STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

COMMI	TTEE INFORMATION (required	i):	
	Committee Information:	Committee Name:	
CANDIE	DATE INFORMATION (only if fil	ing as a candidate committee):	
	Office Sought.	☐ County Office:	□ Special District Office:
		☐ City/Town Office:	☐ School Board District:
	Cumulative Report:		
	☐ Check here if this is the	e candidate committee's first, cumulative repo	ort for the election cycle. Also select appropriate Reporting Period below.
	Cumulative reporting perio	od start date (which supersedes the start da	te for the Reporting Period selected below):
REPOR	RTING 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	

*Reporting deadline extended to next business day if deadline date is a holiday or Sunday. A.R.S. §§§ 1-243(A), 1-301 and 1-303.

FINANCIAL SUMMARY (required):

Activity	Cash Activity This Reporting Period	Election Cycle to Date
Committee value at the beginning of this reporting period (i.e. ending balance from the previous reporting period)		
b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)		
c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)		
d) = Balance at close of reporting period		

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.

	Mlani Belshee		
Printed Name of Committee Treasurer	Signature of Committee Treasurer	Date	

SUMMARY OF RECEIPTS (Schedule A):

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

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.			
16.	Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15)		

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

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

SCHEDULE A(1)(a)

<u></u>	Individual Contr	ibutor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
H	Name		Date Contribution Received			
	Street Address					
4		T	T			
	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address		<u> </u>			
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	I mary of Receipts," I	ine 1(a))	l		

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

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



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

SCHEDULE A(1)(b)

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

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

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



MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

	Individual Conti	ibutor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer		_		
	Name		Date Contribution Received			
	Street Address			_		
2	City	State	ZIP	_		
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address			_		
3	City	State	ZIP	_		
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP	_		
	Occupation	Employer		1		
	Name		Date Contribution Received			
			Data Contribution (Nebelveu			
5	Street Address	T	T			
	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 1(c))			

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

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

Candidate Committee Committee Name Itreet Address Committee ID Number Committee Name Itreet Address	State Date Contribution Receive	ZIP	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
itreet Address ity committee ID Number committee Name					
committee ID Number committee Name treet Address					
committee ID Number committee Name treet Address					
rommittee Name treet Address	Date Contribution Receive	od .			
treet Address					
rity		Street Address			
	State	ZIP			
committee ID Number	Date Contribution Receive	L ed			
committee Name					
Street Address					
sity	State	ZIP			
iommittee ID Number	Date Contribution Receive	ed			
committee Name					
treet Address					
iity	State	ZIP			
Committee ID Number	Date Contribution Receive	ed .			
committee Name					
Street Address					
ity	State	ZIP			
ommittee ID Number	Date Contribution Receive	ed			
inter total only if last page of schedule					
	Committee ID Number Committee Name Committee ID Number Committee Name Committee ID Number Committee ID Number Committee ID Number Committee ID Number Committee ID Number	Committee ID Number Date Contribution Receive Street Address State Committee ID Number Date Contribution Receive Committee Name Street Address State Committee ID Number Date Contribution Receive Committee ID Number Date Contribution Receive Committee Name Committee ID Number Date Contribution Receive Committee Name Street Address State Date Contribution Receive Committee ID Number Date Contribution Receive	Committee ID Number Date Contribution Received Committee Name Street Address State ZIP Committee ID Number Date Contribution Received Committee Name Street Address State ZIP Committee Name Street Address State ZIP Committee ID Number Date Contribution Received Committee ID Number State ZIP Committee ID Number State ZIP Committee ID Number State ZIP Committee Name State State ZIP State ZIP	Committee ID Number Date Contribution Received Committee Name State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received	Committee ID Number Date Contribution Received State ZIP Committee ID Number Date Contribution Received

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

	Political Action C	ommittee Contributor I	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 Contribution Recei	ved			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Recei	ived			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Rece	ived			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Rece	ived			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Recei	ived			
	Enter total only if last page of sch	edule				

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



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

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

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

Partnership Contributor Information Amount Received Amount this Amour							
Partnership Contributor Information Amount Received Amount this Reporting Period Election Partnership Name Sereal Addresss 1 City State 2IP Corporation Commission File Number Oate Contribution Received Partnership Name Sereal Addresss 2 City State 2IP Corporation Commission File Number Oate Contribution Received Partnership Name Sereal Address State Address Series Number Oate Contribution Received Partnership Name Sereal Address Series Address Series Number Oate Contribution Received Partnership Name Sereal Address Series Address Series Number Oate Contribution Received Partnership Name Sereal Address Series Address Series Number Oate Contribution Received Partnership Name Sereal Address Series Address Series Number Oate Contribution Received Partnership Name Sereal Address Series Address Series Number Oate Contribution Received							
Street Address 1 City State ZIP Corporation Commission File Number Date Contribution Received 5treet Address 2 City State ZIP Corporation Commission File Number Date Contribution Received 5treet Address 3 City State ZIP Corporation Commission File Number Date Contribution Received 5treet Address 4 City State ZIP Corporation Commission File Number Date Contribution Received 5treet Address 4 City State ZIP Corporation Commission File Number Date Contribution Received 5treet Address 4 City State ZIP Corporation Commission File Number Date Contribution Received 5treet Address		Partnership Con	tributor Informatio	on	Amount Received	Amount this	Cumulative Amount this Election Cycle
1 Cay State 25° Corporation Commission File Number Date Contribution Received Partnership Name Street Address 2 City State 25° Corporation Commission File Number Date Contribution Received Partnership Name Sized Address 3 City State 25° Corporation Commission File Number Date Contribution Received Partnership Name Sized Address 4 City State 25° Corporation Commission File Number Date Contribution Received Partnership Name Sized Address 4 City State 25° Corporation Commission File Number Date Contribution Received Partnership Name Sized Address 5 City State 25°		Partnership Name					
Corporation Commission File Number Date Contribution Received Partnership Name Steed Address 2 City State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Steed Address 3 City State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Steed Address 4 City State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Steed Address 4 City State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Steed Address 4 City State ZIP Corporation Commission File Number Date Contribution Received		Street Address	Street Address				
Partnership Name Street Address 2 City State ZiP Corporation Commission File Number Date Contribution Received Partnership Name Street Address 3 City State ZiP Corporation Commission File Number Date Contribution Received 4 City State ZiP Corporation Commission File Number Date Contribution Received Partnership Name Street Address 4 City State ZiP Corporation Commission File Number Date Contribution Received Partnership Name Street Address 5 City State ZiP	1	City	State	ZIP			
Street Address State ZiP		Corporation Commission File Number	Date Contribution Receive	d			
City State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Street Address Gity State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Street Address 4 City State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Street Address 4 City State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Street Address 5 City State ZIP	F	Partnership Name					
Corporation Commission File Number Date Contribution Received Partnership Name Street Address 3 City State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Street Address 4 City State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Street Address 4 City State ZIP Corporation Commission File Number Date Contribution Received		Street Address					
Partnership Name Street Address 3 City State ZiP Corporation Commission File Number Date Contribution Received Partnership Name Street Address 4 City State ZiP Corporation Commission File Number Date Contribution Received Partnership Name Street Address 5 City State ZiP	2	City	State	ZIP			
Street Address 3 City State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Street Address 4 City State ZIP Corporation Commission File Number Date Contribution Received Partnership Name State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Street Address 5 City State ZIP		Corporation Commission File Number	Date Contribution Receive	ed			
City State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Street Address 4 City State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Street Address 5 City State ZIP	H	Partnership Name					
Corporation Commission File Number Date Contribution Received Partnership Name Street Address 4 City State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Street Address 5 City State ZIP		Street Address					
Partnership Name Street Address City State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Street Address City State ZIP	3	City	State	ZIP			
Street Address 4 City State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Street Address 5 City State ZIP		Corporation Commission File Number	Date Contribution Receive	ed			
City State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Street Address City State ZIP	F	Partnership Name					
City State ZIP Corporation Commission File Number Date Contribution Received Partnership Name Street Address City State ZIP		Street Address					
Partnership Name Street Address City State ZIP	4	City	State	ZIP			
Street Address City State ZIP		Corporation Commission File Number	Date Contribution Receive	ed			
5 City State ZIP	H	Partnership Name					
City State ZIP		Street Address					
Corporation Commission File Number Date Contribution Received	5	City	State	ZIP			
		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(g))	\vdash	Enter total only if last page of schedule	mary of Receipts " I	line 1(a))			

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



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

	Corporation / LLC C	Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	City	State				
	Corporation Commission File Number	Date Contribution Receive	ed			
	Corporation/LLC Name	<u> </u>				
	Street Address					
2		1	T			
_	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ad.			
	Corporation Commission File Number	Date Contribution Neces	eu			
-	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
				- -		
	Corporation Commission File Number	Date Contribution Receive	ed			
-	Corporation/LLC Name					
	Street Address			=		
١.						
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Corporation/LLC Name					
	Street Address					
	on out in district					
5	City	State	ZIP			
	Corporation Commission File 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	line 1(h))			
	(transier the total received this period to Sum	mary or neceipis, I	iiiie i(ii <i>))</i>			

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 Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	<u>l</u> ed			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Labor Organization Name	ı				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File 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	line 1(i))	ı		

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

	Candidate	Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
			_			
	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	Otto	0	T-10			
	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer				
		Employer				
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receipts," I	line 1(j))			

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

	Contributo	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Refunded			
	Street Address					
1	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					1
2	City	State	ZIP			1
	ID Number (if applicable)		Date of Original Contribution			1
	Name		Date Contribution Refunded			
	Street Address			_		1
3	City	State	ZIP			l
	ID Number (if applicable)		Date of Original Contribution			1
	Name		Date Contribution Refunded			
	Street Address					
ļ	City	State	ZIP			1
	ID Number (if applicable)		Date of Original Contribution			1
	Name		Date Contribution Refunded			
	Street Address					1
,	City	State	ZIP	_		1
	ID Number (if applicable)		Date of Original Contribution	_		1
_	Enter total only if last page of schedule					

Schedule A(1)(I), page____ of___



LOANS RECEIVED: SCHEDULE A(2)(a)

Lender I ender Name treet Address ity uarantor/Endorser Name ender Name	nformation Date Loan Received State Non-Electoral Purpose? (I	ZIP PACs and Political Parties Only)	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
ity uarantor/Endorser Name ender Name	State Non-Electoral Purpose? (I				
uarantor/Endorser Name	Non-Electoral Purpose? (I				
uarantor/Endorser Name ander Name	Non-Electoral Purpose? (I		-		
ender Name		PACs and Political Parties Only)	_		
ender Name		PACs and Political Parties Only)			
	Date Loan Received				
treet Address					
			_		
ity	State	ZIP	_		
			_		
uarantor/Endorser Name	Non-Electoral Purpose? (I	PACs and Political Parties Only)			
ender Name	Date Loan Received				
treet Address			-		
ity	State	ZIP	-		
uarantor/Endorser Name	_	PACs and Political Parties Only)	_		
ender Name					
and i Hamo	Date Loan received				
treet Address					
ity	State	ZIP	-		
uarantor/Endorser Name	Non-Electoral Purpose? (I	PACs and Political Parties Only)	-		
ender Name	Date Loan Received				
treet Address	<u> </u>		-		
ity	State	ZIP	_		
	Non-Electoral Durnosco //	PACs and Political Parties Only)	_		
uaranion/⊏ndorser name	Non-Electoral Purpose? (I	r 7.03 and r ondoar r'al lies Only)			
	ender Name treet Address iity suarantor/Endorser Name ender Name treet Address iity suarantor/Endorser Name ender Name treet Address iity suarantor/Endorser Name ender Name ender Name ender Name inter total only if last page of schedule ransfer the total received this period to "Sum'	ender Name Date Loan Received treet Address State Non-Electoral Purpose? (ender Name Date Loan Received treet Address State Non-Electoral Purpose? (ender Name Date Loan Received treet Address state Non-Electoral Purpose? (ender Name Date Loan Received treet Address state Non-Electoral Purpose? (ender Name Non-Electoral Purpose? (ender Name	Date Loan Received Date Loan Received	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	ander Name Date Loan Received Date Loan Received

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



FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

				1	Cumulative	Cumulativa
	Lender I	nformation		Amount Forgiven	Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Forgiveness Received			·
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding		-		
	Lender Name	l	Date Forgiveness Received			
	Street Address					
2	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address					
3	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding		-		
	Lender Name		Date Forgiveness Received			
	Street Address			_		
4	City	State	ZIP	-		
	Original Amount of Loan	Amount Still Outstanding		-		
	Lender Name		Date Forgiveness Received			_
	Street Address			_		
5		I _a .	710	_		
	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	line 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)

		Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Repayment Received			
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	,			
	Borrower Name		Date Repayment Received			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name	<u>I</u>	Date Repayment Received			
	Street Address		<u> </u>			
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name	<u> </u>	Date Repayment Received			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Enter total only if last page of schedule	(5	. 0())			
	(transfer the total received this period to "Sum	mary of Receipts," I	ine ∠(c))			

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)

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

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





STATE OF ARIZONA FRIMINGE REFORMPAIGN

COMMI	TTFF	ID I	NUN	/BFR

A(3)

		Payor Information		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulati Amount t Election C
Pa	ayor Name		Date Rebate/Refund Received		1 3	
Si	treet Address					
1 c	ity	State	ZIP			
0	riginal Purchase Amount	Reason for Refu	nd/Rebate			
D	ayor Name		Date Rebate/Refund Received			
	ayor Name		Date Repate/Return Received			
	Street Address					
2 c	ity	State	ZIP			
0	riginal Purchase Amount	Reason for Refu	nd/Rebate			
Pi	ayor Name		Date Rebate/Refund Received			
Si	Street Address					
3 0	ity	State	ZIP			
0	riginal Purchase Amount	Reason for Refu	nd/Rebate			
Pi	ayor Name		Date Rebate/Refund Received			
Si	treet Address					
4 c	ity	State	ZIP			
0	riginal Purchase Amount	Reason for Refu	nd/Rebate			
P	Payor Name Date Rebate/Refund Received					
	Street Address					
5 c	ity	State	ZIP			
0	riginal Purchase Amount	Reason for Refu	nd/Rebate			

Schedule A(3), page____ of ___

RECEIVED IN THE OFFICE OF THE BUCKEYE CITY CLERK OCTOBER 14, 2024 AT 11:16 AM

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 ____



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

SCHEDULE A(5)(a)

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

Schedule A(5), page____ of ___

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

RECEIVED IN THE OFFICE OF THE BUCKEYE CITY CLERK OCTOBER 14, 2024 AT 11:16 AM

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

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

SCHEDULE A(5)(b)

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

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

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



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

SCHEDULE A(5)(c)

	Candidate Committee	e Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution I	Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name	l				
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name	<u>I</u>				
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	L Received			
	Committee Name	l				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	I mary of Receipts," l	ine 5(d))			

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

IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

				1		1	
	Candidate Co	ommittee Contributor In	formation	Amount	Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name						
	Street Address						
1	City	State	ZIP				
	Committee ID Number	Date In-Kind Contributi	on Received				
	Committee Name	l .					
	Street Address						
2	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribut	ion Received				
	Committee Name	I					
	Street Address						
3	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribut	ion Received				
	Committee Name						
	Street Address						
4	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribut	ion Received				
	Committee Name						
	Street Address						
5	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribut	ion Received				
	Enter total only if last page of so (transfer the total received this period	hedule					

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

Political Action Committ	ee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
ommittee Name					
reet Address			-		
ty	State	ZIP	-		
ommittee ID Number	Date In-Kind Contribution	I Received			
ommittee Name	<u> </u>				
reet Address			-		
ity	State	ZIP	-		
ommittee ID Number	Date In-Kind Contribution	Received	-		
ommittee Name					
reet Address			-		
ty	State	ZIP	_		
ommittee ID Number	Date In-Kind Contribution	Received	_		
ommittee Name					
reet Address					
ty	State	ZIP			
ommittee ID Number	Date In-Kind Contribution	Received			
ommittee Name					
treet Address			_		
ity	State	ZIP	_		
ommittee ID Number	Date In-Kind Contribution	Received	_		
			only if last page of schedule total received this period to "Summary of Receipts," line 5(e))		

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

Political Party Co	State Date In-Kind Contribution State Date In-Kind Contribution	ZIP	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
et Address mittee ID Number mittee Name et Address	Date In-Kind Contribution	Received			
nmittee ID Number nmittee Name et Address	Date In-Kind Contribution	Received			
et Address mittee ID Number	Date In-Kind Contribution	Received			
et Address mittee ID Number	State				
et Address		ZIP			
nmittee ID Number		ZIP			
		ZIP			
	Date In Kind Contribution	I			
	Date III-Kilid Contribution	Received			
nmittee Name					
et Address					
	State	ZIP			
mittee ID Number	Date In-Kind Contribution	Received			
nmittee Name					
et Address					
	State	ZIP			
nmittee ID Number	Date In-Kind Contribution	Received			
nmittee Name					
et Address					
	State	ZIP			
	1				
ni	mittee ID Number mittee Name	State Date In-Kind Contribution mittee Name at Address	State ZIP mittee ID Number Date In-Kind Contribution Received mittee Name	State ZIP mittee ID Number Date In-Kind Contribution Received mittee Name et Address	State ZIP mittee ID Number Date In-Kind Contribution Received mittee Name et Address

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

/						
	Partnership Con	tributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					·
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	I Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	I mary of Receipts," I	line 5(g))	1		

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



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

	Corporation / LLC	Contributor Inform	nation	Amount Received	Cumulative Amount this	Cumulative Amount this
	Corporation/LLC Name				Reporting Period	Election Cycle
	Street Address			_		
1	City	State	ZIP	_		
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
F	Street Address	_				
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sur	nmary of Receipts," l	line 5(h))			

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

/	Labor Organization	ı Contributor Inforn	nation	Amount Received	Cumulative Amount this	Cumulative Amount this
	Labor Organization Name				Reporting Period	Election Cycle
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
3	Silieet Addiess					
J	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
		Date In-Kind Contribution	<u> </u>			

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



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

SCHEDULE A(5)(j)

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



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

SCHEDULE A(6)

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

Schedule A(6), page_____ of ____



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

Creditor Information Amount this Standard Amount this								
Street Address 1 City State ZoP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address 2 City State ZiP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address 3 City State ZiP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address 4 City State ZiP Services or Goods Provided on Credit Date of Extension of Credit Services or Goods Provided on Credit Date of Extension of Credit Services or Goods Provided on Credit Date of Extension of Credit Services or Goods Provided on Credit Date of Extension of Credit	Cumulative Amount this Election Cycle	Amount this	Amount of Credit Extended		Information	Creditor		
Services or Goods Provided on Credit Date of Extension of Credit							Name	
Services or Goods Provided on Credit Name							Street Address	
Name Street Address				ZIP	State		City	1
Street Address 2				Date of Extension of Credit		on Credit	Services or Goods Provided on Cr	
ZIP Services or Goods Provided on Credit Name Street Address City Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City Services or Goods Provided on Credit Date of Extension of Credit							Name	
ZiP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZiP Services or Goods Provided on Credit Date of Extension of Credit							Street Address	
Services or Goods Provided on Credit Date of Extension of Credit							oli del Malass	2
Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Date of Extension of Credit Date of Extension of Credit				ZIP	State		City	_
Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Date of Extension of Credit Date of Extension of Credit				Date of Extension of Credit		on Credit	Services or Goods Provided on Cr	
City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Date of Extension of Credit Date of Extension of Credit							Name	
City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit							Street Address	
Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit				ZIP	State		City	3
Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit				Date of Extension of Credit		on Credit	Services or Goods Provided on Cr	
City State ZIP Services or Goods Provided on Credit Date of Extension of Credit					_		Name	
City State ZIP Services or Goods Provided on Credit Date of Extension of Credit							Street Address	
				ZIP	State		City	4
				Date of Extension of Credit		on Credit	Services or Goods Provided on Cr	
Name								
							Name	
Street Address							Street Address	
5 City State ZIP				ZIP	State		City	5
Services or Goods Provided on Credit Date of Extension of Credit				Date of Extension of Credit		on Credit	Services or Goods Provided on Cr	
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 7(a))				. 7/))		last page of schedule	Enter total only if last	_

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

PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

	Creditor Information			Payment Amount on Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address			-		
1	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address					
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 Dat		Date of Original Extension of Credit			
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	ine 7(b))	<u> </u>			

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

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor Committee Information			Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date		. 0	,
	Street Address					
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (I if applicable)			
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (I if applicable)			
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (I if applicable)			
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (I if applicable)			
	Committee Name		Payment Date			
	Street Address		<u>I</u>			
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (I if applicable)			
	Enter total only if last page of schedule (transfer the total received this period to "Sun					
_	1					

Schedule A(8), page____ of ____



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

		nformation			Cumulative	
	Name			Payment Amount	Amount this Reporting Period	Cumulative Amount this Election Cycle
		Name				
	Street Address					
1 (City	State	ZIP			
s	Services or Goods Purchased		Payment Date			
1	Name					
\$	Street Address					
2	City	State	ZIP			
S	Services or Goods Purchased		Payment Date			
1	Name					
\$	Street Address					
3	City	State	ZIP			
s	Services or Goods Purchased		Payment Date			
1	Name					
5	Street Address					
4	City	State	ZIP			
s	Services or Goods Purchased		Payment Date			
-	Name					
5	Street Address					
5	City	State	ZIP			
s	Services or Goods Purchased		Payment Date			
E /	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receints " li	ine 9)			

OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

	Infor	mation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
2	City	State	ZIP			
	Type of Account Receivable or Debt Owed	Date that Debt Accrued				
	Name					
	Street Address					
3	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Type of Account Necesvable of Debt Owed					
	Name					
	Street Address					
4	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
5		T	1			
	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	many of Passints "1	ino 10)	l		

Schedule A(10), page____ of ____

RECEIVED IN THE OFFICE OF THE BUCKEYE CITY CLERK OCTOBER 14, 2024 AT 11:16 AM



COMMITTEE ID NUMBER

TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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

Schedule A(11), page____ of ____

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

MISCELLANEOUS RECEIPTS: SCHEDULE A(12)

<u></u>		Source I	nformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
		Name						
		Street Address						
1	1	City	State	ZIP				
		Receipt Type		Receipt Date				
ŀ		Name						
	-	Street Address						
2	2	City	State	ZIP				
	2 c	Receipt Type		Receipt Date				
F		Name						
	-	Street Address						
3	3	City	State	ZIP				
	3	Receipt Type		Receipt Date				
F		Name						
	F	Street Address						
4	4	City	State	ZIP				
	-	Receipt Type		Receipt Date				
-		Name						
	-	treet Address						
5	5	City	State	ZIP				
	-	Receipt Type		Receipt Date				
F	_	Enter total only if last nage of schedule						
		Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," l	ine 12)				

Schedule A(12), page____ of ____



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/	Recip	ient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	me Disbursement Date			1 5	
	Street Address					
1	City	State	ZIP	_		
		State		□ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)	☐ Credit		
	Name	Disbursement Date				
	Street Address	t Address				
2	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)	☐ Cash☐ Credit		
	Name	Disbursement Date				
	et Address					
3	City	State	ZIP			
	Type of Operating Expense Paid		(PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date				
	Street Address					
	Sileet Address					
4	City	State	ZIP			
	Type of Operating Expense Paid		(PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date				
	- Name	Dispuisement Date				
	Street Address	Street Address				
5	City	State	ZIP	☐ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)	☐ Credit		

Schedule B(1), page____ of ____



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

	Candidate Committe	e Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Committee Name						
	Street Address						
1	City	State	ZIP	II Cook			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit			
	Committee Name	l					
	Street Address						
2	City	State	ZIP				
	Committee ID Number	Date Contribution Made		□ Cash □ Credit			
	Committee Name						
3 -	Street Address						
	City	State	ZIP	F 0			
	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						
	Street Address						
5	City	State	ZIP	□ Cost			
	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	I mmary of Disburser	ments," line 2(a))				



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

	Political Actio	n Committee Recipient	Information	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 Ma	ade	□ Cash □ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution M	ade	□ Cash □ Credit		
	Committee Name					
3 -	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution M	ade	□ Cash □ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution M	ade	□ Cash □ Credit		
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution M	ade	☐ Cash☐ Credit		
_	Enter total only if last page of s (transfer the total disbursed this pe	vehodule.				

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



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Politic	al Party Recipient Inform	nation	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 Ma	ade	□ Cash □ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP		□ Cash	
	Committee ID Number	Date Contribution M	ade	☐ Cash☐ Credit		
	Committee Name	Committee Name				
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution M	ade	☐ Cash☐ Credit		
	Committee Name	Committee Name				
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution M	ade	□ Cash □ Credit		
	Committee Name					
	Street Address					
5	City	State	ZIP			
				☐ Cash☐ Credit		
	Enter total only if last page of (transfer the total disbursed this p	Date Contribution M		L Oreuit		



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	hip Recipient Informa	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mac	de	□ Cash □ Credit		
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit		
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit		
	Partnership Name	Partnership Name				
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit		
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit		
_	Enter total only if last page of sch (transfer the total disbursed this period	edule				



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	n / LLC Recipient Info	rmation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	ade	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	ade	☐ Cash☐ Credit		
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	ade	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	ade	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	ade	□ Cash □ Credit		
_	Enter total only if last page of scl (transfer the total disbursed this perio	hedule				



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

/	Labor Orgar	nization Recipient Informa	ation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name			-		
	Street Address					
1	City Corporation Commission File Number	State Date Contribution Made	ZIP	□ Cash		
	Labor Organization Name					
_	Street Address					
2	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made		□ 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 Made		□ Credit		
	Labor Organization Name					
	Street Address					
5	City	State	ZIP	T 0 - 1		
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Enter total only if last page of sch (transfer the total disbursed this perio	nedule d to "Summary of Disbursem	nents," line 2(f))			



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

/	Co	ontributor Informatio	on	Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Date Refund Received		1 3	
	Street Address					
1	City	State	ZIP			
	Committee ID Number	I	Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address		ı			
2	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
•	Street Address		ı			
3	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	Committee Name				
	Street Address					
5	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
_	Enter total only if last page of sol (transfer the total disbursed this period					

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



LOANS MADE: SCHEDULE B(3)(a)

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

Schedule B(3)(a), page___of ___of



LOAN GUARANTEES MADE: SCHEDULE B(3)(b)

,				I		
	Guaranto	r Information		Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Guarantor Name					
	Street Address					
1	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address					
2	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
3	Guarantor Name					
	Street Address					
	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address					
4	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address					
5	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				

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



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

/	Borrower	Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name		Date Forgiveness Made			
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address	Street Address				
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
H	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur					
L	(transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 3(c))			

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



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					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstand	ding			
	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	ding			
	Lender Name		Date Repayment Made			
	Street Address	Street Address				
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstand	ding			

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



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

	/	Lender I	nformation		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Lender Name		Date Interest Accrued			
	-	Street Address			-		
1	1	City	State	ZIP	_		
	-	Original Amount Borrowed	Amount Still Outstanding		_		
ŀ		Lender Name		Date Interest Accrued			
	-	Street Address					
2	2	City	State	ZIP	-		
	-	Original Amount Borrowed	Amount Still Outstanding		<u> </u>		
-	<u> </u>	Lender Name		Date Interest Accrued			
	-	Street Address			-		
3				T	_		
		City	State	ZIP	_		
		Original Amount Borrowed	Amount Still Outstanding				
		Lender Name		Date Interest Accrued			
	-	Street Address					
4	4	City	State	ZIP			
		Original Amount Borrowed	Amount Still Outstanding		-		
t		Lender Name		Date Interest Accrued			
	ŀ	Street Address		l	-		
5	5	City	State	ZIP	-		
	ŀ	Original Amount Borrowed	Amount Still Outstanding	<u> </u>	-		
\mid		Enter total only if last page of schedule (transfer the total disbursed this period to "Sun		7 line 2/2 \			
L		(transfer the total dispulsed this period to Sun	iiiiaiy oi Disbursem	iciiis, iiile 3(e))			

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

/	Red	cipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
5	City	State	ZIP			
J		i .	i			

Schedule B(4), page____ of ____



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

Candidate Committee Recipient Information Amount Contributed Amount this Reporting Petrol Committee Name Steed Address 1 One Stee 2P Committee ID Number Date In Anne 2P Committee ID Number Date ID Number Date In Anne 2P Committee ID Number Date ID Number Date In Anne 2P Committee ID Number Date ID N							
Bread Address Street Address	<u>_</u>		Candidate Committee	e Recipient Inform	nation	Amount this	Amount this
1 City State 2P Committee ID Number Odde In Kind Contribution Mode Committee ID Number Odde In Kind Contribution Mode 2 City State 2P Committee ID Number Odde In Kind Contribution Mode Committee Name Street Address 4 City State 2P Committee ID Number Odde In Kind Contribution Mode Date In Kind Contribution Mode Date In Kind Contribution Mode		Comi	mittee Name				
Committee ID Number Committee Name Stroet Andreas 2 City State Committee ID Number Stroet Andreas 3 City State Committee ID Number		Stree	et Address				
Committee Name Street Address 2 Gay State ZIP Committee ID Number Determined Contribution Nation Committee ID Number Date In-Kind Contribution Nation 3 Gay State ZIP Committee ID Number Date In-Kind Contribution Nation Date In-Kind Contribution Nation Committee ID Number Date In-Kind Contribution Nation Date In-Kind Contribution Nation	1	City		State	ZIP		
Street Address 2 City State ZIP Committee ID Number Delte In-Kind Contribution Made 3 City State ZIP Committee Name Street Address 3 City State ZIP Committee ID Number Delte In-Kind Contribution Made 4 City State ZIP Committee ID Number Delte In-Kind Contribution Made 5 Total Address 4 City State ZIP Committee ID Number Delte In-Kind Contribution Made 5 Contribution Name Street Address 5 City State ZIP Committee ID Number Delte In-Kind Contribution Made		Comi	nmittee ID Number	Date In-Kind Contribution I	Made		
2 City State ZIP Committee Name Street Address Committee Name Date In Kind Contribution Made		Com	nmittee Name				
Committee ID Number Committee Name Street Address Committee ID Number Date In-Kind Contribution Made ZIP Committee ID Number Date In-Kind Contribution Made		Stree	et Address				
Committee Name Street Address 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 Contribution Made	2	City		State	ZIP		
Siteet Address 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 Contribution Made		Comi	mittee ID Number	Date In-Kind Contribution	Made		
Committee ID Number Date In-Kind Contribution Made Committee Name Street Address 4 City Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made		Comi	nmittee 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 Name Street Address Committee Name Street Address Street Address Committee ID Number Date In-Kind Contribution Made			et Address				
Committee Name Street Address 4 City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address 5 City State ZIP Committee ID Number Date In-Kind Contribution Made	3	City		State	ZIP		
Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address 5 City State ZIP Committee ID Number Date In-Kind Contribution Made		Comi	nmittee ID Number	Date In-Kind Contribution	Made		
Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made		Com	nmittee Name				
Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made		Stree	et Address				
Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made	4	City		State	ZIP		
Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made		Comi	nmittee ID Number	Date In-Kind Contribution	Made		
Tity State ZIP Committee ID Number Date In-Kind Contribution Made		Com	nmittee Name				
Committee ID Number Date In-Kind Contribution Made			et Address				
	5	City		State	ZIP		
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 5(a))		Comi	nmittee ID Number	Date In-Kind Contribution	Made		
		Ent	ter total only if last page of schedule nsfer the total disbursed this period to "Sum	nmary of Disbursem	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)

Political Action Comm	ittee Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name					
Street Address					
у	State	ZIP	_		
mmittee ID Number	Date In-Kind Contribution	I Made			
mmittee Name					
eet Address					
у	State	ZIP			
mmittee ID Number	Date In-Kind Contribution	Made			
mmittee Name					
eet Address					
у	State	ZIP			
mmittee ID Number	Date In-Kind Contribution	Made			
mmittee Name					
eet Address					
у	State	ZIP			
mmittee ID Number	Date In-Kind Contribution	Made			
mmittee Name					
eet Address					
у	State	ZIP			
mmittee ID Number	Date In-Kind Contribution	Made	_		
eet A	ee ID Number	State State Date In-Kind Contribution	ddress State ZIP	ee ID Number Date In-Kind Contribution Made	State ZIP Bee ID Number Date In-Kind Contribution Made

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

:	Committee Name		on	Contributed	Amount this Reporting Period	Amount this Election Cycle
	Committee Name					
1 ,	Street Address					
	City	State	ZIP			
(Committee ID Number	Date In-Kind Contribution	 Made			
(Committee Name					
Ş	Street Address					
2 -	City	State	ZIP			
(Committee ID Number	Date In-Kind Contribution	Made			
(Committee Name					
Ç	Street Address					
3	City	State	ZIP			
(Committee ID Number	Date In-Kind Contribution	Made			
(Committee Name					
	Street Address					
4	City	State	ZIP			
(Committee ID Number	Date In-Kind Contribution	Made			
(Committee Name					
\$	Street Address					
5 (City	State	ZIP			
(Committee ID Number	Date In-Kind Contribution	Made			

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



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

,						
	Partnership Red	cipient Information	n	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					·
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	rporation 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 "Sur	nmary of Dishursen	nents " line 5(d\)			

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

	Corporation	/ LLC Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribut	ion Made			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	tion Made			
3	Corporation/LLC Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	tion Made			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	tion Made			
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribu	tion Made			
	Enter total only if last page of sch (transfer the total disbursed this period	- d. d.				

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

IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

_	Labor Organization	Recipient Inform	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	a	Ta	Tara			
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name					
	Street Address					
2		,				
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	I Made			
	Labor Organization Name					
	Street Address					
3		1				
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	ı Made			
	Labor Organization Name					
	Street Address					
4		T	1			
-	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name					
	Street Address					
5		T	I			
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	I Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur					
	(transfer the total disbursed this period to "Sur	nmary of Disbursen	ments," line 5(f))			

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



INDEPENDENT EXPENDITURES MADE: SCHEDULE B(6)

/	Expenditure	Recipient Informa	tion	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
	City	State	ZIP	1		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (ii	Locluding % 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			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (ii	ncluding % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		□ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP	_		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (ii	ncluding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		□ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
4	City	State	ZIP	1		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (ii	ncluding % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	☐ Credit		

Schedule B(6), page____ of ____



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

	Expenditure	Recipient Informa	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	sed (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	sed (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			
3	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Oppo	sed (including % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		☐ Cash		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
	City	State	ZIP			
4	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Oppo	used (including % opposed)			
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	· 	□ Cash □ Credit		
	, , , , ,					

Schedule B(7), page____ of ____



RECALL EXPENDITURES MADE: SCHEDULE B(8)

/	Expenditure I	Recipient Informatio	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		- □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
2	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
3	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		1	-		
4	City	State	ZIP	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		
\vdash	Enter total only if last page of schedul	e				
	(transfer the total disbursed this period to "S	Summary of Disburser	nents," line 8)			

Schedule B(8), page____ of ____

SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

/	Benefit	ted Candidate		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Candidate Name		Date Benefit Provided			
	Street Address					
1	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
2	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address		l			
3	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address		l			
4	City	State	ZIP			
	Type of Benefit Provided	ı	ı			
	Notes:					
	Enter total only if last page of schedule (transfer the total disbursed this period to "S	e ummary of Disbursem	nents," line 9)			

Schedule B(9), page____ of ____



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

e of Joint Fundraising Event (if applicable)		Payment Date			
,					I
of Joint Fundraising Event (if applicable)	State	ZIP	□ Cook		
or some rundraising Everit (ii applicable)	Type of Shared Ex	xpense (if applicable)	□ Cash □ Credit		
mmittee Name		Payment Date			
eet Address					
,	State	ZIP			
e of Joint Fundraising Event (if applicable)	□ Cash □ Event (if applicable) Type of Shared Expense (if applicable) □ Credit				
nmittee Name		Payment Date			
Street Address					
,	State	ZIP			
e of Joint Fundraising Event (if applicable)	Type of Shared Ex	opense (if applicable)	□ Cash □ Credit		
nmittee Name		Payment Date			
Street Address					
,	State	ZIP			
e of Joint Fundraising Event (if applicable)	Type of Shared Ex	opense (if applicable)	□ Cash □ Credit		
nmittee Name		Payment Date			
eet Address					
,	State	ZIP			
e of Joint Fundraising Event (if applicable)	Type of Shared Ex	pense (if applicable)	□ Cash □ Credit		
			<u>_</u>		
eet .	Address Joint Fundraising Event (if applicable)	Address State Joint Fundraising Event (if applicable) Type of Shared Ex	Address State ZIP Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)	Address State ZIP Cash Credit Credit	Address State ZIP

Schedule B(10), page____ of ____



REIMBURSEMENTS MADE: SCHEDULE B(11)

	Recipient	Information		Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
_	Enter total only if last page of schedule					



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

/					Cumulative	Cumulative
,	Debt In	formation		Amount	Amount this Reporting Period	Amount this
	Name					
	Street Address					
1	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued	_		
	Name					
	Street Address			_		
2	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
3	21	T _{a.} .	I			
	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
4	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name		1			
	Street Address					
5	City	State	ZIP	_		
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Enter total only if last page of schedule					
	(transfer the total received this period to "Sum	mary of Receipts," I	ine 12)			

Schedule B(12), page____ of ____

COMMITTEE ID NUMBER
DC2-2024-004

OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

	Debt Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Name Ryan Belshee	\$63.00	\$613.54	\$613.54	
	Street Address 114 S 5th Street				
1	City State Buckeye Az	ZIP 85326			
	Type of Account Payable or Debt Owed Facebook / Instagram Advertisement for April 2024	Date that Debt Accrued 4/3/2024 - 4/18/2024			
	_{Name} Ryan Belshee		\$134.57	\$748.11	\$748.11
	Street Address 114 S 5th Street				
2	City State Az	zip 85326			
	Type of Account Payable or Debt Owed Facebook / Instagram Advertisement for May 2024	Date that Debt Accrued 5/2/2024 - 5/26/2024			
	Name Ryan Belshee		\$168.40	\$916.51	\$916.51
	Street Address 114 S 5th Street				
3	City State AZ	zip 85326			
	Type of Account Payable or Debt Owed Facebook / Instagram Ads PreCommittee for June	Date that Debt Accrued 2024 6/2/2024 - 6/22/2024			
	Name Ryan Belshee	\$125.00	\$1,041.51	\$1,041.51	
	Street Address 114 S 5th Street				
1	City State Buckeye AZ	ZIP 85326			
	Type of Account Payable or Debt Owed Facebook/Instagram Ads Post Committee Formatic	Date that Debt Accrued on 6/27/24			
	Name				
	Street Address				
5	City State	ZIP	-		
	Type of Account Payable or Debt Owed	Type of Account Payable or Debt Owed Date that Debt Accrued			
_	Enter total only if last page of schedule			\$1,041.51	\$1,041.51

Schedule B(12), page 2 of 2

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COMMITTEE ID NUMBER

TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Total (transfer the total disbursed this period to "Summary of Disbursements," line 13)		

Schedule A(13), page____ of ____



MISCELLANEOUS DISBURSEMENTS: SCHEDULE B(14)

/	Recipient	Information	Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name				
	Street Address				
1	City	ZIP	☐ Cash		
	Disbursement Type	Disbursement Date			
	Name	•			
	Street Address				
2	City	ZIP	□ Cash		
	Disbursement Type	Disbursement Date			
	Name				
	Street Address				
3	City	ZIP			
	Disbursement Type	Disbursement Date	□ Cash □ Credit		
	Name	I			
	Street Address				
4	City	ZIP			
	Disbursement Type	Disbursement Date	□ Cash □ Credit		
	Name				
	Street Address				
5	City	State ZIP			
	Disbursement Type	Disbursement Date	□ Cash □ Credit		
	Enter total only if last page of schedule	pmony of Diphyrocraete " line 44)			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursements," line 14)			

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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