COMMITTEE ID NUMBER

COMMIT	TEE INFORMATION (required):		
	Committee Information:	Committee Name:	
CANDIDA	TE INFORMATION (only if filing	g 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 c	andidate committee's first, cumulative report	for the election cycle. Also select appropriate Reporting Period below.
	Cumulative reporting period	start date (which supersedes the start date	for the Reporting Period selected below):
REPORT	ING 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 Theoreting deadling extended to part business day if deadling data is a holiday or Sunday. A.P.S. 888.1.34	Same Date of Termination

*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		
1	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		
	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)		

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)		

COMMITTEE ID NUMBER

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

SCHEDULE A(1)(a)

	Indi	vidual Contributor Informat	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received		. 0	
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name	l	Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page of (transfer the total received this pe	I f schedule eriod to "Summary of Receipts	," line 1(a))	1		

*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 ____

RECEIVED IN THE OFFICE OF THE BUCKEYE CITY CLERK OCTOBER 25, 2024 AT 3:40 PM

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))		

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

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

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

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

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

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

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

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

Political Action Commit	State Date Contribution Receive State Date Contribution Receive	ZIP ZIP	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Address iittee ID Number iittee Name Address iittee ID Number	Date Contribution Receive	ZIP			
iittee ID Number iittee Name Address iittee ID Number iittee ID Number	Date Contribution Receive	ZIP			
Address iittee ID Number iittee Name	Date Contribution Receive	ZIP			
Address iittee ID Number iittee Name	State	ZIP			
Address iittee ID Number iittee Name					
iittee ID Number iittee Name					
nittee Name					
nittee Name	Date Contribution Receiv	ed			
Address					
		Street Address			
City State ZIP					
	State	ZIP			
Committee ID Number Date Contribution Received					
ittee Name					
Address					
	State	ZIP			
nittee ID Number	Date Contribution Received				
uittee Name					
Address					
	State	ZIP			
		1			
iit	tee Name	tee Name	tee Name ddress	ddress ZIP	tee Name ddress

Arizona Secretary of State Revision 9/28/23

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	ed			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address	ess				
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	I ed			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	I mary of Receipts " I	line 1(f))	l		
	'	,	V-77		j	

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

/						
	Partnership Con	tributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name					
	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 "	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					
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	iiie i(ii <i>))</i>			

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

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

/	Labor Organizatio	n Contributor Inforn	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	d d			
	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	ed			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Labor Organization Name					
	Street Address					
		State	ZIP	_		
5	City					

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

COMMITTEE ID NUMBER

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)

		Contributor Information	on	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)	I	Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
2	City	State	ZIP			
	ID Number (if applicable)	<u> </u>	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					
1	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
5	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
_	Enter total only if last page of	f schedule				

Schedule A(1)(I), page____ of___



LOANS RECEIVED: SCHEDULE A(2)(a)

Lender	Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
er Name	Date Loan Received				
et Address			-		
	State	ZIP	<u> </u>		
	State	ZIF			
rantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)	_		
er Name	Date Loan Received				
et Address					
	State	ZIP			
rantor/Endorser Name	Non Electoral Purpose?	(PACs and Political Parties Only)			
anon Endoiser Name		r Acs and r official r affes only)			
er Name	Date Loan Received				
et Address			_		
	State	ZIP			
rantor/Endorser Name	Non-Electoral Purpose? ((PACs and Political Parties Only)			
er Name	Date Loan Received				
et Address			-		
	State	ZIP			
antor/Endorser Name		(PACs and Political Parties Only)			
er Name	Date Loan Received				
el Name	Date Loan Received				
et Address	•		1		
	State	ZIP	+		
	Non Electoral Durage 2	PACe and Political Partice Only)			
antor/Endorser Name	Non-Electoral Purpose? (i Aos and Political Parties Only)			
er t	total only if last page of schedule	n/Endorser Name Non-Electoral Purpose?	Non-Electoral Purpose? (PACs and Political Parties Only)	Non-Electoral Purpose? (PACs and Political Parties Only) Internal Purpose? (PACs and Political Parties Only) Internal Purpose? (PACs and Political Parties Only)	Non-Electoral Purpose? (PACs and Political Parties Only) Intotal only if last page of schedule

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



FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

/	Lander	Information		Amount Forgiven	Cumulative Amount this	Cumulative Amount this
	T	IIIIOIIIIalioii	Is.s. s.	Amount rorgiven	Reporting Period	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	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 "Sun	nmary of Receipts," l	line 2(b))			

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

COMMITTEE ID NUMBER

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

Borrower	Information			Cumulative	Cumulative
Sorrower Name			Amount Repaid	Amount this Reporting Period	Amount this
		Date Repayment Received			
Street Address					
Sity	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding				
forrower Name		Date Repayment Received			
Street Address			_		
Sity	State	ZIP	_		
Original Amount Borrowed	Amount Still Outstanding		_		
forrower Name		Date Repayment Received			
street Address					
Sity	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding				
sorrower Name		Date Repayment Received			
Street Address			_		
Sity	State	ZIP	_		
Original Amount Borrowed	Amount Still Outstanding				
forrower Name		Date Repayment Received			
street Address					
City	State	ZIP	_		
Original Amount Borrowed	Amount Still Outstanding		_		
	orrower Name treet Address ity riginal Amount Borrowed orrower Name treet Address ity riginal Amount Borrowed orrower Name treet Address ity triginal Amount Borrowed ity riginal Amount Borrowed ity riginal Amount Borrowed orrower Name treet Address ity riginal Amount Borrowed orrower Name treet Address ity riginal Amount Borrowed	corrower Name treet Address state riginal Amount Borrowed Amount Still Outstanding crower Name treet Address ity State riginal Amount Borrowed Amount Still Outstanding crower Name treet Address ity State riginal Amount Borrowed Amount Still Outstanding crower Name treet Address ity State riginal Amount Borrowed Amount Still Outstanding crower Name treet Address ity State riginal Amount Borrowed Amount Still Outstanding crower Name treet Address ity State riginal Amount Borrowed Amount Still Outstanding crower Name	orrower Name Date Repayment Received Itreet Address Ity State ZIP Amount Still Outstanding Date Repayment Received Treet Address Ity State ZIP Amount Still Outstanding Date Repayment Received Treet Address Ity State ZIP Amount Still Outstanding Date Repayment Received Treet Address Ity State ZIP Amount Still Outstanding Date Repayment Received Treet Address Ity State ZIP Ity Ity State ZIP Ity Ity State ZIP Ity Ity State ZIP Itreet Address Ity State ZIP	orrower Name Date Repayment Received It treet Address Ity State ZIP Amount Still Outstanding Date Repayment Received Treet Address Ity State ZIP Amount Borrowed Amount Borrowed Amount Still Outstanding Date Repayment Received Treet Address Ity State ZIP Amount Still Outstanding Date Repayment Received Treet Address Ity State ZIP Amount Still Outstanding Treet Address Ity State ZIP Treet Address	Treef Address Ity State ZIP Date Repayment Received Amount Still Outstanding Date Repayment Received Treet Address Ity State ZIP Amount Still Outstanding Date Repayment Received Treet Address Ity State ZIP Date Repayment Received Treet Address Ity State ZIP Date Repayment Received Date Repayment Received Treet Address Date Repayment Received Date Repayment Received Date Repayment Received Date Repayment Received

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

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 FRIMNET REFORMPAIGN

COMMITTEE ID NUMBER

_	Pay	or Information		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Payor Name		Date Rebate/Refund Received			
	Street Address		I			
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					
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refund	/Rebate			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
4	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	-		
	Enter total only if last page of sched					

Schedule A(3), page____ of ____

RECEIVED IN THE OFFICE OF THE BUCKEYE CITY CLERK OCTOBER 25, 2024 AT 3:40 PM

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 ____

COMMITTEE ID NUMBER

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

SCHEDULE A(5)(a)

Individual Contr	ibutor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Name		Date In-Kind Contribution Received			
Street Address			_		
City	State	ZIP	-		
Occupation	Employer	L	-		
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		_		
Enter total only if last page of schedule					
	Name Street Address City Occupation Name Street Address City Occupation Name Street Address City Cocupation Name Street Address City City Cocupation Name Street Address City Cocupation Name City Cocupation Name City Cocupation Name City Cocupation City Cocupation City Cocupation	Name Street Address City Cocupation Name Street Address City State Occupation Employer Name Street Address City State Cocupation Employer Name Street Address City State City State City State City State City State Cocupation Employer Name Street Address Street Address City State Cocupation Employer Name Street Address Street Address Employer Name	Street Address City State ZIP Occupation Employer Name Date In-Kind Contribution Received City State ZIP Cocupation Employer City State ZIP Occupation Employer Name Date In-Kind Contribution Received Street Address City State ZIP Cocupation Employer City State ZIP Occupation Employer City State ZIP Occupation Employer City State ZIP Occupation Employer City State ZIP Cocupation Employer Name ZIP Cate in-Kind Contribution Received Street Address City State ZIP Cate in-Kind Contribution Received	Name Date In-Kind Contribution Received Sheet Address ZIP Circupation Employer Sheet Address ZIP Circupation Employer Sheet Address Circupation State ZIP Circupation Employer Circupation Employer Circupation Employer Circupation Employer Circupation Employer Circupation Circupation Circupation Circupation Circupation Employer Circupation Employer Circupation Employer Circupation Employer Circupation C	Individual Contributor Information Amount Received Repertor Amount Received Reporting Period Nome State In Nicel Contribution Received Figure In Nicel Contribution Received Image:

*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 ___

RECEIVED IN THE OFFICE OF THE BUCKEYE CITY CLERK OCTOBER 25, 2024 AT 3:40 PM



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)

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

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

IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

Political Action Committe Committee Name Street Address	ee Contributor In	formation	Amount Received	Cumulative Amount this	Cumulative
				Reporting Period	Amount this Election Cycle
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution I	I Received			
Committee Name	<u> </u>				
Street Address					
Dity	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
Committee Name					
Street Address					
City	State	ZIP	_		
Committee ID Number	Date In-Kind Contribution	Received	_		
Committee Name					
Street Address					
City	State	ZIP	-		
Committee ID Number	Date In-Kind Contribution	Received			
	committee ID Number committee Name cirreet Address committee ID Number committee Name cirreet Address committee ID Number committee Name	State Committee ID Number Date In-Kind Contribution Committee Name Street Address State Date In-Kind Contribution Committee ID Number Date In-Kind Contribution Committee Name Street Address State Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution Committee Name Street Address State Date In-Kind Contribution Committee Name Street Address Date In-Kind Contribution Committee Name Street Address Date In-Kind Contribution	State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name State ZIP Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Committee Name State ZIP Committee Name State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name State ZIP Committee ID Number Date In-Kind Contribution Received	State ZIP Committee ID Number Date In-Kind Contribution Received State ZIP Committee Name State ZIP Committee ID Number Date In-Kind Contribution Received State ZIP Committee ID Number Date In-Kind Contribution Received State ZIP Committee Name State ZIP Committee ID Number Date In-Kind Contribution Received State ZIP Committee ID Number Date In-Kind Contribution Received State ZIP Committee Name State ZIP Committee ID Number Date In-Kind Contribution Received	State ZIP Committee ID Number Date In-Kind Contribution Received State ZIP State ZIP Committee Name State ZIP Date In-Kind Contribution Received State ZIP Committee ID Number Date In-Kind Contribution Received State ZIP Committee ID Number Date In-Kind Contribution Received State ZIP Committee ID Number Date In-Kind Contribution Received State ZIP Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

/	Political Party C	ontributor Informat	tion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name				Troporang Follow	
	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	n Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received			

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

IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

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

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

IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

/				[Cumulative	Cumulativa
	Corporation /	LLC Contributor Inforn	nation	Amount Received	Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name				1 0	,
-	Street Address					
1	City	State	ZIP			
-	Corporation Commission File Number	Date In-Kind Contribution	n Received			
	Corporation/LLC Name					
-	Street Address					
2	City	State ZIP				
•	Corporation Commission File Number	Date In-Kind Contribution	n Received			
	Corporation/LLC Name					
•	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Received			
	Corporation/LLC Name					
•	Street Address					
1	City	State	ZIP			
-	Corporation Commission File Number	Date In-Kind Contribution	n Received			
	Corporation/LLC Name					
	Street Address					
; [City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Received			
4	Enter total only if last page of sche (transfer the total received this period to	dule				

IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

/	Labor Organization	Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					•
	Street Address			_		
1		Т	T			
•	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution I	I Received	_		
	Labor Organization Name					
	Street Address			_		
2	80	I	T			
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address			-		
3	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
				_		
	Street Address					
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		_		

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

COMMITTEE ID NUMBER

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	Sidle				
	Asset or Property Contributed					
_	Enter total only if last nace 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)

	Source	Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Donation Received			•
	Street Address					
1	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address					
2	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address			_		
3	City	State	ZIP	_		
	Type of Item Donated			_		
	Name		Date In-Kind Donation Received			
	Street Address					
4	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address					
5	City	State	ZIP	+		
	Type of Item Donated			_		
	Enter total only if last page of schedule					
	Enter total only if last page of schedule (transfer the total received this period to "Sur	nmary of Receipts,"	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 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							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				. 0	,
	Street Address					
1	City	State	ZIP			
	Soniago er Coado Originally Drovided en Cradit		Data of Original Extension of Credit			
	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		Date of Original Extension of Credit			
	Name					
	Street Address					
4	Guer Audiess					
7	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address					
5	City	ZIP				
	Gity	State	ZIF			
	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	many of Descints "1	ino 7/h))	L		

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

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor Comm	nittee 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 ([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	Name Payment Date				
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (if applicable)			
5	Committee Name		Payment Date			
	Street Address					
	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 "Sun	nmary of Receints " I	ine 8)	<u> </u>		
Ц_	(as	ar y or r toocipio, 1	5/			

Schedule A(8), page____ of ____

PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

/				1	1	
	Payor Iı	nformation		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
1	Street Address			1		
	City	State	ZIP	-		
	Services or Goods Purchased		Payment Date	-		
	Name					
	Street Address			-		
2	City	State	ZIP	-		
	Services or Goods Purchased		Payment Date	-		
	Name					
3	Street Address			-		
	City	State	ZIP	-		
	Services or Goods Purchased	Payment Date				
	Name					
	Street Address					
4	City	State	ZIP	-		
	Services or Goods Purchased		Payment Date	-		
	Name					
5	Street Address			-		
	City	State	ZIP			
	Services or Goods Purchased	Payment Date	4			

Schedule A(9), page____ of ____

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	Street Address				
1	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
2			T			
_	City	State	ZIP			
	Type of Account Receivable or Debt Owed	Date that Debt Accrued				
	Name		1			
	Street Address					
3	City	State	ZIP			
	Type of Account Receivable or Debt Owed Date that Debt Accrued					
	Name					
	Street Address					
4	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
5	City	State	ZIP			
		State				
	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	mary of Receipts " li	ine 10)			

Schedule A(10), page____ of ____

RECEIVED IN THE OFFICE OF THE BUCKEYE CITY CLERK OCTOBER 25, 2024 AT 3:40 PM



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)

_	Source I	nformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
2	City	State	ZIP			
	Receipt Type	Receipt Date				
	Name					
	Street Address					
3	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address			-		
4	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
5	City	State	ZIP	-		
	Receipt Type		Receipt Date			
	Enter total only if last page of schedule (transfer the total received this period to "Sum					
	(transfer the total received this period to "Sum	mary of Receipts," I	line 12)			

Schedule A(12), page____ of ____



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

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

Schedule B(1), page____ of ____

MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	Candida	ate 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	Made	□ Credit		
	Committee Name					
	Street Address					
2	City	State ZIP				
	Committee ID Number	Date Contribution	Made	□ Cash □ Credit		
	Committee Name					
2	Street Address					
	City	State	ZIP	□ Cash		
	Committee ID Number	D Number Date Contribution Made				
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution	Made	□ Cash □ Credit		
	Committee Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Committee ID Number	Date Contribution	Made	□ Cash □ Credit		
	Enter total only if last page (transfer the total disbursed this	of schedule		l		

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	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)

	Political Pa	arty Recipient Inform	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name	Committee Name				
	Street Address					
1	City	State	ZIP			
	Committee ID Number Date Contribution Made		□ Cash □ Credit			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Ma	nde	☐ Cash☐ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Ma	nde	☐ Cash☐ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Ma	nde	☐ Cash☐ Credit		
	Committee Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Committee ID Number	Date Contribution Ma	nde	☐ Cash☐ Credit		
	Enter total only if last page of sche (transfer the total disbursed this period					



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

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



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

/	Corporation	n / LLC Recipient In	formation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name			, ,		
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution	Made	□ Credit		
	Corporation/LLC Name	l .				
	Street Address					
	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution	Made	□ Credit		
3	Corporation/LLC Name					
	Street Address					
	City	State	ZIP	TI Cook		
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Corporation/LLC Name	<u> </u>				
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution	Made	☐ Cash		
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP	□ Cook		
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Enter total only if last page of scl (transfer the total disbursed this perio	nedule	urcomente " line 2/e)\			

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

/	Labor Orga	nization Recipient Infor	mation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name	abor Organization Name				,
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made	9	☐ Credit		
	Labor Organization Name					
	Street Address					
2	City	State ZIP		□ Cash		
	Corporation Commission File Number	Date Contribution Mad	ie	□ Credit		
	Labor Organization Name					
3	Street Address	treet Address				
	City	State	ZIP	E Out		
	Corporation Commission File Number	Date Contribution Mad	ie	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
ļ	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Mad	le	□ Credit		
	Labor Organization Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Mad	le	□ Credit		
	Enter total only if last page of sol (transfer the total disbursed this perio	nedule		<u>l</u>		

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



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

/	Contributo	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Date Refund Received		Troporting Forlow	Licotion Gyale
	Street Address					
1	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
2	City	State	ZIP			
	Committee ID Number		Date of Original Contribution	-		
	Committee Name		Date Refund Received			
;	Street Address		-			
3	City	State	ZIP	-		
	Committee ID Number	Date of Original Contribution	-			
	Committee Name		Date Refund Received			
	Street Address					
4	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address			_		
5	City	State	ZIP	-		
	Committee ID Number		Date of Original Contribution	-		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disburser	ments," line 2(h))			

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



LOANS MADE: SCHEDULE B(3)(a)

	er Information		Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
wer Name Address			-		
Silver Address					
	State	ZIP			
intor/Endorser Name	Date Loan Made				
wer Name					
Address					
	State	ZIP			
ntor/Endorser Name	Date Loan Made	1			
Borrower Name					
Street Address			-		
	State	ZIP	-		
intor/Endorser Name	Date Loan Made		-		
Borrower Name					
Address			-		
	State	ZIP	-		
ntor/Endorser Name	Date Loan Made	Date Loan Made			
wer Name					
Street Address			_		
	State	ZIP	_		
intor/Endorser Name	Date Loan Made		-		
		Endorser Name Date Loan Made		Endorser Name Date Loan Made	Endorser Name Date Loan Made

Schedule B(3)(a), page___of ___of



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

/	Guaranto	r Information		Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Guarantor Name					
	Street Address					
1	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address			_		
2	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed		-		
	Guarantor Name					
	Street Address					
3	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address					
4	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
,		Street Address				
	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts " I	line 3(b))			

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



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

		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	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	<u> </u>	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 "Sur					
	(transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 3(c))			

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

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

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

		Lender 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 Outsta	inding			
	Lender Name	<u> </u>	Date Repayment Made			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	inding			
-	Lender Name	Lender Name				
	Street Address	Street Address				
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	inding			
	Lender Name		Date Repayment Made			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	inding			
	Lender Name		Date Repayment Made			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outsta	nding			

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		. 0	,
	Street Address			-		
1	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name	I	Date Interest Accrued			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name	<u> </u>	Date Interest Accrued			
	Street Address	Street Address				
3	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Lender Name		Date Interest Accrued			
	Street Address			-		
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name	l	Date Interest Accrued			
	Street Address	Street Address		-		
5	City	State	ZIP	-		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	l nmary of Disbursen	nents," line 3(e))			

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

REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

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

Schedule B(4), page____ of ____

STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

	Candidate Committee	e Recipient Inforr	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					·
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name	ļ.				
	Street Address	ress				
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	(5: :	(112 - 5/))			

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)

				Cumulativo	Cumulative
Political Action Comr	Amount Contributed	Amount this	Amount this Election Cycle		
Committee Name					
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 Name					
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 Name					
Street Address					
City	State	ZIP			
1					
	Committee Name Street Address City Committee ID Number Committee Name Street Address City Committee ID Number Committee Name Street Address City Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number Committee ID Number Committee Name Street Address City Committee Name Street Address City Committee ID Number	Committee Name City State Committee ID Number Date In-Kind Contribution Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Committee Name Street Address City State Committee Name Street Address City State Committee ID Number Date In-Kind Contribution Committee ID Number Date In-Kind Contribution	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 Name Street Address City State ZIP 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 City State ZIP Committee Name Street Address City Date In-Kind Contribution Made	Contributed Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Made Committee Name Street Address Street Address Street Address Street Address	Committee Name Steet Address City State Zip Committee In Number Date in Kind Contribution Made Steet Address Steet Address Steet Address City State Zip Committee In Number Date in Kind Contribution Made Steet Address City State Zip Committee In Number Date in Kind Contribution Made Committee Name Steet Address Steet Address

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

	Political Party Re	ecipient Informatio	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address	street Address				
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	 Made			
	Committee Name					
	Street Address	iress				
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made	_		

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

IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

/				1	l .	
/	Partnership F	Recipient Informatio	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 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 schedul (transfer the total disbursed this period to "S	e				

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

IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

	Corporation	ı / LLC Recipient Inform	ation	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 Contribution	Made			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Corporation/LLC Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
_	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 5(e))					

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

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
or Organization Name					
et Address					
	ZIP				
poration Commission File Number	Date In-Kind Contribution	Made			
or Organization Name					
net Address					
	State	ZIP			
poration Commission File Number	Date In-Kind Contribution	Made			
or Organization Name					
et Address					
	State	ZIP			
Corporation Commission File Number Date In-Kind Contribution Made					
or Organization Name					
et Address					
	State	ZIP			
Corporation Commission File Number Date In-Kind Contribution Made					
or Organization Name					
Street Address					
	State	ZIP			
poration Commission File Number	Date In-Kind Contribution	Made			
			mmission File Number Date In-Kind Contribution Made I only if last page of schedule e total disbursed this period to "Summary of Disbursements," 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)	andidate(s) Supported (including % supported) Candidate(s) Opposed (including %		□ 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 F	Recipient Informatio	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)		i i i i i i i i i i i i i i i i i i i	
	Street Address					
1	City	State	ZIP	_		
•	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed ((including % opposed)	□ Cook		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		□ Cash - □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			1		
•	City	State	ZIP	1		
2	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed ((including % opposed)	- Cook		
	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	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed ((including % opposed)	1		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		□ Cash □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address		3 (, ,)	_		
	City	State	ZIP			
4						
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed (including % opposed)		□ Cash □ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year				
	Enter total only if last page of schedule (transfer the total disbursed this period to "S	e Summary of Disbursen	nents " line 7)			

Schedule B(7), page____ of ____



RECALL EXPENDITURES MADE: SCHEDULE B(8)

/	Expenditure	Recipient Informa	ation	Expenditure Amount	Cumulative Amount this	Cumulative Amount this
	Recipient Name		Mode of Advertising (TV, mail, etc)		Reporting Period	Election Cycle
	Street Address			_		
1	City	State	ZIP	_		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be	Recalled	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		- □ Credit		
_	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
2	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order? Candidate Sought to be Re		Recalled	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast Office Held			☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be	Recalled	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		_ □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
ļ	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 "					

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			
1	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
2	City	State	ZIP	_		
	Type of Benefit Provided			_		
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address			-		
3	City	State	ZIP	-		
	Type of Benefit Provided					
	Notes:			-		
	Candidate Name		Date Benefit Provided			
	Street Address			_		
	City	State	ZIP	_		
4				_		
	Notes:					
	Enter total only if last page of schedule (transfer the total disbursed this period to "S	e Summary of Disbursen	nents," line 9)			
ш	1					

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)	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	opense (if applicable)	□ Cash □ Credit		
nmittee Name		Payment Date			
eet Address					
,	State	ZIP			
e of Joint Fundraising Event (if applicable)	Type of Shared Ex	opense (if applicable)	□ Cash □ Credit		
Committee Name		Payment Date			
Street Address					
,	State	ZIP			
Date of Joint Fundraising Event (if applicable) Type of Shared Expense (if applicable)		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)

	Recipie	nt Information		Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	☐ Credit		
	Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	□ 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		

Schedule B(11), page____ of ____

OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

Name Street Address Date that Deta Accrued Date that Deta Accrued								
Street Address ZIP	Cumulative Amount this Election Cycle	Amount this	Amount		formation	Debt Ir		_
Type of Account Psysible or Debt Owed State ZSP				Name				
Type of Account Payable or Debt Owed Street Address ZiP							Street Address	
Name Street Address 2 City Type of Account Psysble or Debt Owed Name Street Address 3 City State ZIP Type of Account Psysble or Debt Owed Date that Debt Accrued Name Street Address 4 City Type of Account Psysble or Debt Owed Date that Debt Accrued Date that Debt Accrued Name Street Address 4 City State ZIP Type of Account Psysble or Debt Owed Date that Debt Accrued Name Street Address 5 City State ZIP Type of Account Psysble or Debt Owed Date that Debt Accrued				ZIP	State		City	1
Street Address 2				Date that Debt Accrued		ot Owed	Type of Account Payable or D	
City State ZIP Type of Account Payable or Debt Owed Date that Debt Accrued Name Siteet Address City State ZIP Type of Account Payable or Debt Owed Date that Debt Accrued Name Siteet Address 4 City State ZIP Type of Account Payable or Debt Owed Date that Debt Accrued Name Siteet Address 4 City State ZIP Type of Account Payable or Debt Owed Date that Debt Accrued Name Siteet Address 5 City State ZIP							Name	
Type of Account Payable or Debt Owed Date that Debt Accrued							Street Address	
Name Street Address City State ZIP Type of Account Payable or Debt Owed Date that Debt Accrued Name Street Address 4 City State ZIP Type of Account Payable or Debt Owed Date that Debt Accrued Name Street Address 5 City State ZIP				ZIP	State		City	2
Street Address City State ZIP Type of Account Payable or Debt Owed Date that Debt Accrued Name Street Address City State ZIP Type of Account Payable or Debt Owed Date that Debt Accrued Name Street Address Type of Account Payable or Debt Owed Date that Debt Accrued Name Street Address City State ZIP Type of Account Payable or Debt Owed Date that Debt Accrued				Date that Debt Accrued		ot Owed	Type of Account Payable or D	
Type of Account Payable or Debt Owed Name Street Address							Name	
Type of Account Payable or Debt Owed Name Street Address Type of Account Payable or Debt Owed Date that Debt Accrued ZIP Type of Account Payable or Debt Owed Date that Debt Accrued Date that Debt Accrued							Street Address	
Name Street Address City State ZIP Type of Account Payable or Debt Owed Date that Debt Accrued Name Street Address City State ZIP City Date that Debt Accrued				ZIP	State		City	3
Street Address City State ZIP Type of Account Payable or Debt Owed Date that Debt Accrued Name Street Address City State ZIP				Date that Debt Accrued	Type of Account Payable or Debt Owed			
City State ZIP Type of Account Payable or Debt Owed Date that Debt Accrued Name Street Address City State ZIP							Name	
Type of Account Payable or Debt Owed Date that Debt Accrued Name Street Address City State ZIP ZIP ZIP ZIP							Street Address	
Name Street Address City State ZIP				ZIP	State		City	4
Street Address City State ZIP				Date that Debt Accrued		ot Owed	Type of Account Payable or D	
City State ZIP							Name	
City State ZIP							Street Address	
Type of Account Payable or Debt Owed				ZIP	State		City	5
Date that Debt Accrued				Date that Debt Accrued		ot Owed	Type of Account Payable or D	
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 12)				ine 12)	mary of Receipts " li	st page of schedule	Enter total only if la	

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
	Ryan Belshee			\$63.00	\$613.54	\$613.54
114 S 5th	Street Address 114 S 5th Street					
City Buckeye		State Az	ZIP 85326			
1 '	Payable or Debt Owed / Instagram Advertise	ement for April 2024	Date that Debt Accrued 4/3/2024 - 4/18/2024			
Name Ryan Bels	hee			\$134.57	\$748.11	\$748.11
Street Address 114 S 5th	Street					
city Buckeye		State Az	ZIP 85326			
	Payable or Debt Owed / Instagram Advertise	ement for May 2024	Date that Debt Accrued 5/2/2024 - 5/26/2024			
Name Ryan Bels	Name Ryan Belshee			\$168.40	\$916.51	\$916.51
Street Address 114 S 5th	Street Address 114 S 5th Street					
City Buckeye		State AZ	ZIP 85326			
	Type of Account Payable or Debt Owed Facebook / Instagram Ads PreCommittee for June 2024 6/2/20					
Name Ryan Bels	Name Ryan Belshee			\$125.00	\$1,041.51	\$1,041 . 51
Street Address 114 S 5th Street						
city Buckeye		State AZ	ZIP 85326			
Type of Account Payable or Debt Owed Facebook/Instagram Ads Post Committee Formation 6/27/24						
Name						
Street Address	Street Address					
City		State	ZIP			
Type of Account	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____ of ___

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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	amony of Diaburgaments " 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