

COMMITTEE INFORMATION (required):

RECEIVED IN CITY CLERK'S OFFICE

|     |                                |                           | 10.19.2020 AT 0.391 .W.   |
|-----|--------------------------------|---------------------------|---|
|     | Committee Information:         | Committee Name:           | -   |
| CAN | DIDATE INFORMATION (only if fi | iling as a candidate com  | mittee):  |
|     | Office Sought:                 | ☐ Statewide Office:       | □ State Legislature:  |
|     |                                | □ County Office:          |   |
|     | Cumulative Report:             |                           |   |
|     | ☐ Check here if this is the o  | candidate committee's fir | st, cumulative report for the election cycle. Also select appropriate Reporting Period below. |
|     | Cumulative reporting period    | d start date (which super | sedes the start date for the Reporting Period selected below):                                |
| REP | ORTING PERIOD (check one):     |                           |   |

| ERIOD (check one):  |   |
|---|---|
| REPORTING PERIOD  | REPORT DUE  |
| 2018 4 <sup>th</sup> Quarter Report: October 21, 2018 to December 31, 2018              | January 1, 2019 to January 15, 2019   |
| 2019 March Pre-Election Report (Local Only): January 1, 2019 to February 23, 2019       | February 24, 2019 to March 4, 2019*   |
| 2019 1st Quarter Report (Local Only): February 24, 2019 to March 31, 2019               | April 1, 2019 to April 15, 2019   |
| 2019 1 <sup>st</sup> Quarter Report: January 1, 2019 to March 31, 2019                  | April 1, 2019 to April 15, 2019   |
| 2019 May Pre-Election Report (Local Only): April 1, 2019 to May 4, 2019                 | May 5, 2019 to May 13, 2019*  |
| 2019 2 <sup>nd</sup> Quarter Report (Local Only): May 5, 2019 to June 30, 2019          | July 1, 2019 to July 15, 2019   |
| 2019 2 <sup>nd</sup> Quarter Report: April 1, 2019 to June 30, 2019                     | July 1, 2019 to July 15, 2019   |
| 2019 August Pre-Election Report (Local Only): July 1, 2019 to August 10, 2019           | August 11, 2019 to August 19, 2019*   |
| 2019 3 <sup>rd</sup> Quarter Report (Local Only): August 11, 2019 to September 30, 2019 | October 1, 2019 to October 15, 2019   |
| 2019 3 <sup>rd</sup> Quarter Report: July 1, 2019 to September 30, 2019                 | October 1, 2019 to October 15, 2019   |
| 2019 October Pre-Election Report (Local Only): October 1, 2019 to October 19, 2019      | October 20, 2019 to October 28, 2019*   |
| 2019 4 <sup>th</sup> Quarter Report (Local Only): October 20, 2019 to December 31, 2019 | January 1, 2020 to January 15, 2020   |
| 2019 4 <sup>th</sup> Quarter Report: October 1, 2019 to December 31, 2019               | January 1, 2020 to January 15, 2020   |
| 2020 March Pre-Election Report (Local Only): January 1, 2020 to February 22, 2020       | February 23, 2020 to March 2, 2020*   |
| 2020 1st Quarter Report (Local Only): February 23, 2020 to March 31, 2020               | April 1, 2020 to April 15, 2020   |
| 2020 1st Quarter Report: January 1, 2020 to March 31, 2020                              | April 1, 2020 to April 15, 2020   |
| 2020 May Pre-Election Report (Local Only): April 1, 2020 to May 2, 2020                 | May 3, 2020 to May 11, 2020*  |
| 2020 2 <sup>nd</sup> Quarter Report (Local Only): May 3, 2020 to June 30, 2020          | July 1, 2020 to July 15, 2020   |
| 2020 2 <sup>nd</sup> Quarter Report: April 1, 2020 to June 30, 2020                     | July 1, 2020 to July 15, 2020   |
| 2020 July Pre-Election Report: July 1, 2020 to July 18, 2020                            | July 19, 2020 to July 27, 2020*   |
| 2020 3 <sup>rd</sup> Quarter Report: July 19, 2020 to September 30, 2020                | October 1, 2020 to October 15, 2020   |
| 2020 October Pre-Election Report: October 1, 2020 to October 17, 2020                   | October 18, 2020 to October 26, 2020*   |
| 2020 4 <sup>th</sup> Quarter Report: October 18, 2020 to December 31, 2020              | January 1, 2021 to January 15, 2021   |
| Final Campaign Finance Report Prior to Committee Termination                            | End of Previous Period through Today's Da   |
|   | REPORTING PERIOD  2018 4 <sup>th</sup> Quarter Report: October 21, 2018 to December 31, 2018  2019 March Pre-Election Report (Local Only): January 1, 2019 to February 23, 2019  2019 1 <sup>st</sup> Quarter Report (Local Only): February 24, 2019 to March 31, 2019  2019 1 <sup>st</sup> Quarter Report: January 1, 2019 to March 31, 2019  2019 2 <sup>nd</sup> Quarter Report (Local Only): April 1, 2019 to May 4, 2019  2019 2 <sup>nd</sup> Quarter Report (Local Only): May 5, 2019 to June 30, 2019  2019 2 <sup>nd</sup> Quarter Report: April 1, 2019 to June 30, 2019  2019 august Pre-Election Report (Local Only): July 1, 2019 to August 10, 2019  2019 3 <sup>rd</sup> Quarter Report: (Local Only): August 11, 2019 to September 30, 2019  2019 3 <sup>rd</sup> Quarter Report: July 1, 2019 to September 30, 2019  2019 4 <sup>th</sup> Quarter Report: July 1, 2019 to September 30, 2019  2019 4 <sup>th</sup> Quarter Report (Local Only): October 20, 2019 to December 31, 2019  2020 March Pre-Election Report (Local Only): January 1, 2020 to February 22, 2020  2020 1 <sup>st</sup> Quarter Report: (Local Only): February 23, 2020 to March 31, 2020  2020 1 <sup>st</sup> Quarter Report: January 1, 2020 to March 31, 2020  2020 1 <sup>st</sup> Quarter Report (Local Only): February 23, 2020 to May 2, 2020  2020 2 <sup>nd</sup> Quarter Report (Local Only): April 1, 2020 to May 2, 2020  2020 2 <sup>nd</sup> Quarter Report: April 1, 2020 to June 30, 2020  2020 2 <sup>nd</sup> Quarter Report: April 1, 2020 to July 18, 2020  2020 3 <sup>rd</sup> Quarter Report: July 19, 2020 to September 30, 2020  2020 4 <sup>th</sup> Quarter Report: July 19, 2020 to September 30, 2020  2020 4 <sup>th</sup> Quarter Report: July 19, 2020 to December 31, 2020 |

\*Reporting deadline extended to next business day. A.R.S. §§ 1-243(A) and 1-303.

#### FINANCIAL SUMMARY (required):

|     | Activity   | Cash Activity This<br>Reporting Period | Election Cycle to<br>Date |
|-----|--|--|---------------------------|
| (a) | 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   |  |                           |
|     | Check here if <u>no</u> financial activity during the reporting period. Lines (a)-(d) still must be co             | mpleted, but only this co              | ver page need be filed.   |

# RECEIVED IN CITY CLERK'S OFFICE 10.19.2020 AT 6:59 P.M.



| •                                       | mpaign finance report must be certified by the hat the contents of the report are true and co |                |
|---|---|----------------|
| By filing this report, you certify that, of this report, and the contents are | , under penalty of perjury, you have examine true and correct.                                | d the contents |
|   |   |                |
| Printed Name of Committee Treasurer   | Signature of Committee Treasurer  | Date           |

# SUMMARY OF RECEIPTS (Schedule A):

| /   |  |      |        |
|-----|--|------|--------|
|     | Receipts   | Cash | Equity |
| 1.  | Monetary Contributions Received  |      |        |
|     | (a) Individuals - More than \$50   |      |        |
|     | (b) Individuals - \$50 or Less (Aggregate)   |      |        |
|     | (c) Candidate Committees   |      |        |
|     | (d) Political Action Committees  |      |        |
|     | (e) Political Parties  |      |        |
|     | (f) Partnerships   |      |        |
|     | (g) Corporations & Limited Liability Companies (PACs & Political Parties Only)             |      |        |
|     | (h) Labor Organizations (PACs & Political Parties Only)                                    |      |        |
|     | (i) Candidate's Personal Monies (Candidate Committees Only)                                |      |        |
|     | (j) Monetary Contributions Subtotal (add 1(a) through 1(i))                                |      |        |
|     | (k) Refunds Given Back to Contributors   |      |        |
|     | (I) Net Monetary Contributions (subtract 1(k) from 1(j))                                   |      |        |
| 2.  | Loans  |      |        |
|     | (a) Loans Received   |      |        |
|     | (b) Forgiveness on Loans Received  |      |        |
|     | (c) Repayment on Loans Made  |      |        |
|     | (d) Interest Accrued on Loans Made   |      |        |
|     | (e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))   |      |        |
| 3.  | Rebates and Refunds Received   |      |        |
| 4.  | Interest Accrued on Committee Monies   |      |        |
| 5.  | In-Kind Contributions Received   |      |        |
|     | (a) Individuals - More than \$50   |      |        |
|     | (b) Individuals - \$50 or Less (Aggregate)   |      |        |
|     | (c) Candidate Committees   |      |        |
|     | (d) Political Action Committees  |      |        |
|     | (e) Political Parties  |      |        |
|     | (f) Partnerships   |      |        |
|     | (g) Corporations & Limited Liability Companies (PACs & Political Parties Only)             |      |        |
|     | (h) Labor Organizations (PACs & Political Parties Only)                                    |      |        |
|     | (i) Candidate's Personal Assets or Property (Candidate Committees Only)                    |      |        |
|     | (j) In-Kind Contributions Subtotal (equity: add 5(a) through 5(i))                         |      |        |
| 6.  | In-Kind Donations Received (Non-Contributions) (Political Parties Only)                    |      |        |
| 7.  | Extensions of Credit   |      |        |
|     | (a) Extensions of Credit Received  |      |        |
|     | (b) Payments on Extensions of Credit Received  |      |        |
|     | (c) Net Extensions of Credit (subtract 7(b) from 7(a))                                     |      |        |
| 8.  | Joint Fundraising / Shared Expense Payments Received                                       |      |        |
| 9.  | Payments Received for Goods / Services   |      |        |
| 10. | Outstanding Accounts Receivable / Debts Owed to Committee                                  |      |        |
| 11. | Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)      |      |        |
| 12. | Miscellaneous Receipts   |      | 1      |
| 13. | Total Receipts (cash: add 1(l), 2(e), 3-4, 8-9, 11-12; equity: add 2(b), 5(j), 6-7, 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  |      |        |
| <u> </u> | (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)                                       |      |        |
|          | (j) 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.      |  |      |        |
| 12.      | Outstanding Accounts Payable / Debts Owed by Committee                                       |      |        |
| 13.      | Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)        |      |        |
| 14.      |  |      |        |
| 15.      | Aggregate of Disbursements - \$250 or Less   |      |        |
| 16.<br>\ | Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(j), & 12-15) |      |        |

MONETARY CONTRIBUTIONS RECEIVED FROM INDIVIDUALS - MORE THAN \$50 DURING ELECTION CYCLE:\*

SCHEDULE A(1)(a)

|   | Individual Cont  | ributor Information  | n                          | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|--|----------------------------|-----------------|---|---|
|   | Name   | Name   |                            |                 |   |   |
|   | Street Address   | Street Address   |                            |                 |   |   |
| 1 |  |  |                            |                 |   |   |
| ' | City   | State  | ZIP                        |                 |   |   |
|   | Occupation   | Employer   |                            | -               |   |   |
|   |  |  | T                          |                 |   |   |
|   | Name   |  | Date Contribution Received |                 |   |   |
|   | Street Address   |  |                            | -               |   |   |
| 2 |  | 1  | 1                          | <u> </u>        |   |   |
| - | City   | State  | ZIP                        |                 |   |   |
|   | Occupation   | Employer   |                            | -               |   |   |
|   |  |  | T                          |                 |   |   |
|   | Name   |  | Date Contribution Received |                 |   |   |
|   | Street Address   |  |                            | -               |   |   |
|   |  |  |                            |                 |   |   |
| 3 | City   | State  | ZIP                        |                 |   |   |
|   | Occupation   | Employer   |                            | -               |   |   |
|   | Сосираноп  | Employer   |                            |                 |   |   |
|   | Name   | J  | Date Contribution Received |                 |   |   |
|   |  |  |                            |                 |   |   |
|   | Street Address   | Street Address   |                            |                 |   |   |
| 4 | 1 City   | State  | ZIP                        | -               |   |   |
|   |  | Clare  |                            |                 |   |   |
|   | Occupation   | Employer   |                            | -               |   |   |
|   |  |  |                            |                 |   |   |
|   | Name   |  | Date Contribution Received |                 |   |   |
|   | Street Address   | Provide National Control of Contr |                            | -               |   |   |
|   |  | Street Address   |                            |                 |   |   |
| 5 | City   | State  | ZIP                        |                 |   |   |
|   | Occupation   | Employer   |                            | -               |   |   |
|   | Cooquatori   | pioyoi   |                            |                 |   |   |
|   | Enter total only if last page of schedule                          | 1  |                            | ı               |   |   |
| L | (transfer the total received this period to "Summary of Receipts," | ' line 1(a))   |                            |                 |   |   |

\*If contributions of \$50 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 INDIVIDUALS - \$50 OR LESS (AGGREGATE):\*

SCHEDULE A(1)(b)

|   | Cumulative Amount this Reporting Period | Cumulative Amount this Election<br>Cycle |
|---|---|--|
| Cumulative Contributions from Individuals - \$50 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 \$50 are listed on Schedule A(1)(a), do not include them on Schedule A(1)(b).

## MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(c)

|   | Candidate Committee  | e Contributor Info         | rmation        | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>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  | <u> </u><br>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 Received |                |                 |   |   |
|   | 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 "Summary of Receipts," | ' line 1(c))               |                |                 |   |   |

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

MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(d)

|   | Political Action Commi  | ttee Contributor In                          | formation | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|---|--|-----------|-----------------|---|---|
|   | Committee Name  |  |           |                 |   |   |
|   | Street Address  |  |           |                 |   |   |
| 1 | City  | State  | ZIP       |                 |   |   |
|   | Committee ID Number   | Date Contribution Receive                    | ed        |                 |   |   |
|   | Committee Name  |  |           |                 |   |   |
|   | Street Address  |  |           | -               |   |   |
| 2 | City  | State  | ZIP       | _               |   |   |
|   | Committee ID Number   | Date Contribution Receiv                     | ed        | -               |   |   |
|   | Committee Name  |  |           |                 |   |   |
|   | Street Address  |  |           |                 |   |   |
| 3 | City  | State  | ZIP       | -               |   |   |
|   | Committee ID Number   | Date Contribution Receiv                     | ed        |                 |   |   |
|   | Committee Name  |  |           |                 |   |   |
|   | Street Address  |  |           |                 |   |   |
| 4 | City  | State  | ZIP       | -               |   |   |
|   | Committee ID Number   | nmittee ID Number Date Contribution Received |           |                 |   |   |
|   | Committee Name  |  |           |                 |   |   |
|   | Street Address  |  |           | -               |   |   |
| 5 | City  | State  | ZIP       | -               |   |   |
|   | Committee ID Number   | Date Contribution Receiv                     | ed        | -               |   |   |
|   | Enter total only if last page of schedule                       |  |           |                 |   |   |
| _ | (transfer the total received this period to "Summary of Receipt |  |           |                 |   |   |

Schedule A(1)(d), page \_\_\_\_ of \_\_\_\_

MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(e)

|   | Political Party (   | Contributor Informat       | tion | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|---------------------|----------------------------|------|-----------------|---|---|
|   | Committee Name      |                            |      |                 |   |   |
| 1 | Street Address      |                            |      |                 |   |   |
|   | City                | State                      | ZIP  |                 |   |   |
|   | Committee ID Number | Date Contribution Receive  | I ed | _               |   |   |
|   | Committee Name      |                            |      |                 |   |   |
|   | Street Address      |                            |      |                 |   |   |
| 2 | City                | State                      | ZIP  |                 |   |   |
|   | Committee ID Number | Date Contribution Receiv   | ed   |                 |   |   |
|   | Committee Name      |                            |      |                 |   |   |
|   | Street Address      |                            |      |                 |   |   |
| 3 | City                | State                      | ZIP  |                 |   |   |
|   | Committee ID Number | Date Contribution Receiv   | ed   |                 |   |   |
|   | Committee Name      |                            |      |                 |   |   |
|   | Street Address      |                            |      |                 |   |   |
| 1 | City                | State                      | ZIP  |                 |   |   |
|   | Committee ID Number | Date Contribution Received |      |                 |   |   |
|   | Committee Name      |                            |      |                 |   |   |
|   | Street Address      |                            |      |                 |   |   |
| , | City                | State                      | ZIP  |                 |   |   |
|   | Committee ID Number | Date Contribution Receiv   | ed   |                 |   |   |

Schedule A(1)(e), page \_\_\_\_ of \_\_\_\_

#### MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(f)

|   | Partnership Con  | tributor Informatio       | on       | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|---------------------------|----------|-----------------|---|---|
|   | Partnership Name   |                           |          |                 |   |   |
|   | Street Address   |                           |          |                 |   |   |
| 1 | City   | State                     | ZIP      |                 |   |   |
|   | Corporation Commission File Number                                 | Date Contribution Receive | <u>l</u> |                 |   |   |
|   | 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                          |                           |          |                 |   |   |
| ı | (transfer the total received this period to "Summary of Receipts." | ' line 1(f))              |          |                 |   |   |

Schedule A(1)(f), page \_\_\_\_ of \_\_\_\_

## MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(g)

| , | Corporation /  | LLC Contributor Info | ormation | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|----------------------|----------|-----------------|---|---|
|   | Corporation/LLC Name   |                      |          |                 |   |   |
|   | Street Address   |                      |          |                 |   |   |
|   | City   | State                | ZIP      |                 |   |   |
|   | Corporation Commission File Number                             | Date Contribution Re | eceived  |                 |   |   |
|   | Corporation/LLC Name   |                      |          |                 |   |   |
|   | Street Address   |                      |          |                 |   |   |
|   | City   | State                | ZIP      |                 |   |   |
|   | Corporation Commission File Number                             | Date Contribution Re | eceived  |                 |   |   |
|   | Corporation/LLC Name   |                      |          |                 |   |   |
|   | Street Address   |                      |          |                 |   |   |
| 3 | City   | State                | ZIP      |                 |   |   |
|   | Corporation Commission File Number                             | Date Contribution Re | eceived  |                 |   |   |
|   | Corporation/LLC Name   |                      |          |                 |   |   |
|   | Street Address   |                      |          |                 |   |   |
| 1 | City   | State                | ZIP      |                 |   |   |
|   | Corporation Commission File Number  Date Contribution Received |                      |          |                 |   |   |
|   | Corporation/LLC Name   |                      |          |                 |   |   |
|   | Street Address   |                      |          |                 |   |   |
| 5 | City   | State                | ZIP      |                 |   |   |
|   | Corporation Commission File Number                             | Date Contribution Re | eceived  |                 |   |   |

#### MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(h)

|                                    |   |   | I   | Cumulativa   | Cumulativa  |
|------------------------------------|---|---|---|--|---|
| Labor Organization                 | on Contributor Inform   | nation  | Amount Received   | Amount this  | Cumulative<br>Amount this<br>Election Cycle   |
| Labor Organization Name            |   |   |   | 1 5  | ·   |
| Street Address                     |   |   |   |  |   |
| City                               | State   | ZIP   |   |  |   |
| Corporation Commission File Number | Date Contribution Receive   | ed .  |   |  |   |
| Labor Organization Name            |   |   |   |  |   |
| Street Address                     |   |   |   |  |   |
| City                               | State   | ZIP   |   |  |   |
| Corporation Commission File Number | Date Contribution Receive   | ed  |   |  |   |
| Labor Organization Name            |   |   |   |  |   |
| Street Address                     |   |   |   |  |   |
|                                    |   |   |   |  |   |
|                                    |   |   |   |  |   |
|                                    | Date Contribution Receive   | ea  |   |  |   |
| Labor Organization Name            |   |   |   |  |   |
| Street Address                     |   |   |   |  |   |
| City                               | State   | ZIP   |   |  |   |
| Corporation Commission File Number | Date Contribution Receive   | ed  |   |  |   |
| Labor Organization Name            |   |   |   |  |   |
| Street Address                     |   |   |   |  |   |
| City                               | State   | ZIP   |   |  |   |
| Corporation Commission File Number | Date Contribution Receive   | <u> </u>  |   |  |   |
|                                    | Labor Organization Name  Street Address  City  Corporation Commission File Number  Labor Organization Name  Street Address  City  Corporation Commission File Number  Labor Organization Name  Street Address  City  Corporation Commission File Number  Street Address  City  Corporation Commission File Number  Labor Organization Name  Street Address  City  Corporation Commission File Number  Labor Organization Name | Labor Organization Name  City State  Corporation Commission File Number Date Contribution Received  Labor Organization Name  Street Address  City State  Corporation Commission File Number Date Contribution Received  Labor Organization Name  Street Address  City State  Corporation Commission File Number Date Contribution Received  Labor Organization Name  Street Address  City State  Corporation Commission File Number Date Contribution Received  Labor Organization Name  Street Address  City State  Corporation Commission File Number Date Contribution Received  Labor Organization Name  Street Address  City State  Corporation Commission File Number Date Contribution Received  Labor Organization Name | Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received  Labor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received  Labor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received  Labor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received  Labor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received  Labor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received | Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received  Libbor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received  Libbor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received  Libbor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received  Libbor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received  Libbor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received | Reporting Period  Libbor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Recoived  State Address  City State ZIP  Corporation Commission File Number Date Contribution Recoived  Libbor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Recoived  Libbor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Recoived  Libbor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Recoived  Libbor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Recoived  Libbor Organization Name  Street Address  Street Address  Street Address |

Schedule A(1)(h), page \_\_\_\_ of \_\_\_

#### MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(i)

|   | Candidate  | Information |                            | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|-------------|----------------------------|-----------------|---|---|
|   | Name   |             | Date Contribution Received |                 |   | ·   |
|   | Street Address   |             |                            |                 |   |   |
| 1 | City   | State       | ZIP                        |                 |   |   |
|   | Occupation   | Employer    |                            | _               |   |   |
|   | Name   |             | Date Contribution Received |                 |   |   |
|   | Street Address   |             |                            |                 |   |   |
| 2 | City   | State       | ZIP                        |                 |   |   |
|   | Occupation   | Employer    |                            |                 |   |   |
|   | Name   |             | Date Contribution Received |                 |   |   |
|   | Street Address   |             |                            | _               |   |   |
| 3 | City   | State       | ZIP                        | _               |   |   |
|   | Occupation   | Employer    |                            | _               |   |   |
|   | Name   |             | Date Contribution Received |                 |   |   |
|   | Street Address   |             |                            | _               |   |   |
| 4 | City   | State       | ZIP                        |                 |   |   |
|   | Occupation   | Employer    |                            |                 |   |   |
|   | Name   |             | Date Contribution Received |                 |   |   |
|   | Street Address   |             |                            | _               |   |   |
| 5 | City   | State       | ZIP                        | _               |   |   |
|   | Occupation   | Employer    |                            |                 |   |   |
|   |  |             |                            |                 |   |   |
|   | Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," | line 1(i))  |                            |                 |   |   |

Schedule A(1)(i), page \_\_\_\_ of \_\_\_\_

REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(k)

| / | Contribu                  | tor Information | n                             | Amount Refunded | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|---------------------------|-----------------|-------------------------------|-----------------|---|---|
|   | Name                      |                 | Date Contribution Refunded    |                 | 3   |   |
|   | Street Address            |                 |                               |                 |   |   |
| 1 | City                      | State           | ZIP                           |                 |   |   |
|   | ID Number (if applicable) |                 | Date of Original Contribution |                 |   |   |
|   | Name                      |                 | Date Contribution Refunded    |                 |   |   |
|   | Street Address            |                 |                               |                 |   |   |
| 2 | City                      | State           | ZIP                           |                 |   |   |
|   | ID Number (if applicable) |                 | Date of Original Contribution |                 |   |   |
|   | Name                      |                 | Date Contribution Refunded    |                 |   |   |
|   | Street Address            |                 |                               |                 |   |   |
| 3 | City                      | State           | ZIP                           |                 |   |   |
|   | ID Number (if applicable) |                 | Date of Original Contribution |                 |   |   |
|   | Name                      |                 | Date Contribution Refunded    |                 |   |   |
|   | Street Address            |                 |                               |                 |   |   |
| 4 | City                      | State           | ZIP                           |                 |   |   |
|   | ID Number (if applicable) |                 | Date of Original Contribution |                 |   |   |
|   | Name                      |                 | Date Contribution Refunded    |                 |   |   |
|   | Street Address            |                 |                               |                 |   |   |
| 5 | City                      | State           | ZIP                           |                 |   |   |
|   | ID Number (if applicable) |                 | Date of Original Contribution | _               |   |   |

Schedule A(1)(k), page \_\_\_\_ of

LOANS RECEIVED: SCHEDULE A(2)(a)

| / | Lender  | Information  |                                   | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|---|--|-----------------------------------|-----------------|---|---|
|   | Lender Name Date Loan Received                                    |  |                                   |                 |   |   |
|   | Street Address  |  |                                   |                 |   |   |
| 1 | City  | State  | ZIP                               | -               |   |   |
|   |   |  |                                   |                 |   |   |
|   | Guarantor/Endorser Name   | Non-Electoral Purpose?                                   | (PACs and Political Parties Only) |                 |   |   |
|   |   |  |                                   |                 |   |   |
|   | Lender Name   | Date Loan Received                                       |                                   |                 |   |   |
|   | Street Address  |  |                                   |                 |   |   |
| 2 | City  | State  | ZIP                               | _               |   |   |
|   | Consister/Forderes Nove   | New Flories Durage?                                      | (DACs and Delitical Destina Only) | 4               |   |   |
|   | Guarantor/Endorser Name   | □  | (PACs and Political Parties Only) |                 |   |   |
|   | Lender Name   | Date Loan Received                                       |                                   |                 |   |   |
|   | Street Address  |  |                                   |                 |   |   |
| 3 | City  | State  | ZIP                               |                 |   |   |
|   | Guarantor/Endorser Name   | Non-Electoral Purpose? (PACs and Political Parties Only) |                                   |                 |   |   |
| _ | Lender Name   | Date Loan Received                                       |                                   |                 |   |   |
|   | Street Address  |  |                                   |                 |   |   |
| 4 | City  | State  | ZIP                               |                 |   |   |
|   | Guarantor/Endorser Name   |  | (PACs and Political Parties Only) |                 |   |   |
|   |   |  |                                   |                 |   |   |
|   | Lender Name   | Date Loan Received                                       |                                   |                 |   |   |
|   | Street Address  |  |                                   |                 |   |   |
| 5 | City  | State  | ZIP                               | -               |   |   |
|   | Guarantor/Endorser Name   | Non-Electoral Purpose?                                   | (PACs and Political Parties Only) | _               |   |   |
|   |   |  |                                   |                 |   |   |
|   | Enter total only if last page of schedule                         |  |                                   |                 |   |   |
|   | (transfer the total received this period to "Summary of Receipts, | " line 2(a))   |                                   |                 |   |   |

Schedule A(2)(a), page \_\_\_\_ of \_\_\_\_

FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

| / | Lender I   | nformation               |                           | Amount Forgiven | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|--------------------------|---------------------------|-----------------|---|---|
|   | Lender Name  |                          | Date Forgiveness Received |                 |   | ·   |
|   | Street Address   |                          |                           |                 |   |   |
| 1 | City   | State                    | ZIP                       |                 |   |   |
|   | Original Amount of Loan  | Amount Still Outstanding |                           |                 |   |   |
|   | Lender Name  | <u>I</u>                 | Date Forgiveness Received |                 |   |   |
|   | Street Address   |                          | <u> </u>                  |                 |   |   |
| 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  | <u> </u>                 | 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 "Summary of Receipts," | line 2(b))               |                           |                 |   |   |

Schedule A(2)(b), page \_\_\_\_ of \_\_\_\_

REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

| Borrower                 | Information  |  | Amount Repaid  | Cumulative<br>Amount this<br>Reporting Period   | Cumulative<br>Amount this<br>Election Cycle   |
|--------------------------|--|--|--|---|---|
| Borrower Name            |  | Date Repayment Received  |  |   |   |
| Street Address           |  |  | -  |   |   |
| City                     | State  | ZIP  |  |   |   |
| Original Amount Borrowed | Amount Still Outstanding   |  |  |   |   |
| Borrower Name            |  | Date Repayment Received  |  |   |   |
| Street Address           |  |  |  |   |   |
| City                     | State  | ZIP  | -  |   |   |
|                          |  |  |  |   |   |
|                          | Amount Still Outstanding   | T  |  |   |   |
| Borrower Name            |  | Date Repayment Received  |  |   |   |
| Street Address           |  |  |  |   |   |
| City                     | State  | ZIP  |  |   |   |
| Original Amount Borrowed | Amount Still Outstanding   |  |  |   |   |
| Borrower Name            |  | Date Repayment Received  |  |   |   |
| Street Address           |  |  |  |   |   |
| City                     | State  | ZIP  | _  |   |   |
| Original Amount Borrowed | Amount Still Outstanding   |  |  |   |   |
| Borrower Name            |  | Date Repayment Received  |  |   |   |
|                          |  |  | -  |   |   |
|                          | State  | 710  |  |   |   |
|                          |  | ZIF  |  |   |   |
| Original Amount Borrowed | Amount Still Outstanding   |  |  |   |   |
|                          | line 2(c))   |  |  |   |   |
|                          | Borrower Name  Street Address  City  Onginal Amount Borrowed  Borrower Name  Street Address  City  Oniginal Amount Borrowed  Borrower Name  Street Address  City  Oniginal Amount Borrowed  Borrower Name  Street Address  City  Oniginal Amount Borrowed  Borrower Name  Street Address  City  Original Amount Borrowed  Borrower Name  Street Address  City  Original Amount Borrowed  Borrower Name  Street Address  City  Original Amount Borrowed | Street Address  City State  Original Amount Borrowed Amount Still Outstanding  Borrower Name  Street Address  City State  Original Amount Borrowed Amount Still Outstanding  Borrower Name  Street Address  City State  Onginal Amount Borrowed Amount Still Outstanding  Borrower Name  Street Address  City State  Original Amount Borrowed Amount Still Outstanding  Borrower Name  Street Address  City State  Original Amount Borrowed Amount Still Outstanding  Borrower Name  Street Address  City State  Original Amount Borrowed Amount Still Outstanding  Borrower Name  Street Address  City State  Original Amount Borrowed Amount Still Outstanding | Borrower Name  City  State  ZiP  Original Amount Borrowed  Amount Still Outstanding  Borrower Name  Date Repayment Received  Street Address  City  State  ZiP  Original Amount Borrowed  Amount Still Outstanding  Borrower Name  Date Repayment Received  Street Address  City  State  ZiP  Original Amount Borrowed  Amount Still Outstanding  Borrower Name  Date Repayment Received  Street Address  City  State  ZiP  Original Amount Borrowed  Amount Still Outstanding  Borrower Name  Date Repayment Received  Street Address  City  State  ZiP  Original Amount Borrowed  Amount Still Outstanding  Borrower Name  Date Repayment Received  Street Address  City  State  ZiP  Original Amount Borrowed  Amount Still Outstanding  Borrower Name  Date Repayment Received  ZiP  Original Amount Borrowed  Amount Still Outstanding  Borrower Name  Date Repayment Received | Dorrower Name  Date Repayment Received  City  State  ZiP  Original Amount Stit Cutstanding  Dorrower Name  Date Repayment Received  Street Address  City  State  ZiP  Original Amount Stit Cutstanding  Date Repayment Received  Street Address  City  State  ZiP  Original Amount Borrowed  Amount Stit Cutstanding  Date Repayment Received  Street Address  City  State  ZiP  Original Amount Borrowed  Amount Stit Cutstanding  Date Repayment Received  Street Address  City  State  ZiP  Original Amount Borrowed  Amount Stit Cutstanding  Date Repayment Received  Street Address  City  State  ZiP  Original Amount Borrowed  Amount Stit Cutstanding  Date Repayment Received  Street Address  City  State  ZiP  Original Amount Borrowed  Amount Stit Cutstanding  Date Repayment Received | Borrower Name  Date Mappyment Received  State Address  City  State  City  City |

INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

|   | Borrower                 | Information              |                       | Amount of Interest<br>Accrued | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--------------------------|--------------------------|-----------------------|-------------------------------|---|---|
|   | Borrower Name            |                          | Date Interest Accrued |                               |   |   |
|   | Street Address           |                          |                       |                               |   |   |
| 1 | City                     | State                    | ZIP                   | _                             |   |   |
|   | Original Amount Borrowed | Amount Still Outstanding |                       |                               |   |   |
|   | Borrower Name            | <u>I</u>                 | Date Interest Accrued |                               |   |   |
|   | Street Address           |                          |                       |                               |   |   |
| 2 | City                     | State                    | ZIP                   |                               |   |   |
|   | Original Amount Borrowed | Amount Still Outstanding |                       |                               |   |   |
|   | Borrower Name            |                          | Date Interest Accrued |                               |   |   |
|   | Street Address           |                          |                       |                               |   |   |
| 3 | City                     | State                    | ZIP                   |                               |   |   |
|   | Original Amount Borrowed | Amount Still Outstanding |                       |                               |   |   |
|   | Borrower Name            |                          | Date Interest Accrued |                               |   |   |
|   | Street Address           |                          |                       |                               |   |   |
| 4 | City                     | State                    | ZIP                   |                               |   |   |
|   | Original Amount Borrowed | Amount Still Outstanding |                       |                               |   |   |
|   | Borrower Name            |                          | Date Interest Accrued |                               |   |   |
| 5 | Street Address           |                          |                       |                               |   |   |
|   | City                     | State                    | ZIP                   |                               |   |   |
|   | 1                        |                          | 1                     |                               |   |   |

Schedule A(2)(d), page \_\_\_\_ of



REBATES AND REFUNDS RECEIVED:

| Payor Information  Amount Rebated or Refunded Amount this Reporting Period  Press Name  Dise Receive Holland Received  Dises Macade Plantage Amount  Dises Macade Reduced Received  Dises Macade Reduced Received  Dises Macade Reduced Received  Dises Reduced Received  Dise |   |  |                          |                             |                            |             |             |
|--|---|--|--------------------------|-----------------------------|----------------------------|-------------|-------------|
| Street Address Announce   Street   ZP  | _ | Payor Ir   | nformation               |                             | Amount Rebated or Refunded | Amount this | Amount this |
| Togram Purchase Amount  Peror Name  City  City  State  City  Congram Purchase Amount  Peror Name  Congram Purchase Amount  Reason for Returns Resource  Date Rebatel Return Resource  Congram Purchase Amount  Reason for Returns Returns Returns Resource  Congram Purchase Amount  Reason for Returns Ret |   | Payor Name   |                          | Date Rebate/Refund Received |                            |             |             |
| Degrael Purchase Amount  Pager Name  Date NotationNetural Received  Dispose Address  City  Dispose Purchase Amount  Reason for RefundiRectors  Date NotationNetural Received  Date RedationNetural Received  Date Redatio |   | Street Address   |                          |                             |                            |             |             |
| Pagor Name  City  Crigoral Purchase Amount  Pagor Name  Date RetailerStatund Received  Crigoral Purchase Amount  Resion for Returd Retailer  Date RetailerStatund Received  Pagor Name  Date RetailerStatund Received  Da | 1 | City   | State                    | ZIP                         |                            |             |             |
| Street Address   Street Address   State   ZIP  |   | Original Purchase Amount   | Reason for Refund/Rebate | <u> </u>                    |                            |             |             |
| 2 City State  Direct Address  Street Address  Pagor Name  Date Rebate/Refund Received  Street Address  Treet Address  Date Rebate/Refund Received  |   | Payor Name   |                          | Date Rebate/Refund Received |                            |             |             |
| City State Address  They Charged Purchase Amount Reason for Refund Rebate/Refund Received  Street Address  Date Rebate/Refund Received  Payor Name Date Rebate/Refund Received  Street Address  City State ZIP  Original Purchase Amount Reason for Refund/Rebate  Payor Name Date Rebate/Refund Received  Street Address  Finet Address  City State ZIP  Original Purchase Amount Reason for Refund/Rebate  Payor Name Date Rebate/Refund Received  Street Address  Finet Address  Date Rebate/Refund Received  Enter total only if last page of schedule   |   | Street Address   |                          |                             |                            |             |             |
| Payor Name   Date Rebate/Retund Received   | 2 | City   | State                    | ZIP                         |                            |             |             |
| Street Address  Gity State ZIP  Original Purchase Amount Reason for Refund/Rebate  Payor Name Date Rebate/Refund Received  Street Address  City State ZIP  Original Purchase Amount Reason for Refund/Rebate  Payor Name Date Rebate/Refund Received  Street Address  Fayor Name Date Rebate/Refund Received  Street Address  City State ZIP  Original Purchase Amount Reason for Refund/Rebate  Enter Address  Street Address  Enter Address  Fayor Name Date Rebate/Refund Received  Street Address  Enter Address  Enter Address  Enter I data only if last page of schedule  |   | Original Purchase Amount   | Reason for Refund/Rebate | 9                           |                            |             |             |
| City   State   ZIP   |   | Payor Name   |                          | Date Rebate/Refund Received |                            |             |             |
| City State   ZIP   |   | Street Address   |                          |                             |                            |             |             |
| Payor Name    Date Rebate/Refund Received  | 3 | City   | State                    | ZIP                         |                            |             |             |
| Street Address  City State ZIP  Onginal Purchase Amount Reason for Refund/Rebate  Payor Name Date Rebate/Refund Received  Street Address  City State ZIP  Original Purchase Amount Reason for Refund/Rebate  Enter total only if last page of schedule   |   | Original Purchase Amount   | Reason for Refund/Rebate | 9                           |                            |             |             |
| 4 City State ZIP  Original Purchase Amount Reason for Refund/Rebate  Payor Name Date Rebate/Refund Received  Street Address  City State ZIP  Original Purchase Amount Reason for Refund/Rebate  Enter total only if last page of schedule  |   | Payor Name   |                          | Date Rebate/Refund Received |                            |             |             |
| City State ZIP  Original Purchase Amount Reason for Refund/Rebate  Payor Name Date Rebate/Refund Received  Street Address  City State ZIP  Original Purchase Amount Reason for Refund/Rebate  Enter total only if last page of schedule  |   | Street Address   |                          | ,                           |                            |             |             |
| Payor Name    Date Rebate/Refund Received  | 4 | City   | State                    | ZIP                         |                            |             |             |
| Street Address  City State ZIP  Original Purchase Amount Reason for Refund/Rebate  Enter total only if last page of schedule   |   | Original Purchase Amount   | Reason for Refund/Rebate | <u> </u>                    |                            |             |             |
| 5 City State ZIP Original Purchase Amount Reason for Refund/Rebate  Enter total only if last page of schedule  |   | Payor Name   | ı                        | Date Rebate/Refund Received |                            |             |             |
| Original Purchase Amount  Reason for Refund/Rebate  Enter total only if last page of schedule  |   | Street Address   |                          | 1                           |                            |             |             |
| Enter total only if last page of schedule  | 5 | City   | State                    | ZIP                         |                            |             |             |
|  |   | Original Purchase Amount   | Reason for Refund/Rebate | <b>1</b>                    |                            |             |             |
| (transfer the total received this period to "Summary of Receipts." line 3)   |   | Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts." | line 3)                  |                             | •                          |             |             |

Schedule A(3), page \_\_\_\_ of

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 INDIVIDUALS - MORE THAN \$50 DURING ELECTION CYCLE:\*

SCHEDULE A(5)(a)

|   | Individual Conti   | ributor Informatio | n                                  | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|--------------------|------------------------------------|-----------------|---|---|
|   | Name   |                    | Date In-Kind Contribution Received |                 |   |   |
|   | Street Address   |                    | <u> </u>                           | -               |   |   |
| 1 | City   | State              | ZIP                                |                 |   |   |
|   | Occupation   | Employer           |                                    | -               |   |   |
|   | Name   |                    | Date In-Kind Contribution Received |                 |   |   |
|   | Street Address   |                    |                                    | -               |   |   |
| 2 | City   | State              | ZIP                                | -               |   |   |
|   | Occupation   | Employer           |                                    |                 |   |   |
|   | Name   |                    | Date In-Kind Contribution Received |                 |   |   |
|   | Street Address   |                    |                                    | _               |   |   |
| 3 | City   | State              | ZIP                                |                 |   |   |
|   | Occupation   | Employer           |                                    |                 |   |   |
|   | Name   |                    | Date In-Kind Contribution Received |                 |   |   |
|   | Street Address   |                    |                                    |                 |   |   |
| 4 | City   | State              | ZIP                                | -               |   |   |
|   | Occupation   | Employer           |                                    | -               |   |   |
|   | Name   |                    | Date In-Kind Contribution Received |                 |   |   |
|   | Street Address   |                    |                                    | _               |   |   |
| 5 | City   | State              | ZIP                                | -               |   |   |
|   | Occupation   | Employer           |                                    | _               |   |   |
|   | Entertated anh. Wheel are a first transfer   |                    |                                    |                 |   |   |
|   | Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," | line 5(a))         |                                    |                 |   |   |

\*If in-kind contributions of \$50 or less are listed on Schedule A(5)(b), do not include them on Schedule A(5)(a).

Schedule A(5), page \_\_\_\_ of

IN-KIND CONTRIBUTIONS RECEIVED FROM INDIVIDUALS - \$50 OR LESS (AGGREGATE):\*

SCHEDULE A(5)(b)

|   | Cumulative Amount this Reporting Period | Cumulative Amount this Election<br>Cycle |
|---|---|--|
| Cumulative In-Kind Contributions from Individuals - \$50 or Less  |   |  |
| Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 1(b)) |   |  |

<sup>\*</sup>If contributions of more than \$50 are listed on Schedule A(5)(a), do not include them on Schedule A(5)(b).

## IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(c)

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

Schedule A(5)(c), page \_\_\_\_ of \_\_\_\_

#### IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(d)

| Political Action Committ | ee Contributor Inf   | formation   | Amount Received  | Cumulative  | Cumulative   |
|--------------------------|--|---|--|---|--|
| Committee Name           |  |   | Amount Received  | Amount this<br>Reporting Period   | Amount this<br>Election Cycle  |
|                          | Committee Name   |   |  |   |  |
| Street Address           | Street Address   |   |  |   | 1  |
| City                     | State  | ZIP   |  |   | 1  |
| Committee ID Number      | Date In-Kind Contribution F  | L<br>Received   |  |   | ı  |
| Committee Name           |  |   |  |   |  |
| Street Address           |  |   | _  |   | 1  |
| Dity                     | State  | ZIP   | _  |   | 1  |
| Committee ID Number      | Date In-Kind Contribution  | Received  |  |   | 1  |
| Committee Name           |  |   |  |   |  |
| Street Address           |  |   | 1  |   |  |
| City                     | State  | ZIP   |  |   | 1  |
| Committee ID Number      | Date In-Kind Contribution  | Received  |  |   | 1  |
| Committee Name           |  |   |  |   |  |
| Street Address           |  |   |  |   | ı  |
| Dity                     | State  | ZIP   | _  |   | ı  |
| Committee ID Number      | Date In-Kind Contribution Received   |   | _  |   | 1  |
| Committee Name           |  |   |  |   |  |
| Street Address           |  |   | ı  |   |  |
| City                     | State ZIP  |   |  |   | ı  |
| Committee ID Number      | Date In-Kind Contribution  | Received  |  |   | 1  |
|                          | Street Address  Street Address  Sommittee ID Number  Sommittee Name  Street Address  Sity  Sommittee Name  Street Address  Sity  Sommittee ID Number  Sommittee ID Number | State  Committee ID Number  Date In-Kind Contribution  Committee Name  Street Address  State  Committee ID Number  Date In-Kind Contribution  Committee Name  Street Address  State  Committee Name  Street Address  State  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  State ZIP Committee Name  Street Address  State ZIP Committee ID Number Date In-Kind Contribution Received  State ZIP Committee Name  Street Address  State ZIP Committee ID Number Date In-Kind Contribution Received  State ZIP  State ZIP  State ZIP  Committee Name  Street Address  State ZIP  Committee ID Number Date In-Kind Contribution Received | Itreet Address  State ZIP  Committee ID Number Date In-Kind Contribution Received  State ZIP  State ZIP  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 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 | Interest Address  State ZIP  Committee ID Number  Date In-Kind Contribution Received  ZIP  Committee Name  State ZIP  Committee ID Number  Date In-Kind Contribution Received  ZIP  Committee ID Number  Date In-Kind Contribution Received  ZIP  Committee Name  It rest Address  ZIP  ZIP  Committee ID Number  Date In-Kind Contribution Received  ZIP  Committee ID Number  Date In-Kind Contribution Received  ZIP  Committee ID Number  Date In-Kind Contribution Received |

Schedule A(5)(d), page \_\_\_\_ of \_\_\_\_

IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(e)

|   |  |                                  |               | I               | Cumulative                      | Cumulative                 |
|---|--|----------------------------------|---------------|-----------------|---------------------------------|----------------------------|
|   | Political Party Co   | ntributor Informat               | ion           | Amount Received | Amount this<br>Reporting Period | Amount this Election Cycle |
|   | Committee Name   |                                  |               |                 |                                 |                            |
|   | Street Address   | 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   | Street Address                   |               |                 |                                 |                            |
| 3 | City   |                                  |               |                 |                                 |                            |
|   | Committee ID Number  | State  Date In-Kind Contribution | ZIP           |                 |                                 |                            |
|   |  |                                  |               |                 |                                 |                            |
|   | Committee Name   |                                  |               |                 |                                 |                            |
| 4 | Street Address   |                                  |               |                 |                                 |                            |
| ľ | 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        | I<br>Received |                 |                                 |                            |
|   | Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts." | 1                                |               | I               |                                 |                            |

Schedule A(5)(e), page \_\_\_\_ of \_\_\_\_

IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(f)

|   |  |                           |          |                 | Cumulative                      | Cumulative                    |
|---|--|---------------------------|----------|-----------------|---------------------------------|-------------------------------|
|   | Partnership Con  | tributor Information      | on       | Amount Received | Amount this<br>Reporting Period | Amount this<br>Election Cycle |
|   | Partnership Name   |                           |          |                 | Troporting Foriou               |                               |
|   | Street Address   | Street Address            |          |                 |                                 |                               |
| 1 | City   | State                     | ZIP      |                 |                                 |                               |
|   | Corporation Commission File Number   | Date In-Kind Contribution | Received |                 |                                 |                               |
|   | Partnership Name   |                           |          |                 |                                 |                               |
|   | Street Address   |                           |          |                 |                                 |                               |
| 2 | City   | State                     | ZIP      |                 |                                 |                               |
|   | Corporation Commission File Number   | Date In-Kind Contribution | Received |                 |                                 |                               |
|   | Partnership Name   |                           |          |                 |                                 |                               |
|   | Street Address   |                           |          |                 |                                 |                               |
| 3 | City   | State                     | ZIP      |                 |                                 |                               |
|   | Corporation Commission File Number   | Date In-Kind Contribution | Received |                 |                                 |                               |
|   | Partnership Name   |                           |          |                 |                                 |                               |
|   | Street Address   |                           |          |                 |                                 |                               |
| 4 | City   | State                     | ZIP      |                 |                                 |                               |
|   | Corporation Commission File Number   | Date In-Kind Contribution | Received |                 |                                 |                               |
|   | Partnership Name   |                           |          |                 |                                 |                               |
|   | Street Address   |                           |          |                 |                                 |                               |
| 5 | City   | State                     | ZIP      |                 |                                 |                               |
|   | Corporation Commission File Number   | Date In-Kind Contribution | Received |                 |                                 |                               |
|   |  |                           |          |                 |                                 |                               |
|   | Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts." | ' line 5(f))              |          |                 |                                 |                               |

IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(g)

| / |  |                                    |                |                | Cumulative                        | Cumulative                    |
|---|--|------------------------------------|----------------|----------------|-----------------------------------|-------------------------------|
|   | Corporation / L                        | LC Contributor Info                | ormation       | Amount Receive | d Amount this<br>Reporting Period | Amount this<br>Election Cycle |
|   | Corporation/LLC Name                   |                                    |                |                |                                   |                               |
|   | Street Address                         | Street Address                     |                |                |                                   |                               |
| 1 |  |                                    |                |                |                                   |                               |
|   | City                                   | State                              | ZIP            |                |                                   |                               |
|   | Corporation Commission File Number     | Date In-Kind Contribu              | tion Received  |                |                                   |                               |
|   | Corporation/LLC Name                   |                                    |                |                |                                   |                               |
|   | Street Address                         |                                    |                |                |                                   |                               |
|   | City                                   | State                              | ZIP            |                |                                   |                               |
|   | City                                   | State                              | ZIF            |                |                                   |                               |
|   | Corporation Commission File Number     | Date In-Kind Contribu              | ution Received |                |                                   |                               |
|   | Corporation/LLC Name                   | I                                  |                |                |                                   |                               |
|   | Street Address                         |                                    |                |                |                                   |                               |
| 3 | City                                   | State                              | ZIP            |                |                                   |                               |
|   | Corporation Commission File Number     | Date In-Kind Contribu              | ution Received |                |                                   |                               |
|   | Corporation/LLC Name                   |                                    |                |                |                                   |                               |
|   |  |                                    |                |                |                                   |                               |
|   | Street Address                         |                                    |                |                |                                   |                               |
| 1 | City                                   | State                              | ZIP            |                |                                   |                               |
|   | Corporation Commission File Number     | Date In-Kind Contribution Received |                |                |                                   |                               |
|   | Corporation/LLC Name                   |                                    |                |                |                                   |                               |
|   |  |                                    |                |                |                                   |                               |
|   | Street Address                         | Street Address                     |                |                |                                   |                               |
| 5 | City                                   | State                              | ZIP            |                |                                   |                               |
|   | Corporation Commission File Number     | Date In-Kind Contribu              | ution Received |                |                                   |                               |
| _ | Enter total only if last page of sched |                                    |                |                |                                   |                               |

Schedule A(5)(g), page \_\_\_\_ of \_\_\_

IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(h)

|     | Labor Organization (   | Contributor Inform                 | nation   | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|-----|--|------------------------------------|----------|-----------------|---|---|
|     | Labor Organization Name  |                                    |          |                 |   |   |
|     | Street Address   | Street Address                     |          |                 |   |   |
| 1   | City   | State                              | ZIP      | -               |   |   |
|     |  |                                    |          |                 |   |   |
|     | Corporation Commission File Number                                 | Date In-Kind Contribution I        | Received |                 |   |   |
|     | Labor Organization Name  |                                    |          |                 |   |   |
|     | Street Address   |                                    |          |                 |   |   |
| 2   | City   | State ZIP                          |          |                 |   |   |
|     | o.,  |                                    |          |                 |   |   |
|     | Corporation Commission File Number                                 | Date In-Kind Contribution          | Received |                 |   |   |
|     | Labor Organization Name  |                                    |          |                 |   |   |
|     | Street Address   |                                    |          |                 |   |   |
| 3   | City   | State                              | ZIP      | -               |   |   |
|     | o.,  |                                    |          |                 |   |   |
|     | Corporation Commission File Number                                 |                                    |          |                 |   |   |
|     | 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      |                 |   |   |
|     |  |                                    |          |                 |   |   |
|     | Corporation Commission File Number                                 | Date In-Kind Contribution Received |          |                 |   |   |
|     | Enter total only if last page of schedule                          |                                    |          | 1               |   |   |
| . L | (transfer the total received this period to "Summary of Receipts." | line 5(h))                         |          |                 |   |   |

Schedule A(5)(h), page \_\_\_\_ of \_\_\_

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

SCHEDULE A(5)(i)

|                  | Candidat   | e Information  |                                    | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|------------------|--|----------------|------------------------------------|-----------------|---|---|
|                  | Name   |                | Date In-Kind Contribution Received |                 |   |   |
|                  | Street Address   |                |                                    |                 |   |   |
| 1                | City   | State          | ZIP                                | <u> </u>        |   |   |
|                  |  |                |                                    | -               |   |   |
|                  | Asset or Property Contributed  |                |                                    |                 |   |   |
|                  | Name   |                | Date In-Kind Contribution Received |                 |   |   |
|                  | Street Address   | Street Address |                                    |                 |   |   |
| 2                | City   | State          | ZIP                                | -               |   |   |
|                  |  |                |                                    | -               |   |   |
|                  | Asset or Property Contributed  |                |                                    |                 |   |   |
|                  | Name   |                | Date In-Kind Contribution Received |                 |   |   |
|                  | Street Address   |                |                                    |                 |   |   |
| 3                | City   | State          | ZIP                                | -               |   |   |
|                  | Accet or Branch Contributed  |                |                                    |                 |   |   |
|                  | Asset or Property Contributed  |                |                                    |                 |   |   |
|                  | Name   |                | Date In-Kind Contribution Received |                 |   |   |
|                  | Street Address   |                | l                                  |                 |   |   |
| 4                | City   | State          | ZIP                                |                 |   |   |
|                  | Asset or Property Contributed  |                |                                    | <u> </u>        |   |   |
|                  | Asset of Property Continuated  |                |                                    |                 |   |   |
|                  | Name   |                | Date In-Kind Contribution Received |                 |   |   |
|                  | Street Address   |                | l                                  |                 |   |   |
| 5                | City   | State          | ZIP                                |                 |   |   |
|                  | Asset or Property Contributed  |                |                                    |                 |   |   |
|                  | Asset of Property Continuated  |                |                                    |                 |   |   |
|                  | Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts   | " line 5(i))   |                                    |                 |   |   |
| \ <del>'</del> — | n and the second |                |                                    |                 |   |   |

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

SCHEDULE A(6)

|   | Source I   | nformation                     |                                | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|--------------------------------|--------------------------------|-----------------|---|---|
|   | Name   |                                | Date In-Kind Donation Received |                 |   | ·   |
|   | Street Address   | 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   | Name                           |                                |                 |   |   |
|   | Street Address   |                                |                                |                 |   |   |
| 4 | City   | State                          | ZIP                            |                 |   |   |
|   | Type of Item Donated   |                                |                                |                 |   |   |
|   | Name   |                                | Date In-Kind Donation Received |                 |   |   |
|   | Street Address   |                                |                                |                 |   |   |
| 5 | City   | State                          | ZIP                            | 1               |   |   |
|   | Type of Item Donated   |                                |                                | 1               |   |   |
|   | Enter total only if last page of schedule                          |                                |                                |                 |   |   |
|   | (transfer the total received this period to "Summary of Receipts," | line 5(e))                     |                                |                 |   |   |

Schedule A(5)(e), page \_\_\_\_ of \_\_\_\_

EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

|          | Creditor   | Information                 |                             | Amount of Credit<br>Extended | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|----------|--|-----------------------------|-----------------------------|------------------------------|---|---|
|          | Name   |                             |                             |                              | ,   | ·   |
|          | Street Address   |                             |                             |                              |   |   |
| 1        | City   | State                       | ZIP                         | _                            |   |   |
|          | Services or Goods Provided on Credit                               |                             | Date of Extension of Credit |                              |   |   |
| _        | Name   |                             |                             |                              |   |   |
|          | Street Address   |                             |                             |                              |   |   |
| 2        |  |                             |                             |                              |   |   |
| -        | City   | State                       | ZIP                         |                              |   |   |
|          | Services or Goods Provided on Credit                               |                             | Date of Extension of Credit |                              |   |   |
|          | Name   |                             |                             |                              |   |   |
|          | Street Address   |                             |                             |                              |   |   |
| 3        | City   | State                       | ZIP                         | _                            |   |   |
|          | Services or Goods Provided on Credit                               | Date of Extension of Credit |                             |                              |   |   |
| -        | Name   |                             |                             |                              |   |   |
|          | Street Address   |                             |                             |                              |   |   |
| 4        |  | ı                           | T                           |                              |   |   |
|          | City   | State                       | ZIP                         |                              |   |   |
|          | Services or Goods Provided on Credit                               |                             | Date of Extension of Credit |                              |   |   |
|          | Name   | Name                        |                             |                              |   |   |
|          | Street Address   |                             |                             | _                            |   |   |
| 5        | City   | State                       | ZIP                         |                              |   |   |
|          | Services or Goods Provided on Credit                               |                             | Date of Extension of Credit | _                            |   |   |
| $\vdash$ | Enter total only if last page of schedule                          |                             |                             |                              |   |   |
|          | (transfer the total received this period to "Summary of Receipts." | line 7(a))                  |                             |                              |   |   |

Schedule A(7)(a), page\_\_\_ of \_\_\_

PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

|   | Creditor   | Information    |                                      | Payment Amount<br>on Credit<br>Extended | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>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 | <u> </u><br>-                           |   |   |
|   | Name   |                | Č                                    |   |   |   |
|   |  |                |                                      | -                                       |   |   |
|   | Street Address   |                |                                      |   |   |   |
| 3 | City   | State          | ZIP                                  |   |   |   |
|   | Services or Goods Originally Provided on Credit  Date of Original Extension of Credit                      |                |                                      |   |   |   |
|   | Name   |                |                                      |   |   |   |
|   | Street Address   |                |                                      | -                                       |   |   |
| 4 | City   | State          | ZIP                                  | -                                       |   |   |
|   | Services or Goods Originally Provided on Credit  |                | Date of Original Extension of Credit | _                                       |   |   |
|   | Name   |                |                                      |   |   |   |
|   | Street Address   | Street Address |                                      |   |   |   |
| 5 | City   | State          | ZIP                                  | <u> </u><br>-                           |   |   |
|   | Services or Goods Originally Provided on Credit  |                | Date of Original Extension of Credit |   |   |   |
|   |  |                |                                      |   |   |   |
|   | Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts | " line 7(b))   |                                      |   |   |   |

Schedule A(7)(b), page \_\_\_\_ of \_\_\_

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

|     | Payor Comm   | nittee Information       |                | Payment Amount | Cumulative<br>Amount this | Cumulative<br>Amount this |
|-----|--|--------------------------|----------------|----------------|---------------------------|---------------------------|
|     | •  |                          |                | ,              | Reporting Period          | Election Cycle            |
|     | Committee Name   | Payment Date             |                |                |                           |                           |
|     | Street Address   |                          |                |                |                           |                           |
| 1   |  | T                        | T              | -              |                           |                           |
|     | City   | State                    | ZIP            |                |                           |                           |
|     | Date of Joint Fundraising Event (if applicable)                  | Type of Shared Expense ( | if applicable) |                |                           |                           |
|     | Committee Name   |                          | Payment Date   |                |                           |                           |
|     | Street Address   |                          |                |                |                           |                           |
|     |  |                          |                |                |                           |                           |
| 2   | City   | State                    | ZIP            |                |                           |                           |
|     | Date of Joint Fundraising Event (if applicable)                  | Type of Shared Expense ( | if applicable) |                |                           |                           |
|     |  |                          | _              |                |                           |                           |
|     | Committee Name   |                          | Payment Date   |                |                           |                           |
|     | Street Address   |                          |                |                |                           |                           |
| 3   | City   | State                    | ZIP            | <u> </u>       |                           |                           |
|     | City   | State                    | ZIF            |                |                           |                           |
|     | Date of Joint Fundraising Event (if applicable)                  | Type of Shared Expense ( | if applicable) |                |                           |                           |
|     | Committee Name   |                          | Payment Date   |                |                           |                           |
|     |  |                          |                |                |                           |                           |
|     | Street Address   |                          |                |                |                           |                           |
| 4   | City   | State                    | ZIP            | -              |                           |                           |
|     |  |                          |                |                |                           |                           |
|     | Date of Joint Fundraising Event (if applicable)                  | Type of Shared Expense ( | if applicable) |                |                           |                           |
|     | Committee Name   |                          | Payment Date   |                |                           |                           |
|     |  |                          |                |                |                           |                           |
|     | Street Address   |                          |                |                |                           |                           |
| 5   | City   | State                    | ZIP            |                |                           |                           |
|     | Date of Joint Fundraising Event (if applicable)                  | Type of Shared Expense ( | if applicable) | -              |                           |                           |
|     |  |                          |                |                |                           |                           |
|     | Enter total only if last page of schedule                        |                          |                |                |                           |                           |
| . L | (transfer the total received this period to "Summary of Receipts | " line 8)                |                |                |                           |                           |

PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

| / |   |  |              | ı              | i   |   |
|---|---|--|--------------|----------------|---|---|
|   | Payor Ir                                  | nformation                               |              | Payment Amount | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|   | Name                                      |  |              |                |   |   |
|   | Street Address                            | Street Address                           |              |                |   |   |
| 1 | City                                      | State                                    | ZIP          |                |   |   |
|   | Services or Goods Purchased               |  | Payment Date |                |   |   |
|   | Name                                      |  |              |                |   |   |
|   | Street Address                            |  |              |                |   |   |
| 2 |   |  |              |                |   |   |
| 2 | City                                      | State                                    | ZIP          |                |   |   |
|   | Services or Goods Purchased               | Payment Date                             |              |                |   |   |
|   | Name                                      |  |              |                |   |   |
|   | Street Address                            |  |              |                |   |   |
| 3 | City                                      | State                                    | ZIP          |                |   |   |
|   | Services or Goods Purchased               | Payment Date                             |              |                |   |   |
|   | Name                                      |  |              |                |   |   |
|   | Street Address                            |  |              |                |   |   |
| 4 | Officer Address                           |  |              |                |   |   |
|   | City                                      | State                                    | ZIP          |                |   |   |
|   | Services or Goods Purchased               | Services or Goods Purchased Payment Date |              |                |   |   |
|   | Name                                      | Name                                     |              |                |   |   |
|   | Street Address                            |  |              |                |   |   |
| 5 | City                                      | State                                    | ZIP          |                |   |   |
|   | Services or Goods Purchased               |  | Payment Date |                |   |   |
|   | Enter total only if last page of schedule |  |              |                |   |   |

Arizona Secretary of State Revision 12/12/19 (fillable format)

Schedule A(9), page \_\_\_\_ of \_\_\_

## OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

|            | Infor  | mation   |                        | Amount | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|------------|--|----------|------------------------|--------|---|---|
|            | Name   |          |                        |        |   |   |
|            | Street Address   |          |                        | -      |   |   |
| 1          | City   | State    | ZIP                    |        |   |   |
|            | Only   | State    |                        |        |   |   |
|            | Type of Account Receivable or Debt Owed  |          | Date that Debt Accrued |        |   |   |
|            | Name   |          |                        |        |   |   |
| 2          | Street Address   |          |                        |        |   |   |
|            |  |          | T                      |        |   |   |
|            | City   | State    | ZIP                    |        |   |   |
|            | Type of Account Receivable or Debt Owed  |          | Date that Debt Accrued |        |   |   |
|            | Name   |          |                        |        |   |   |
|            | Street Address   |          |                        | _      |   |   |
| 3          | City State ZIP   |          |                        | _      |   |   |
|            | City   | Sidle    | ZIF                    |        |   |   |
|            | Type of Account Receivable or Debt Owed  Date that Debt Accrued  |          |                        |        |   |   |
|            | Name   |          |                        |        |   |   |
| 4          | Street Address   |          |                        |        |   |   |
|            | City   | State    | ZIP                    | _      |   |   |
|            |  |          |                        |        |   |   |
|            | Type of Account Receivable or Debt Owed  |          | Date that Debt Accrued |        |   |   |
|            | Name   |          |                        |        |   |   |
|            | Street Address   |          |                        | _      |   |   |
| 5          | City   | State    | ZIP                    | 1      |   |   |
|            | Type of Account Passivable or Daht Oward   |          | Date that Debt Accrued |        |   |   |
|            | 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 "Summary of Receipts." | line 10) |                        |        |   |   |
| \ <u> </u> | production are total received this belied to Summary of Receibts."   | inic IUI |                        |        | 1   | /   |

## TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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

Schedule A(11), page \_\_\_\_ of \_\_\_\_

MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

|   | Source I  | nformation   |              | Amount | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>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 | Great Address   |              | T            |        |   |   |
| ľ | City  | State        | ZIP          |        |   |   |
|   | Receipt Type  |              | Receipt Date |        |   |   |
|   | Name  |              | 1            |        |   |   |
|   | Street Address  |              |              | -      |   |   |
| 5 | City  | State        | ZIP          | -      |   |   |
|   | Receipt Type  |              | Receipt Date | _      |   |   |
| L |   |              |              |        |   |   |
|   | Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts." | line 12)     |              |        |   |   |

Schedule A(12), page \_\_\_\_ of \_\_\_

# DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

| / | Red   | cipient Information    | Amount Paid                         | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |   |
|---|---|------------------------|-------------------------------------|---|---|---|
|   | Name  | Disbursement Date      |                                     |   |   |   |
|   | Street Address                                |                        |                                     |   |   | 1 |
| 1 | City  | State                  | ZIP                                 |   |   | 1 |
|   | Type of Operating Expense Paid                | Non-Electoral Purpose? | P (PACs and Political Parties Only) | □ Cash □ Credit                               |   | 1 |
|   | Name  | Disbursement Date      |                                     |   |   |   |
|   | Street Address                                |                        |                                     | ı   |   |   |
| 2 | City  | State                  | ZIP                                 |   |   | ı |
|   | Type of Operating Expense Paid                | Non-Electoral Purpose? | P (PACs and Political Parties Only) | ☐ Cash☐ Credit                                |   | 1 |
|   | Name  | Disbursement Date      |                                     |   |   |   |
| • | Street Address                                | Street Address         |                                     |   |   | 1 |
| 3 | City  | State                  | ZIP                                 |   |   | 1 |
|   | Type of Operating Expense Paid                | Non-Electoral Purpose? | P (PACs and Political Parties Only) | ☐ Cash☐ Credit                                |   | 1 |
|   | Name  | Disbursement Date      |                                     |   |   |   |
|   | Street Address                                |                        |                                     |   |   | ı |
| 4 | City  | State                  | ZIP                                 |   |   | 1 |
|   | Type of Operating Expense Paid                |                        | P (PACs and Political Parties Only) | ☐ Cash☐ Credit                                |   | l |
|   | Name  | Disbursement Date      |                                     |   |   |   |
|   | Street Address                                |                        |                                     |   |   | 1 |
| 5 | City  | State                  | ZIP                                 | <br>□ Cash                                    |   | 1 |
|   | Type of Operating Expense Paid                |                        | P (PACs and Political Parties Only) | ☐ Credit                                      |   | 1 |
|   | □ □ Enter total only if last page of schedule |                        |                                     |   |   |   |

Schedule B(1), page \_\_\_\_ of \_\_\_

# MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

|     | Candidat                                  | e Committee Recipient Ir | nformation | Amount<br>Contributed | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|-----|---|--------------------------|------------|-----------------------|---|---|
|     | Committee Name                            |                          |            |                       |   |   |
|     | Street Address                            |                          |            |                       |   |   |
| 1   | City                                      | State                    | ZIP        | ☐ Cash                |   |   |
|     | Committee ID Number                       | Date Contribution M      | lade       | □ Credit              |   |   |
|     | Committee Name                            |                          |            |                       |   |   |
|     | Street Address                            |                          |            |                       |   |   |
| 2   | City                                      | State                    | ZIP        |                       |   |   |
|     | Committee ID Number                       | Date Contribution M      | /lade      | ☐ Cash☐ Credit        |   |   |
|     | Committee Name                            |                          |            |                       |   |   |
| 3 - | Street Address                            | Street Address           |            |                       |   |   |
|     | City                                      | State                    | ZIP        |                       |   |   |
|     | Committee ID Number                       | Date Contribution N      | //ade      | □ Cash □ Credit       |   |   |
|     | Committee Name                            |                          |            |                       |   |   |
|     | Street Address                            |                          |            |                       |   |   |
|     | City                                      | State                    | ZIP        |                       |   |   |
|     | Committee ID Number                       | Date Contribution M      | Made       | □ Cash □ Credit       |   |   |
|     | Committee Name                            |                          |            |                       |   |   |
|     | Street Address                            | Street Address           |            |                       |   |   |
| •   | City                                      | State                    | ZIP        |                       |   |   |
|     | Committee ID Number                       | Date Contribution M      | Made       | ☐ Cash☐ Credit        |   |   |
| _   | Enter total only if last page of schedule |                          |            |                       |   |   |

Schedule B(2)(a), page \_\_\_\_ of \_\_\_\_

## MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

| / | Political Ac                     | tion Committee Recipier                    | Amount<br>Contributed | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |  |
|---|----------------------------------|--|-----------------------|---|---|--|
|   | Committee Name Street Address    |  |                       |   |   |  |
| 1 | City                             | City State ZIP                             |                       | □ Cash  |   |  |
|   | Committee ID Number              | Date Contribution I                        | Made                  | □ Credit                                      |   |  |
|   | Committee Name                   |  |                       |   |   |  |
| 2 | Street Address                   | 0  |                       |   |   |  |
| 3 | Committee ID Number              | State  Date Contribution                   | ZIP<br>Made           | □ Cash □ Credit                               |   |  |
|   | Committee Name                   |  |                       |   |   |  |
|   | Street Address                   |  |                       |   |   |  |
|   | City                             | State                                      | ZIP                   |   |   |  |
|   | Committee ID Number              | Date Contribution                          | Made                  | □ Cash □ Credit                               |   |  |
|   | Committee Name                   | <u> </u>                                   |                       |   |   |  |
|   | Street Address                   |  |                       |   |   |  |
| 4 | City                             | State                                      | ZIP                   | □ Cash  |   |  |
|   | Committee ID Number              | Committee ID Number Date Contribution Made |                       |   |   |  |
|   | Committee Name Street Address    |  |                       |   |   |  |
| ; | City                             | State ZIP                                  |                       |   |   |  |
|   | Committee ID Number              | Date Contribution                          |                       | □ Cash □ Credit                               |   |  |
| _ | Enter total only if last page of |  |                       |   |   |  |

Schedule B(2)(b), page \_\_\_\_ of \_\_\_\_

MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

|   | Political Party  | Recipient Informati    | Amount<br>Contributed | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |  |
|---|--|------------------------|-----------------------|---|---|--|
|   | Committee Name   |                        | Reporting Period      | Election Cycle                                |   |  |
|   | 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 Made |                       | ☐ Cash☐ Credit                                |   |  |
|   | Committee Name   |                        |                       |   |   |  |
|   | Street Address   |                        |                       |   |   |  |
| 3 | City   | State                  | ZIP                   |   |   |  |
|   | Committee ID Number  | Date Contribution Made |                       | ☐ Cash☐ Credit                                |   |  |
|   | Committee Name   | Committee Name         |                       |   |   |  |
|   | Street Address   |                        |                       |   |   |  |
| 4 | City   | State                  | ZIP                   |   |   |  |
|   | Committee ID Number  | Date Contribution Made |                       | ☐ Cash☐ Credit                                |   |  |
|   |  | Date Commission Made   |                       |   |   |  |
|   | Committee Name   |                        |                       |   |   |  |
| 5 |  | Street Address         |                       |   |   |  |
|   | City   | State                  | ZIP                   | ☐ Cash  |   |  |
|   | Committee ID Number  | Date Contribution Made |                       | ☐ Credit                                      |   |  |
|   | Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbu |                        |                       |   |   |  |

MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

| / | Partners                             | hip Recipient Informat | Amount<br>Contributed | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |  |
|---|--------------------------------------|------------------------|-----------------------|---|---|--|
|   | Partnership Name                     |                        |                       | Reporting Ferror                              | Election Cycle                              |  |
|   | Street Address                       |                        |                       |   |   |  |
| 1 | City                                 | State                  | ZIP                   |   |   |  |
|   | Corporation Commission File Number   | Date Contribution Mad  | e                     | ☐ Cash☐ Credit                                |   |  |
|   | Partnership Name                     |                        |                       |   |   |  |
|   | Street Address                       |                        |                       |   |   |  |
| 2 | City                                 | State                  | ZIP                   |   |   |  |
|   | Corporation Commission File Number   | Date Contribution Mad  | de                    | ☐ Cash☐ Credit                                |   |  |
|   | Partnership Name                     | Partnership Name       |                       |   |   |  |
|   | Street Address                       |                        |                       |   |   |  |
| 3 | City                                 | State                  | ZIP                   |   |   |  |
|   | Corporation Commission File Number   | Date Contribution Mad  | de                    | ☐ Cash☐ Credit                                |   |  |
|   | Partnership Name                     |                        |                       |   |   |  |
|   | Street Address                       |                        |                       |   |   |  |
| 4 | City                                 | State                  | ZIP                   |   |   |  |
|   | Corporation Commission File Number   | Date Contribution Mad  | de                    | ☐ Cash☐ Credit                                |   |  |
|   | Partnership Name                     |                        |                       |   |   |  |
|   | Street Address                       |                        |                       |   |   |  |
| 5 | City                                 | State                  | ZIP                   |   |   |  |
|   | Corporation Commission File Number   | Date Contribution Mad  | de                    | ☐ Cash☐ Credit                                |   |  |
|   | Enter total only if last page of sch | edule                  |                       |   |   |  |

MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

|   | Corporation                          | n / LLC Recipient Infor | Amount<br>Contributed | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |  |
|---|--------------------------------------|-------------------------|-----------------------|---|---|--|
|   | Corporation/LLC Name                 | Corporation/LLC Name    |                       |   |   |  |
|   | Street Address                       |                         |                       |   |   |  |
| 1 | 1 City                               | State                   | ZIP                   |   |   |  |
|   | Corporation Commission File Number   | Date Contribution Ma    | de                    | □ Cash □ Credit                               |   |  |
|   | Corporation/LLC Name                 |                         |                       |   |   |  |
|   | Street Address                       |                         |                       |   |   |  |
| 2 | 2 City                               | State                   | ZIP                   |   |   |  |
|   | Corporation Commission File Number   | Date Contribution Ma    | ıde                   | □ Cash □ Credit                               |   |  |
|   | Corporation/LLC Name                 | Corporation/LLC Name    |                       |   |   |  |
| = | Street Address                       |                         |                       |   |   |  |
| 3 | 3 City                               | State                   | ZIP                   |   |   |  |
|   | Corporation Commission File Number   | Date Contribution Ma    | ide                   | □ Cash □ Credit                               |   |  |
|   | Corporation/LLC Name                 |                         |                       |   |   |  |
|   | Street Address                       |                         |                       |   |   |  |
| 4 | 4 City                               | State                   | ZIP                   |   |   |  |
|   | Corporation Commission File Number   | Date Contribution Ma    | ide                   | ☐ Cash☐ Credit                                |   |  |
|   | Corporation/LLC Name                 |                         |                       |   |   |  |
|   | Street Address                       | Street Address          |                       |   |   |  |
| 5 | 5 City                               | State                   | ZIP                   |   |   |  |
|   | Corporation Commission File Number   | Date Contribution Ma    | ıde                   | ☐ Cash☐ Credit                                |   |  |
|   | Enter total only if last page of sch | nedule                  |                       |   |   |  |

Schedule B(2)(e), page \_\_\_\_ of \_\_\_

# MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

| / |   |   |       | l                     | 1   |   |
|---|---|---|-------|-----------------------|---|---|
|   | Labor Organization  | Recipient Inform  | ation | Amount<br>Contributor | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|   | Labor Organization Name   |   |       |                       |   | ,   |
|   | Street Address  |   |       |                       |   |   |
| 1 | City  | State   | ZIP   |                       |   |   |
|   | Corporation Commission File Number                                | Corporation Commission File Number Date Contribution Made |       | _ □ Cash<br>□ Credit  |   |   |
|   | Labor Organization Name   |   |       |                       |   |   |
|   | Street Address  | -   |       |                       |   |   |
| 2 | City  | State   | ZIP   | _                     |   |   |
|   | Corporation Commission File Number                                | Date Contribution Made                                    |       | ☐ Cash☐ Credit        |   |   |
|   | Labor Organization Name   | Labor Organization Name                                   |       |                       |   |   |
|   | Street Address  |   |       |                       |   |   |
| 3 | City  | State   | ZIP   |                       |   |   |
|   | Corporation Commission File Number                                | Date Contribution Made                                    |       | ☐ Cash☐ Credit        |   |   |
|   | Labor Organization Name   |   |       |                       |   |   |
|   | Street Address  |   |       |                       |   |   |
| 4 | City  | State   | ZIP   | _                     |   |   |
|   | Corporation Commission File Number                                | Date Contribution Made                                    |       | ☐ Cash☐ Credit        |   |   |
|   | Labor Organization Name   |   |       |                       |   |   |
|   | Street Address  |   |       |                       |   |   |
| 5 | City  | State   | ZIP   |                       |   |   |
|   | Corporation Commission File Number                                | Date Contribution Made                                    |       | ☐ Cash☐ Credit        |   |   |
|   | Enter total only if last page of schedule                         |   |       |                       |   |   |
| L | (transfer the total disbursed this period to "Summary of Disburse | ments." line 2(f))  |       |                       |   |   |

Schedule B(2)(f), page \_\_\_\_ of \_\_\_

CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

| / | Contributo   | r Information  |                               | Amount Refunded | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|----------------|-------------------------------|-----------------|---|---|
|   | Committee Name   |                | Date Refund Received          |                 |   |   |
|   | 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          |                 |   |   |
| 5 |  | Street Address |                               |                 |   |   |
| , | 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 "Summary of Disburser |                |                               |                 |   |   |

Schedule B(2)(h), page \_\_\_\_ of

LOANS MADE: SCHEDULE B(3)(a)

|   | Borrower   | Information    |     | Amount Loaned | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|----------------|-----|---------------|---|---|
|   | Borrower Name Street Address   |                |     |               |   |   |
|   |  |                |     |               |   |   |
| 1 | City   | State          | ZIP |               |   |   |
|   | Guarantor/Endorser Name  | Date Loan Made | l   |               |   |   |
|   | Borrower Name  |                |     |               |   |   |
| _ | Street Address   |                |     |               |   |   |
| 2 | City   | State          | ZIP |               |   |   |
|   | Guarantor/Endorser Name  | Date Loan Made |     |               |   |   |
|   | Borrower Name  |                |     |               |   |   |
| 3 | Street Address   |                |     |               |   |   |
| 3 | City   | State          | ZIP |               |   |   |
|   | Guarantor/Endorser Name  | Date Loan Made |     |               |   |   |
|   | Borrower Name  |                |     |               |   |   |
| 4 | Street Address   |                |     |               |   |   |
| 4 | City   | State          | ZIP |               |   |   |
|   | Guarantor/Endorser Name  | Date Loan Made |     |               |   |   |
|   | Borrower Name  |                |     |               |   |   |
| _ | Street Address   |                |     |               |   |   |
| 5 | City   | State          | ZIP |               |   |   |
|   | Guarantor/Endorser Name  | Date Loan Made |     |               |   |   |
|   | Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts." line 3) |                |     |               |   |   |

Schedule B(3)(a), page \_\_\_\_ of \_\_\_\_

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

| / |   | r Information        |     | Amount<br>Guaranteed | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|---|----------------------|-----|----------------------|---|---|
|   | Guarantor Name  Street Address            |                      |     | _                    |   |   |
|   |   |                      |     |                      |   |   |
| 1 | City                                      | State                | ZIP |                      |   |   |
|   | Borrower Name                             | Date Loan Guaranteed | ,   |                      |   |   |
|   | Guarantor Name                            | 1                    |     |                      |   |   |
|   | 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                            |                      |     |                      |   |   |
| 5 | City                                      | State                | ZIP |                      |   |   |
|   | Borrower Name                             | Date Loan Guaranteed |     | _                    |   |   |
|   | Enter total only if last page of schedule |                      |     |                      |   |   |

Schedule B(3)(b), page \_\_\_\_ of \_\_\_\_

FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

|   |   |                          |                       | i               |   |   |
|---|---|--------------------------|-----------------------|-----------------|---|---|
| / | Borrower  | Information              |                       | Amount Forgiven | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|   | Borrower Name   |                          | Date Forgiveness Made |                 |   | ,   |
|   | Street Address  | Street Address           |                       |                 |   |   |
| 1 | City  | State                    | ZIP                   | -               |   |   |
|   | Original Amount of Loan   | Amount Still Outstanding | L                     | -               |   |   |
|   | Borrower Name   | 1                        | 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   |                          | Date Forgiveness Made |                 |   |   |
|   | Street Address  |                          |                       | _               |   |   |
| 5 | City  | State                    | ZIP                   | _               |   |   |
|   | Original Amount of Loan   | Amount Still Outstanding |                       |                 |   |   |
|   | Enter total only if last page of schodulo   |                          |                       |                 |   |   |
|   | Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disburse | ements." line 3(c))      |                       |                 |   |   |

Schedule B(3)(c), page \_\_\_\_ of \_\_\_\_

REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

|    | Lender I  | nformation               |                     | Amount Repaid | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|----|---|--------------------------|---------------------|---------------|---|---|
|    | Lender Name   |                          | Date Repayment Made |               |   |   |
|    | Street Address  |                          |                     |               |   |   |
| 1  | City  | State                    | ZIP                 |               |   |   |
|    | Original Amount Borrowed  | Amount Still Outstanding | <u> </u>            |               |   |   |
|    | Lender Name   | I.                       | Date Repayment Made |               |   |   |
|    | Street Address  | Street Address           |                     |               |   |   |
| 2  | City  | State                    | ZIP                 |               |   |   |
|    | Original Amount Borrowed  | Amount Still Outstanding |                     |               |   |   |
| F  | Lender Name   | <u> </u>                 | Date Repayment Made |               |   |   |
|    | Street Address  |                          | <u> </u>            |               |   |   |
| 3  | City  | State                    | ZIP                 |               |   |   |
|    | Original Amount Borrowed  | Amount Still Outstanding |                     |               |   |   |
| F  | Lender Name   | l                        | Date Repayment Made |               |   |   |
|    | Street Address  |                          |                     |               |   |   |
| 4  | City  | State                    | ZIP                 |               |   |   |
|    | Original Amount Borrowed  | Amount Still Outstanding |                     |               |   |   |
|    | Lender Name   | I .                      | Date Repayment Made |               |   |   |
|    | Street Address  |                          | I .                 |               |   |   |
| 5  | City  | State                    | ZIP                 |               |   |   |
|    | Original Amount Borrowed  | Amount Still Outstanding | <u> </u>            |               |   |   |
|    | Enter total only if last page of schedule                         | 1                        |                     | l             |   |   |
| ◟ഥ | (transfer the total disbursed this period to "Summary of Disburse | ments," line 3(d))       |                     |               |   |   |

Schedule B(3)(d), page \_\_\_\_ of

INTEREST ACCRUED ON LOANS RECEIVED:

SCHEDULE B(3)(e)

| Lender                   | nformation  |   | Amount of Interest<br>Accrued   | Amount this                         | Cumulative<br>Amount this<br>Election Cycle  |
|--------------------------|---|---|---|-------------------------------------|--|
| Lender Name              |   | Date Interest Accrued   | Reporting Feriou  |                                     | Election Cycle   |
| Street Address           |   |   |   |                                     |  |
| City                     | State   | ZIP   |   |                                     |  |
| Original Amount Borrowed | Amount Still Outstanding  |   |   |                                     |  |
| Lender Name              |   | Date Interest Accrued   |   |                                     |  |
| Street Address           |   |   | _   |                                     |  |
| City                     | State   | ZIP   | 1   |                                     |  |
| Original Amount Borrowed | Amount Still Outstanding  |   | 1   |                                     |  |
| Lender Name              |   | Date Interest Accrued   |   |                                     |  |
| treet Address            |   |   | _   |                                     |  |
| City                     | State   | ZIP   | _   |                                     |  |
| Original Amount Borrowed | Amount Still Outstanding  |   | _   |                                     |  |
| Lender Name              |   | Date Interest Accrued   |   |                                     |  |
| Street Address           |   |   | _   |                                     |  |
| City                     | State   | ZIP   | _   |                                     |  |
| Original Amount Borrowed | Amount Still Outstanding  |   | _   |                                     |  |
| Lender Name              |   | Date Interest Accrued   |   |                                     |  |
| Street Address           |   | <u> </u>  | -   |                                     |  |
| City                     | State   | ZIP   | -   |                                     |  |
| Original Amount Borrowed | Amount Still Outstanding  |   | _   |                                     |  |
|                          | Lender Name  Street Address  City  Original Amount Borrowed  Lender Name  Street Address  City  Original Amount Borrowed | Street Address  City State  Original Amount Borrowed Amount Still Outstanding  Lender Name  Street Address  City State  Original Amount Borrowed Amount Still Outstanding  Lender Name  Street Address  City State  Original Amount Borrowed Amount Still Outstanding  Lender Name  Street Address  City State  Original Amount Borrowed Amount Still Outstanding  Lender Name  Street Address  City State  Original Amount Borrowed Amount Still Outstanding | Lender Name Date Interest Accrued  Street Address  City State ZIP  Original Amount Borrowed Amount Still Outstanding  Lender Name Date Interest Accrued  Street Address  City State ZIP  Original Amount Borrowed Amount Still Outstanding  Lender Name Date Interest Accrued  Street Address  City State ZIP  Original Amount Borrowed Amount Still Outstanding  Lender Name Date Interest Accrued  Street Address  City State ZIP  Original Amount Borrowed Amount Still Outstanding  Lender Name Date Interest Accrued  Street Address  City State ZIP  Original Amount Borrowed Amount Still Outstanding  Lender Name Date Interest Accrued  Street Address  City State ZIP  Original Amount Borrowed Amount Still Outstanding  Date Interest Accrued | Lender Name   Date Interest Account | Lender Information Date Interest Account Account this Reporting Period  Lender Name  Date Interest Account  Street Address  City  Date Interest Account  Lender Name  Date Interest Account  Lender Name  Date Interest Account  Date Interest Account  Date Interest Account  Date Interest Account  Lender Name  Date Interest Account  Date Interest Account  Date Interest Account  Date Interest Account  Lender Name  Date Interest Account  Date Interest Account  Date Interest Account  Date Interest Account  Lender Name  Date Interest Account  Date Inte |

Schedule B(3)(e), page \_\_\_\_ of

REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

| / |  |                         |                          | l                            | Cumulative                      | Cumulative                    |
|---|--|-------------------------|--------------------------|------------------------------|---------------------------------|-------------------------------|
| , | Red  | cipient Information     |                          | Amount Rebated /<br>Refunded | Amount this<br>Reporting Period | Amount this<br>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 | Date of Original Payment |                              |                                 |                               |
|   | Name of Original Payor                             |                         | Date Rebate/Refund Made  |                              |                                 |                               |
|   | Street Address                                     |                         |                          |                              |                                 |                               |
| 4 | 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                                     |                         |                          |                              |                                 |                               |
| 5 | City   | State                   | ZIP                      |                              |                                 |                               |
|   | Corporation Commission File Number (if applicable) | Original Payment Amount | Date of Original Payment |                              |                                 |                               |
|   |  | 1                       | 1                        |                              |                                 |                               |

Schedule B(4), page \_\_\_\_ of

IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

| / | Candidate Committe  | ee Recipient Inforr       | nation           | Amount<br>Contributed | Cumulative<br>Amount this | Cumulative<br>Amount this<br>Election Cycle |
|---|---------------------|---------------------------|------------------|-----------------------|---------------------------|---|
|   | Committee Name      |                           |                  | Contributed           | Reporting Period          |   |
|   | Street Address      |                           |                  |                       |                           |   |
| 1 | City                | State                     | ZIP              |                       |                           |   |
|   | Committee ID Number | Date In-Kind Contribution | I<br>Made        |                       |                           |   |
|   | Committee Name      |                           |                  |                       |                           |   |
|   | Street Address      |                           |                  |                       |                           |   |
| 2 | City                | State                     | ZIP              |                       |                           |   |
|   | Committee ID Number | Date In-Kind Contribution | <u> </u><br>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 | I<br>Made        |                       |                           |   |
|   | Committee Name      |                           |                  |                       |                           |   |
|   | Street Address      |                           |                  |                       |                           |   |
| 5 | City                | State                     | ZIP              |                       |                           |   |
|   | Committee ID Number | Date In-Kind Contribution | <u>I</u><br>Made |                       |                           |   |

Schedule B(5)(a), page \_\_\_\_ of \_\_\_\_

IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

|   | Political Action Commi  | ttee Recipient Info            | ormation | Amount<br>Contributed | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|---|--------------------------------|----------|-----------------------|---|---|
|   | Committee Name  |                                |          |                       |   |   |
|   | Street Address  |                                |          | _                     |   |   |
| 1 | City  | State                          | ZIP      |                       |   |   |
|   | Committee ID Number   | Date In-Kind Contribution      | Made     | _                     |   |   |
|   | Committee Name  |                                |          |                       |   |   |
|   | Street Address  |                                |          |                       |   |   |
| 2 | City  | State                          | ZIP      |                       |   |   |
|   | Committee ID Number   | Date In-Kind Contribution      | Made     | _                     |   |   |
|   | Committee Name  |                                |          |                       |   |   |
|   | Street Address  |                                |          | _                     |   |   |
| 3 | City  | State                          | ZIP      | _                     |   |   |
|   | Committee ID Number   | Date In-Kind Contribution      | Made     | _                     |   |   |
|   | Committee Name  |                                |          |                       |   |   |
|   | Street Address  |                                |          | _                     |   |   |
| 4 | City  | State                          | ZIP      | _                     |   |   |
|   | Committee ID Number   | Date In-Kind Contribution Made |          | _                     |   |   |
|   | Committee Name  |                                |          |                       |   |   |
|   | Street Address  |                                |          | -                     |   |   |
| 5 | City  | State                          | ZIP      | -                     |   |   |
|   | Committee ID Number   | Date In-Kind Contribution      | Made     | _                     |   |   |
|   | Enter total only if last page of schedule                         |                                |          |                       |   |   |
|   | (transfer the total disbursed this period to "Summary of Disburse | ements," line 5(b))            |          |                       |   |   |

Schedule B(5)(b), page \_\_\_\_ of \_\_\_\_

IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

|   |                     | ecipient Information           | on               | Amount<br>Contributed | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |  |
|---|---------------------|--------------------------------|------------------|-----------------------|---|---|--|
|   | Committee Name      |                                |                  |                       |   |   |  |
| - | Street Address      |                                |                  |                       |   |   |  |
| 1 | City                | State                          | ZIP              |                       |   |   |  |
|   | Committee ID Number | Date In-Kind Contribution I    | Made             |                       |   |   |  |
|   | Committee Name      |                                |                  |                       |   |   |  |
|   | Street Address      |                                |                  |                       |   |   |  |
| 2 | City                | State                          | ZIP              |                       |   |   |  |
| • | Committee ID Number | Date In-Kind Contribution      | <u> </u><br>Made |                       |   |   |  |
|   | Committee Name      | <u> </u>                       |                  |                       |   |   |  |
| _ | Street Address      |                                |                  |                       |   |   |  |
| 3 | City                | State                          | ZIP              |                       |   |   |  |
| Ī | 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              |                       |   |   |  |
| ŀ | 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<br>Contributed | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>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  | poration Commission File Number Date In-Kind Contribution Made |      |                       |   |   |
|   | Partnership Name  |  |      |                       |   |   |
|   | Street Address  | Street Address   |      |                       |   |   |
| 5 | City  | State  | ZIP  |                       |   |   |
|   | Corporation Commission File Number  | Date In-Kind Contribution                                      | Made |                       |   |   |
|   | Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disburse | ments " line 5(d))   |      | <u>I</u>              |   |   |

IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

|   | Corporation / LL                   | C Recipient Informa       | ation             | Amount<br>Contributed | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |  |
|---|------------------------------------|---------------------------|-------------------|-----------------------|---|---|--|
|   | Corporation/LLC Name               |                           | rispering a since |                       |   |   |  |
|   | Street Address                     |                           |                   |                       |   |   |  |
| 1 | City                               | State                     | ZIP               |                       |   |   |  |
|   | Corporation Commission File Number | Date In-Kind Contribution | <u>I</u><br>Made  |                       |   |   |  |
|   | Corporation/LLC Name               |                           |                   |                       |   |   |  |
|   | Street Address                     |                           |                   |                       |   |   |  |
|   | City                               | State                     | ZIP               |                       |   |   |  |
|   | Corporation Commission File Number | Date In-Kind Contribution | Made              |                       |   |   |  |
|   | Corporation/LLC Name               |                           |                   |                       |   |   |  |
|   | Street Address                     |                           |                   |                       |   |   |  |
| 3 | City                               | State                     | ZIP               |                       |   |   |  |
|   | Corporation Commission File Number | Date In-Kind Contribution | Made              |                       |   |   |  |
|   | Corporation/LLC Name               |                           |                   |                       |   |   |  |
|   | Street Address                     |                           |                   |                       |   |   |  |
| ļ | City                               | State                     | ZIP               |                       |   |   |  |
|   | Corporation Commission File Number | Date In-Kind Contribution | Made              |                       |   |   |  |
|   | Corporation/LLC Name               |                           |                   |                       |   |   |  |
|   | Street Address                     |                           |                   |                       |   |   |  |
|   | City                               | State                     | ZIP               |                       |   |   |  |
|   | Corporation Commission File Number | Date In-Kind Contribution | Made              |                       |   |   |  |

Schedule B(5)(e), page \_\_\_\_ of \_\_\_

Arizona Secretary of State Revision 12/12/19 (fillable format)

IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

| Labor Organization                        | Recipient Inform   | ation   | Amount<br>Contributed  | Cumulative<br>Amount this<br>Reporting Period   | Cumulative<br>Amount this<br>Election Cycle  |
|---|--|---|--|---|--|
| Labor Organization Name                   |  |   |  |   |  |
| Street Address                            |  |   |  |   |  |
| City                                      | State  | ZIP   |  |   |  |
| Corporation Commission File Number        | Date In-Kind Contribution  | Made  |  |   |  |
| Labor Organization Name                   |  |   |  |   |  |
| Street Address                            |  |   |  |   |  |
| City                                      | State  | ZIP   |  |   |  |
| Corporation Commission File Number        | Date In-Kind Contribution  | Made  |  |   |  |
| Labor Organization Name                   |  |   |  |   |  |
| Street Address                            |  |   |  |   |  |
| City                                      | State  | ZIP   |  |   |  |
| Corporation Commission File Number        | Date In-Kind Contribution  | Made  |  |   |  |
| Labor Organization Name                   |  |   |  |   |  |
| Street Address                            |  |   |  |   |  |
| City                                      | State  | ZIP   |  |   |  |
| Corporation Commission File Number        | Date In-Kind Contribution  | Made  |  |   |  |
| Labor Organization Name                   |  |   |  |   |  |
| Street Address                            |  |   |  |   |  |
| City                                      | State  | ZIP   |  |   |  |
| Corporation Commission File Number        | Date In-Kind Contribution  | Made  |  |   |  |
| Enter total only if last page of schedule |  |   |  |   |  |
|   | Labor Organization Name  Street Address  City  Corporation Commission File Number  Labor Organization Name  Street Address  City  Corporation Commission File Number  Labor Organization Name  Street Address  City  Corporation Commission File Number  Labor Organization Name  Street Address  City  Corporation Commission File Number  Labor Organization Name  Street Address  City  Corporation Commission File Number  Labor Organization Name  Street Address  City  Corporation Commission File Number | Labor Organization Name  Street Address  City State  Corporation Commission File Number Date In-Kind Contribution  Labor Organization Name  Street Address  City State  Corporation Commission File Number Date In-Kind Contribution  Labor Organization Name  Street Address  City State  City State  Corporation Commission File Number Date In-Kind Contribution  Labor Organization Name  Street Address  City State  Corporation Commission File Number Date In-Kind Contribution  Labor Organization Name  Street Address  City State  Corporation Commission File Number Date In-Kind Contribution  Labor Organization Name  Street Address  City State  Corporation Commission File Number Date In-Kind Contribution  Date In-Kind Contribution | Street Address  City State ZIP  Corporation Commission File Number Date In-Kind Contribution Made  Labor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date In-Kind Contribution Made  Labor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date In-Kind Contribution Made  Labor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date In-Kind Contribution Made  Labor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date In-Kind Contribution Made  Labor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date In-Kind Contribution Made  Enter total only if last page of schedule | Labor Organization Name  Street Address  City State Zip  Corporation Commission File Number Date In Kind Contribution Made  Labor Organization Name  Street Address  City State Zip  Corporation Commission File Number Date In-Kind Contribution Made  Labor Organization Name  Street Address  City State Zip  Corporation Commission File Number Date In-Kind Contribution Made  Labor Organization Name  Street Address  City State Zip  Corporation Commission File Number Date In-Kind Contribution Made  Labor Organization Name  Street Address  City State Zip  Corporation Commission File Number Date In-Kind Contribution Made  Labor Organization Name  Street Address  City State Zip  Corporation Commission File Number Date In-Kind Contribution Made  Enter total only if last page of schedule | Labor Organization Recipient Information Contributed Amount this Reporting Period  Storet Address  City Storet Add |

Schedule B(5)(f), page \_\_\_\_ of \_\_\_

INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

| ient Name   | ecipient Informatio   | on   | Expenditure  | Cumulative                      | Cumulative   |
|---|---|--|--|---------------------------------|--|
|   | Expenditure Recipient Information   |  | Amount   | Amount this<br>Reporting Period | Amount this Election Cycle   |
|   |   | Mode of Advertising (TV, mail, etc)  |  |                                 |  |
| t Address   |   |  |  |                                 |  |
|   | State   | ZIP  |  |                                 |  |
| idate(s) Supported (including % supported)            | Candidate(s) Opposed (inclu   | Iding % opposed)   | ☐ Cash   |                                 |  |
| of First Publication, Display, Delivery, or Broadcast | Election Month/Year   | Office Sought  | - □ Credit   |                                 |  |
| ient Name   |   | Mode of Advertising (TV, mail, etc)  |  |                                 |  |
| t Address   |   |  | 1  |                                 |  |
|   | State   | ZIP  | 1  |                                 |  |
| idate(s) Supported (including % supported)            | Candidate(s) Opposed (inclu   | uding % opposed)   | ☐ Cash   |                                 |  |
| of First Publication, Display, Delivery, or Broadcast | Election Month/Year   | Office Sought  | _ □ Credit   |                                 |  |
| ient Name   |   | Mode of Advertising (TV, mail, etc)  |  |                                 |  |
| Address   |   |  | -  |                                 |  |
|   | State   | ZIP  | 1  |                                 |  |
| idate(s) Supported (including % supported)            | Candidate(s) Opposed (inclu   | Iding % opposed)   | ☐ Cash   |                                 |  |
| of First Publication, Display, Delivery, or Broadcast | Election Month/Year   | Office Sought  | _ □ Credit   |                                 |  |
| ient Name   |   | Mode of Advertising (TV, mail, etc)  |  |                                 |  |
| t Address   |   |  | 1  |                                 |  |
|   | State   | ZIP  | 1  |                                 |  |
| idate(s) Supported (including % supported)            | Candidate(s) Opposed (inclu   | uding % opposed)   | _<br>□ Cash  |                                 |  |
| of First Publication, Display, Delivery, or Broadcast | Election Month/Year   | Office Sought  | □ Credit   |                                 |  |
| er total only if last page of schedule                |   |  | <u> </u>   |                                 |  |
| of id id of id  | First Publication, Display, Delivery, or Broadcast  and Name  Address  Interest Publication, Display, Delivery, or Broadcast  and Name  Address  Interest Publication, Display, Delivery, or Broadcast  and Name  Address  Interest Publication, Display, Delivery, or Broadcast  and Name  Address  Interest Publication, Display, Delivery, or Broadcast  and Name  Address  Interest Publication, Display, Delivery, or Broadcast  Interest Publication, Display, Delivery, or Broadcast | First Publication, Display, Delivery, or Broadcast  State  Address  State  State  Candidate(s) Opposed (including % supported)  First Publication, Display, Delivery, or Broadcast  State  Stat | First Publication, Display, Delivery, or Broadcast  Election Month/Year  Office Sought  Int Name  Mode of Advertising (TV, mail, etc)  State  State  ZIP  State(s) Supported (including % supported)  Candidate(s) Opposed (including % opposed)  First Publication, Display, Delivery, or Broadcast  Election Month/Year  Office Sought  Address  State  ZIP  State  ZIP  State(s) Supported (including % supported)  Candidate(s) Opposed (including % opposed)  First Publication, Display, Delivery, or Broadcast  Election Month/Year  Office Sought  Int Name  Mode of Advertising (TV, mail, etc)  Address  State  ZIP  State  Toffice Sought  Int Name  Mode of Advertising (TV, mail, etc)  Address  Election Month/Year  Office Sought  The State State State  ZIP  State(s) Supported (including % supported)  Candidate(s) Opposed (including % opposed)  Election Month/Year  Office Sought  First Publication, Display, Delivery, or Broadcast  Election Month/Year  Office Sought  First Publication, Display, Delivery, or Broadcast  Election Month/Year  Office Sought  Trotal only if last page of schedule | Cash   Credit                   | First Publication, Display, Delivery, or Broadcast Diccion Month/Year Office Sought Credit  ant Name Node of Advertising (TV, mail, etc.)  State ZIP  Cash Credit  First Publication, Display, Delivery, or Broadcast Diccion Month/Year Office Sought  The Publication, Display, Delivery, or Broadcast Diccion Month/Year Office Sought  State ZIP  Address  State ZIP  Address  State ZIP  Address  State ZIP  Cash Credit  Credit  Credit  Cash Credit  Cash Credit  Cash Credit  Cash Credit  Cash Credit  Cash Credit  Cash Credit  Credit  Cash Credit  Credit  Cash Credit  Credit  Credit  Cash Credit  Credit  Credit  Credit |

Schedule B(6), page \_\_\_\_ of \_\_\_\_

BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

|   | Expenditure I  | Recipient Informati   | on                                  | Expenditure<br>Amount | Cumulative<br>Amount this<br>Reporting Period | Cumulative Amount this Election Cycle |
|---|--|---|-------------------------------------|-----------------------|---|---------------------------------------|
|   | Recipient Name   |   | Mode of Advertising (TV, mail, etc) |                       |   | -                                     |
|   | Street Address   |   | 1                                   | _                     |   |                                       |
| 1 | City   | State   | ZIP                                 |                       |   |                                       |
|   | Ballot Measure(s) Supported (including % supported)        | Ballot Measure(s) Opposed   | d (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                                 |                       |   |                                       |
| 2 | Ballot Measure(s) Supported (including % supported)        | Ballot Measure(s) Opposed   | d (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   | d (including % opposed)             |                       |   |                                       |
|   | Date of First Publication, Display, Delivery, or Broadcast | Election Month/Year   |                                     | □ Cash □ Credit       |   |                                       |
|   |  | Liceus Month Fed  |                                     |                       |   |                                       |
|   | Recipient Name   |   | Mode of Advertising (TV, mail, etc) |                       |   |                                       |
|   | Street Address   |   |                                     |                       |   |                                       |
| 4 | City   | State   | ZIP                                 |                       |   |                                       |
|   | Ballot Measure(s) Supported (including % supported)        | e(s) Supported (including % supported)  Ballot Measure(s) Opposed (including % supported) |                                     | ☐ Cash☐ Credit        |   |                                       |
|   | Date of First Publication, Display, Delivery, or Broadcast | Election Month/Year   |                                     | Orodit                |   |                                       |
| _ | Enter total only if last page of schedul                   | e   |                                     | 1                     |   |                                       |

Schedule B(7), page \_\_\_\_ of \_\_\_\_

RECALL EXPENDITURES MADE: SCHEDULE B(8)

| <u></u> | Expenditure  | Recipient Information      | on                                  | Expenditure<br>Amount | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---------|--|----------------------------|-------------------------------------|-----------------------|---|---|
|         | Recipient Name   |                            | Mode of Advertising (TV, mail, etc) |                       |   |   |
|         | Street Address   |                            | <u> </u>                            |                       |   |   |
| 1       | City   | State                      | ZIP                                 |                       |   |   |
|         | Supporting or Opposing Issuance of Recall Order?                       | Candidate Sought to be Rea | called                              | _<br>□ 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 Rea | called                              | _<br>□ Cash           |   |   |
| •       | Date of First Publication, Display, Delivery, or Broadcast Office Held |                            |                                     | _ □ Credit            |   |   |
|         | Recipient Name   | <u> </u>                   | Mode of Advertising (TV, mail, etc) |                       |   |   |
|         | Street Address   |                            |                                     |                       |   |   |
| 3       | City   | State                      | ZIP                                 |                       |   |   |
|         | Supporting or Opposing Issuance of Recall Order?                       | Candidate Sought to be Rea | called                              | ☐ Cash                |   |   |
|         | Date of First Publication, Display, Delivery, or Broadcast             | Office Held                |                                     | _ □ Credit            |   |   |
|         | Recipient Name   | l                          | Mode of Advertising (TV, mail, etc) |                       |   |   |
|         | Street Address   |                            |                                     |                       |   |   |
| 4       | City   | State                      | ZIP                                 |                       |   |   |
|         | Supporting or Opposing Issuance of Recall Order?                       | Candidate Sought to be Re  | called                              | ☐ Cash                |   |   |
|         | Date of First Publication, Display, Delivery, or Broadcast             | Office Held                |                                     | ☐ Credit              |   |   |

SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

| /   |                          | Benefitted Candidate  |                   |                       | Amount | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |  |
|-----|--------------------------|---|-------------------|-----------------------|--------|---|---|--|
|     |                          | Candidate Name  |                   | Date Benefit Provided |        | ·   | ,   |  |
|     |                          | Street Address  |                   |                       |        |   |   |  |
|     | 1                        | City  | State             | ZIP                   |        |   |   |  |
|     | Type of Benefit Provided |   |                   |                       |        |   |   |  |
|     |                          | Notes:  |                   |                       |        |   |   |  |
|     |                          | andidate Name   |                   | Date Benefit Provided |        |   |   |  |
|     |                          | Street Address  |                   |                       |        |   |   |  |
|     | 2                        | City  | State             | ZIP                   |        |   |   |  |
|     |                          | Type of Benefit Provided  |                   |                       |        |   |   |  |
|     |                          | Notes:  |                   |                       |        |   |   |  |
|     |                          | Candidate Name  |                   | Date Benefit Provided |        |   |   |  |
|     |                          | Street Address  |                   |                       |        |   |   |  |
|     | 3                        | City  | State             | ZIP                   |        |   |   |  |
|     |                          | Type of Benefit Provided  |                   |                       |        |   |   |  |
|     |                          | Notes:  |                   |                       |        |   |   |  |
|     |                          | Candidate Name  |                   | Date Benefit Provided |        |   |   |  |
|     |                          | Street Address  |                   |                       |        |   |   |  |
|     | 4                        | City  | State             | ZIP                   |        |   |   |  |
|     |                          | Type of Benefit Provided  |                   |                       |        |   |   |  |
|     |                          | Notes:  |                   |                       |        |   |   |  |
| ľ   |                          | Enter total only if last page of schedule                       |                   |                       | 1      |   |   |  |
| \ L |                          | (transfer the total disbursed this period to "Summary of Disbur | Senients, line 9) |                       |        |   |   |  |

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JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

|   | Recipient  | Committee Infor                        | mation                  | Payment Amount  | Cumulative<br>Amount this | Cumulative Amount this |
|---|--|--|-------------------------|-----------------|---------------------------|------------------------|
|   | Committee Name   |  |                         | .,              | Reporting Period          | Election Cycle         |
|   | Committee Name   |  | Payment Date            |                 |                           |                        |
|   | Street Address   |  |                         |                 |                           |                        |
| 1 | City   | State                                  | ZIP                     |                 |                           |                        |
|   | Date of Joint Fundraising Event (if applicable)  | Type of Shared                         | Expense (if applicable) | □ Cash □ Credit |                           |                        |
|   | Committee Name   |  | Payment Date            |                 |                           |                        |
|   | Street Address   |  |                         |                 |                           |                        |
| 2 | City   | State                                  | ZIP                     |                 |                           |                        |
|   | Date of Joint Fundraising Event (if applicable)  | Type of Shared                         | Expense (if applicable) | ☐ Cash☐ Credit  |                           |                        |
|   | Committee Name   | mmittee Name                           |                         |                 |                           |                        |
|   | Street Address   |  |                         |                 |                           |                        |
| 3 | City   | State                                  | ZIP                     |                 |                           |                        |
|   | Date of Joint Fundraising Event (if applicable)  Type of Shared Expense                          |  | Expense (if applicable) | ☐ Cash☐ Credit  |                           |                        |
|   | Committee Name   | Payment Date                           |                         |                 |                           |                        |
|   | Street Address   | Street Address                         |                         |                 |                           |                        |
| 4 | City   | State                                  | ZIP                     |                 |                           |                        |
|   | Date of Joint Fundraising Event (if applicable)  | Type of Shared Expense (if applicable) |                         | ☐ Cash☐ Credit  |                           |                        |
|   | Committee Name   |  | Payment Date            |                 |                           |                        |
|   | Street Address   |  |                         |                 |                           |                        |
| 5 | City   | State                                  | ZIP                     |                 |                           |                        |
|   | Date of Joint Fundraising Event (if applicable)  | Type of Shared                         | Expense (if applicable) | ☐ Cash☐ Credit  |                           |                        |
|   | Enter total only if last page of scheoutransfer the total disbursed this period to "Summary of E |  |                         |                 |                           |                        |

REIMBURSEMENTS MADE: SCHEDULE B(11)

|   | Recipient   | Information                   |                    | Reimbursement<br>Amount | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|---|-------------------------------|--------------------|-------------------------|---|---|
|   | Name  |                               |                    |                         |   |   |
|   | Street Address  |                               |                    |                         |   |   |
| 1 | City  | State                         | ZIP                |                         |   |   |
|   |   |                               |                    | ☐ Cash                  |   |   |
|   | Services or Goods Reimbursed                                      |                               | Reimbursement Date | ☐ Credit                |   |   |
|   | Name  |                               |                    |                         |   |   |
|   | Street Address  |                               |                    |                         |   |   |
| 2 | City  | State                         | ZIP                |                         |   |   |
|   | Services or Goods Reimbursed                                      |                               | Reimbursement Date | ☐ Cash☐ Credit          |   |   |
|   | GCTVCCS OF GOODS NORMOUSED  | Reimbulsed Reimbulsement Date |                    |                         |   |   |
|   | Name  |                               |                    |                         |   |   |
|   | Street Address  |                               |                    |                         |   |   |
| 3 | City  | State                         | ZIP                |                         |   |   |
|   | Services or Goods Reimbursed                                      |                               | Reimbursement Date | ☐ Cash☐ Credit          |   |   |
| - | Name  |                               |                    |                         |   |   |
|   | Ivalite   |                               |                    |                         |   |   |
|   | Street Address  |                               |                    |                         |   |   |
| 4 | City  | State                         | ZIP                |                         |   |   |
|   | Services or Goods Reimbursed                                      |                               | Reimbursement Date | ☐ Cash☐ Credit          |   |   |
| - | me  |                               |                    |                         |   |   |
|   | North Address   |                               |                    |                         |   |   |
| 5 | Street Address  |                               |                    |                         |   |   |
|   | City  | State                         | ZIP                | □ Cash                  |   |   |
|   | Services or Goods Reimbursed Reimbursement Date                   |                               | ☐ Credit           |                         |   |   |
|   | Enter total only if last page of schedule                         |                               | <u> </u>           |                         |   |   |
| L | (transfer the total disbursed this period to "Summary of Disburse | ments," line 11)              |                    |                         |   |   |

# OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

| _ | Debt In  | formation |                        | Amount | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|-----------|------------------------|--------|---|---|
|   | Name   |           |                        |        |   |   |
|   | Street Address   |           |                        |        |   |   |
| 1 | City   | 710       |                        |        |   |   |
|   | 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 | City   | State     | ZIP                    |        |   |   |
|   | Type of Account Payable or Debt Owed                               |           | Date that Debt Accrued |        |   |   |
|   | Name   |           |                        |        |   |   |
|   | Street Address   |           |                        |        |   |   |
| 4 | City   | State     | ZIP                    |        |   |   |
|   |  | otato     |                        |        |   |   |
|   | Type of Account Payable or Debt Owed                               |           | Date that Debt Accrued |        |   |   |
|   | Name   |           |                        |        |   |   |
|   | Street Address   |           |                        |        |   |   |
| 5 | City   | State     | ZIP                    |        |   |   |
|   | Type of Account Payable or Debt Owed                               |           | Date that Debt Accrued |        |   |   |
| H | Enter total only if last page of schedule                          |           |                        |        |   |   |
| L | (transfer the total received this period to "Summary of Receipts," | line 12)  |                        |        |   |   |

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# TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

|   | Cumulative Amount this Reporting<br>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 14) |  |                                       |

Schedule A(13), page \_\_\_\_ of \_\_\_\_

MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

|   | Recipient  | Amount | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |  |  |
|---|--|--------|---|---|--|--|
|   | Name   |        |   |   |  |  |
|   | Street Address   |        |   |   |  |  |
| 1 | City   |        | ZIP   |   |  |  |
|   | Disbursement Type  |        | Disbursement Date                             | ☐ Cash☐ Credit                              |  |  |
|   | Name   |        |   |   |  |  |
|   |  |        |   |   |  |  |
| 2 | Street Address   |        | 1   |   |  |  |
| _ | City   |        | ZIP   | ☐ Cash                                      |  |  |
|   | Disbursement Type  |        | Disbursement Date                             | ☐ Credit                                    |  |  |
|   | Name   |        |   |   |  |  |
|   | Street Address   |        |   |   |  |  |
| 3 | City   |        | ZIP   |   |  |  |
|   | Disbursement Type  |        | Disbursement Date                             | ☐ Cash☐ Credit                              |  |  |
|   | Name   |        |   |   |  |  |
|   |  |        |   |   |  |  |
| 4 | Street Address   |        |   |   |  |  |
| 7 | City   |        | ZIP   | ☐ Cash                                      |  |  |
|   | Disbursement Type  |        | Disbursement Date                             | ☐ Credit                                    |  |  |
|   | Name   |        |   |   |  |  |
|   | Street Address   |        |   |   |  |  |
| 5 | City   | State  | ZIP   |   |  |  |
|   | Disbursement Type  |        | Disbursement Date                             | ☐ Cash☐ Credit                              |  |  |
|   | Sieder State Communication and Communication and Communication Communica |        |   |   |  |  |

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