

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

2. ID#

1. Committee Name: _____
 3. Report covering period from _____ Thru _____

| RECEIPTS | COLUMN A THIS PERIOD | COLUMN B CAMPAIGN TO DATE |
|--|-------------------------|------------------------------|
| 4. Contributions other than loans and in-kind: | | |
| (a) Individuals - more than \$50 (Total from Schedule A) | | |
| (b) Individuals - aggregate \$50 or less (Total from Schedule A-1) | | |
| (c) Political Committees (Total from Schedule B) | | |
| (d) Subtotal Contributions [add 4(a), 4(b), and 4(c)] | | |
| (e) Refund of contributions (Total from Schedule F-2) | | |
| (f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)] | | |
| 5. (a) Loans made or guaranteed by candidate (Total from Schedule C) | | |
| (b) All other loans (Total from Schedule C-1) | | |
| (c) Total Loans [add 5(a) and 5(b)] | | |
| 6. In-kind contributions (Total from Schedule E) | | |
| 7. Dividends, interest, and other forms of receipts (Total from Schedule F-1) | | |
| 8. Total Receipts [add 4(f), 5(c), 6, and 7] | | |
| | | |
| DISBURSEMENTS | | |
| 9. Expenditures for operating expenses (Total from Schedule D) | | |
| 10. Independent Expenditures (Total from Schedule D-1) | | |
| 11. Value of In-kind expenditures (Total from Schedule E) | | |
| 12. Loans made by reporting committee (Total from Schedule D-2) | | |
| 13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4) | | |
| (b) Repayment of all other loans (Total from Schedule D-5) | | |
| (c) Total Loan Repayments [add 13(a) and 13(b)] | | |
| 14. Transfers to other political committees (Total from Schedule D-6) | | |
| 15. Any other disbursement (Total from Schedule D-7) | | |
| 16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15] | | |
| 17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3) | | |
| 18. Total disbursements [subtract line 17 from line 16] | | |
| 19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3) | | |
| 20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to the best of my knowledge and belief it is true and complete. | | |
| Type or Print Name of Treasurer | | |
| Signature of Treasurer or Candidate or Designating Individual | | Date |

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

| 4 | CONTRIBUTIONS | DATE RECEIVED | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE | | | | | | | | | | | | |
|----------------|--|---------------|-----------------------------|--|----------------|--|--|------|-------|-----|------------|----------|--|--|--|--|
| | NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR | | | | | | | | | | | | | | | |
| 4a. | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">LAST</td> <td style="width:33%;">FIRST</td> <td style="width:33%;">MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table> | LAST | FIRST | MI | STREET ADDRESS | | | CITY | STATE | ZIP | OCCUPATION | EMPLOYER | | | | |
| LAST | FIRST | MI | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | |
| b. | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">LAST</td> <td style="width:33%;">FIRST</td> <td style="width:33%;">MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table> | LAST | FIRST | MI | STREET ADDRESS | | | CITY | STATE | ZIP | OCCUPATION | EMPLOYER | | | | |
| LAST | FIRST | MI | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | |
| c. | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">LAST</td> <td style="width:33%;">FIRST</td> <td style="width:33%;">MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table> | LAST | FIRST | MI | STREET ADDRESS | | | CITY | STATE | ZIP | OCCUPATION | EMPLOYER | | | | |
| LAST | FIRST | MI | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | |
| d. | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">LAST</td> <td style="width:33%;">FIRST</td> <td style="width:33%;">MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table> | LAST | FIRST | MI | STREET ADDRESS | | | CITY | STATE | ZIP | OCCUPATION | EMPLOYER | | | | |
| LAST | FIRST | MI | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | |
| e. | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">LAST</td> <td style="width:33%;">FIRST</td> <td style="width:33%;">MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table> | LAST | FIRST | MI | STREET ADDRESS | | | CITY | STATE | ZIP | OCCUPATION | EMPLOYER | | | | |
| LAST | FIRST | MI | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | | | | | |
| OCCUPATION | EMPLOYER | | | | | | | | | | | | | | | |
| 5. | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page Line 4(z), Column A] | | | | | | | | | | | | | | | |

*If contributions of \$50 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1.

CONTRIBUTIONS of \$50 or less - AGGREGATE TOTAL*

SCHEDULE A-1

| |
|--------|
| 2. ID# |
|--------|

1. Committee Name _____

3. Report covering period from _____ thru _____

4. Aggregate Total of Contributions of \$50 or less

| DESCRIPTION | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE | |
|---|-----------------------------|---|--|
| | | | |
| 5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A] | | 6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B] | |

*If contributions of \$50 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule.

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

| |
|--------|
| 2. ID# |
|--------|

1. Committee Name _____

3. Report covering period from _____ thru _____

| 4 | CONTRIBUTIONS | | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|----|--|------------------------------------|-----------------------------|--|
| | IDENTITY OF CONTRIBUTOR AND DATE RECEIVED | | | |
| 4a | ID # | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DATE RECEIVED | | | |
| b. | ID # | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DATE RECEIVED | | | |
| c. | ID # | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DATE RECEIVED | | | |
| d. | ID # | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DATE RECEIVED | | | |
| e. | ID # | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DATE RECEIVED | | | |
| f. | ID # | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DATE RECEIVED | | | |
| g. | ID # | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DATE RECEIVED | | | |
| h. | ID # | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DATE RECEIVED | | | |
| i. | ID # | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DATE RECEIVED | | | |
| 5. | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE B [If last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A] | | | |

CANDIDATE LOANS

SCHEDULE C

| | | | | |
|-----|--|---------------|-----------------|--|
| 1. | Committee Name | 2. ID # | | |
| 3. | Report covering period from _____ thru _____ | | | |
| 4. | LOANS MADE OR GUARANTEED BY CANDIDATE | DATE RECEIVED | AMOUNT RECEIVED | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
| | NAME AND ADDRESS FROM WHOM RECEIVED | | | |
| 4a. | NAME, ADDRESS, CITY, STATE, AND ZIP | | | |
| | DESCRIPTION | | | |
| b. | NAME, ADDRESS, CITY, STATE, AND ZIP | | | |
| | DESCRIPTION | | | |
| c. | NAME, ADDRESS, CITY, STATE, AND ZIP | | | |
| | DESCRIPTION | | | |
| d. | NAME, ADDRESS, CITY, STATE, AND ZIP | | | |
| | DESCRIPTION | | | |
| e. | NAME, ADDRESS, CITY, STATE, AND ZIP | | | |
| | DESCRIPTION | | | |
| f. | NAME, ADDRESS, CITY, STATE, AND ZIP | | | |
| | DESCRIPTION | | | |
| 5. | ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A] | | | |

OTHER LOANS

SCHEDULE C1

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

| 4 | ALL OTHER LOANS | DATE LOAN RECEIVED | AMOUNT OF LOAN | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|----|--|-----------------------|-------------------|---|
| | NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN. | | | |
| 4a | NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID# | | | |
| | NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID# | | | |
| | DESCRIPTION | | | |
| 4b | NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID# | | | |
| | NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID# | | | |
| | DESCRIPTION | | | |
| 4c | NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID# | | | |
| | NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID# | | | |
| | DESCRIPTION | | | |
| 4d | NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID# | | | |
| | NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID# | | | |
| | DESCRIPTION | | | |
| 5. | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 [If last page of Schedule C-1, transfer total to Detailed Summary Page, Line 5(a), Column A] | | | |

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

| 4 | EXPENDITURES | DATE EXPENDITURE MADE | AMOUNT OF THE EXPENDITURE |
|-----|--|-----------------------|---------------------------|
| | NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE | | |
| 4a. | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED | | |
| 4b. | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED | | |
| 4c. | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED | | |
| 4d. | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED | | |
| 4e. | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED | | |
| 4f. | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | DESCRIPTION OF ITEMS OR SERVICES PURCHASED | | |
| 5 | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [If last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A] | | |

*Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

| |
|--------|
| 2. ID# |
|--------|

1. Committee Name _____

3. Report covering period from _____ thru _____

| 4 | INDEPENDENT EXPENDITURES | DATE EXPENDITURE MADE | AMOUNT OF THE EXPENDITURE |
|-----|---|-----------------------|---------------------------|
| | IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED | | |
| 4a. | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | PURPOSE AND DESCRIPTION OF PURCHASE Benefitted Opposed | | |
| | CANDIDATE OFFICE SOUGHT YEAR OF ELECTION | | |
| 4b. | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | PURPOSE AND DESCRIPTION OF PURCHASE Benefitted Opposed | | |
| | CANDIDATE OFFICE SOUGHT YEAR OF ELECTION | | |
| 4c. | NAME, ADDRESS, CITY, STATE AND ZIP | | |
| | PURPOSE AND DESCRIPTION OF PURCHASE Benefitted Opposed | | |
| | CANDIDATE OFFICE SOUGHT YEAR OF ELECTION | | |
| 5. | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 [If last page of Schedule D-1, transfer total to Detailed Summary Page Line 10, Column A] | | |

*SEE A.R.S. § 16-901(14).

I certify, under penalty of perjury, that the above stated independent expenditure(s) was not made in cooperation, consultation or concert with or at the request or suggestion of any candidate or any campaign committee or agent of that candidate.

Signature of Treasurer

| NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WITHIN THE LAST SIX MONTHS | AMOUNT |
|--|--------|
| | |

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

| |
|--------|
| 2. ID# |
|--------|

1. Committee Name _____

3. Report covering period from _____ thru _____

| 4 | LOANS MADE BY THE REPORTING COMMITTEE | DATE LOAN MADE | AMOUNT OF THE LOAN |
|-----|---|-------------------|-----------------------|
| | NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE | | |
| 4a. | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| 4b. | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| 4c. | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| 4d. | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| 4e. | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| 4f. | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| 4g. | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| 4h. | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| 4i. | NAME, ADDRESS, CITY, STATE, ZIP, AND ID# | | |
| 5. | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [Transfer total to Detail Summary Page Line 12, Column A] | | |

OFFSETS TO OPERATING EXPENSES *

SCHEDULE D-3

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

| REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES | | DATE REFUND RECEIVED | AMOUNT OF THE REFUND |
|--|---|----------------------|----------------------|
| NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED | | | |
| 4a. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| | DESCRIPTION OF REFUND | | |
| 4b. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| | DESCRIPTION OF REFUND | | |
| 4c. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| | DESCRIPTION OF REFUND | | |
| 4d. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| | DESCRIPTION OF REFUND | | |
| 4e. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| | DESCRIPTION OF REFUND | | |
| 4f. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| | DESCRIPTION OF REFUND | | |
| 5. | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 [If last page of Schedule D-3, [transfer total to Detailed Summary Page Line 17 Column A] | | |
| * | Includes return of contributions made by reporting committee | | |

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

| |
|--------|
| 2. ID# |
|--------|

1. Committee Name _____

3. Report covering period from _____ thru _____

| | REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE | DATE REPAYMENT MADE | AMOUNT OF THE REPAYMENT |
|-----|---|---------------------------|-------------------------------|
| | NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE | | |
| 4a. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| 4b. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| 4c. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| 4d. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| 4e. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| 4f. | NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| 5. | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [Transfer total to Detail Summary Page, Line 13(a), Column A] | | |

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

| 4 | REPAYMENT OF ALL OTHER LOANS | DATE REPAYMENT MADE | AMOUNT OF THE REPAYMENT |
|-----|---|---------------------------|-------------------------------|
| | NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE | | |
| 4a. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| 4b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| 4c. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| 4d. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| 4e. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| 4f. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| 5. | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [Transfer total to Detailed Summary Page, Line 13(b), Column A] | | |

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

| |
|--------|
| 2. ID# |
|--------|

1. Committee Name _____

3. Report covering period from _____ thru _____

| 4 | TRANSFERS MADE BY THE REPORTING COMMITTEE | DATE TRANSFER MADE | AMOUNT OF THE TRANSFER |
|-----|---|--------------------|------------------------|
| | NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE | | |
| 4a. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| 4b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| 4c. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| 4d. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| 4e. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| 4f. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| 5. | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A] | | |

ANY OTHER DISBURSEMENT

SCHEDULE D-7

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

| 4. | ANY OTHER DISBURSEMENTS | DATE DISBURSEMENT MADE | AMOUNT OF THE DISBURSEMENT |
|-----|--|------------------------------|-------------------------------|
| | NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION | | |
| 4a. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION | | |
| 4b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION | | |
| 4c. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION | | |
| 4d. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION | | |
| 4e. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION | | |
| 5. | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [Transfer total to Detailed Summary Page Line 15 Column A] | | |

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

| |
|--------|
| 2. ID# |
|--------|

1. Committee Name _____

3. Report covering period from _____ thru _____

| 4 | IN-KIND CONTRIBUTIONS and EXPENDITURES | DATE | FAIR MARKET VALUE |
|-----|---|-----------------------------|----------------------|
| | NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN | | |
| 4a. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION EXPENDITURE | |
| | DESCRIPTION | | |
| | OCCUPATION | EMPLOYER | |
| 4b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION EXPENDITURE | |
| | DESCRIPTION | | |
| | OCCUPATION | EMPLOYER | |
| 4c. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION EXPENDITURE | |
| | DESCRIPTION | | |
| | OCCUPATION | EMPLOYER | |
| 4d. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | CONTRIBUTION EXPENDITURE | |
| | DESCRIPTION | | |
| | OCCUPATION | EMPLOYER | |
| 5. | ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [If last page of Schedule E, transfer total to Detailed Summary Page Line 6, Column A] | | |
| 6. | ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [If last page of Schedule E, transfer total to Detailed Summary Page Line 11, Column A] | | |

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

| 4 | DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS | DATE AMOUNT RECEIVED | AMOUNT OF THE RECEIPT |
|---|---|----------------------------|-----------------------------|
| | NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED | | |
| 4a. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF RECEIPT | | |
| 4b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF RECEIPT | | |
| 4c. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF RECEIPT | | |
| 4d. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF RECEIPT | | |
| 4e. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF RECEIPT | | |
| 4f. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF RECEIPT | | |
| 5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 [If last page of Schedule F-1, transfer total to Detailed Summary Page Line 7 Column A | | | |

OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F-2

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

| 4 | REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED | DATE REFUND MADE | AMOUNT OF THE REFUND |
|-----|--|------------------|----------------------|
| | NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE | | |
| 4a. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF REFUND | | |
| 4b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF REFUND | | |
| 4c. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF REFUND | | |
| 4d. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF REFUND | | |
| 4e. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF REFUND | | |
| 4f. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF REFUND | | |
| 5. | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-2 [If last page of Schedule F-2, transfer total to Detailed Summary Page, Line 4(E), Column A] | | |

* Includes return of contributions received by reporting committee

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

| |
|--------|
| 2. ID# |
|--------|

1. Committee Name _____

3. Report covering period from _____ thru _____

| 4 | DEBTS AND OBLIGATIONS | OUTSTANDING BALANCE BEGINNING THIS PERIOD | AMOUNT INCURRED THIS PERIOD | PAYMENT THIS PERIOD | OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|-----|---|--|--------------------------------|------------------------|---|
| | NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED | | | | |
| 4a. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | | | |
| | DESCRIPTION OF DEBT | | | | |
| 4b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | | | |
| | DESCRIPTION OF DEBT | | | | |
| 4c. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | | | |
| | DESCRIPTION OF DEBT | | | | |
| 4d. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | | | |
| | DESCRIPTION OF DEBT | | | | |
| 4e. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | | | |
| | DESCRIPTION OF DEBT | | | | |
| 5. | ENTER TOTAL OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD ONLY IF LAST PAGE OF SCHEDULE F-3 [Transfer total to Detail Summary Page Line 19, Column A] | | | | |