date Cree Name Street Address City State ZIP	m	me					
City State ZiP Cas Cre Services or Goods Reimbursed Reimbursement Date Cre Name Street Address City State ZiP Cas Cas	e	eet Address					
Services or Goods Reimbursed Reimbursement Date Cre Street Address City State ZIP	y	у	State	ZIP			
Street Address City State ZIP	vi	vices or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
5 City State ZIP	Name						
City State ZIF	Street Address						
	y	y	State	ZIP			
	Services or Goods Reimbursed Reimbursement Date			□ Cash □ Credit			



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

	Debt Ir	ıformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name Craig Howard Street Address			2200.00	800.00	3000.00
١.	1902 N Underwood Ct					
1	City Payson	State AZ	^{ZIP} 85541			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Reimb for KMOG shows		8-1-24			
	Street Address					
2	City	State	ZIP			
	Type of Account Payable or Debt Owed	<u> </u>	Date that Debt Accrued			
	Name					
	Street Address					
3	City	State	ZIP			
	Type of Account Payable or Debt Owed	l	Date that Debt Accrued			
	Name					
	Street Address					
4	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name		<u>l</u>			
	Street Address					
5	City	State	ZIP			
	Type of Account Payable or Debt Owed	<u>I</u>	Date that Debt Accrued			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	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)

	Recipient	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					
2	Street Address					
2	City		ZIP	_ □ Cash		
	Disbursement Type		Disbursement Date	☐ Credit		
	Name					
3	Street Address		1			
	City		ZIP	☐ Cash		
	Disbursement Type	Disbursement Date	☐ Credit			
	Name			_		
4	Street Address	T	T	_		
	City		ZIP Disbursement Date	□ Cash □ Credit		
	Disbursement Type Name		Disbuisement Date	- Gredit		
	Street Address					
5		T _{av.} .	T			
	City	State	ZIP	□ Cash □ Credit		
	Disbursement Type		Disbursement Date	Li Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 14)			

Schedule B(14), page____ of ____

COMMITTEE ID NUMBER

AGGREGATE OF DISBURSEMENTS - \$250 OR LESS:

SCHEDULE B(15)

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

Schedule B(15), page____ of