STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER
DC3-2024-002

COMMITTEE INFORMATION (red

	Committee Information:	Committee Name:	Curtis Beard for District 3 Council	
CANE	DIDATE INFORMATION (only if fil	ing as a candidate comr	nittee):	
	Office Sought:	☐ County Office:		☐ Special District Office:
		☑ City/Town Office	Buckeye	☐ School Board District:
	Cumulative Report:			
	☐ Check here if this is the	e candidate committee's	first, cumulative report for the election cyc	cle. Also select appropriate Reporting Period below.
	Cumulative reporting perio	od start date (which supe	ersedes the start date for the Reporting	Period selected below):
REPO	ORTING 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.e. ending balance from the previous reporting period)	\$ 473.16	
(b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)	\$ 1,000.00	\$ 4,917.78
c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)	\$ 489.08	\$ 383.37
d) = Balance at close of reporting period	\$ 975.08	
☐ Check here if filing <u>no</u> financial activity during the reporting period. Lines (a)-(d) still must be following page need to be filed.	pe completed, but only this	cover page and the



COMMITTEE ID NUMBER
DC3-2024-002

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.

Curtis Beard	Curtis Beard Digitally signed by Curtis Beard Date: 2024.07.17 09:23:49 -07'00'	07/17/2024
Printed Name of Committee Treasurer	Signature of Committee Treasurer	Date

STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER
DC3-2024-002

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)		
		1000.00	
	(c) Out-of-State Individuals	1000.00	
	(d) Candidate Committees (e) Political Action Committees		
	(f) Political Parties		
	(g) Partnerships		
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(i) Labor Organizations (PACs & Political Parties Only)		
	(j) Candidate's Personal Monies (Candidate Committees Only)		
	(k) Monetary Contributions Subtotal (add 1(a) through 1(j))		
	(I) Refunds Given Back to Contributors		
	(m) Net Monetary Contributions (subtract 1(I) from 1(k))		
2.	Loans		
	(a) Loans 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))		
3.	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 as applicable)		
	Miscellaneous Receipts (use cash and/or equity asapplicable)		
	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)	1000.00	4817.78

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STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

JULY 17, 2024 AT 9:37 A.M.

COMMITTEE ID NUMBER

DC3-2024-002

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		
7.	Ballot Measure Expenditures Made		
8.	Recall Expenditures Made		
9.	Support Provided to Party Nominees (Political Parties Only)		
10.	Joint Fundraising / Shared Expense Payments Made		
11.	Reimbursements Made		
12.	Outstanding Accounts Payable / Debts Owed by Committee		
13.	Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)		
14.	Miscellaneous Disbursements		
15.	Aggregate of Disbursements - \$250 or Less		
16.	Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15)	489.08	489.08



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

SCHEDULE A(1)(a)

	Individual Cor	ntributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received		. 5	j
	Street Address					
1	City	State	ZIP			
	Occupation	Employer	. I			
	Name		Date Contribution Received			
5	Street Address			1		
2	2 City	State	ZIP	-		
	Occupation	Employer		1		
	Name		Date Contribution Received			
	Street Address			\dashv		
3	3 City	State	ZIP	-		
8	Occupation	Employer		-		
_	Name		Date Contribution Received			
	Street Address					
4	1 City	State	ZIP	-		
	Occupation	Employer		-		
	Name		Date Contribution Received			
	Street Address			\dashv		
5	5 City	State	ZIP	\dashv		
	Occupation	Employer		\dashv		
	Enter total only if last page of schodule					
	Enter total only if last page of schedule (transfer the total received this period to "Su	mmary of Receipts,"	line 1(a))			

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

STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

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))		

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

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

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

DC3-2024-002

MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

/	Individual Cont	ributor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Bryan Vansell		Date Contribution Received 7/6/24	1000.00	1000.00	1000.00
	Street Address 28231 Via Rueda					
1	City San Juan Capistrano	State CA	^{ZIP} 92675			
	Occupation Manager	Employer Mission Clay Pr	roducts			
	Name	•	Date Contribution Received			
	Street Address		1			
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address			1		
3	City	State	ZIP	-		
	Occupation	Employer	<u> </u>	-		
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP	\dashv		
	Occupation	Employer		-		
	Name		Date Contribution Received			
	Street Address					
5	City	State	ZIP	_		
	Occupation	Employer		\dashv		
	Enter total only if last page of schedule					
	(transfer the total received this period to "Sum	mary of Receipts,"	line 1(c))		1000.00	1000.00

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

STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

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MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

	Candidate Committee	e Contributor Infor	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
5.	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	I ed			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	I ed			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Committee ID Number Date Contribution Received				
	Committee Name					
	Street Address					
4	City	State	ZIP			
8	Committee ID Number	nittee ID Number Date Contribution Received				
H	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	<u> </u> ed			
	Enter total only if last page of schedule	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(d))				

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

STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

	Political Action Comn	ittee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address			_		
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address			_		
2	City	State	ZIP	-		
	Committee ID Number	Date Contribution Receiv	ed	-		
	Committee Name	Committee Name				
	Street Address			_		
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receiv	ed	_		
	Continuitee to Number					
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
	Committee Name					
	Street Address			-		
5	City	State	ZIP	-		
	Committee ID Number	Date Contribution Receiv	ed	-		
	Enter total only if last page of schedul (transfer the total received this period to "Si	<u> </u> e				

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

STATE OF ARIZONA
COMMITTEE CAMPAIGN
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COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

/						
	Political Party Co	ntributor Informat	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					-
	Street Address			-		
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	dd	_		
	Committee Name					
	Street Address			-		
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address			<u> </u>		
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed	-		
	Committee Name					
				_		
4	Street Address	T	T			
	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
1	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
_	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts " I	ine 1(f))	1		

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

STATE OF ARIZONA
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MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

/						
	Partnersh	nip Contributor Inform	mation	Amount Receive	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution R	deceived			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution F	Received			
	Partnership Name					
	·					
3	Street Address					
J	City	State	ZIP			
	Corporation Commission File Number	Date Contribution F	Received			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution F	Received			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
		ı	1		1	l

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



COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

Corporation / LLC Contributor Information Amount Received Amount this Reporting Period Corporation / LLC Contributor Information Comparison Lic Nerve Street Address Corporation Corressors File Nurseer Other Cortebution Received Corporation Corressors File Nurseer Other Cortebution Received Enter total only if I stat page of schedule Lender total only if I stat page of schedule Lender total only if I stat page of schedule Lender total only if I stat page of schedule Lender total only if I stat page of schedule Lender total only if I stat page of schedule Lender total only if I stat page of schedule Lender total only if I stat page of schedule Lender total only if I stat page of schedule Lender total only if I stat page of schedule Lender total only if I stat page of schedule Lender total only if I stat page of schedule							
Cuprosition Lic Name Street Address		Corporation / LLC C	Contributor Inform	nation	Amount Received	Amount this	Amount this
Part		Corporation/LLC Name					·
Corporation Commission File Number Corporation LC Name Street Address City State Corporation Commission File Number Date Contribution Reserved Date Contribution Reserved Date Contribution Reserved		Street Address			_		
Corporation Commission File Number Corporation LC Name Street Address City State Corporation Commission File Number Date Contribution Reserved Date Contribution Reserved Date Contribution Reserved	 ₁		Tour	710	-		
Corporation LC Name State Audience Corporation LC Name State Audience Corporation		City	State	ZIP			
Street Address Street Address State		Corporation Commission File Number	Date Contribution Receive	ed			
City State S		Corporation/LLC Name	l				
City Corporation Commission File Number Date Contribution Received Date Contribution Received		Street Address			<u> </u>		
Corporation/LLC Name Street Address City Corporation/LLC Name Date Contribution Received	2	City	State	ZIP			
Street Address City Corporation Commission File Number Date Contribution Received City City		Corporation Commission File Number	Date Contribution Receive	ed	1		
Street Address City Corporation Commission File Number Date Contribution Received City City		Corporation/LLC Name					
Corporation Commission File Number Date Contribution Received Corporation LLC Name Street Address City Corporation Commission File Number Date Contribution Received Date Contribution Received City Corporation Commission File Number Date Contribution Received City Corporation Commission File Number Date Contribution Received City Corporation Commission File Number Date Contribution Received Date Contribution Received							
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Street Address City State ZIP Corporation Commission File Number Date Contribution Received Street Address Street Address City State ZIP Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received		Corporation Commission File Number	Date Contribution Receive	I ed	-		
A City State ZIP Corporation Commission File Number Date Contribution Received Street Address City State ZIP Corporation Commission File Number Date Contribution Received		Corporation/LLC Name					
City State ZIP Corporation Commission File Number Date Contribution Received Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received		Street Address			<u> </u> -		
Corporation Commission File Number Date Contribution Received Corporation/LLC Name Street Address City Corporation Commission File Number Date Contribution Received Date Contribution Received	4	Ch.		7/0	-		
Corporation/LLC Name		City	State	ZIF			
Street Address City State ZIP Corporation Commission File Number Date Contribution Received		Corporation Commission File Number	Date Contribution Receive	ed			
Corporation Commission File Number Date Contribution Received		Corporation/LLC Name					
Corporation Commission File Number Date Contribution Received		Street Address			-		
	5	City	State	ZIP	-		
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(h))		Corporation Commission File Number	Date Contribution Receive	ed			
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(h))	L						
		Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	line 1(h))			

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

STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

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			_		
	Silver Address					
1	City	State	ZIP	-		
				_		
	Corporation Commission File Number	Date Contribution Receive	ed			
H	Labor Organization Name					
	Street Address					
2	City	State	ZIP	-		
]		
	Corporation Commission File Number	Date Contribution Receive	ed			
\vdash	Labor Organization Name					
	Street Address					
3	City	State	ZIP	_		
	,					
	Corporation Commission File Number	Date Contribution Receive	ed			
┝	Labor Organization Name					
	Street Address					
4	City	State	ZIP	1		
	Corporation Commission File Number	Date Contribution Receive	ed]		
\vdash	Labor Organization Name					
	Eddor Organization Name					
İ	Street Address]		
5	City	State	ZIP	1		
	Oily	State	Zir			
	Corporation Commission File Number	Date Contribution Receive	ed	1		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	line 1(i))			
	<u> </u>					

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

STATE OF ARIZONA
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FINANCE REPORT

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MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

	Candidate	e Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address			_		
1	City	State	ZIP	_		
	Occupation	Employer		_		
	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP	-		
	Occupation	Employer		<u> </u>		
	Name		Date Contribution Received			
	The state of the s		July 55. M. Bulls. 1. 1655.155			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer		1		
	Name		Date Contribution Received			
	Street Address			<u> </u> 		
4						
-	City	State	ZIP			
	Occupation	Employer				
	Name	<u> </u>	Date Contribution Received			
	Street Address					
5	City	Ctata	ZIP	_		
	Oity	State	LIF			
	Occupation	Employer				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts."	line 1(j))	ı		<u> </u>
	<u>'</u>	. ,				

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

STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

/	Col	ntributor Informatio	n	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			
5	Street Address	· · · · · · · · · · · · · · · · · · ·				
J	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
_	Enter total only if last page of sch (transfer the total received this period	edule	1	•		

Schedule A(1)(I), page____ of___

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

LOANS RECEIVED: SCHEDULE A(2)(a)

Lender II Inder Name eet Address y arantor/Endorser Name inder Name eet Address	Date Loan Received State Non-Electoral Purpose? (f	ZIP PACs and Political Parties Only)	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
eet Address y arantor/Endorser Name nder Name	State Non-Electoral Purpose? (I				
y arantor/Endorser Name nder Name	Non-Electoral Purpose? (I				
arantor/Endorser Name nder Name	Non-Electoral Purpose? (I				
nder Name		PACs and Political Parties Only)			
eet Address					
eet Address					
у	State	ZIP			
arantor/Endorser Name	Non-Electoral Purpose? (I	PACs and Political Parties Only)			
nder Name	Date Loan Received				
eet Address					
у	State	ZIP			
arantor/Endorser Name		PACs and Political Parties Only)			
nder Name	Date Loan Received				
eet Address					
у	State	ZIP			
arantor/Endorser Name	Non-Electoral Purpose? (I	PACs and Political Parties Only)			
nder Name	Date Loan Received				
eet Address					
у	State	ZIP			
arantor/Endorser Name		PACs and Political Parties Only)			
	arantor/Endorser Name arantor/Endorser Name Non-Electoral Purpose? (Includer Name Date Loan Received State Non-Electoral Purpose? (Includer Name) Includer Name Non-Electoral Purpose? (Includer Name) Includer Name Date Loan Received Includer Name Non-Electoral Purpose? (Includer Name) Includer Name Non-Electoral Purpose? (Includer Name) Includer Name Non-Electoral Purpose? (Includer Name) Includer Name Includer Nam	arantor/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only)	arantor/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only)	Ander Name Non-Electoral Purpose? (PACs and Political Parties Only) Date Loan Received State ZIP State ZIP Non-Electoral Purpose? (PACs and Political Parties Only) Date Loan Received State ZIP State ZIP Date Loan Received John Canner Name Non-Electoral Purpose? (PACs and Political Parties Only) Date Loan Received State ZIP State ZIP State ZIP State ZIP John Canner Name Non-Electoral Purpose? (PACs and Political Parties Only) Date Loan Received State ZIP State ZIP State ZIP State ZIP State Date Loan Received State ZIP State Date Loan Received	

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

STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

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

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

STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

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

Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle

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

STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

Borro	ower Information		Amount of Interest Accrued	Amount this	Cumulative Amount this Election Cycle
Borrower Name		Date Interest Accrued			
Street Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding]			
Borrower Name		Date Interest Accrued			
Street Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding]			
Borrower Name		Date Interest Accrued			
Street Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding]			
Borrower Name		Date Interest Accrued			
Street Address			_		
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding]			
Borrower Name		Date Interest Accrued			
Street Address					
City	State	ZIP			
	Borrower Name Street Address City Original Amount Borrowed Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address City State Street Address City State Original Amount Borrowed Amount Still Outstanding Borrower Name Street Address	Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address	Borrower Name Date Interest Accrued Street Address ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address ZIP Original Amount Borrowed Amount Still Outstanding Street Address ZIP Original Amount Borrowed Amount Still Outstanding Street Address ZIP Original Amount Borrowed Amount Still Outstanding Street Address ZIP Original Amount Borrowed Amount Still Outstanding Borrower Name Date Interest Accrued Street Address ZIP Original Amount Borrowed Amount Still Outstanding Street Address ZIP Original Amount Borrowed Amount Still Outstanding Street Address ZIP Original Amount Borrowed Amount Still Outstanding Street Address ZIP Original Amount Borrowed Amount Still Outstanding Street Address ZIP Original Amount Borrowed Amount Still Outstanding Street Address ZIP Original Amount Borrowed Amount Still Outstanding Street Address ZIP Original Amount Borrowed Amount Still Outstanding Street Address ZIP Original Amount Borrowed Amount Still Outstanding Street Address ZIP Original Amount Borrowed Amount Still Outstanding Street Address ZIP Original Amount Borrowed ZIP Original Amount Borrowed	Borrower Information Date Interest Accrued Borrower Name Date Interest Accrued Street Address Cry State Date Interest Accrued Street Address Date Interest Accrued Date Interest Accrued Street Address Date Interest Accrued Street Address Date Interest Accrued Date Interest Accrued Street Address Date Interest Accrued	

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

RECEIVED IN THE OFFICE OF THE BUCKEYE CITY CLERK JULY 17, 2024 AT 9:37 A.M.



DC3-2024-002

STATE OF ARIZONA FRIMINGERE FORMPAIGN

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					
1	City	State	ZIP	_		
	Original Purchase Amount	Reason for Refund/	Rebate	_		
	Payor Name		Date Rebate/Refund Received			
	Street Address			_		
2	City	State	ZIP	-		
	Original Purchase Amount	Reason for Refund/	Rebate	-		
	Payor Name		Date Rebate/Refund Received			
	Street Address	Street Address				
3	City	State	ZIP	_		
	Original Purchase Amount	Reason for Refund/	Rebate	4		
	Payor Name		Date Rebate/Refund Received			
	Street Address			_		
4		T		_		
	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/	Rebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
5	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/	Rebate	7		

Schedule A(3), page____ of ___

STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

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 ____

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

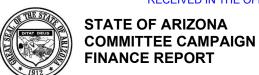
IN-KIND CONTRIBUTIONS RECEIVED FROM IN-STATE INDIVIDUALS - MORE THAN \$100 DURING ELECTION CYCLE:*

SCHEDULE A(5)(a)

Nesre Date In-Kind Contribution Received Street Address Date In-Kind Contribution Received	Individual Contributor Information Amount Received Amount this Reporting Period Election Cycle							
Some Date In-Kind Contribution Received	Name Date In-Advisor Received Street Advisors City State ZIP Consignation Employer Name Date In-Advisor Received City State ZIP Consignation Employer Name Date In-Advisor Contribution Received City State ZIP Consignation Employer Consignation Employer Consignation Employer Consignation Employer Consignation Employer State ZIP Consignation Employer Consignation Employer State ZIP Consignation Employer Consignation Employer State ZIP Consignation Employer Co	/	Individual Cont	ributor Informatio	on	Amount Received	Amount this	Amount this
City State ZIP	Coly State ZEP		Name		Date In-Kind Contribution Received			·
Occupation Fingletyer Date in-Kind Contribution Received Street Address City State Date in-Kind Contribution Received Street Address City State Date in-Kind Contribution Received Street Address Date in-Kind Contribution Received Street Address City State Date in-Kind Contribution Received Street Address City State Date in-Kind Contribution Received Street Address Coccupation Completed		Street Address		. L				
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City State ZIP Date In-Kind Contribution Received Street Address City State ZIP Cocupation Employer Name Date in-Kind Contribution Received Street Address City State ZIP Cocupation Employer Name Date in-Kind Contribution Received Street Address City State ZIP Cocupation Employer Date in-Kind Contribution Received Street Address City State ZIP Cocupation Employer Name Date in-Kind Contribution Received Street Address	City State ZIP Cocupation Employer Name Date In-Kind Contribution Received Street Address City State ZIP Cocupation Employer Name Date In-Kind Contribution Received Street Address City State ZIP Cocupation Employer Name Date In-Kind Contribution Received Street Address City State ZIP Cocupation Employer Name Date In-Kind Contribution Received Street Address Street Address Street Address Employer Name Date In-Kind Contribution Received Street Address Employer Employer Employer		Name		Date In-Kind Contribution Received			
Occupation Employer Name Date In-Kind Contribution Received Street Address City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address City State ZIP Occupation Employer Date In-Kind Contribution Received Street Address City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address Street Address Street Address Street Address	Docupation Employer		Street Address			_		
Name Date In-Kind Contribution Received Street Address City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address City State ZIP Occupation Employer Date In-Kind Contribution Received Street Address Toty State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address Toty State ZIP Occupation Employer Name Date In-Kind Contribution Received	Name Date In-Kind Contribution Received Street Address City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address City State ZIP Occupation Employer Employer Fine Address City State ZIP Occupation Employer	2	City	State	ZIP	-		
Street Address City State ZIP Occupation Employer Date In-Kind Contribution Received Street Address City State ZIP Date In-Kind Contribution Received Street Address Take Address Street Address Date In-Kind Contribution Received Street Address Date In-Kind Contribution Received	Street Address City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address City State ZIP Street Address Street Address Date In-Kind Contribution Received Street Address Street Address Employer		Occupation	Employer		-		
State ZIP	City State ZIP Cocupation Employer Name Date In-Kind Contribution Received Street Address City State ZIP Cocupation Employer Name Date In-Kind Contribution Received Street Address City State ZIP Cocupation Employer Street Address Employer Date In-Kind Contribution Received Street Address Employer Employer		Name	<u> </u>	Date In-Kind Contribution Received			
Occupation Employer Name Date In-Kind Contribution Received Street Address City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address State ZIP City State ZIP Occupation Employer Street Address City State ZIP	City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address City State ZIP Occupation Employer Name Date in-Kind Contribution Received Street Address City State ZIP Occupation Employer City State ZIP Date in-Kind Contribution Received Street Address City State ZIP Occupation Employer		Street Address			-		
Name Date In-Kind Contribution Received Street Address City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address City State ZIP	Name Date In-Kind Contribution Received	3	City	State	ZIP	_		
Street Address City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address City State ZIP	Street Address City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address City State ZIP Occupation Employer		Occupation	Employer		_		
City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address City State ZIP	A City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address City State ZIP Occupation Employer		Name		Date In-Kind Contribution Received			
City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address City State ZIP	City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address City State ZIP Occupation Employer		Street Address		-			
Name Date In-Kind Contribution Received Street Address City State ZIP	Name Date In-Kind Contribution Received Street Address City State ZIP Occupation Employer	4	City	State	ZIP	_		
Street Address City State ZIP	Street Address City State ZIP Occupation Employer		Occupation	Employer		_		
City State ZIP	5 City State ZIP Occupation Employer		Name		Date In-Kind Contribution Received			
City State ZIP	Occupation Employer		Street Address			_		
Occupation Employer		5	City	State	ZIP	_		
			Occupation	Employer		_		

*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 ORLESS (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))		

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

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



JULY 17, 2024 AT 9:37 A.M.

COMMITTEE ID NUMBER

DC3-2024-002

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

SCHEDULE A(5)(c)

	Candidate C	Committee Contributor In	nformation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	ution Received			
	Committee Name	I				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Received			
	Committee Name					
	Street Address	Street Address				
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	ution Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Received			

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

STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

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

STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

	Political Actio	on Committee Contribut	or Information	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name	Committee Name				
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contr	ibution Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ribution Received			
_	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ribution Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ribution Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Cont	ribution Received			

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



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

	Political Party Co	ontributor Informat	tion	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	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 "Sur					

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



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

			1		
Partnership Cor	ntributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Partnership Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	Received			
Partnership Name					
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	Received			
Partnership Name	<u> </u>				
Street Address					
City	State	ZIP			
Corporation Commission File Number					
Partnership Name	<u> </u>				
Street Address					
City	State	ZIP			
Corporation Commission File Number Date In-Kind Contribution Received					
Partnership Name	1				
Street Address		7			
City	State	ZIP	7		
Corporation Commission File Number	Date In-Kind Contribution	Paceived	╡		
	Partnership Name Street Address City Corporation Commission File Number Partnership Name Street Address City Corporation Commission File Number Partnership Name Street Address City Corporation Commission File Number Partnership Name Street Address City Corporation Commission File Number Partnership Name Street Address City Corporation Commission File Number	Partnership Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Partnership Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Partnership Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Partnership Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Partnership Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Partnership Name Street Address	Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address Street Address	Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Street Address City State ZIP Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Partnership Name Street Address Street Address Street Address Street Address Street Address Street Address	Partnership Contributor Information Amount Received Amount this Reporting Period Partnership Name Street Address Cay State ZIP Corporation Commission File Number Date in-Kind Contribution Received Street Address City State ZIP Corporation Commission File Number Date in-Kind Contribution Received Street Address City State ZIP Corporation Commission File Number Date in-Kind Contribution Received Street Address City State ZIP Corporation Commission File Number Date in-Kind Contribution Received Street Address City State ZIP Corporation Commission File Number Date in-Kind Contribution Received Street Address City State ZIP Corporation Commission File Number Date in-Kind Contribution Received Street Address

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



COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

Corporation / LLC (Contributor Inform	ation	Amount Received		Cumulative Amount this Election Cycle
Corporation/LLC Name				Transferring	
Street Address					
City	State	ZIP			
Corporation Commission File Number	Date In-Kind Contribution	Received			
Corporation/LLC Name					
Street Address			1		
City	State	ZIP	1		
Corporation Commission File Number	Date In-Kind Contribution	Received	-		
Corporation/LLC Name	<u> </u>				
Street Address			-		
City	State	ZIP	-		
Corporation Commission File Number	Date In-Kind Contribution	Received	-		
Corporation/LLC Name					
Street Address			-		
City	State	ZID	_		
City	State	ZIF			
Corporation Commission File Number					
Corporation/LLC Name					
Street Address		1			
City	State	ZIP	1		
	Date In-Kind Contribution		4		
	Corporation/LLC Name Street Address City Corporation Commission File Number Corporation Commission File Number Corporation Commission File Number Corporation/LLC Name Street Address City Corporation Commission File Number	Corporation/LLC Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City Date In-Kind Contribution Corporation/LLC Name Street Address City State Corporation/LLC Name Street Address City Date In-Kind Contribution	Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Street Address City State ZIP Corporation/LLC Name Street Address City State ZIP Corporation/LLC Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Corporation/LLC Name Street Address	Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Corporation / LLC Contributor Information Amount Received Amount this Reporting Period Corporation LC Name State ZIP Corporation Commission File Number Date in Kind Contribution Received Corporation LC Name State ZIP Corporation Commission File Number Date In Kind Contribution Received Corporation LC Name State ZIP Corporation Commission File Number Date In Kind Contribution Received Corporation LC Name State Address City State ZIP Corporation Commission File Number Date In Kind Contribution Received Corporation LC Name State Address City State ZIP Corporation LC Name State Address City State ZIP Corporation Commission File Number Date In Kind Contribution Received Corporation Commission File Number Date In Kind Contribution Received Corporation Commission File Number Date In Kind Contribution Received Corporation Commission File Number Date In Kind Contribution Received Corporation Commission File Number Date In Kind Contribution Received	

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

STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

/	Labor Organization	n Contributor Inform	nation	Amount F	Pacaivad	Cumulative Amount this	Cumulative Amount this
	Labor Organization	I Contributor inion	паноп	Amount	Received	Reporting Period	Election Cycle
	Labor Organization Name						
	Street Address						
1		T _a	T				
•	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contribution	Received				
	Labor Organization Name						
	Street Address						
2		T	T				
	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contribution	n Received				
	Labor Organization Name	·					
	Street Address						
3	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contribution	n Received				
	Labor Organization Name						
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contribution	n Received				
	Labor Organization Name						
	Street Address						
5	Cit.						
	City	State	ZIP				
	Corporation Commission File Number	Date In-Kind Contribution	n Received				
_	Enter total only if last page of schedule	<u> </u>					

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

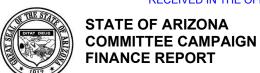
STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

JULY 17, 2024 AT 9:37 A.M.
COMMITTEE ID NUMBER

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

SCHEDULE A(5)(j)

/	Cand	idate Information	1	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		Date In-Kind Contribution Received			
3	Street Address			_		
	City	State	ZIP	_		
	Asset or Property Contributed	State	2"			
	Name		Date In-Kind Contribution Received			
4	Street Address	_				
	City	State	ZIP			
	Asset or Property Contributed		·			
	Name		Date In-Kind Contribution Received			
	Street Address		1			
5	City	State	ZIP			
	Asset or Property Contributed					
_	Enter total only if last page of sched (transfer the total received this period to '	ule	Sinds II lives F(S)			
_	(mansier the total received this belied to	ounnilary of Rece	Schedule A(5)(i) page of			



COMMITTEE ID NUMBER

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

SCHEDULE A(6)

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

Schedule A(6), page____ of ____

STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

JULY 17, 2024 AT 9:37 A.M.
COMMITTEE ID NUMBER

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

/	Creditor	Information		Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name		I			
	Street Address			1		
2	City	State	ZIP	-		
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address			1		
3	City	State	ZIP	1		
	Services or Goods Provided on Credit	Date of Extension of Credit	-			
	Name					
	Street Address			-		
4	City	State	ZIP	-		
	Services or Goods Provided on Credit	<u> </u>	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 "Sum					

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

STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

JULY 17, 2024 AT 9:37 A.M.
COMMITTEE ID NUMBER

PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

	Creditor	Information		Payment Amount on Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP	_		
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address					
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 C					
	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 schedule (transfer the total received this period to "Sumi	mary of Receipts," I	ine 7(b))			

Arizona Secretary of State Revision 9/28/23

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JULY 17, 2024 AT 9:37 A.M.
COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor Comn	nittee Information		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date		1 3	
	Street Address					
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
5	City State		ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (if applicable)			
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 8)					
	(transfer the total received this period to "Sun	nmary of Receipts," I	ine 8)			

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STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

JULY 17, 2024 AT 9:37 A.M.
COMMITTEE ID NUMBER

PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

/				1	Cumulative	Cumulative
Payor Information				Payment Amount	Amount this Reporting Period	Amount this Election Cycle
	Name					
1	Street Address					
	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
2	Street Address					
	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			
5	Name					
	Street Address					
	City	State	ZIP			
	Services or Goods Purchased	Payment Date	\dashv			

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STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

JULY 17, 2024 AT 9:37 A.M.
COMMITTEE ID NUMBER

OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

Infor	mation				
Name		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
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	ZID			
	State				
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	1		
Enter total only if last page of schedule		<u> </u>	<u> </u>		
	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 Name Street Address City Type of Account Receivable or Debt Owed	Type of Account Receivable or Debt Owed Street Address City State Street Address City State Street Address City State City State City State Street Address City State	ype of Account Receivable or Debt Owed Date that Debt Accrued Street Address City State ZIP Date that Debt Accrued Date that Debt Accrued Date that Debt Accrued Street Address City State ZIP Date that Debt Accrued Street Address City State ZIP State ZIP Ope of Account Receivable or Debt Owed Date that Debt Accrued Street Address City State ZIP State ZIP State ZIP State ZIP State Address City State ZIP State ZIP State ZIP State Date that Debt Accrued	State ZIP State Date that Debt Accrued	Spee of Account Receivable or Debt Owed Date that Debt Accrued Street Address City State ZIP State Date that Debt Accrued Date that Debt Accrued Name Street Address City State ZIP State ZIP Date that Debt Accrued Date that Debt Accrued Date that Debt Accrued State Address City State ZIP State ZIP State ZIP State Date that Debt Accrued Date that Debt Accrued Date that Debt Accrued Street Address City State ZIP State Date that Debt Accrued

Schedule A(10), page____ of ____

STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

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)		

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STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

MISCELLANEOUS RECEIPTS: SCHEDULE A(12)

Source I	nformation		Amount	Cumulative Amount this	Cumulative	
Name	Source Information					
				Reporting Period	Election Cycle	
Street Address			-			
City	State	ZIP	_			
Receipt Type	I	Receipt Date	1			
Name		l				
Street Address			-			
City	State	ZIP	1			
sceipt Type		Receipt Date	-			
Name						
Street Address		-				
City	State	ZIP	_			
sceipt Type		Receipt Date	-			
Name						
Street Address			_			
City	State	ZIP	-			
Receipt Type	ceipt Type		1			
Name						
Street Address			1			
City	State	ZIP	-			
Receipt Type		Receipt Date	-			
	Name Street Address City Receipt Type Name Street Address City Receipt Type Name Street Address City Receipt Type Name City Receipt Type Name	Name Street Address City State Name Street Address City State Receipt Type Name Street Address City State City State City State City State Receipt Type Name Street Address City State	Name Street Address City State ZIP Receipt Type Receipt Date Street Address City State ZIP Receipt Type Receipt Date Street Address City State ZIP Receipt Type Receipt Date Street Address Name Street Address City State ZIP Receipt Type Receipt Date Street Address City State ZIP Receipt Type Receipt Date Receipt Type Receipt Date Street Address City State ZIP Receipt Type Receipt Date Street Address City State ZIP Receipt Type Receipt Date Receipt Type Receipt Date Receipt Type Receipt Date Receipt Type Receipt Date Street Address City State ZIP Receipt Type Receipt Date	Name Street Address City State 2IP Receipt Type Receipt Date Street Address City State 2IP Receipt Type Receipt Date Name Street Address City State 2IP Receipt Type Receipt Date Street Address City State 2IP Receipt Type Receipt Type Receipt Date Receipt Date Receipt Date Receipt Date Receipt Date		

RECEIVED IN THE OFFICE OF THE BUCKEYE CITY CLERK JULY 17, 2024 AT 9:37 A.M. **OF ARIZONA**COMMITTEE ID NUMBER

STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER
DC3-2024-002

DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

	F	Recipient Information	Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Name		Disbursement Date		344.30	1568.04
	EZ Texting	7/8/24		344.30		
	Street Address					
1	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purp	oose? (PACs and Political Parties Only)	☑ Cash ☐ Credit		
	Name Facebook	Disbursement Da	te	144.78	144.78	464.23
	Street Address					
2	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purp	Non-Electoral Purpose? (PACs and Political Parties Only)			
	Name	Disbursement Da	te			
Street Address						
3	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only)		☑ Cash ☐ Credit		
	Name	Disbursement Da	ite			
	Street Address					
4	City	State	ZIP			
	Type of Operating Expense Paid		pose? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Da	Disbursement Date			
	Street Address	1				
5	City	State	ZIP	☐ Cash		
	Type of Operating Expense Paid	Non-Electoral Purp	pose? (PACs and Political Parties Only)	□ Credit		
_	Enter total only if last page of so					

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STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

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COMMITTEE ID NUMBER

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						
	Street Address					
1	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name	<u> </u>				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Made	1	□ Cash □ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Made	1	□ Cash □ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Made	1	□ Cash □ Credit		
	Committee Name	I				
	Street Address					
5	City	State	ZIP	F 0=2		
	Committee ID Number	Date Contribution Made	1	□ Cash □ Credit		
_	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	mmary of Dishurser	ments " line 2(a))			

STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

	Political Action	Committee Recipient	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 Ma	de	☐ Credit		
	Committee Name	I				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
3 Cit	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Ma	Date Contribution Made			
	Committee Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Ma	Date Contribution Made			
Committee Name						
	Street Address					
5	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Ma	Date Contribution Made			
		l nedule d to "Summary of Disbur				

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

JULY 17, 2024 AT 9:37 A.M.
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MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Political Party Ro	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		□ Cash □ Credit		
	Committee Name	ommittee Name				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name	<u>l</u>				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Made	l .	□ Cash □ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sui	(5)				

STATE OF ARIZONA
COMMITTEE CAMPAIGN
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JULY 17, 2024 AT 9:37 A.M.

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MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partnership	Recipient Information	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Partnership Name					_
	Street Address	reet Address				
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Partnership Name					
	Street Address					
3 City	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made	<u> </u>	□ Cash □ Credit		
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
_	Enter total only if last page of schedu (transfer the total disbursed this period to "	le				

STATE OF ARIZONA
COMMITTEE CAMPAIGN
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COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

_	Corporation	n / LLC Recipient Int	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1 City	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution	Made	□ Credit		
	Corporation/LLC Name	1				
	Street Address					
3 City	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution	Made	□ Credit		
	Corporation/LLC Name	1				
	Street Address					
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution	Made	□ Credit		
_	Corporation/LLC Name	'				
	Street Address					
5	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution	Made	□ Credit		
_	Enter total only if last page of sch (transfer the total disbursed this perio	nedule d to "Summary of Dish	ursements " line 2(e)\	'		

STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

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COMMITTEE ID NUMBER	

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Orgal	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	□ Cash		
	Corporation Commission File Number	Date Contribution Mad	le	☐ Credit		
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mad	de	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Corporation Commission File Number Date Contribution Made			☐ Credit		
	Labor Organization Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Mad	de	☐ Credit		
	Labor Organization Name					
	Street Address					
5	City	State ZIP		E Oct		
	Corporation Commission File Number	Date Contribution Mad	l de	□ Cash □ Credit		
	Enter total only if last page of sch (transfer the total disbursed this perio	nedule d to "Summary of Disburs	sements." line 2(f))			

STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

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

_		outor Informatio		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Date Refund Received			
1	Street Address	1	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		L			
	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
4	City	State	ZIP			
	Committee ID Number		Date of Original Contribution	_		
	Committee Name		Date Refund Received			
	Street Address			_		
5	City	State	ZIP	\dashv		
	Committee ID Number		Date of Original Contribution	_		
	Enter total only if last page of schedu (transfer the total disbursed this period to	ıle "Summarv of Disl	oursements " line 2(h))			

STATE OF ARIZONA
COMMITTEE CAMPAIGN
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JULY 17, 2024 AT 9:37 A.M.
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LOANS MADE: SCHEDULE B(3)(a)

	Borrowe	⁻ 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	1				
	Street Address					
2	City State		ZIP			
	Guarantor/Endorser Name	Date Loan Made		1		
	Borrower Name					
3	Street Address					
	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made		-		
	Borrower Name	<u> </u>				
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address			_		
5	City	State	ZIP			
		Date Loan Made]		

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STATE OF ARIZONA
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LOAN GUARANTEES MADE: SCHEDULE B(3)(b)

Guaran Suarantor Name Street Address	tor Information		Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
treet Address					
city					
	State	ZIP			
orrower Name	Date Loan Guaranteed				
Suarantor Name					
street Address					
City State		ZIP	_		
orrower Name	Date Loan Guaranteed		_		
Guarantor Name					
Street Address			_		
Sity	State	ZIP	-		
orrower Name	Date Loan Guaranteed		_		
Suarantor Name					
street Address			-		
Sity	State	ZIP	_		
forrower Name	Date Loan Guaranteed		_		
Buarantor Name					_
Street Address			_		
city	State	ZIP	_		
forrower Name	Date Loan Guaranteed		_		
it it it it	orrower Name treet Address ity orrower Name	orrower Name Date Loan Guaranteed uarantor Name treet Address ity State Date Loan Guaranteed uarantor Name treet Address ity State Date Loan Guaranteed uarantor Name treet Address ity State Date Loan Guaranteed treet Address ity State Date Loan Guaranteed uarantor Name Date Loan Guaranteed uarantor Name treet Address ity State Date Loan Guaranteed	orrower Name Date Loan Guaranteed uarantor Name Ity State ZIP Date Loan Guaranteed Uarantor Name Uarantor Name Date Loan Guaranteed Ity State ZIP Orrower Name Date Loan Guaranteed Uarantor Name Uarantor Name Date Loan Guaranteed Date Loan Guaranteed	Date Loan Guaranteed Itreet Address Ity State ZIP Date Loan Guaranteed Uarantor Name Date Loan Guaranteed Itreet Address Ity State ZIP Date Loan Guaranteed Uarantor Name Date Loan Guaranteed Itreet Address Ity Date Loan Guaranteed Date Loan Guaranteed Itreet Address Ity Date Loan Guaranteed Itreet Address Ity Date Loan Guaranteed Itreet Address Ity Date Loan Guaranteed	Orrover Name Date Loan Guaranteed Date Loan Guaranteed Iny State ZIP Orrower Name Date Loan Guaranteed Userantor Name Date Loan Guaranteed Userantor Name Date Loan Guaranteed Userantor Name Date Loan Guaranteed Iny State ZIP Orrower Name Date Loan Guaranteed Userantor Name Date Loan Guaranteed Inter Address Iny State ZIP Orrower Name Date Loan Guaranteed

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STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

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

/	Borrower	- Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Forgiveness Made			
	Street Address					
1	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding	1			
	Borrower Name	J	Date Forgiveness Made			
	Street Address		<u>-</u>			
2	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding		-		
	Borrower Name	1	Date Forgiveness Made			
3	Street Address			1		
	City	State	ZIP	1		
	Original Amount of Loan	Amount Still Outstanding		1		
	Borrower Name	1	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 "Su					

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

STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

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

/	Le	ender Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Repayment Made			
	Street Address		I			
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstand	ling			
	Lender Name		Date Repayment Made			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstand	ding			
	Lender Name		Date Repayment Made			
	Street Address					
3	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstand	ding	_		
	Lender Name		Date Repayment Made			
	Street Address			_		
4	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstand	ling			
	Lender Name		Date Repayment Made			
	Street Address					
5	City	State	ZIP	\dashv		
	Original Amount Borrowed	Amount Still Outstand	ding	_		

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

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

JULY 17, 2024 AT 9:37 A.M.
COMMITTEE ID NUMBER

ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

/	Lender I	nformation		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Interest Accrued			
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	<u> </u>			
	Lender Name		Date Interest Accrued			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Interest Accrued			
3	Street Address					
	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			
		Amount Still Outstanding				

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

STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

Corporation Commission File Number (if applicable) Original Psyment Amount Date of Original Psyment Street Address Cry State ZIP Corporation Commission File Number (if applicable) Original Psyment Amount Date Rebate/Refund Made Date Rebate/Refund Made Street Address Corporation Commission File Number (if applicable) Original Psyment Date Rebate/Refund Made Street Address Corporation Commission File Number (if applicable) Original Psyment Amount Name of Original Psyor Date Relate/Refund Made Street Address Street Address Date Relate/Refund Made	Red	cipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
Coperation Ceremission File Namber (if applicable) Original Payment Amount Date of Original Payment Name of Original Payer Corporation Commission File Namber (if applicable) Original Payment Amount Date of Original Payment Street Address 2		Name of Original Payor		Date Rebate/Refund Made			
Corporation Commission File Number (f applicable) Name of Original Payor Date Rebate/Refund Mode Serest Address 2 City State ZIP Corporation Commission File Number (f applicable) Original Payment Amount Date of Original Payment Date of Original Payment Name of Original Payor Date Rebate/Refund Mode Serest Address 3 City State ZIP Corporation Commission File Number (f applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Mode Serest Address 4 City State ZIP Date Rebate/Refund Mode		Street Address					
Name of Original Payor Corporation Commission File Number (if applicable) Distor Rebate/Refund Made Date of Original Payor Date of Original Payor Date Rebate/Refund Made Sitest Address 3 Disy State 27P Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Name of Original Payor Date Rebate/Refund Made Sitest Address 3 Disy State 27P Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Name of Original Payor Date Rebate/Refund Made Street Address 4 Dry State 27P Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Name of Original Payor Date Rebate/Refund Made Street Address 5 City State 21P	1	City	State	ZIP			
Street Address 2 City State ZIP Corporation Commission File Number (f applicable) Original Payment Amount Date of Original Payment Name of Original Payor Date Rebate/Refund Made Street Address 3 City State ZIP Corporation Commission File Number (f applicable) Original Payment Amount Name of Original Payor Name of Original Payor Date Rebate/Refund Made Street Address 4 City State ZIP Corporation Commission File Number (f applicable) Original Payment Amount Name of Original Payor Name of Original Payor Date Rebate/Refund Made Street Address 4 City State ZIP Corporation Commission File Number (f applicable) Original Payment Amount Name of Original Payor Name of Original Payor Date Rebate/Refund Made Street Address 5 City State ZIP		Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
2 City State		Name of Original Payor		Date Rebate/Refund Made			
Corporation Commission File Number (if applicable) Name of Original Payor Date Rebate/Refund Made Street Address City State ZiP Corporation Commission File Number (if applicable) Original Payor Date Rebate/Refund Made Street Address City State ZiP Carporation Commission File Number (if applicable) Original Payor Date Rebate/Refund Made Street Address City State ZiP Corporation Commission File Number (if applicable) Original Payor Date Rebate/Refund Made Street Address Tip Corporation Commission File Number (if applicable) Original Payor Date Rebate/Refund Made Street Address Tip Name of Original Payor Date Rebate/Refund Made		Street Address					
Name of Original Payor Date Rebate Refund Made	2	City	State	ZIP			
Street Address 3 City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Name of Original Payor Date Rebate/Refund Made Street Address 4 City State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Name of Original Payor Date Rebate/Refund Made Street Address 5 City State ZIP		Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
Street Address State ZIP		Name of Original Payor		Date Rebate/Refund Made			
Corporation Commission File Number (if applicable) Name of Original Payor Date Rebate/Refund Made Street Address City Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Date Rebate/Refund Made Street Address City Street Address Tity State ZiP		Street Address					
Name of Original Payor Date Rebate/Refund Made	3	City	State	ZIP			
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			
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		Name of Original Payor		Date Rebate/Refund Made			
Corporation Commission File Number (if applicable) Name of Original Payor Date Rebate/Refund Made Street Address City State ZIF Name of Original Payor Date Rebate/Refund Made		Street Address					
Name of Original Payor Date Rebate/Refund Made Street Address City State ZIP	4	City	State	ZIP			
Street Address City State ZIP		Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
5 City State ZIP		Name of Original Payor		Date Rebate/Refund Made			
		Street Address					
Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor	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 Committe	e Recipient Inforr	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
3	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name	L				
	Street Address					
2	City	State	ZIP			
2	Committee ID Number	Date In-Kind Contribution	<u> </u> Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
3	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					
3	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	nmary of Disbursen	nents," line 5(a))			

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

STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

Street Address 1 City Seate ZIP Committee ID Number Date in Kind Contribution Made 2 City Seate ZIP Committee Name Street Address 2 City Seate ZIP Committee Name Street Address 3 City Seate ZIP Committee ID Number Date in Kind Contribution Made 4 City Seate ZIP Committee Name Street Address 5 Committee Name Street Address 6 Committee Name Street Address 6 Committee Name Street Address 6 City Seate ZIP Committee ID Number Committee Name Street Address 6 City Seate ZIP Committee ID Number Committee ID Number Committee ID Number Street Address 6 City Seate ZIP Committee ID Number Committee ID Number Committee ID Number Street Address 6 City Seate ZIP Committee ID Number Committee ID Number Committee ID Number Committee ID Number Street Address 6 City Seate ZIP		Political Action (Committee Recipient I	nformation	Amount this	Amount this
Committee ID Number Committee		Committee Name				
Committee ID Number Date the Kind Contribution Made Committee Name Stood Address Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Stood Address Committee ID Number Date In-Kind Contribution Made		Street Address				
Committee Name Street Address City Committee ID Number Date In-Kind Contribution Made	1	City	State	ZIP		
Street Address City State ZiP Committee ID Number Date In Kind Contribution Made Committee Name Street Address City State ZiP Committee ID Number Date In Kind Contribution Made Committee ID Number Date In Kind Contribution Made Committee Name Street Address 4 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 ID Number	Date In-Kind Contributi	on Made		
Committee ID Number Date In-Kind Contribution Made Committee Name Street Address Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee Name Street Address 4 Oily State ZIP Committee ID Number Date In-Kind Contribution Made Committee ID Number Street Address 4 City State ZIP Committee ID Number Date In-Kind Contribution Made		Committee Name				
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Committee Name Street Address Gity State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address Gity State ZIP Committee Name Street Address Gramittee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made	2	City	State	ZIP		
Street Address Cay State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee ID Number ZIP Committee ID Number Date In-Kind Contribution Made		Committee ID Number	Date In-Kind Contribut	ion Made		
State ZIP		Committee Name				
Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Street Address City State ZIP Committee Name Street Address		Street Address				
Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP	3	City	State	ZIP		
Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP		Committee ID Number	Date In-Kind Contribut	ion Made		
City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP		Committee Name				
Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP		Street Address				
Committee Name Street Address City State ZIP	4	City	State	ZIP		
Street Address City State ZIP		Committee ID Number	Date In-Kind Contribut	ion Made		
City State ZIP		Committee Name				
City State Zir		Street Address				
Committee ID Number Date In-Kind Contribution Made	5	City State ZIP				
		Committee ID Number	Date In-Kind Contribut	ion Made		

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

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

Str Str Co	Political Party Re	! . ! . ! !			Cumulative	
Str Str Co		ecipient information	on	Amount Contributed	Amount this Reporting Period	Cumulative Amount this Election Cycle
Coo Coo Coo Coo	ommittee Name					
Co Co Co	Street Address			-		
Str Co	ity	State	ZIP	-		
Str 2 Cit	ommittee ID Number	Date In-Kind Contribution I	I Made	_		
Control	ommittee Name					
Co	treet Address			1		
Co	ity	State	ZIP	1		
	ommittee ID Number	Date In-Kind Contribution	Made	-		
Str	ommittee Name	<u> </u>				
	Street Address			_		
3 Cit	ity	State	ZIP	_		
Сс	ommittee ID Number	Date In-Kind Contribution	Made]		
Сс	ommittee Name					
Stı	treet Address			_		
4 Cit	ity	State	ZIP	_		
Сс	ommittee ID Number	Date In-Kind Contribution	Made			
Cc	ommittee Name					_
Stı	treet Address			-		
5 Cit	ity	State	ZIP	_		
Сс	ommittee ID Number	Date In-Kind Contribution	Made	_		
Er	nter total only if last page of schedule ransfer the total disbursed this period to "Sur					

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

STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

Partnership Recipient Information Amount Contributed Partnership Name 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 Made Partnership Name Street Address 2 City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Partnership Name Street Address 3 City State ZIP Corporation Commission File Number Date In-Kind Contribution Made	Cumulative Amount this Election Cycle
Partnership Name 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 Made Partnership Name State ZIP Corporation Commission File Number Date In-Kind Contribution Made Partnership Name Street Address 3 City State ZIP Corporation Commission File Number Date In-Kind Contribution Made	
City State ZIP	
Corporation Commission File Number Date In-Kind Contribution Made Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Partnership Name Street Address Gity 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 Made Partnership Name Street Address 3 City State ZIP Corporation Commission File Number Date In-Kind Contribution Made	
Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made	
Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made	
City State ZIP Corporation Commission File Number Date In-Kind Contribution Made Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made	
Corporation Commission File Number Date In-Kind Contribution Made Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made	
Partnership Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made	
Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Made	
City State ZIP Corporation Commission File Number Date In-Kind Contribution Made	
Corporation Commission File Number Date In-Kind Contribution Made	
Partnership Name	
Street Address	
4	
City State ZIP	
Corporation Commission File Number Date In-Kind Contribution Made	
Partnership Name	
Street Address	
5 City State ZIP	
Corporation Commission File Number Date In-Kind Contribution Made	
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 5(d))	

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

STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

/				1 .	Cumulative	Cumulative
	Corporation / LL	C Recipient Informa	ation	Amount Contributed	Amount this Reporting Period	Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution				
		Date III-Kind Contribution	i waue			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
_	Enter total only if last page of schedul (transfer the total disbursed this period to "					

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

STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

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

STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

JULY 17, 2024 AT 9:37 A.M.
COMMITTEE ID NUMBER

INDEPENDENT EXPENDITURES MADE: SCHEDULE B(6)

/		Recipient Informatio		Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name Street Address	Mode of Advertising (TV, mail, etc)	_			
1	City	State	ZIP	_		
	Candidate(s) Supported (including % supported) Date of First Publication, Display, Delivery, or Broadcast	Candidate(s) Opposed (inclu	iding % opposed)	☐ Cash ☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			_		
2	City Candidate(s) Supported (including % supported)	State Candidate(s) Opposed (inclu	ZIP			
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		□ Cash □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address City	State	ZIP			
3		Candidate(s) Opposed (inclu		_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address City	State	ZIP	-		
4	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (inclu	iding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	☐ Credit		
	Enter total only if last page of schedul (transfer the total disbursed this period to "S	e Summary of Disbursen	nents," line 6)			
						/

Schedule B(6), page____ of ____



JULY 17, 2024 AT 9:37 A.M.
COMMITTEE ID NUMBER

BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

	Expenditure	Recipient Inform	ation	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) Oppo	ssed (including % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		- □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
2	City	State	ZIP			
_	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Oppo	osed (including % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			_		
3	City	State	ZIP	_		
Ĭ	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Oppo	osed (including % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
	City	State	ZIP			
4	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Oppo	osed (including % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Casn ☐ Credit		

Schedule B(7), page____ of ____

STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT

JULY 17, 2024 AT 9:37 A.M.
COMMITTEE ID NUMBER

RECALL EXPENDITURES MADE: SCHEDULE B(8)

	Expenditure l	Recipient Informatio	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name	Mode of Advertising (TV, mail, etc)			j	
	Street Address		I	-		
1	City	State	ZIP	-		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		- □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		<u> </u>	1		
2	City	State	ZIP	1		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	Lalled	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			1		
3	City	State	ZIP	1		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	_ ☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		□ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		-			
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 (transfer the total disbursed this period to "s	l e Summary of Disburser	nents," line 8)			

Schedule B(8), page____ of ____



COMMITTEE ID NUMBER

SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

	Benefit	ted Candidate		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Candidate Name		Date Benefit Provided			
	Street Address		l			
1	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
2	City	State	ZIP			
	Type of Benefit Provided	ı				
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
3	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address		1			
4	City	State	ZIP			
	Type of Benefit Provided	I	1			
	Notes:					
	Enter total only if last page of schedule (transfer the total disbursed this period to "S)	cents " line (1)			
	(uansier the total dispulsed this period to S	ummary of Dispursen	юнь, ше <i>в)</i>			

Schedule B(9), page____ of ____



JULY 17, 2024 AT 9:37 A.M.
COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

	Recipient	Committee Infor	mation	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address		I			
1	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					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared B	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 Expen		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 I	Expense (if applicable)	□ Cash □ Credit		
	Enter total only if last page of sche	dule				
	(transfer the total disbursed this period t	o "Summary of Dis	oursements," line 10)			



JULY 17, 2024 AT 9:37 A.M.
COMMITTEE ID NUMBER

REIMBURSEMENTS MADE: SCHEDULE B(11)

	Recip	oient Information	1	Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
1	Street Address					
1	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed	·	Reimbursement Date	☐ Credit		
	Name		-			
2	Street Address					
	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	□ Credit		
	Name					
	Street Address	Street Address				
3	City	State	ZIP	- Cook		
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
	Name	Name				
	Street Address	Street Address				
4	City	State	ZIP	□ Cook		
	Services or Goods Reimbursed	Services or Goods Reimbursed Rein		□ Cash □ Credit		
	Name					
	Street Address					
	City	State	ZIP			
5				□ Cash	1	

Schedule B(11), page____ of ____



JULY 17, 2024 AT 9:37 A.M.
COMMITTEE ID NUMBER

OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

	Debt In	formation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address			-		
1	City	State	ZIP	-		
	Type of Account Payable or Debt Owed	I	Date that Debt Accrued			
	Name					
	Street Address			-		
2	City	State	ZIP	1		
ŝ	Type of Account Payable or Debt Owed		Date that Debt Accrued	1		
	Name					
	Street Address			1		
3	City	State	ZIP	1		
3	Type of Account Payable or Debt Owed	Date that Debt Accrued	1			
	Name					
	Street Address					
4	City	State	ZIP	1		
	Type of Account Payable or Debt Owed		Date that Debt Accrued	-		
	Name		l			
	Street Address			-		
5	City	State	ZIP	-		
	Type of Account Payable or Debt Owed		Date that Debt Accrued	-		
	Enter total only if last page of schedule					
	(transfer the total received this period to "Sum	mary of Receipts," I	line 12)			

Schedule B(12), page____ of ____

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

24 AT 3.37 A.W.
COMMITTEE ID NUMBER

MISCELLANEOUS DISBURSEMENTS: SCHEDULE B(14)

		Recipient	Information		Amount	Cumulative Amount this Reporting Period	Cumulative ` Amount this Election Cycle
		Name					
		Street Address					
1	1	City		ZIP	□ Cash		
		Disbursement Type		Disbursement Date	☐ Credit		
		Name					
2	Ī	Street Address					
	2	City		ZIP	□ Cash		
	ŀ	Disbursement Type	l	Disbursement Date	☐ Credit		
		Name					
	Ì	Street Address					
3	3	City		ZIP	□ Cash		
	ŀ	Disbursement Type		Disbursement Date	□ Cash		
	1	Name					
	l	Street Address					
4	1	City		ZIP	□ Cash		
	ŀ	Disbursement Type		Disbursement Date	□ Casii		
	1	Name					
	-	Street Address					
5	5	City	State	ZIP			
		Disbursement Type	I	Disbursement Date	□ Cash □ Credit		
	1	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Dick	I recompete " line 14\	l		



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