

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

COMMITTEE INFORMATION (required):

Committee Information:	Committee Name:
	Committee Marine.

CANDIDATE INFORMATION (only if filing as a candidate committee):

Office Sought.	County Office:	Special District Office:
	City/Town Office:	School Board District:

Cumulative Report:

Check here if this is the candidate committee's first, cumulative report for the election cycle. Also select appropriate Reporting Period below.
Cumulative reporting period start date (which supersedes the start date for the Reporting Period selected below): ______

REPORTING PERIOD (check one):

REPORTING PERIOD	REPORT DUE
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>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 16 (cash column) for this reporting period)		
(d) = Balance at close of reporting period		
Check here if filing <u>no</u> financial activity during the reporting period. Lines (a)-(d) still must following page need to be filed.	st be completed, but only this c	over page and the

Committees with financial activity must file the cover page, summary of receipts, summary of disbursements, and any schedules that contain financial activity. Arizona Secretary of State Revision 9/28/23; League Update 03/25/24 (fillable format)





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.

Manie Belchee

Printed Name of Committee Treasurer

Signature of Committee Treasurer

Date

RECEIVED IN THE OFFICE OF THE BUCKEYE CITY CLERK

JULY 15, 2024 AT 7:27 P.M.



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

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SUMMARY OF RECEIPTS (Schedule A):

		1	
	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))		
	• • • • • • • • • • • • • • • • • • • •		
2.	(m) Net Monetary Contributions (subtract 1(I) from 1(k)) Loans		
Ζ.	(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		
	Outstanding Accounts Receivable / Debts Owed to Committee		
	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
	Miscellaneous Receipts (use cash and/or equity as applicable)		
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STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

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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))		
ŀ.	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))		
j.	Independent Expenditures Made		
′ .	Ballot Measure Expenditures Made		
3.	Recall Expenditures Made		
).	Support Provided to Party Nominees (Political Parties Only)		
0.	Joint Fundraising / Shared Expense Payments Made		
1.	Reimbursements Made		
2.	Outstanding Accounts Payable / Debts Owed by Committee		
3.	Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)		
4.	Miscellaneous Disbursements		
5.	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)		

JULY 15, 2024 AT 7:27 P.M.



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/	Ind	ividual Contributor Inform	nation	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			_		
2	City	State	ZIP			
-		Sidle	L II			
	Occupation	Employer				
	Name	I	Date Contribution Received			
	Street Address		-			
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP			
		State	2.11			
	Occupation	Employer				
	Name	I	Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page of (transfer the total received this p	of schedule	inte " line 1/2))			
			ess are listed on Schedule /			



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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 ____





COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

		al Contributor Inforn	1	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					
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		I			
5	City	State	ZIP			
	Occupation	Employer	I			
-	Enter total only if last page of scl (transfer the total received this period	nedule				

Schedule A(1)(c), page_____ of _____



COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

/	Candidate Committ	ee 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	ved			
	Committee Name					
	Street Address					
_						
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	red			
	Committee Name	1				
	Street Address	eet Address				
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	ved			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	red			
	Committee Name					
	Street Address			•		
5	City	State	ZIP	•		
	Committee ID Number	Date Contribution Receiv	red			
	Enter total only if last page of schedule (transfer the total received this period to "Su	e Immary of Receipts,"	line 1(d))			

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



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MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

/	Political Action Co	ommittee Contribute	or Information	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
ĺ	Committee ID Number	Date Contribution R	leceived			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution F	Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution F	Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution F	Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution F	Received			
-	Enter total only if last page of sche (transfer the total received this period to	dule				

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



COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

	Politica	al Party Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Committee Name					
	Street Address	Street Address				
1	City	State	ZIP			
	Committee ID Number	Date Contribution R	eceived			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution F	Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution F	Date Contribution Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution F	Date Contribution Received			
	Committee Name	I				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
	Ententetal anksifiaat nama of	schedule riod to "Summary of Receip		I		



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MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

	Partnersl	nip Contributor Inform	nation	Amount Receive	d Cumulative Amount this	Cumulative Amount this
	Partnership Name			Reporting Period	Election Cycle	
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Re	ceived			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Re	eceived			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Re	eceived			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	mmission File Number Date Contribution Received				
	Partnership Name					
	Street Address	Street Address				
5	City	State ZIP				
	Corporation Commission File Number	Date Contribution Re	eceived			
	Enter total only if last page of sch (transfer the total received this period	nedule				





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MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

/						
/ 	-	C Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name Street Address			-		
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Corporation/LLC Name					
	Street Address			-		
2	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receive	ed	-		
	Corporation/LLC Name					
	Street Address	-				
3	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receive	ed			
	Corporation/LLC Name					
	Street Address			-		
4	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receive	ed	-		
	Corporation/LLC Name					
	Street Address			-		
5	City	State	ZIP	-		
	Corporation Commission File Number	Date Contribution Receive	ed			
	Enter total only if last page of schedul (transfer the total received this period to "S	e ummary of Receipts " I	line 1(h))	1		



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MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

	Labor Organiz	ation Contributor Inform	mation	Amount Received		Cumulative Amount this
	Labor Organization Name				Reporting Period	Election Cycle
	Street Address					
1		I	T			
•	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ved			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ved			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ved			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ved			
	Enter total only if last page of sche (transfer the total received this period to	dule o "Summary of Receipts."	line 1(i))			
	(transfer the total received this period to	"Summary of Receipts,"	line 1(i))			

Arizona Secretary of State Revision 9/28/23



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MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

		Candidate Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Name		Date Contribution Received			
	Street Address					
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	I			

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



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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		I	-		
4	City	State	ZIP	-		
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address		I			
5	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	I ine 1(l))			

Schedule A(1)(I), page____ of____

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SCHEDULE A(2)(a)

LOANS RECEIVED:

/	Lende	r Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name	Date Loan Received			1 0	
	Street Address					
1	City	State	ZIP	_		
	Guarantor/Endorser Name	Non-Electoral Purpose?	(PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address			_		
2	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purpose?	(PACs and Political Parties Only)	_		
			(· · · · · · · · · · · · · · · · · · ·			
	Lender Name	Date Loan Received				
	Street Address			_		
3	City	State	ZIP	_		
				_		
	Guarantor/Endorser Name	Non-Electoral Purpose?	(PACs and Political Parties Only)			
	Lender Name	Date Loan Received				
	Street Address			_		
4	City	State	ZIP			
		Nen Electoral Durness?	(PACs and Political Parties Only)	_		
	Guarantor/Endorser Name					
	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 ____



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SCHEDULE A(2)(b)

FORGIVENESS ON LOANS RECEIVED:

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

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



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REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

	Borrow	er Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cyc
	Borrower Name		Date Repayment Received			
	Street Address					
1	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding	g	_		
	Borrower Name		Date Repayment Received			
	Street Address			-		
2	City	State	ZIP	_		
-	Original Amount Borrowed	Amount Still Outstanding	g	_		
	Borrower Name		Date Repayment Received			
:	Street Address	Street Address				
3	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding	g	_		
	Borrower Name		Date Repayment Received			
	Street Address			_		
ŀ	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding	g	_		
	Borrower Name		Date Repayment Received			
	Street Address			_		
5	City	State	ZIP	_		
				_		
	Original Amount Borrowed	Amount Still Outstanding	9			

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SCHEDULE A(2)(d)

INTEREST ACCRUED ON LOANS MADE:

/	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		-		
	Borrower Name		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	1	-		
	Borrower Name	I	Date Interest Accrued			
	Street Address		1	-		
4	City	State	ZIP	-		
	Original Amount Borrowed Amount Still Outstanding		1	-		
	Borrower Name		Date Interest Accrued			
	Street Address			-		
5	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
		mary of Receipts," I				

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STATE OF ARIZONA c

COMMITTEE ID NUMBER

	Pay	or Information		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Payor Name	Date Rebate/Refund Received				
	Street Address					
1	City	State	ZIP	-		
	Original Purchase Amount	Reason for Refund/Rebat	te			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
2	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Reba	te			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Reba	te			
	Payor Name		Date Rebate/Refund Received			
	Street Address		•			
4	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Reba	te			
	Payor Name	I	Date Rebate/Refund Received			
	Street Address		1			
5	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Reba	te			
F	Enter total only if last page of sched (transfer the total received this period to "	lle Summary of Receipts,"	line 3)	1		



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

SCHEDULE A(4)

INTEREST ACCRUED ON COMMITTEE MONIES:

	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 ____



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

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

SCHEDULE A(5)(a)

/		Individual Contributor Informa	tion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address			-		
1	City	State	ZIP	-		
	Occupation	Employer		-		
	Name		Date In-Kind Contribution Received			
	Street Address			-		
2	City	State	ZIP			
	Occupation	Employer		-		
	Name		Date In-Kind Contribution Received			
	Street Address					
3	City	State	ZIP	-		
	Occupation	Employer		-		
	Name		Date In-Kind Contribution Received			
	Street Address			-		
4				-		
	City	State	ZIP			
	Occupation Employer					
	Name		Date In-Kind Contribution Received			
	Street Address					
5	City	State	ZIP	1		
	Occupation	Employer		1		

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

Schedule A(5), page____ of ____



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

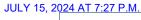
IN-KIND CONTRIBUTIONS RECEIVED FROM IN-STATE INDIVIDUALS - \$100 OR LESS (AGGREGATE):*

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

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

SCHEDULE A(5)(c)

Candidate Committee Contributor Information Amount Received Cumulative Amount this Reporting Period Street Address I Corrintee Name I 1 Corr Date In-Kind Contribution Received I 2 Corrintee ID Number Date In-Kind Contribution Received I 2 Corrintee Name I I 2 Corrintee Name I I 2 Corrintee Name I I 3 Corr Date In-Kind Contribution Received I 4 Corrintee Name I I	Cumulative
Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name 2 Committee Name ZIP City State ZIP City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name 2 City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name 3 Committee Name ZIP Committee Name ZIP Committee Name 3 City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name 3 City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name 3 Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Committee Name Street Address Street Address Street Address	Amount this
1 City State ZIP Committee ID Number Date In-Kind Contribution Received Image: Committee Name 2 Committee Kame ZIP 2 City State ZIP 2 City State ZIP 2 City Date In-Kind Contribution Received Image: Committee ID Number 2 City State ZIP 2 Committee ID Number Date In-Kind Contribution Received Image: Committee Name 3 Committee ID Number Date In-Kind Contribution Received Image: Committee ID Number 3 Committee ID Number Date In-Kind Contribution Received Image: Committee ID Number 4 Committee ID Number Date In-Kind Contribution Received Image: Committee ID Number 5 State ZIP Image: Committee ID Number Image: Committee ID Number 6 Committee ID Number Date In-Kind Contribution Received Image: Committee ID Number 7 Committee ID Number Date In-Kind Contribution Received Image: Committee ID Number Image: Committee ID Number 8 Committee ID Number Date In-Kind Contribution Rece	
Image: Constitute ID Number Date In-Kind Contribution Received Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State City State City State Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received	
Image: Logic Committee Name Street Address 2 City State Committee ID Number Date In-Kind Contribution Received 3 City Clty State 2 City Street Address 3 City Committee ID Number Date In-Kind Contribution Received	
2 Street Address 2 City Committee ID Number Date In-Kind Contribution Received 3 Committee Name 3 City Committee ID Number Date In-Kind Contribution Received 3 City Committee ID Number Date In-Kind Contribution Received 3 City Committee ID Number Date In-Kind Contribution Received 5 Street Address 5 Street Address	
2 City State ZIP Committee ID Number Date In-Kind Contribution Received Image: Committee Name 3 City Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Image: Committee Name 3 City State ZIP Committee ID Number Date In-Kind Contribution Received Image: Committee Name 5 Committee Name Street Address Image: Committee Name 5 Street Address Image: Committee Name Image: Committee Name 6 Street Address Image: Committee Name Image: Committee Name 6 Image: Committee Name Image: Committee Name Image: Committee Name 6 Image: Committee Name Image: Committee Name Image: Committee Name 7 Image: Committee Name Image: Committee Name Image: Committee Name 7 Image: Committee Name Image: Committee Name Image: Committee Name Image: Committee Name 7 Image: Committee Name Image: Committee Name Image: Committee Name Image: Committee Name Image: Committee Name	
City State ZIP Committee ID Number Date In-Kind Contribution Received A Committee Name Street Address City City State City State Date In-Kind Contribution Received	
Image: Committee Name Image: Committee Name 3 Street Address City State Committee ID Number Date In-Kind Contribution Received Image: Committee Name Street Address Street Address Street Address	
3 Street Address City State 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	
City State ZiP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address	
Committee Name Street Address	
Street Address	
4 City State ZIP	
Committee ID Number Date In-Kind Contribution Received	
Committee Name	
Street Address	
5 City State ZIP	
Committee ID Number Date In-Kind Contribution Received	
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5(d))	

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



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

/	Condidate Commi					
<u> </u>		ttee Contributor Info	ormation	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 Contributio	n Received			
,	Committee Name					
3	Street Address					
2	City	State	ZIP			
-	Committee ID Number	Date In-Kind Contribution	on Received			
	Committee Name					
-	Street Address					
3	City	State	ZIP			
-	Committee ID Number	Date In-Kind Contributio	on Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
-	Committee ID Number	Date In-Kind Contribution	on Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	on Received			

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



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHE	DULE	A(5)	(e)

	ſ	n Committee Contribute	or Information	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 Contri	ibution Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Received			
_	Enter total only if last page of s (transfer the total received this peri					

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



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHED	ULE	A(5))(f)

	Politica	I Party Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contri	bution Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Received			
	Enter total only if last page of	schedule				



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEI	DULE	A(5)	(g)

	Partnersl	nip Contributor Inform	ation	Amou	nt 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 Contribu	tion Received				
	Partnership Name						
	Street Address						
2	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contrib	ution Received				
	Partnership Name						
	Street Address	Street Address					
3	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contrib	ution Received				
	Partnership Name						
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contrib	ution Received				
	Partnership Name						
	Street Address						
5	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contrib	ution Received				
_	Enter total only if last page of sch	nedule		I			



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

		C 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					
2	Street Address	1	1	_		
-	City Corporation Commission File Number	State Date In-Kind Contribution	ZIP	_		
	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	Address 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 schedu (transfer the total received this period to "	lle Summary of Receipts,"	line 5(h))			

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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

	Labor Organ	ization Contributor I	nformation	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 Contri	ibution Received			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Received			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Conti	ibution Received			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	Date In-Kind Contribution Received			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	ation Commission File Number Date In-Kind Contribution Received				
	Enter total only if last page of sch (transfer the total received this period	nedule		I		

Schedule A(5)(i), page_____ of _____



COMMITTEE ID NUMBER

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

SCHEDULE A(5)(j)

	Candidate	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Name	Date In-Kind Contribution Received				
	Street Address	-				
1	City	State	ZIP	-		
	Asset or Property Contributed			-		
	Name		Date In-Kind Contribution Received			
	Street Address			-		
2	City	State	ZIP	-		
	Asset or Property Contributed			-		
	Name		Data la Kind Cantributina Dassiund			
	lame Date In-Kind Contribution Received			-		
~	Street Address					
3	City	State	ZIP			
	Asset or Property Contributed					
	Name					
	Street Address		-			
4	City	State	ZIP	-		
	Asset or Property Contributed			-		
	Name Date In-Kind Contribution Received					
	Street Address			-		
5			ZIP	-		
	City	Cidle	L"	-		
	Asset or Property Contributed					
	Enter total only if last page of schedule (transfer the total received this period to "Sum		lin - F (i))			



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

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

SCHEDULE A(6)

	Source	Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Donation Received			
	Street Address					
1	City	State	ZIP			
	Type of Item Donated					
	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 "Sur	nmary of Receipts,				

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STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

SCHEDULE A(7)(a)

EXTENSIONS OF CREDIT RECEIVED:

1		Information		Amount of Credit Extended	Amount this Reporting Period	Cumulative Amount this Election Cycl
	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		Date of Extension of Credit			
	Name					
-	Street Address			_		
3	City	State	ZIP	_		
47	Services or Goods Provided on Credit		Date of Extension of Credit	_		
	Name					
-	Street Address	_				
4	City	State	ZIP	_		
	Services or Goods Provided on Credit		Date of Extension of Credit	_		
-	Name					
-	Street Address		-			
5	City	State	ZIP	-		
	Services or Goods Provided on Credit	Date of Extension of Credit	-			
	Enter total only if last page of schedule (transfer the total received this period to "Sun	imary of Receipts," I				

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STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

SCHEDULE A(7)(b)

/		or 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	-		l
	Name					
	Street Address			-		
3	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			l
	Name					
	Street Address					
4	City	State	ZIP	-		
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address		-			
5	City	State	ZIP	-		
	Services or Goods Originally Provided on Credit	Date of Original Extension of Credit	-			
	Enter total only if last page of schedul (transfer the total received this period to "S	e ummary of Receipts				



COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

		ommittee Informa	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl	
	Committee Name		Payment Date			
	Street Address					
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	xpense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	xpense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	xpense (if applicable)			
	Committee Name	Payment Date				
	Street Address					
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	xpense (if applicable)			
	Committee Name	Payment Date				
	Street Address	I				
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	xpense (if applicable)			
	Enter total only if last page of scheo (transfer the total received this period to					

Schedule A(8), page____ of ____



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDU	LE A	(9)

		Payor Information		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			l
	Services or Goods Purchased	i	Payment Date			l
	Name					
	Street Address					1
2	City	State	ZIP			l
	Services or Goods Purchased	I	Payment Date			l
	Name					
	Street Address				l	
3	City	State	ZIP			l
	Services or Goods Purchased		Payment Date			l
	Name					
	Street Address			l		
4	City	State	ZIP			l
	Services or Goods Purchased	I	Payment Date			l
	Name					
	Street Address					l
5	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Enter total only if last page of s (transfer the total received this perio	chedule		I		

Schedule A(9), page____ of ____



COMMITTEE ID NUMBER

OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

/		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	1	Date that Debt Accrued			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	line 10)			
						/
	\					/

Schedule A(10), page____ of ____



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SC⊢	IFD	UL	FΑ	۱)\	1	١

	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 ____



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

SCHEDULE A(12)

MISCEL	LANEOU	S RECE	IPTS.
	LANEOU		IF 10.

/	Source	Information		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	Address				
3	City	State	ZIP	-		
	Receipt Type		Receipt Date	_		
	Name					
	Street Address			_		
4	City	State	ZIP	_		
	Receipt Type		Receipt Date	_		
	Name					
	Street Address			_		
5			1	4		
	City	State	ZIP			
	Receipt Type		Receipt Date			
	Enter total only if last page of schedule (transfer the total received this period to "Surr	many of Dessints "				

Schedule A(12), page____ of ____



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)
 X

/	Recip	pient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Disbursement Date				
	Street Address					
1	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose	P (PACs and Political Parties Only)	□ Cash □ Credit		
	· //· -/-······g -·/-····		(,)			
	Name	Disbursement Date				
	Street Address			-		
2	City	State	ZIP	_		
	Type of Operating Expense Paid	Non-Electoral Purpose?	? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date				
	Street Address	I				
3	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			_		
4	City	State	ZIP	-		
	Type of Operating Expense Paid		? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date				
	Street Address		-			
5	City	State	ZIP	 □ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpose?	P (PACs and Political Parties Only)			
			Non-Electoral Purpose? (PACs and Political Parties Only)			

Schedule B(1), page____ of ____



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/		te Committee Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Made	<u>I</u>	□ Cash □ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	Date Contribution Made			
	Committee Name					
	Street Address					
4	City	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	•			
	Enter total only if last page of (transfer the total disbursed this	of schedule		I		

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



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

		n Committee Recipie	nt Information	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			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution	n Made	□ Cash □ Credit		
	Committee Name					
-	Street Address					
3	City State ZIP					
				□ Cash □ Credit		
	Committee ID Number	Date Contribution	1 Made			
	Committee Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution	n Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution	n Made	□ Cash □ Credit		
_	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(b))					

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



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCH	FDU	IF	B(2)	(c)

	Politic	al Party Recipient Inforr	nation	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 M	lade			
	Committee Name	I				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution N	lade	□ Cash □ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution N	Date Contribution Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution M	lade	□ Cash □ Credit		
	Committee Name	Committee Name				
	Street Address					
5	City	State	State ZIP			
	Committee ID Number	Date Contribution N	/lade	□ Cash □ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 2(c))					



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	ship Recipient Informa	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	ade	□ Cash □ Credit		
2	Partnership Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	ade	□ Cash □ Credit		
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M		Cash □ Credit		
	Partnership Name					
4		eet Address				
	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Corporation Commission File Number Date Contribution Made		Credit		
_	Partnership Name	Partnership Name				
_	Street Address					
5	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution M	ade			
	Enter total only if last page of scl (transfer the total disbursed this perio	nedule		I		



COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporatior	ı / LLC Recipient In	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
C	Corporation/LLC Name					l
s	Street Address					1
C	City	State	ZIP			l
C	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		l
C	Corporation/LLC Name					
s	Street Address					l
c	City	State	ZIP			1
c	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		l
C	Corporation/LLC Name					
s	Street Address			l		
c	Dity	State	ZIP			l
C	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		1
C	Corporation/LLC Name					
S	Street Address					l
c	Dity	State	ZIP			l
c	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		l
c	Corporation/LLC Name					
s	eet Address					l
c	City	State	ZIP			l
c	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		l
E	Enter total only if last page of sch rransfer the total disbursed this perio		······································			



COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Orga	nization Recipient Info	rmation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mad	le	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
3	City	State	ZIP	 □ Cash		
	Corporation Commission File Number	Corporation Commission File Number Date Contribution Made				
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	□ Cash □ Credit			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mag	de	□ Cash □ Credit		
	Enter total only if last page of scl (transfer the total disbursed this perio	nedule				

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



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)	

	C	ontributor Informatio	n	Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Date Refund Received			
	Street Address		I	-		
1	City	State	ZIP			
	Committee ID Number		Date of Original Contribution	_		
	Committee Name		Date Refund Received			
	Street Address			_		
2	City	State	ZIP	-		
	Committee ID Number		Date of Original Contribution	_		
	Committee Name		Date Refund Received			
	Street Address					
3	City	State	ZIP	_		
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address			-		
1	City	State	ZIP	-		
	Committee ID Number	I	Date of Original Contribution	-		
	Committee Name		Date Refund Received			
	Street Address			_		
5	City	State	ZIP	-		
	Committee ID Number		Date of Original Contribution	-		
_	Enter total only if last page of so (transfer the total disbursed this peri	bodulo				

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



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

SCHEDULE B(3)(a)

LOANS MADE:

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

Schedule B(3)(a), page____of ____



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

LOAN GUARANTEES MADE:

	G	uarantor Information		Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Guarantor Name					
	Street Address					
1	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed	 1			
	Guarantor Name					
	Street Address					
2	City	State	ZIP			
	Borrower Name	Date Loan Guarantee	d			
_	Guarantor Name					
	Street Address					
3	City	State	ZIP			
	Borrower Name	Date Loan Guarantee	d			
	Guarantor Name					
	Street Address					
4	City	State	ZIP			
	Borrower Name	ver Name Date Loan Guaranteed				
	Guarantor Name					
	Street Address					
5	City	State	ZIP			
	Borrower Name	Date Loan Guarantee	d			
	Enter total only if last page of sc (transfer the total received this period					

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



STATE OF ARIZONA **COMMITTEE CAMPAIGN FINANCE REPORT**

COMMITTEE ID NUMBER

SCHEDULE B(3)(c)

FORGIVENESS ON LOANS MADE:

/	Borrower	Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Borrower Name		Date Forgiveness Made			,	
	Street Address						1
1	City	State	ZIP				
	Original Amount of Loan	Amount Still Outstanding					
	Borrower Name	I	Date Forgiveness Made				
•	Street Address						
2	City	State	ZIP				
	Original Amount of Loan	Amount Still Outstanding					
	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))				/

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



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

SCHEDULE B(3)(d)

REPAYMENT ON LOANS RECEIVED:

	Lender I	nformation	-	Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Lender Name		Date Repayment Made			
	Street Address					
-	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
Ì	Lender Name		Date Repayment Made			
-	Street Address					
ŀ	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
ł	Lender Name		Date Repayment Made			
	Street Address					
	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
ł	Lender Name		Date Repayment Made			
-	Street Address					
-	City	State	ZIP			
-	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
	Street Address			_		
	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		_		
ĺ	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur					

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



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

ACCRUED INTEREST ON LOANS RECEIVED:

/	Lender	nformation		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Interest Accrued			
	Street Address		I			
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	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 (transfer the total disbursed this period to "Sur					

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

SCHEDULE B(3)(e)



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCŀ	IEDI	JLE	B((4)

	Recipient Information			Refunded	Amount this Reporting Period	Amount th Election Cyc
	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			
1	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			
1	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			
1	lame of Original Payor		Date Rebate/Refund Made			
:	Street Address					
1	City	State	ZIP			
1	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
1	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	_		

Schedule B(4), page____ of ____



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/	Candidate	Committee Recipient In	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
•	Street Address					
1	City	State	ZIP			
ľ	Committee ID Number	Date In-Kind Contribu	ution Made			
	Committee Name					
-	Street Address					
2	City	State	ZIP			
-	Committee ID Number	Date In-Kind Contrib	ution Made			
┥	Committee Name					
-	Street Address					
3	City	State	ZIP			
-	Committee ID Number	Date In-Kind Contrib	ution Made			
	Committee Name					
-	Street Address					
4	City	State	ZIP			
-	Committee ID Number	Date In-Kind Contrib	ution Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
ŀ	Committee ID Number	Date In-Kind Contrib	ution Made			
_	Enter total only if last page of	schedule				

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



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHE	DULE	B(5)	(b)

	Political Action	n Committee Recipier	nt Information	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cycl
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Conti	ibution Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ribution Made			
-	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ribution Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ribution Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ribution Made			
_	Enter total only if last page of s (transfer the total disbursed this per	<u> </u>				

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



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCH	IED	111	F	R(51/	` _)

	Politic	al Party Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Made			
	Committee Name					
	Street Address	Street Address				
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ribution Made			
	Committee Name					
	Street Address	Street Address				
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ribution Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ribution Made			
	Committee Name	Committee Name				
	Street Address	Street Address				
5	City	State	State ZIP			
	Committee ID Number	Date In-Kind Cont	ribution Made			
	Enter total only if last page of (transfer the total disbursed this pe	schedule				



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE	EB(5)(d))

•	Partners	ship Recipient Informa	ation	Amour Contribu	nt Cumulat Ited Reporting F	this Amount this
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	ution Made			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	oution Made			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	oution Made			
	Partnership Name	Partnership Name				
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contrib	oution Made			
	Partnership Name	Partnership Name				
	Street Address					
5	City	State ZIP				
	Corporation Commission File Number	Date In-Kind Contrib	oution Made			
	Enter total only if last page of sch (transfer the total disbursed this perio	nedule				



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

	Corporation	n / LLC Recipient In	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Corporation/LLC Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Made			
l	Corporation/LLC Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Made			
	Corporation/LLC Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Made			
	Corporation/LLC Name					
	Street Address					
	City	State	ZIP			
-	Corporation Commission File Number	Date In-Kind Con	tribution Made			
Ì	Corporation/LLC Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Made			
l	Enter total only if last page of sch (transfer the total disbursed this perio	nedule				



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

	Labor Orga	nization Recipient Ir	nformation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
l	Labor Organization Name					
~	Street Address					
(City	State	ZIP			
(Corporation Commission File Number	Date In-Kind Cont	iribution Made			
l	Labor Organization Name					
~	Street Address					
(City	State	ZIP			
(Corporation Commission File Number	Date In-Kind Con	tribution Made			
l	Labor Organization Name					
	Street Address					
(City	State	ZIP			
(Corporation Commission File Number	Date In-Kind Con	tribution Made			
l	Labor Organization Name					
~	Street Address					
(City	State	ZIP			
(Corporation Commission File Number	Date In-Kind Con	tribution Made			
l	Labor Organization Name					
	Street Address					
(City	State	ZIP			
(Corporation Commission File Number	Date In-Kind Con	tribution Made			
E	Enter total only if last page of scl transfer the total disbursed this peric	nedule				

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

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

INDEPENDENT EXPENDITURES MADE:

			Amount	Amount this Reporting Period	Amount this Election Cycle
Recipient Name		Mode of Advertising (TV, mail, etc)			
Street Address					
Sity	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			-		
Sity	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					
Sity	State	ZIP			
Candidate(s) Supported (including % supported)	Candidate(s) Opposed (ir	ncluding % opposed)	□ Cash		
Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		Credit		
Recipient Name		Mode of Advertising (TV, mail, etc)			
Street Address		1			
Sity	State	ZIP	1		
Candidate(s) Supported (including % supported)	Candidate(s) Opposed (ir	ncluding % opposed)	□ Cash		
Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought			
	Candidate(s) Supported (including % supported) Pate of First Publication, Display, Delivery, or Broadcast Recipient Name Recip	Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % supported) Late of First Publication, Display, Delivery, or Broadcast Election Month/Year treet Address	Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % opposed) Inter of First Publication, Display, Delivery, or Broadcast Election Month/Year Iteret Address Mode of Advertising (TV, mail, etc) itreet Address State ZIP Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % opposed) Iteret Address Election Month/Year Iteret Address Iteret Address Ity State ZIP Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % opposed) Iteret Address ZIP Candidate(s) Supported (including % supported) Candidate(s) Opposed (including % opposed) Iteret Address Election Month/Year Iteret Address Iteret Address Iteret Address Iteret Address	andidate(s) Supported (including % supported) Candidate(s) Opposed (including % opposed) Cash ater of First Publication, Display, Delivery, or Broadcast Election Month/Year Cash itered Address ZIP Cash candidate(s) Supported (including % supported) Candidate(s) Opposed (including % opposed) Cash candidate(s) Supported (including % supported) Candidate(s) Opposed (including % opposed) Cash cardidate(s) Supported (including % supported) Candidate(s) Opposed (including % opposed) Cash iteret Address Election Month/Year Cash Credit ater of First Publication, Display, Delivery, or Broadcast Election Month/Year Cash Credit iteret Address State ZIP Cash Credit Credit iteret Address State ZIP Cash Credit Credit iteret Address Election Month/Year Candidate(s) Opposed (including % opposed) Cash Credit iteret Address Election Month/Year Credit Credit Credit iteret Address Election Month/Year Credit Credit Credit iteclopent Name Mode of Advertiaing (TV, ma	Image:

Schedule B(6), page____ of ____

SCHEDULE B(6)

STATE OF ARIZONA **COMMITTEE CAMPAIGN FINANCE REPORT**

COMMITTEE ID NUMBER

BALLOT MEASURE EXPENDITURES MADE:

	Expenditure	Recipient Informa	tion	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) Oppos	ed (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)	ot Measure(s) Supported (including % supported) Ballot Measure(s) Oppose		_ □ 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) Oppos	ed (including % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Election Month/Year			Credit		
	Recipient Name	<u> </u>	Mode of Advertising (TV, mail, etc)			
	Street Address			-		
4	City	State	ZIP	-		
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Oppos	ed (including % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		Credit		

Schedule B(7), page____ of ____

SCHEDULE B(7)





STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

RECALL EXPENDITURES MADE:

SCHEDULE B(8)

	Expenditure Recipient Information			Expenditure Amount	Cumulative Amount this	Cumulative Amount this
	Recipient Name		Mode of Advertising (TV, mail, etc)		Reporting Period	Election Cycl
	Street Address			-		
1	City	State	ZIP	-		
	Supporting or Opposing Issuance of Recall Order? Candidate Sought to be		Recalled	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		Credit		
	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 R		Recalled	□ 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 Re		Recalled	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Office Held			Credit		
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address		-			
4	City	State	ZIP	-		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Recalled		□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		Credit		
_	Enter total only if last page of schedul					

Schedule B(8), page____ of ____



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SC⊢	IFD	JIF	B	(9)

/		Benefitted Candidat	e	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	1				
	Notes:					
	Enter total only if last page of (transfer the total disbursed this pa	schedule				
	(transfer the total disbursed this pe	eriod to "Summary of Dis	bursements," line 9)			

Schedule B(9), page____ of _____



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)	
	۱

				_		
/	Recipient	Committee Inforr	mation	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
Street Address						
1	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
2	City State		ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)		Expense (if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared E	Expense (if applicable)	□ Cash □ Credit		
	Enter total only if last page of sche (transfer the total disbursed this period	dule	bursements," line 10)			

Schedule B(10), page____ of ____



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

SCHEDULE B(11)

REIMBURSEMENTS MADE:

	Recipier	t Informatior	1	Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name				Reporting Fenou	
	Street Address					
1	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date			
	Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date			
	Name					
3	Street Address					
	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed	1	Reimbursement Date			
	Name					
	Street Address					
ŀ	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date			
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Reimbursed	1	Reimbursement Date	□ Cash □ Credit		
-	Enter total only if last page of schedule		I			

Schedule B(11), page____ of ____

Arizona Secretary of State Revision 9/28/23



COMMITTEE ID NUMBER

OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

		Debt Information		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	L	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		I			
	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	<u> </u>	Date that Debt Accrued	-		

Schedule B(12), page____ of ____

RECEIVED IN THE OFFICE OF THE BUCKEYE CITY CLERK

JULY 15, 2024 AT 7:27 P.M. COMMITTEE ID NUMBER



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

DOD 0004 004

DC2-2024-004

OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

	Debt	Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Name Ryan Belshee			\$63.00	\$613.54	\$613.54
	Street Address 114 S 5th Street					
1	^{City} Buckeye	State Az	zi⊧ 85326			
	Type of Account Payable or Debt Owed Facebook / Instagram Advertisement 1	or April 2024	Date that Debt Accrued 4/3/2024 - 4/18/2024			
	_{Name} Ryan Belshee			\$134.57	\$748.11	\$748.11
	Street Address 114 S 5th Street					
2	^{City} Buckeye	State Az	^{ZIP} 85326			
	Type of Account Payable or Debt Owed Facebook / Instagram Advertisement f					
	Name Ryan Belshee			\$168.40	\$916.51	\$916.51
	Street Address 114 S 5th Street					
3	^{City} Buckeye	State AZ	zip 85326			
	Type of Account Payable or Debt Owed Facebook / Instagram Ads PreCommi					
	Name Ryan Belshee			\$125.00	\$1,041.51	\$1,041 . 51
	Street Address 114 S 5th Street					
1	city Buckeye	State AZ	zip 85326			
	Type of Account Payable or Debt Owed Date that Debt Accrued Facebook/Instagram Ads Post Committee Formation 6/27/24					
	Name					
	Street Address					
5	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Enter total only if last page of schedule (transfer the total received this period to "Su	mmary of Receipts,"	l line 12)		\$1,041.51	\$1,041.51



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

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 ____



STATE OF ARIZONA **COMMITTEE CAMPAIGN FINANCE REPORT**

COMMITTEE ID NUMBER

MISCELLANEOUS DISBURSEMENTS:

Name	Recipient Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Name Street Address					
City		ZIP			
Disbursement Type	I	Disbursement Date	□ Cash □ Credit		
Name		I			
Street Address					
City		ZIP	□ Cash		
Disbursement Type		Disbursement Date			
Name					
Street Address					
City		ZIP	□ Cash		
Disbursement Type	i	Disbursement Date	□ Credit		
Name					
Street Address					
City		ZIP	□ Cash		
Disbursement Type Disbursement Date			□ Credit		
Name					
Street Address					
City	State	ZIP	□ Cash		
Disbursement Type		Disbursement Date	□ Credit		
Enter total only if last page of (transfer the total disbursed this	of schedule period to "Summary of Disb	oursements," line 14)			

Schedule B(14), page____ of ____

SCHEDULE B(14)



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)		
	I	I

Schedule B(15), page____ of