



# STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

## COMMITTEE INFORMATION (required):

Committee Information: Committee Name: \_\_\_\_\_

## CANDIDATE INFORMATION (only if filing as a candidate committee):

Office Sought: ☐ County Office: \_\_\_\_\_ ☐ Special District Office: \_\_\_\_\_  
☐ City/Town Office: \_\_\_\_\_ ☐ School Board District: \_\_\_\_\_

### Cumulative Report:

☐ Check here if this is the candidate committee's first, cumulative report for the election cycle. Also select appropriate Reporting Period below.

Cumulative reporting period start date (which supersedes the start date for the Reporting Period selected below): \_\_\_\_\_

## REPORTING PERIOD (check one):

| REPORTING PERIOD                                                                                             | REPORT DUE                             |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 2026 March PAC Pre-Election Report (Election in Qtr): January 1, 2026 to February 21, 2026                   | February 22, 2026 to February 23, 2026 |
| 2026 Post-Primary Election Report (Local March Candidates): January 1, 2026 to March 10, 2026                | March 11, 2026 to March 25, 2026       |
| 2026 March PAC Post-Election (Q1) Report (Election in Qtr): February 22, 2026 to March 31, 2026              | April 1, 2026 to April 15, 2026        |
| 2026 Quarter 1 Report (Local March Candidates): March 11, 2026 to March 31, 2026                             | April 1, 2026 to April 15, 2026        |
| 2026 Quarter 1 Report: January 1, 2026 to March 31, 2026                                                     | April 1, 2026 to April 15, 2026        |
| 2026 May PAC Pre-Election Report (Election in Qtr): April 1, 2026 to May 2, 2026                             | May 3, 2026 to May 4, 2026             |
| 2026 May PAC Post-Election (Q2) Report (Election in Qtr): May 3, 2026 to June 30, 2026                       | July 1, 2026 to July 15, 2026          |
| 2026 Quarter 2 Report: April 1, 2026 to June 30, 2026                                                        | July 1, 2026 to July 15, 2026          |
| 2026 July PAC Pre-Election Report (Election in Qtr): July 1, 2026 to July 4, 2026                            | July 5, 2026 to July 6, 2026           |
| 2026 July Post-Primary Election Report (State/Local July Candidates): July 1, 2026 to July 21, 2026          | July 22, 2026 to August 5, 2026        |
| 2026 July PAC Post-Election (Q3) Report (Election in Qtr): July 5, 2026 to September 30, 2026                | October 1, 2026 to October 15, 2026    |
| 2026 Quarter 3 Report (State/Local July Candidates): July 22, 2026 to September 30, 2026                     | October 1, 2026 to October 15, 2026    |
| 2026 Quarter 3 Report: July 1, 2026 to September 30, 2026                                                    | October 1, 2026 to October 15, 2026    |
| 2026 November PAC Pre-Election Report: October 1, 2026 to October 17, 2026                                   | October 18, 2026 to October 19, 2026   |
| 2026 November Post-Primary Election Report (Local Nov Candidates)**: Oct. 1, 2026 to Nov. 3, 2026            | November 4, 2026 to November 18, 2026  |
| 2026 November PAC Post-Election (Q4) Report: October 18, 2026 to December 31, 2026                           | January 1, 2027 to January 15, 2027    |
| 2026 Quarter 4 Report (Local Nov Candidates)**: November 4, 2026 to December 31, 2026                        | January 1, 2027 to January 15, 2027    |
| 2026 Quarter 4 Report: October 1, 2026 to December 31, 2026                                                  | January 1, 2027 to January 15, 2027    |
| 2026 Annual (Cumulative) Report (Local Candidates)*: January 1, 2026 to December 31, 2026                    | January 1, 2027 to January 15, 2027    |
| Final Campaign Finance Report Prior to Committee Termination:<br>End of Previous Period through Today's Date | Same Date of Termination               |

\*Excluding local candidates who reported in their general election year.

\*\*Applies to charter cities that allow candidate primary elections on November election date.

## FINANCIAL SUMMARY (required):

| Activity                                                                                                                                                                                                                                      | Cash Activity This Reporting Period | Election Cycle to Date |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------|
| (a) Committee value at the beginning of this reporting period (i.e. ending balance from the previous reporting period)                                                                                                                        |                                     |                        |
| (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                                                                                                                                                                                                    |                                     |                        |
| <input type="checkbox"/> Check here if filing <u>no</u> financial activity during the reporting period. <i>Lines (a)-(d) must still be completed</i> , but only this cover page and the following signed certification page need to be filed. |                                     |                        |

Committees with financial activity must file the cover page, summary of receipts, summary of disbursements, and any schedules that contain financial activity.



**STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT**

COMMITTEE ID NUMBER

Under A.R.S. § 16-926(B)(5), a campaign finance report must be certified by the committee treasurer under penalty of perjury that the contents of the report are true and correct.

By filing this report, you certify that, under penalty of perjury, you have examined the contents of this report, and the contents are true and correct.

\_\_\_\_\_  
Printed Name of Committee Treasurer

\_\_\_\_\_  
Signature of Committee Treasurer

\_\_\_\_\_  
Date



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

SUMMARY OF RECEIPTS (Schedule A):

| Receipts                                                                                          | Cash | Equity |
|---------------------------------------------------------------------------------------------------|------|--------|
| 1. Monetary Contributions Received                                                                |      |        |
| (a) In-State Individuals - More than \$100                                                        |      |        |
| (b) In-State Individuals - \$100 or Less (Aggregate)                                              |      |        |
| (c) Out-of-State Individuals                                                                      |      |        |
| (d) Candidate Committees                                                                          |      |        |
| (e) Political Action Committees                                                                   |      |        |
| (f) Political Parties                                                                             |      |        |
| (g) Partnerships                                                                                  |      |        |
| (h) Corporations & Limited Liability Companies (PACs & Political Parties Only)                    |      |        |
| (i) Labor Organizations (PACs & Political Parties Only)                                           |      |        |
| (j) Candidate's Personal Monies (Candidate Committees Only)                                       |      |        |
| (k) Monetary Contributions Subtotal (add 1(a) through 1(j))                                       |      |        |
| (l) Refunds Given Back to Contributors                                                            |      |        |
| (m) Net Monetary Contributions (subtract 1(l) from 1(k))                                          |      |        |
| 2. Loans                                                                                          |      |        |
| (a) Loans Received                                                                                |      |        |
| (b) Forgiveness on Loans Received                                                                 |      |        |
| (c) Repayment on Loans Made                                                                       |      |        |
| (d) Interest Accrued on Loans Made                                                                |      |        |
| (e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))                                                  |      |        |
| 3. Rebates and Refunds Received                                                                   |      |        |
| 4. Interest Accrued on Committee Monies                                                           |      |        |
| 5. In-Kind Contributions Received                                                                 |      |        |
| (a) In-State Individuals - More than \$100                                                        |      |        |
| (b) In-State Individuals - \$100 or Less (Aggregate)                                              |      |        |
| (c) Out-of-State Individuals                                                                      |      |        |
| (d) Candidate Committees                                                                          |      |        |
| (e) Political Action Committees                                                                   |      |        |
| (f) Political Parties                                                                             |      |        |
| (g) Partnerships                                                                                  |      |        |
| (h) Corporations & Limited Liability Companies (PACs & Political Parties Only)                    |      |        |
| (i) Labor Organizations (PACs & Political Parties Only)                                           |      |        |
| (j) Candidate's Personal Assets or Property (Candidate Committees Only)                           |      |        |
| (k) In-Kind Contributions Subtotal (equity: add 5(a) through 5(j))                                |      |        |
| 6. In-Kind Donations Received (Non-Contributions) (Political Parties Only)                        |      |        |
| 7. Extensions of Credit                                                                           |      |        |
| (a) Extensions of Credit Received                                                                 |      |        |
| (b) Payments on Extensions of Credit Received                                                     |      |        |
| (c) Net Extensions of Credit (subtract 7(b) from 7(a))                                            |      |        |
| 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 (use cash and/or equity as applicable)                                 |      |        |
| 13. Total Receipts (cash: add 1(m), 2(e), 3-4, 8-9, 11-12; equity: add 2(b), 5(k), 6-7(c), 10-12) |      |        |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

SUMMARY OF DISBURSEMENTS (Schedule B):

| Disbursements                                                                                    | Cash | Equity |
|--------------------------------------------------------------------------------------------------|------|--------|
| 1. Disbursements for Operating Expenses                                                          |      |        |
| 2. Contributions Made                                                                            |      |        |
| (a) Candidate Committees                                                                         |      |        |
| (b) Political Action Committees                                                                  |      |        |
| (c) Political Parties                                                                            |      |        |
| (d) Partnerships                                                                                 |      |        |
| (e) Corporations & Limited Liability Companies (PAC & Political Parties Only)                    |      |        |
| (f) Labor Organizations (PAC & Political Parties Only)                                           |      |        |
| (g) Monetary Contributions Subtotal (add 2(a) through 2(f))                                      |      |        |
| (h) Contribution Refunds Provided to the Reporting Committee                                     |      |        |
| (i) Monetary Contributions Total (subtract 2(h) from 2(g))                                       |      |        |
| 3. Loans                                                                                         |      |        |
| (a) Loans Made                                                                                   |      |        |
| (b) Loan Guarantees Made                                                                         |      |        |
| (c) Forgiveness on Loans Made                                                                    |      |        |
| (d) Repayment of Loans Received                                                                  |      |        |
| (e) Accrued Interest on Loans Received                                                           |      |        |
| (f) Total Loans (cash: add 3(a), 3(d) & 3(e); equity: add 3(b) & 3(c))                           |      |        |
| 4. Rebates and Refunds Made (Non-Contributions)                                                  |      |        |
| 5. Value of In-Kind Contributions Provided                                                       |      |        |
| (a) Candidate Committees                                                                         |      |        |
| (b) Political Action Committees                                                                  |      |        |
| (c) Political Parties                                                                            |      |        |
| (d) Partnerships                                                                                 |      |        |
| (e) Corporations & Limited Liability Companies (PAC & Political Parties Only)                    |      |        |
| (f) Labor Organizations (PAC & Political Parties Only)                                           |      |        |
| (g) Contributions Subtotal (add 5(a) through 5(f))                                               |      |        |
| 6. Independent Expenditures Made                                                                 |      |        |
| 7. Ballot Measure Expenditures Made                                                              |      |        |
| 8. Recall Expenditures Made                                                                      |      |        |
| 9. Support Provided to Party Nominees (Political Parties Only)                                   |      |        |
| 10. Joint Fundraising / Shared Expense Payments Made                                             |      |        |
| 11. Reimbursements Made                                                                          |      |        |
| 12. Outstanding Accounts Payable / Debts Owed by Committee                                       |      |        |
| 13. Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)        |      |        |
| 14. Miscellaneous Disbursements                                                                  |      |        |
| 15. Aggregate of Disbursements - \$250 or Less                                                   |      |        |
| 16. Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15) |      |        |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

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

SCHEDULE A(1)(a)

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

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

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

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

SCHEDULE A(1)(b)

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

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

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

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

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

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

| Political Action Committee Contributor Information                                                                         |                     |                            |     | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------|-----|-----------------|-----------------------------------------------|---------------------------------------------|
| 1                                                                                                                          | Committee Name      |                            |     |                 |                                               |                                             |
|                                                                                                                            | Street Address      |                            |     |                 |                                               |                                             |
|                                                                                                                            | City                | State                      | ZIP |                 |                                               |                                             |
|                                                                                                                            | Committee ID Number | Date Contribution Received |     |                 |                                               |                                             |
| 2                                                                                                                          | Committee Name      |                            |     |                 |                                               |                                             |
|                                                                                                                            | Street Address      |                            |     |                 |                                               |                                             |
|                                                                                                                            | City                | State                      | ZIP |                 |                                               |                                             |
|                                                                                                                            | Committee ID Number | Date Contribution Received |     |                 |                                               |                                             |
| 3                                                                                                                          | Committee Name      |                            |     |                 |                                               |                                             |
|                                                                                                                            | Street Address      |                            |     |                 |                                               |                                             |
|                                                                                                                            | City                | State                      | ZIP |                 |                                               |                                             |
|                                                                                                                            | Committee ID Number | Date Contribution Received |     |                 |                                               |                                             |
| 4                                                                                                                          | Committee Name      |                            |     |                 |                                               |                                             |
|                                                                                                                            | Street Address      |                            |     |                 |                                               |                                             |
|                                                                                                                            | City                | State                      | ZIP |                 |                                               |                                             |
|                                                                                                                            | Committee ID Number | Date Contribution Received |     |                 |                                               |                                             |
| 5                                                                                                                          | Committee Name      |                            |     |                 |                                               |                                             |
|                                                                                                                            | Street Address      |                            |     |                 |                                               |                                             |
|                                                                                                                            | City                | State                      | ZIP |                 |                                               |                                             |
|                                                                                                                            | Committee ID Number | Date Contribution Received |     |                 |                                               |                                             |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 1(e)) |                     |                            |     |                 |                                               |                                             |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

| Political Party Contributor Information                                                                                    |                     |                            |     | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------|-----|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                          | Committee Name      |                            |     |                 |                                         |                                       |
|                                                                                                                            | Street Address      |                            |     |                 |                                         |                                       |
|                                                                                                                            | City                | State                      | ZIP |                 |                                         |                                       |
|                                                                                                                            | Committee ID Number | Date Contribution Received |     |                 |                                         |                                       |
| 2                                                                                                                          | Committee Name      |                            |     |                 |                                         |                                       |
|                                                                                                                            | Street Address      |                            |     |                 |                                         |                                       |
|                                                                                                                            | City                | State                      | ZIP |                 |                                         |                                       |
|                                                                                                                            | Committee ID Number | Date Contribution Received |     |                 |                                         |                                       |
| 3                                                                                                                          | Committee Name      |                            |     |                 |                                         |                                       |
|                                                                                                                            | Street Address      |                            |     |                 |                                         |                                       |
|                                                                                                                            | City                | State                      | ZIP |                 |                                         |                                       |
|                                                                                                                            | Committee ID Number | Date Contribution Received |     |                 |                                         |                                       |
| 4                                                                                                                          | Committee Name      |                            |     |                 |                                         |                                       |
|                                                                                                                            | Street Address      |                            |     |                 |                                         |                                       |
|                                                                                                                            | City                | State                      | ZIP |                 |                                         |                                       |
|                                                                                                                            | Committee ID Number | Date Contribution Received |     |                 |                                         |                                       |
| 5                                                                                                                          | Committee Name      |                            |     |                 |                                         |                                       |
|                                                                                                                            | Street Address      |                            |     |                 |                                         |                                       |
|                                                                                                                            | City                | State                      | ZIP |                 |                                         |                                       |
|                                                                                                                            | Committee ID Number | Date Contribution Received |     |                 |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 1(f)) |                     |                            |     |                 |                                         |                                       |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

| Partnership Contributor Information                                                                                        |                                    |                            |     | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------|-----|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                          | Partnership Name                   |                            |     |                 |                                         |                                       |
|                                                                                                                            | Street Address                     |                            |     |                 |                                         |                                       |
|                                                                                                                            | City                               | State                      | ZIP |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number | Date Contribution Received |     |                 |                                         |                                       |
| 2                                                                                                                          | Partnership Name                   |                            |     |                 |                                         |                                       |
|                                                                                                                            | Street Address                     |                            |     |                 |                                         |                                       |
|                                                                                                                            | City                               | State                      | ZIP |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number | Date Contribution Received |     |                 |                                         |                                       |
| 3                                                                                                                          | Partnership Name                   |                            |     |                 |                                         |                                       |
|                                                                                                                            | Street Address                     |                            |     |                 |                                         |                                       |
|                                                                                                                            | City                               | State                      | ZIP |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number | Date Contribution Received |     |                 |                                         |                                       |
| 4                                                                                                                          | Partnership Name                   |                            |     |                 |                                         |                                       |
|                                                                                                                            | Street Address                     |                            |     |                 |                                         |                                       |
|                                                                                                                            | City                               | State                      | ZIP |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number | Date Contribution Received |     |                 |                                         |                                       |
| 5                                                                                                                          | Partnership Name                   |                            |     |                 |                                         |                                       |
|                                                                                                                            | Street Address                     |                            |     |                 |                                         |                                       |
|                                                                                                                            | City                               | State                      | ZIP |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number | Date Contribution Received |     |                 |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 1(g)) |                                    |                            |     |                 |                                         |                                       |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

| Corporation / LLC Contributor Information                                                                                  |                                    |       |                            | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------|----------------------------|-----------------|-----------------------------------------------|---------------------------------------------|
| 1                                                                                                                          | Corporation/LLC Name               |       |                            |                 |                                               |                                             |
|                                                                                                                            | Street Address                     |       |                            |                 |                                               |                                             |
|                                                                                                                            | City                               | State | ZIP                        |                 |                                               |                                             |
|                                                                                                                            | Corporation Commission File Number |       | Date Contribution Received |                 |                                               |                                             |
| 2                                                                                                                          | Corporation/LLC Name               |       |                            |                 |                                               |                                             |
|                                                                                                                            | Street Address                     |       |                            |                 |                                               |                                             |
|                                                                                                                            | City                               | State | ZIP                        |                 |                                               |                                             |
|                                                                                                                            | Corporation Commission File Number |       | Date Contribution Received |                 |                                               |                                             |
| 3                                                                                                                          | Corporation/LLC Name               |       |                            |                 |                                               |                                             |
|                                                                                                                            | Street Address                     |       |                            |                 |                                               |                                             |
|                                                                                                                            | City                               | State | ZIP                        |                 |                                               |                                             |
|                                                                                                                            | Corporation Commission File Number |       | Date Contribution Received |                 |                                               |                                             |
| 4                                                                                                                          | Corporation/LLC Name               |       |                            |                 |                                               |                                             |
|                                                                                                                            | Street Address                     |       |                            |                 |                                               |                                             |
|                                                                                                                            | City                               | State | ZIP                        |                 |                                               |                                             |
|                                                                                                                            | Corporation Commission File Number |       | Date Contribution Received |                 |                                               |                                             |
| 5                                                                                                                          | Corporation/LLC Name               |       |                            |                 |                                               |                                             |
|                                                                                                                            | Street Address                     |       |                            |                 |                                               |                                             |
|                                                                                                                            | City                               | State | ZIP                        |                 |                                               |                                             |
|                                                                                                                            | Corporation Commission File Number |       | Date Contribution Received |                 |                                               |                                             |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 1(h)) |                                    |       |                            |                 |                                               |                                             |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

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

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

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

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

| Contributor Information                                                                                                    |                           |       |                               | Amount Refunded | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------|-------|-------------------------------|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                          | Name                      |       | Date Contribution Refunded    |                 |                                         |                                       |
|                                                                                                                            | Street Address            |       |                               |                 |                                         |                                       |
|                                                                                                                            | City                      | State | ZIP                           |                 |                                         |                                       |
|                                                                                                                            | ID Number (if applicable) |       | Date of Original Contribution |                 |                                         |                                       |
| 2                                                                                                                          | Name                      |       | Date Contribution Refunded    |                 |                                         |                                       |
|                                                                                                                            | Street Address            |       |                               |                 |                                         |                                       |
|                                                                                                                            | City                      | State | ZIP                           |                 |                                         |                                       |
|                                                                                                                            | ID Number (if applicable) |       | Date of Original Contribution |                 |                                         |                                       |
| 3                                                                                                                          | Name                      |       | Date Contribution Refunded    |                 |                                         |                                       |
|                                                                                                                            | Street Address            |       |                               |                 |                                         |                                       |
|                                                                                                                            | City                      | State | ZIP                           |                 |                                         |                                       |
|                                                                                                                            | ID Number (if applicable) |       | Date of Original Contribution |                 |                                         |                                       |
| 4                                                                                                                          | Name                      |       | Date Contribution Refunded    |                 |                                         |                                       |
|                                                                                                                            | Street Address            |       |                               |                 |                                         |                                       |
|                                                                                                                            | City                      | State | ZIP                           |                 |                                         |                                       |
|                                                                                                                            | ID Number (if applicable) |       | Date of Original Contribution |                 |                                         |                                       |
| 5                                                                                                                          | Name                      |       | Date Contribution Refunded    |                 |                                         |                                       |
|                                                                                                                            | Street Address            |       |                               |                 |                                         |                                       |
|                                                                                                                            | City                      | State | ZIP                           |                 |                                         |                                       |
|                                                                                                                            | ID Number (if applicable) |       | Date of Original Contribution |                 |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 1(I)) |                           |       |                               |                 |                                         |                                       |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

LOANS RECEIVED:

SCHEDULE A(2)(a)

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

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

| Lender Information                                                                                                         |                         |                          |                           | Amount Forgiven | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------|---------------------------|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                          | Lender Name             |                          | Date Forgiveness Received |                 |                                         |                                       |
|                                                                                                                            | Street Address          |                          |                           |                 |                                         |                                       |
|                                                                                                                            | City                    | State                    | ZIP                       |                 |                                         |                                       |
|                                                                                                                            | Original Amount of Loan | Amount Still Outstanding |                           |                 |                                         |                                       |
| 2                                                                                                                          | Lender Name             |                          | Date Forgiveness Received |                 |                                         |                                       |
|                                                                                                                            | Street Address          |                          |                           |                 |                                         |                                       |
|                                                                                                                            | City                    | State                    | ZIP                       |                 |                                         |                                       |
|                                                                                                                            | Original Amount of Loan | Amount Still Outstanding |                           |                 |                                         |                                       |
| 3                                                                                                                          | Lender Name             |                          | Date Forgiveness Received |                 |                                         |                                       |
|                                                                                                                            | Street Address          |                          |                           |                 |                                         |                                       |
|                                                                                                                            | City                    | State                    | ZIP                       |                 |                                         |                                       |
|                                                                                                                            | Original Amount of Loan | Amount Still Outstanding |                           |                 |                                         |                                       |
| 4                                                                                                                          | Lender Name             |                          | Date Forgiveness Received |                 |                                         |                                       |
|                                                                                                                            | Street Address          |                          |                           |                 |                                         |                                       |
|                                                                                                                            | City                    | State                    | ZIP                       |                 |                                         |                                       |
|                                                                                                                            | Original Amount of Loan | Amount Still Outstanding |                           |                 |                                         |                                       |
| 5                                                                                                                          | Lender Name             |                          | Date Forgiveness Received |                 |                                         |                                       |
|                                                                                                                            | Street Address          |                          |                           |                 |                                         |                                       |
|                                                                                                                            | City                    | State                    | ZIP                       |                 |                                         |                                       |
|                                                                                                                            | Original Amount of Loan | Amount Still Outstanding |                           |                 |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 2(b)) |                         |                          |                           |                 |                                         |                                       |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

| Borrower Information                                                                                                       |                          |                          |                         | Amount Repaid | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------|---------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                          | Borrower Name            |                          | Date Repayment Received |               |                                         |                                       |
|                                                                                                                            | Street Address           |                          |                         |               |                                         |                                       |
|                                                                                                                            | City                     | State                    | ZIP                     |               |                                         |                                       |
|                                                                                                                            | Original Amount Borrowed | Amount Still Outstanding |                         |               |                                         |                                       |
| 2                                                                                                                          | Borrower Name            |                          | Date Repayment Received |               |                                         |                                       |
|                                                                                                                            | Street Address           |                          |                         |               |                                         |                                       |
|                                                                                                                            | City                     | State                    | ZIP                     |               |                                         |                                       |
|                                                                                                                            | Original Amount Borrowed | Amount Still Outstanding |                         |               |                                         |                                       |
| 3                                                                                                                          | Borrower Name            |                          | Date Repayment Received |               |                                         |                                       |
|                                                                                                                            | Street Address           |                          |                         |               |                                         |                                       |
|                                                                                                                            | City                     | State                    | ZIP                     |               |                                         |                                       |
|                                                                                                                            | Original Amount Borrowed | Amount Still Outstanding |                         |               |                                         |                                       |
| 4                                                                                                                          | Borrower Name            |                          | Date Repayment Received |               |                                         |                                       |
|                                                                                                                            | Street Address           |                          |                         |               |                                         |                                       |
|                                                                                                                            | City                     | State                    | ZIP                     |               |                                         |                                       |
|                                                                                                                            | Original Amount Borrowed | Amount Still Outstanding |                         |               |                                         |                                       |
| 5                                                                                                                          | Borrower Name            |                          | Date Repayment Received |               |                                         |                                       |
|                                                                                                                            | Street Address           |                          |                         |               |                                         |                                       |
|                                                                                                                            | City                     | State                    | ZIP                     |               |                                         |                                       |
|                                                                                                                            | Original Amount Borrowed | Amount Still Outstanding |                         |               |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 2(c)) |                          |                          |                         |               |                                         |                                       |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

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

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

REBATES AND REFUNDS RECEIVED:

SCHEDULE A(3)

| Payor Information                                                                                                       |                          |                          |                             | Amount Rebated<br>or Refunded | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-----------------------------|-------------------------------|-----------------------------------------------|---------------------------------------------|
| 1                                                                                                                       | Payor Name               |                          | Date Rebate/Refund Received |                               |                                               |                                             |
|                                                                                                                         | Street Address           |                          |                             |                               |                                               |                                             |
|                                                                                                                         | City                     | State                    | ZIP                         |                               |                                               |                                             |
|                                                                                                                         | Original Purchase Amount | Reason for Refund/Rebate |                             |                               |                                               |                                             |
| 2                                                                                                                       | Payor Name               |                          | Date Rebate/Refund Received |                               |                                               |                                             |
|                                                                                                                         | Street Address           |                          |                             |                               |                                               |                                             |
|                                                                                                                         | City                     | State                    | ZIP                         |                               |                                               |                                             |
|                                                                                                                         | Original Purchase Amount | Reason for Refund/Rebate |                             |                               |                                               |                                             |
| 3                                                                                                                       | Payor Name               |                          | Date Rebate/Refund Received |                               |                                               |                                             |
|                                                                                                                         | Street Address           |                          |                             |                               |                                               |                                             |
|                                                                                                                         | City                     | State                    | ZIP                         |                               |                                               |                                             |
|                                                                                                                         | Original Purchase Amount | Reason for Refund/Rebate |                             |                               |                                               |                                             |
| 4                                                                                                                       | Payor Name               |                          | Date Rebate/Refund Received |                               |                                               |                                             |
|                                                                                                                         | Street Address           |                          |                             |                               |                                               |                                             |
|                                                                                                                         | City                     | State                    | ZIP                         |                               |                                               |                                             |
|                                                                                                                         | Original Purchase Amount | Reason for Refund/Rebate |                             |                               |                                               |                                             |
| 5                                                                                                                       | 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<br>(transfer the total received this period to "Summary of Receipts," line 3) |                          |                          |                             |                               |                                               |                                             |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

|                                                                                     | Cumulative Amount this Reporting<br>Period | Cumulative Amount this Election<br>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<br>(transfer the total received this period to "Summary of Receipts," line 4) |                                            |                                          |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

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

SCHEDULE A(5)(a)

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

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

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

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

SCHEDULE A(5)(b)

|                                                                                                                             | Cumulative Amount this Reporting<br>Period | Cumulative Amount this Election<br>Cycle |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------|
| Cumulative In-Kind Contributions from Individuals - \$100 or Less                                                           |                                            |                                          |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 5 (b)) |                                            |                                          |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

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

SCHEDULE A(5)(c)

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

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

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

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

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

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

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

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

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

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

| Corporation / LLC Contributor Information                                                                                  |                                    |                                    |     | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------|-----|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                          | Corporation/LLC Name               |                                    |     |                 |                                         |                                       |
|                                                                                                                            | Street Address                     |                                    |     |                 |                                         |                                       |
|                                                                                                                            | City                               | State                              | ZIP |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number | Date In-Kind Contribution Received |     |                 |                                         |                                       |
| 2                                                                                                                          | Corporation/LLC Name               |                                    |     |                 |                                         |                                       |
|                                                                                                                            | Street Address                     |                                    |     |                 |                                         |                                       |
|                                                                                                                            | City                               | State                              | ZIP |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number | Date In-Kind Contribution Received |     |                 |                                         |                                       |
| 3                                                                                                                          | Corporation/LLC Name               |                                    |     |                 |                                         |                                       |
|                                                                                                                            | Street Address                     |                                    |     |                 |                                         |                                       |
|                                                                                                                            | City                               | State                              | ZIP |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number | Date In-Kind Contribution Received |     |                 |                                         |                                       |
| 4                                                                                                                          | Corporation/LLC Name               |                                    |     |                 |                                         |                                       |
|                                                                                                                            | Street Address                     |                                    |     |                 |                                         |                                       |
|                                                                                                                            | City                               | State                              | ZIP |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number | Date In-Kind Contribution Received |     |                 |                                         |                                       |
| 5                                                                                                                          | Corporation/LLC Name               |                                    |     |                 |                                         |                                       |
|                                                                                                                            | Street Address                     |                                    |     |                 |                                         |                                       |
|                                                                                                                            | City                               | State                              | ZIP |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number | Date In-Kind Contribution Received |     |                 |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 5(h)) |                                    |                                    |     |                 |                                         |                                       |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

| Labor Organization Contributor Information                                                                                 |                                    |                                    |     | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------|-----|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                          | Labor Organization Name            |                                    |     |                 |                                         |                                       |
|                                                                                                                            | Street Address                     |                                    |     |                 |                                         |                                       |
|                                                                                                                            | City                               | State                              | ZIP |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number | Date In-Kind Contribution Received |     |                 |                                         |                                       |
| 2                                                                                                                          | Labor Organization Name            |                                    |     |                 |                                         |                                       |
|                                                                                                                            | Street Address                     |                                    |     |                 |                                         |                                       |
|                                                                                                                            | City                               | State                              | ZIP |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number | Date In-Kind Contribution Received |     |                 |                                         |                                       |
| 3                                                                                                                          | Labor Organization Name            |                                    |     |                 |                                         |                                       |
|                                                                                                                            | Street Address                     |                                    |     |                 |                                         |                                       |
|                                                                                                                            | City                               | State                              | ZIP |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number | Date In-Kind Contribution Received |     |                 |                                         |                                       |
| 4                                                                                                                          | Labor Organization Name            |                                    |     |                 |                                         |                                       |
|                                                                                                                            | Street Address                     |                                    |     |                 |                                         |                                       |
|                                                                                                                            | City                               | State                              | ZIP |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number | Date In-Kind Contribution Received |     |                 |                                         |                                       |
| 5                                                                                                                          | Labor Organization Name            |                                    |     |                 |                                         |                                       |
|                                                                                                                            | Street Address                     |                                    |     |                 |                                         |                                       |
|                                                                                                                            | City                               | State                              | ZIP |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number | Date In-Kind Contribution Received |     |                 |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 5(i)) |                                    |                                    |     |                 |                                         |                                       |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

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

SCHEDULE A(5)(j)

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

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

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

SCHEDULE A(6)

| Source Information                                                                                                      |                      |       |                                | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-------------------------------------------------------------------------------------------------------------------------|----------------------|-------|--------------------------------|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                       | Name                 |       | Date In-Kind Donation Received |                 |                                         |                                       |
|                                                                                                                         | Street Address       |       |                                |                 |                                         |                                       |
|                                                                                                                         | City                 | State | ZIP                            |                 |                                         |                                       |
|                                                                                                                         | Type of Item Donated |       |                                |                 |                                         |                                       |
| 2                                                                                                                       | Name                 |       | Date In-Kind Donation Received |                 |                                         |                                       |
|                                                                                                                         | Street Address       |       |                                |                 |                                         |                                       |
|                                                                                                                         | City                 | State | ZIP                            |                 |                                         |                                       |
|                                                                                                                         | Type of Item Donated |       |                                |                 |                                         |                                       |
| 3                                                                                                                       | Name                 |       | Date In-Kind Donation Received |                 |                                         |                                       |
|                                                                                                                         | Street Address       |       |                                |                 |                                         |                                       |
|                                                                                                                         | City                 | State | ZIP                            |                 |                                         |                                       |
|                                                                                                                         | Type of Item Donated |       |                                |                 |                                         |                                       |
| 4                                                                                                                       | Name                 |       | Date In-Kind Donation Received |                 |                                         |                                       |
|                                                                                                                         | Street Address       |       |                                |                 |                                         |                                       |
|                                                                                                                         | City                 | State | ZIP                            |                 |                                         |                                       |
|                                                                                                                         | Type of Item Donated |       |                                |                 |                                         |                                       |
| 5                                                                                                                       | Name                 |       | Date In-Kind Donation Received |                 |                                         |                                       |
|                                                                                                                         | Street Address       |       |                                |                 |                                         |                                       |
|                                                                                                                         | City                 | State | ZIP                            |                 |                                         |                                       |
|                                                                                                                         | Type of Item Donated |       |                                |                 |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 6) |                      |       |                                |                 |                                         |                                       |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

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 |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------|-----------------------------|------------------------------|-----------------------------------------------|---------------------------------------------|
| 1                                                                                                                          | Name                                 |       |                             |                              |                                               |                                             |
|                                                                                                                            | Street Address                       |       |                             |                              |                                               |                                             |
|                                                                                                                            | City                                 | State | ZIP                         |                              |                                               |                                             |
|                                                                                                                            | Services or Goods Provided on Credit |       | Date of Extension of Credit |                              |                                               |                                             |
| 2                                                                                                                          | Name                                 |       |                             |                              |                                               |                                             |
|                                                                                                                            | Street Address                       |       |                             |                              |                                               |                                             |
|                                                                                                                            | City                                 | State | ZIP                         |                              |                                               |                                             |
|                                                                                                                            | Services or Goods Provided on Credit |       | Date of Extension of Credit |                              |                                               |                                             |
| 3                                                                                                                          | Name                                 |       |                             |                              |                                               |                                             |
|                                                                                                                            | Street Address                       |       |                             |                              |                                               |                                             |
|                                                                                                                            | City                                 | State | ZIP                         |                              |                                               |                                             |
|                                                                                                                            | Services or Goods Provided on Credit |       | Date of Extension of Credit |                              |                                               |                                             |
| 4                                                                                                                          | Name                                 |       |                             |                              |                                               |                                             |
|                                                                                                                            | Street Address                       |       |                             |                              |                                               |                                             |
|                                                                                                                            | City                                 | State | ZIP                         |                              |                                               |                                             |
|                                                                                                                            | Services or Goods Provided on Credit |       | Date of Extension of Credit |                              |                                               |                                             |
| 5                                                                                                                          | Name                                 |       |                             |                              |                                               |                                             |
|                                                                                                                            | Street Address                       |       |                             |                              |                                               |                                             |
|                                                                                                                            | City                                 | State | ZIP                         |                              |                                               |                                             |
|                                                                                                                            | Services or Goods Provided on Credit |       | Date of Extension of Credit |                              |                                               |                                             |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 7(a)) |                                      |       |                             |                              |                                               |                                             |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

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 |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------|--------------------------------------|-----------------------------------------|-----------------------------------------------|---------------------------------------------|
| 1                                                                                                                          | Name                                            |       |                                      |                                         |                                               |                                             |
|                                                                                                                            | Street Address                                  |       |                                      |                                         |                                               |                                             |
|                                                                                                                            | City                                            | State | ZIP                                  |                                         |                                               |                                             |
|                                                                                                                            | Services or Goods Originally Provided on Credit |       | Date of Original Extension of Credit |                                         |                                               |                                             |
| 2                                                                                                                          | Name                                            |       |                                      |                                         |                                               |                                             |
|                                                                                                                            | Street Address                                  |       |                                      |                                         |                                               |                                             |
|                                                                                                                            | City                                            | State | ZIP                                  |                                         |                                               |                                             |
|                                                                                                                            | Services or Goods Originally Provided on Credit |       | Date of Original Extension of Credit |                                         |                                               |                                             |
| 3                                                                                                                          | Name                                            |       |                                      |                                         |                                               |                                             |
|                                                                                                                            | Street Address                                  |       |                                      |                                         |                                               |                                             |
|                                                                                                                            | City                                            | State | ZIP                                  |                                         |                                               |                                             |
|                                                                                                                            | Services or Goods Originally Provided on Credit |       | Date of Original Extension of Credit |                                         |                                               |                                             |
| 4                                                                                                                          | Name                                            |       |                                      |                                         |                                               |                                             |
|                                                                                                                            | Street Address                                  |       |                                      |                                         |                                               |                                             |
|                                                                                                                            | City                                            | State | ZIP                                  |                                         |                                               |                                             |
|                                                                                                                            | Services or Goods Originally Provided on Credit |       | Date of Original Extension of Credit |                                         |                                               |                                             |
| 5                                                                                                                          | Name                                            |       |                                      |                                         |                                               |                                             |
|                                                                                                                            | Street Address                                  |       |                                      |                                         |                                               |                                             |
|                                                                                                                            | City                                            | State | ZIP                                  |                                         |                                               |                                             |
|                                                                                                                            | Services or Goods Originally Provided on Credit |       | Date of Original Extension of Credit |                                         |                                               |                                             |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 7(b)) |                                                 |       |                                      |                                         |                                               |                                             |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

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

Schedule A(8), page \_\_\_\_ of \_\_\_\_



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

| Payor Information                                                                                                       |                             |       |              | Payment Amount | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------|--------------|----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                       | Name                        |       |              |                |                                         |                                       |
|                                                                                                                         | Street Address              |       |              |                |                                         |                                       |
|                                                                                                                         | City                        | State | ZIP          |                |                                         |                                       |
|                                                                                                                         | Services or Goods Purchased |       | Payment Date |                |                                         |                                       |
| 2                                                                                                                       | Name                        |       |              |                |                                         |                                       |
|                                                                                                                         | Street Address              |       |              |                |                                         |                                       |
|                                                                                                                         | City                        | State | ZIP          |                |                                         |                                       |
|                                                                                                                         | Services or Goods Purchased |       | Payment Date |                |                                         |                                       |
| 3                                                                                                                       | Name                        |       |              |                |                                         |                                       |
|                                                                                                                         | Street Address              |       |              |                |                                         |                                       |
|                                                                                                                         | City                        | State | ZIP          |                |                                         |                                       |
|                                                                                                                         | Services or Goods Purchased |       | Payment Date |                |                                         |                                       |
| 4                                                                                                                       | Name                        |       |              |                |                                         |                                       |
|                                                                                                                         | Street Address              |       |              |                |                                         |                                       |
|                                                                                                                         | City                        | State | ZIP          |                |                                         |                                       |
|                                                                                                                         | Services or Goods Purchased |       | Payment Date |                |                                         |                                       |
| 5                                                                                                                       | Name                        |       |              |                |                                         |                                       |
|                                                                                                                         | Street Address              |       |              |                |                                         |                                       |
|                                                                                                                         | City                        | State | ZIP          |                |                                         |                                       |
|                                                                                                                         | Services or Goods Purchased |       | Payment Date |                |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 9) |                             |       |              |                |                                         |                                       |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

| Information                                                                                                              |                                         |       |                        | Amount | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------|------------------------|--------|-----------------------------------------------|---------------------------------------------|
| 1                                                                                                                        | Name                                    |       |                        |        |                                               |                                             |
|                                                                                                                          | Street Address                          |       |                        |        |                                               |                                             |
|                                                                                                                          | City                                    | State | ZIP                    |        |                                               |                                             |
|                                                                                                                          | Type of Account Receivable or Debt Owed |       | Date that Debt Accrued |        |                                               |                                             |
| 2                                                                                                                        | Name                                    |       |                        |        |                                               |                                             |
|                                                                                                                          | Street Address                          |       |                        |        |                                               |                                             |
|                                                                                                                          | City                                    | State | ZIP                    |        |                                               |                                             |
|                                                                                                                          | Type of Account Receivable or Debt Owed |       | Date that Debt Accrued |        |                                               |                                             |
| 3                                                                                                                        | Name                                    |       |                        |        |                                               |                                             |
|                                                                                                                          | Street Address                          |       |                        |        |                                               |                                             |
|                                                                                                                          | City                                    | State | ZIP                    |        |                                               |                                             |
|                                                                                                                          | Type of Account Receivable or Debt Owed |       | Date that Debt Accrued |        |                                               |                                             |
| 4                                                                                                                        | Name                                    |       |                        |        |                                               |                                             |
|                                                                                                                          | Street Address                          |       |                        |        |                                               |                                             |
|                                                                                                                          | City                                    | State | ZIP                    |        |                                               |                                             |
|                                                                                                                          | Type of Account Receivable or Debt Owed |       | Date that Debt Accrued |        |                                               |                                             |
| 5                                                                                                                        | Name                                    |       |                        |        |                                               |                                             |
|                                                                                                                          | Street Address                          |       |                        |        |                                               |                                             |
|                                                                                                                          | City                                    | State | ZIP                    |        |                                               |                                             |
|                                                                                                                          | Type of Account Receivable or Debt Owed |       | Date that Debt Accrued |        |                                               |                                             |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 10) |                                         |       |                        |        |                                               |                                             |

Schedule A(10), page \_\_\_\_ of \_\_\_\_



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

|                                                                                      | Cumulative Amount this Reporting<br>Period | Cumulative Amount this Election<br>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<br>(transfer the total received this period to "Summary of Receipts," line 11) |                                            |                                          |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

| Source Information                                                                                                       |                |       |              | Amount | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|--------------------------------------------------------------------------------------------------------------------------|----------------|-------|--------------|--------|-----------------------------------------------|---------------------------------------------|
| 1                                                                                                                        | Name           |       |              |        |                                               |                                             |
|                                                                                                                          | Street Address |       |              |        |                                               |                                             |
|                                                                                                                          | City           | State | ZIP          |        |                                               |                                             |
|                                                                                                                          | Receipt Type   |       | Receipt Date |        |                                               |                                             |
| 2                                                                                                                        | Name           |       |              |        |                                               |                                             |
|                                                                                                                          | Street Address |       |              |        |                                               |                                             |
|                                                                                                                          | City           | State | ZIP          |        |                                               |                                             |
|                                                                                                                          | Receipt Type   |       | Receipt Date |        |                                               |                                             |
| 3                                                                                                                        | Name           |       |              |        |                                               |                                             |
|                                                                                                                          | Street Address |       |              |        |                                               |                                             |
|                                                                                                                          | City           | State | ZIP          |        |                                               |                                             |
|                                                                                                                          | Receipt Type   |       | Receipt Date |        |                                               |                                             |
| 4                                                                                                                        | Name           |       |              |        |                                               |                                             |
|                                                                                                                          | Street Address |       |              |        |                                               |                                             |
|                                                                                                                          | City           | State | ZIP          |        |                                               |                                             |
|                                                                                                                          | Receipt Type   |       | Receipt Date |        |                                               |                                             |
| 5                                                                                                                        | Name           |       |              |        |                                               |                                             |
|                                                                                                                          | Street Address |       |              |        |                                               |                                             |
|                                                                                                                          | City           | State | ZIP          |        |                                               |                                             |
|                                                                                                                          | Receipt Type   |       | Receipt Date |        |                                               |                                             |
| 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 \_\_\_\_



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

| Recipient Information                                                                                                         |                                |                                                                                      |     | Amount Paid                                                      | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------|-----|------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                             | Name                           | Disbursement Date                                                                    |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                               | Street Address                 |                                                                                      |     |                                                                  |                                         |                                       |
|                                                                                                                               | City                           | State                                                                                | ZIP |                                                                  |                                         |                                       |
|                                                                                                                               | Type of Operating Expense Paid | Non-Electoral Purpose? (PACs and Political Parties Only)<br><input type="checkbox"/> |     |                                                                  |                                         |                                       |
| 2                                                                                                                             | Name                           | Disbursement Date                                                                    |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                               | Street Address                 |                                                                                      |     |                                                                  |                                         |                                       |
|                                                                                                                               | City                           | State                                                                                | ZIP |                                                                  |                                         |                                       |
|                                                                                                                               | Type of Operating Expense Paid | Non-Electoral Purpose? (PACs and Political Parties Only)<br><input type="checkbox"/> |     |                                                                  |                                         |                                       |
| 3                                                                                                                             | Name                           | Disbursement Date                                                                    |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                               | Street Address                 |                                                                                      |     |                                                                  |                                         |                                       |
|                                                                                                                               | City                           | State                                                                                | ZIP |                                                                  |                                         |                                       |
|                                                                                                                               | Type of Operating Expense Paid | Non-Electoral Purpose? (PACs and Political Parties Only)<br><input type="checkbox"/> |     |                                                                  |                                         |                                       |
| 4                                                                                                                             | Name                           | Disbursement Date                                                                    |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                               | Street Address                 |                                                                                      |     |                                                                  |                                         |                                       |
|                                                                                                                               | City                           | State                                                                                | ZIP |                                                                  |                                         |                                       |
|                                                                                                                               | Type of Operating Expense Paid | Non-Electoral Purpose? (PACs and Political Parties Only)<br><input type="checkbox"/> |     |                                                                  |                                         |                                       |
| 5                                                                                                                             | Name                           | Disbursement Date                                                                    |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                               | Street Address                 |                                                                                      |     |                                                                  |                                         |                                       |
|                                                                                                                               | City                           | State                                                                                | ZIP |                                                                  |                                         |                                       |
|                                                                                                                               | Type of Operating Expense Paid | Non-Electoral Purpose? (PACs and Political Parties Only)<br><input type="checkbox"/> |     |                                                                  |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 1) |                                |                                                                                      |     |                                                                  |                                         |                                       |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

| Candidate Committee Recipient Information                                                                                        |                     |                        |     | Amount<br>Contributed                                            | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------|-----|------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------|
| 1                                                                                                                                | Committee Name      |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                               |                                             |
|                                                                                                                                  | Street Address      |                        |     |                                                                  |                                               |                                             |
|                                                                                                                                  | City                | State                  | ZIP |                                                                  |                                               |                                             |
|                                                                                                                                  | Committee ID Number | Date Contribution Made |     |                                                                  |                                               |                                             |
| 2                                                                                                                                | Committee Name      |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                               |                                             |
|                                                                                                                                  | Street Address      |                        |     |                                                                  |                                               |                                             |
|                                                                                                                                  | City                | State                  | ZIP |                                                                  |                                               |                                             |
|                                                                                                                                  | Committee ID Number | Date Contribution Made |     |                                                                  |                                               |                                             |
| 3                                                                                                                                | Committee Name      |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                               |                                             |
|                                                                                                                                  | Street Address      |                        |     |                                                                  |                                               |                                             |
|                                                                                                                                  | City                | State                  | ZIP |                                                                  |                                               |                                             |
|                                                                                                                                  | Committee ID Number | Date Contribution Made |     |                                                                  |                                               |                                             |
| 4                                                                                                                                | Committee Name      |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                               |                                             |
|                                                                                                                                  | Street Address      |                        |     |                                                                  |                                               |                                             |
|                                                                                                                                  | City                | State                  | ZIP |                                                                  |                                               |                                             |
|                                                                                                                                  | Committee ID Number | Date Contribution Made |     |                                                                  |                                               |                                             |
| 5                                                                                                                                | Committee Name      |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                               |                                             |
|                                                                                                                                  | Street Address      |                        |     |                                                                  |                                               |                                             |
|                                                                                                                                  | City                | State                  | ZIP |                                                                  |                                               |                                             |
|                                                                                                                                  | Committee ID Number | Date Contribution Made |     |                                                                  |                                               |                                             |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 2(a)) |                     |                        |     |                                                                  |                                               |                                             |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

| Political Action Committee Recipient Information                                                                                 |                     |                        |     | Amount Contributed                                               | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------|-----|------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                                | Committee Name      |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                  | Street Address      |                        |     |                                                                  |                                         |                                       |
|                                                                                                                                  | City                | State                  | ZIP |                                                                  |                                         |                                       |
|                                                                                                                                  | Committee ID Number | Date Contribution Made |     |                                                                  |                                         |                                       |
| 2                                                                                                                                | Committee Name      |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                  | Street Address      |                        |     |                                                                  |                                         |                                       |
|                                                                                                                                  | City                | State                  | ZIP |                                                                  |                                         |                                       |
|                                                                                                                                  | Committee ID Number | Date Contribution Made |     |                                                                  |                                         |                                       |
| 3                                                                                                                                | Committee Name      |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                  | Street Address      |                        |     |                                                                  |                                         |                                       |
|                                                                                                                                  | City                | State                  | ZIP |                                                                  |                                         |                                       |
|                                                                                                                                  | Committee ID Number | Date Contribution Made |     |                                                                  |                                         |                                       |
| 4                                                                                                                                | Committee Name      |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                  | Street Address      |                        |     |                                                                  |                                         |                                       |
|                                                                                                                                  | City                | State                  | ZIP |                                                                  |                                         |                                       |
|                                                                                                                                  | Committee ID Number | Date Contribution Made |     |                                                                  |                                         |                                       |
| 5                                                                                                                                | Committee Name      |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                  | Street Address      |                        |     |                                                                  |                                         |                                       |
|                                                                                                                                  | City                | State                  | ZIP |                                                                  |                                         |                                       |
|                                                                                                                                  | Committee ID Number | Date Contribution Made |     |                                                                  |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 2(b)) |                     |                        |     |                                                                  |                                         |                                       |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

| Political Party Recipient Information                                                                                            |                     |                        |     | Amount Contributed                                               | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------|-----|------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                                | Committee Name      |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                  | Street Address      |                        |     |                                                                  |                                         |                                       |
|                                                                                                                                  | City                | State                  | ZIP |                                                                  |                                         |                                       |
|                                                                                                                                  | Committee ID Number | Date Contribution Made |     |                                                                  |                                         |                                       |
| 2                                                                                                                                | Committee Name      |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                  | Street Address      |                        |     |                                                                  |                                         |                                       |
|                                                                                                                                  | City                | State                  | ZIP |                                                                  |                                         |                                       |
|                                                                                                                                  | Committee ID Number | Date Contribution Made |     |                                                                  |                                         |                                       |
| 3                                                                                                                                | Committee Name      |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                  | Street Address      |                        |     |                                                                  |                                         |                                       |
|                                                                                                                                  | City                | State                  | ZIP |                                                                  |                                         |                                       |
|                                                                                                                                  | Committee ID Number | Date Contribution Made |     |                                                                  |                                         |                                       |
| 4                                                                                                                                | Committee Name      |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                  | Street Address      |                        |     |                                                                  |                                         |                                       |
|                                                                                                                                  | City                | State                  | ZIP |                                                                  |                                         |                                       |
|                                                                                                                                  | Committee ID Number | Date Contribution Made |     |                                                                  |                                         |                                       |
| 5                                                                                                                                | Committee Name      |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                  | Street Address      |                        |     |                                                                  |                                         |                                       |
|                                                                                                                                  | City                | State                  | ZIP |                                                                  |                                         |                                       |
|                                                                                                                                  | Committee ID Number | Date Contribution Made |     |                                                                  |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 2(c)) |                     |                        |     |                                                                  |                                         |                                       |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

| Partnership Recipient Information                                                                                                |                                    |                        |     | Amount Contributed                                               | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------|-----|------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                                | Partnership Name                   |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                  | Street Address                     |                        |     |                                                                  |                                         |                                       |
|                                                                                                                                  | City                               | State                  | ZIP |                                                                  |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date Contribution Made |     |                                                                  |                                         |                                       |
| 2                                                                                                                                | Partnership Name                   |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                  | Street Address                     |                        |     |                                                                  |                                         |                                       |
|                                                                                                                                  | City                               | State                  | ZIP |                                                                  |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date Contribution Made |     |                                                                  |                                         |                                       |
| 3                                                                                                                                | Partnership Name                   |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                  | Street Address                     |                        |     |                                                                  |                                         |                                       |
|                                                                                                                                  | City                               | State                  | ZIP |                                                                  |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date Contribution Made |     |                                                                  |                                         |                                       |
| 4                                                                                                                                | Partnership Name                   |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                  | Street Address                     |                        |     |                                                                  |                                         |                                       |
|                                                                                                                                  | City                               | State                  | ZIP |                                                                  |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date Contribution Made |     |                                                                  |                                         |                                       |
| 5                                                                                                                                | Partnership Name                   |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                  | Street Address                     |                        |     |                                                                  |                                         |                                       |
|                                                                                                                                  | City                               | State                  | ZIP |                                                                  |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date Contribution Made |     |                                                                  |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 2(d)) |                                    |                        |     |                                                                  |                                         |                                       |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

| Corporation / LLC Recipient Information                                                                                          |                                    |                        |     | Amount Contributed                                               | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------|-----|------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                                | Corporation/LLC Name               |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                  | Street Address                     |                        |     |                                                                  |                                         |                                       |
|                                                                                                                                  | City                               | State                  | ZIP |                                                                  |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date Contribution Made |     |                                                                  |                                         |                                       |
| 2                                                                                                                                | Corporation/LLC Name               |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                  | Street Address                     |                        |     |                                                                  |                                         |                                       |
|                                                                                                                                  | City                               | State                  | ZIP |                                                                  |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date Contribution Made |     |                                                                  |                                         |                                       |
| 3                                                                                                                                | Corporation/LLC Name               |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                  | Street Address                     |                        |     |                                                                  |                                         |                                       |
|                                                                                                                                  | City                               | State                  | ZIP |                                                                  |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date Contribution Made |     |                                                                  |                                         |                                       |
| 4                                                                                                                                | Corporation/LLC Name               |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                  | Street Address                     |                        |     |                                                                  |                                         |                                       |
|                                                                                                                                  | City                               | State                  | ZIP |                                                                  |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date Contribution Made |     |                                                                  |                                         |                                       |
| 5                                                                                                                                | Corporation/LLC Name               |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                  | Street Address                     |                        |     |                                                                  |                                         |                                       |
|                                                                                                                                  | City                               | State                  | ZIP |                                                                  |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date Contribution Made |     |                                                                  |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 2(e)) |                                    |                        |     |                                                                  |                                         |                                       |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

| Labor Organization Recipient Information                                                                                         |                                    |                        |     | Amount<br>Contributed                                            | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------|-----|------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------|
| 1                                                                                                                                | Labor Organization Name            |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                               |                                             |
|                                                                                                                                  | Street Address                     |                        |     |                                                                  |                                               |                                             |
|                                                                                                                                  | City                               | State                  | ZIP |                                                                  |                                               |                                             |
|                                                                                                                                  | Corporation Commission File Number | Date Contribution Made |     |                                                                  |                                               |                                             |
| 2                                                                                                                                | Labor Organization Name            |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                               |                                             |
|                                                                                                                                  | Street Address                     |                        |     |                                                                  |                                               |                                             |
|                                                                                                                                  | City                               | State                  | ZIP |                                                                  |                                               |                                             |
|                                                                                                                                  | Corporation Commission File Number | Date Contribution Made |     |                                                                  |                                               |                                             |
| 3                                                                                                                                | Labor Organization Name            |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                               |                                             |
|                                                                                                                                  | Street Address                     |                        |     |                                                                  |                                               |                                             |
|                                                                                                                                  | City                               | State                  | ZIP |                                                                  |                                               |                                             |
|                                                                                                                                  | Corporation Commission File Number | Date Contribution Made |     |                                                                  |                                               |                                             |
| 4                                                                                                                                | Labor Organization Name            |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                               |                                             |
|                                                                                                                                  | Street Address                     |                        |     |                                                                  |                                               |                                             |
|                                                                                                                                  | City                               | State                  | ZIP |                                                                  |                                               |                                             |
|                                                                                                                                  | Corporation Commission File Number | Date Contribution Made |     |                                                                  |                                               |                                             |
| 5                                                                                                                                | Labor Organization Name            |                        |     | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                               |                                             |
|                                                                                                                                  | Street Address                     |                        |     |                                                                  |                                               |                                             |
|                                                                                                                                  | City                               | State                  | ZIP |                                                                  |                                               |                                             |
|                                                                                                                                  | Corporation Commission File Number | Date Contribution Made |     |                                                                  |                                               |                                             |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 2(f)) |                                    |                        |     |                                                                  |                                               |                                             |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

| Contributor Information                                                                                                          |                     |       |                               | Amount Refunded | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------|-------|-------------------------------|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                                | Committee Name      |       | Date Refund Received          |                 |                                         |                                       |
|                                                                                                                                  | Street Address      |       |                               |                 |                                         |                                       |
|                                                                                                                                  | City                | State | ZIP                           |                 |                                         |                                       |
|                                                                                                                                  | Committee ID Number |       | Date of Original Contribution |                 |                                         |                                       |
| 2                                                                                                                                | Committee Name      |       | Date Refund Received          |                 |                                         |                                       |
|                                                                                                                                  | Street Address      |       |                               |                 |                                         |                                       |
|                                                                                                                                  | City                | State | ZIP                           |                 |                                         |                                       |
|                                                                                                                                  | Committee ID Number |       | Date of Original Contribution |                 |                                         |                                       |
| 3                                                                                                                                | Committee Name      |       | Date Refund Received          |                 |                                         |                                       |
|                                                                                                                                  | Street Address      |       |                               |                 |                                         |                                       |
|                                                                                                                                  | City                | State | ZIP                           |                 |                                         |                                       |
|                                                                                                                                  | Committee ID Number |       | Date of Original Contribution |                 |                                         |                                       |
| 4                                                                                                                                | Committee Name      |       | Date Refund Received          |                 |                                         |                                       |
|                                                                                                                                  | Street Address      |       |                               |                 |                                         |                                       |
|                                                                                                                                  | City                | State | ZIP                           |                 |                                         |                                       |
|                                                                                                                                  | Committee ID Number |       | Date of Original Contribution |                 |                                         |                                       |
| 5                                                                                                                                | Committee Name      |       | Date Refund Received          |                 |                                         |                                       |
|                                                                                                                                  | Street Address      |       |                               |                 |                                         |                                       |
|                                                                                                                                  | City                | State | ZIP                           |                 |                                         |                                       |
|                                                                                                                                  | Committee ID Number |       | Date of Original Contribution |                 |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 2(h)) |                     |       |                               |                 |                                         |                                       |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

LOANS MADE:

SCHEDULE B(3)(a)

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

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

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

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

| Borrower Information                                                                                                             |                         |                          |                       | Amount Forgiven | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------|-----------------------|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                                | Borrower Name           |                          | Date Forgiveness Made |                 |                                         |                                       |
|                                                                                                                                  | Street Address          |                          |                       |                 |                                         |                                       |
|                                                                                                                                  | City                    | State                    | ZIP                   |                 |                                         |                                       |
|                                                                                                                                  | Original Amount of Loan | Amount Still Outstanding |                       |                 |                                         |                                       |
| 2                                                                                                                                | Borrower Name           |                          | Date Forgiveness Made |                 |                                         |                                       |
|                                                                                                                                  | Street Address          |                          |                       |                 |                                         |                                       |
|                                                                                                                                  | City                    | State                    | ZIP                   |                 |                                         |                                       |
|                                                                                                                                  | Original Amount of Loan | Amount Still Outstanding |                       |                 |                                         |                                       |
| 3                                                                                                                                | Borrower Name           |                          | Date Forgiveness Made |                 |                                         |                                       |
|                                                                                                                                  | Street Address          |                          |                       |                 |                                         |                                       |
|                                                                                                                                  | City                    | State                    | ZIP                   |                 |                                         |                                       |
|                                                                                                                                  | Original Amount of Loan | Amount Still Outstanding |                       |                 |                                         |                                       |
| 4                                                                                                                                | Borrower Name           |                          | Date Forgiveness Made |                 |                                         |                                       |
|                                                                                                                                  | Street Address          |                          |                       |                 |                                         |                                       |
|                                                                                                                                  | City                    | State                    | ZIP                   |                 |                                         |                                       |
|                                                                                                                                  | Original Amount of Loan | Amount Still Outstanding |                       |                 |                                         |                                       |
| 5                                                                                                                                | Borrower Name           |                          | Date Forgiveness Made |                 |                                         |                                       |
|                                                                                                                                  | Street Address          |                          |                       |                 |                                         |                                       |
|                                                                                                                                  | City                    | State                    | ZIP                   |                 |                                         |                                       |
|                                                                                                                                  | Original Amount of Loan | Amount Still Outstanding |                       |                 |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 3(c)) |                         |                          |                       |                 |                                         |                                       |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

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

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

| Lender Information                                                                                                               |                          |                          |                       | Amount of Interest<br>Accrued | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-----------------------|-------------------------------|-----------------------------------------------|---------------------------------------------|
| 1                                                                                                                                | Lender Name              |                          | Date Interest Accrued |                               |                                               |                                             |
|                                                                                                                                  | Street Address           |                          |                       |                               |                                               |                                             |
|                                                                                                                                  | City                     | State                    | ZIP                   |                               |                                               |                                             |
|                                                                                                                                  | Original Amount Borrowed | Amount Still Outstanding |                       |                               |                                               |                                             |
| 2                                                                                                                                | Lender Name              |                          | Date Interest Accrued |                               |                                               |                                             |
|                                                                                                                                  | Street Address           |                          |                       |                               |                                               |                                             |
|                                                                                                                                  | City                     | State                    | ZIP                   |                               |                                               |                                             |
|                                                                                                                                  | Original Amount Borrowed | Amount Still Outstanding |                       |                               |                                               |                                             |
| 3                                                                                                                                | Lender Name              |                          | Date Interest Accrued |                               |                                               |                                             |
|                                                                                                                                  | Street Address           |                          |                       |                               |                                               |                                             |
|                                                                                                                                  | City                     | State                    | ZIP                   |                               |                                               |                                             |
|                                                                                                                                  | Original Amount Borrowed | Amount Still Outstanding |                       |                               |                                               |                                             |
| 4                                                                                                                                | Lender Name              |                          | Date Interest Accrued |                               |                                               |                                             |
|                                                                                                                                  | Street Address           |                          |                       |                               |                                               |                                             |
|                                                                                                                                  | City                     | State                    | ZIP                   |                               |                                               |                                             |
|                                                                                                                                  | Original Amount Borrowed | Amount Still Outstanding |                       |                               |                                               |                                             |
| 5                                                                                                                                | Lender Name              |                          | Date Interest Accrued |                               |                                               |                                             |
|                                                                                                                                  | Street Address           |                          |                       |                               |                                               |                                             |
|                                                                                                                                  | City                     | State                    | ZIP                   |                               |                                               |                                             |
|                                                                                                                                  | Original Amount Borrowed | Amount Still Outstanding |                       |                               |                                               |                                             |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 3(e)) |                          |                          |                       |                               |                                               |                                             |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

| Recipient Information                                                                                                         |                                                    |                         |                          | Amount Rebated /<br>Refunded | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------|--------------------------|------------------------------|-----------------------------------------------|---------------------------------------------|
| 1                                                                                                                             | Name of Original Payor                             |                         | Date Rebate/Refund Made  |                              |                                               |                                             |
|                                                                                                                               | Street Address                                     |                         |                          |                              |                                               |                                             |
|                                                                                                                               | City                                               | State                   | ZIP                      |                              |                                               |                                             |
|                                                                                                                               | Corporation Commission File Number (if applicable) | Original Payment Amount | Date of Original Payment |                              |                                               |                                             |
| 2                                                                                                                             | Name of Original Payor                             |                         | Date Rebate/Refund Made  |                              |                                               |                                             |
|                                                                                                                               | Street Address                                     |                         |                          |                              |                                               |                                             |
|                                                                                                                               | City                                               | State                   | ZIP                      |                              |                                               |                                             |
|                                                                                                                               | Corporation Commission File Number (if applicable) | Original Payment Amount | Date of Original Payment |                              |                                               |                                             |
| 3                                                                                                                             | Name of Original Payor                             |                         | Date Rebate/Refund Made  |                              |                                               |                                             |
|                                                                                                                               | Street Address                                     |                         |                          |                              |                                               |                                             |
|                                                                                                                               | City                                               | State                   | ZIP                      |                              |                                               |                                             |
|                                                                                                                               | Corporation Commission File Number (if applicable) | Original Payment Amount | Date of Original Payment |                              |                                               |                                             |
| 4                                                                                                                             | Name of Original Payor                             |                         | Date Rebate/Refund Made  |                              |                                               |                                             |
|                                                                                                                               | Street Address                                     |                         |                          |                              |                                               |                                             |
|                                                                                                                               | City                                               | State                   | ZIP                      |                              |                                               |                                             |
|                                                                                                                               | Corporation Commission File Number (if applicable) | Original Payment Amount | Date of Original Payment |                              |                                               |                                             |
| 5                                                                                                                             | Name of Original Payor                             |                         | Date Rebate/Refund Made  |                              |                                               |                                             |
|                                                                                                                               | Street Address                                     |                         |                          |                              |                                               |                                             |
|                                                                                                                               | City                                               | State                   | ZIP                      |                              |                                               |                                             |
|                                                                                                                               | Corporation Commission File Number (if applicable) | Original Payment Amount | Date of Original Payment |                              |                                               |                                             |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 4) |                                                    |                         |                          |                              |                                               |                                             |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

| Candidate Committee Recipient Information                                                                                        |                     |                                |     | Amount Contributed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------|-----|--------------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                                | Committee Name      |                                |     |                    |                                         |                                       |
|                                                                                                                                  | Street Address      |                                |     |                    |                                         |                                       |
|                                                                                                                                  | City                | State                          | ZIP |                    |                                         |                                       |
|                                                                                                                                  | Committee ID Number | Date In-Kind Contribution Made |     |                    |                                         |                                       |
| 2                                                                                                                                | Committee Name      |                                |     |                    |                                         |                                       |
|                                                                                                                                  | Street Address      |                                |     |                    |                                         |                                       |
|                                                                                                                                  | City                | State                          | ZIP |                    |                                         |                                       |
|                                                                                                                                  | Committee ID Number | Date In-Kind Contribution Made |     |                    |                                         |                                       |
| 3                                                                                                                                | Committee Name      |                                |     |                    |                                         |                                       |
|                                                                                                                                  | Street Address      |                                |     |                    |                                         |                                       |
|                                                                                                                                  | City                | State                          | ZIP |                    |                                         |                                       |
|                                                                                                                                  | Committee ID Number | Date In-Kind Contribution Made |     |                    |                                         |                                       |
| 4                                                                                                                                | Committee Name      |                                |     |                    |                                         |                                       |
|                                                                                                                                  | Street Address      |                                |     |                    |                                         |                                       |
|                                                                                                                                  | City                | State                          | ZIP |                    |                                         |                                       |
|                                                                                                                                  | Committee ID Number | Date In-Kind Contribution Made |     |                    |                                         |                                       |
| 5                                                                                                                                | Committee Name      |                                |     |                    |                                         |                                       |
|                                                                                                                                  | Street Address      |                                |     |                    |                                         |                                       |
|                                                                                                                                  | City                | State                          | ZIP |                    |                                         |                                       |
|                                                                                                                                  | Committee ID Number | Date In-Kind Contribution Made |     |                    |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 5(a)) |                     |                                |     |                    |                                         |                                       |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

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

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

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

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

| Partnership Recipient Information                                                                                                |                                    |                                |     | Amount Contributed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------|-----|--------------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                                | Partnership Name                   |                                |     |                    |                                         |                                       |
|                                                                                                                                  | Street Address                     |                                |     |                    |                                         |                                       |
|                                                                                                                                  | City                               | State                          | ZIP |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date In-Kind Contribution Made |     |                    |                                         |                                       |
| 2                                                                                                                                | Partnership Name                   |                                |     |                    |                                         |                                       |
|                                                                                                                                  | Street Address                     |                                |     |                    |                                         |                                       |
|                                                                                                                                  | City                               | State                          | ZIP |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date In-Kind Contribution Made |     |                    |                                         |                                       |
| 3                                                                                                                                | Partnership Name                   |                                |     |                    |                                         |                                       |
|                                                                                                                                  | Street Address                     |                                |     |                    |                                         |                                       |
|                                                                                                                                  | City                               | State                          | ZIP |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date In-Kind Contribution Made |     |                    |                                         |                                       |
| 4                                                                                                                                | Partnership Name                   |                                |     |                    |                                         |                                       |
|                                                                                                                                  | Street Address                     |                                |     |                    |                                         |                                       |
|                                                                                                                                  | City                               | State                          | ZIP |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date In-Kind Contribution Made |     |                    |                                         |                                       |
| 5                                                                                                                                | Partnership Name                   |                                |     |                    |                                         |                                       |
|                                                                                                                                  | Street Address                     |                                |     |                    |                                         |                                       |
|                                                                                                                                  | City                               | State                          | ZIP |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date In-Kind Contribution Made |     |                    |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 5(d)) |                                    |                                |     |                    |                                         |                                       |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

| Corporation / LLC Recipient Information                                                                                          |                                    |                                |     | Amount Contributed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------|-----|--------------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                                | Corporation/LLC Name               |                                |     |                    |                                         |                                       |
|                                                                                                                                  | Street Address                     |                                |     |                    |                                         |                                       |
|                                                                                                                                  | City                               | State                          | ZIP |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date In-Kind Contribution Made |     |                    |                                         |                                       |
| 2                                                                                                                                | Corporation/LLC Name               |                                |     |                    |                                         |                                       |
|                                                                                                                                  | Street Address                     |                                |     |                    |                                         |                                       |
|                                                                                                                                  | City                               | State                          | ZIP |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date In-Kind Contribution Made |     |                    |                                         |                                       |
| 3                                                                                                                                | Corporation/LLC Name               |                                |     |                    |                                         |                                       |
|                                                                                                                                  | Street Address                     |                                |     |                    |                                         |                                       |
|                                                                                                                                  | City                               | State                          | ZIP |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date In-Kind Contribution Made |     |                    |                                         |                                       |
| 4                                                                                                                                | Corporation/LLC Name               |                                |     |                    |                                         |                                       |
|                                                                                                                                  | Street Address                     |                                |     |                    |                                         |                                       |
|                                                                                                                                  | City                               | State                          | ZIP |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date In-Kind Contribution Made |     |                    |                                         |                                       |
| 5                                                                                                                                | Corporation/LLC Name               |                                |     |                    |                                         |                                       |
|                                                                                                                                  | Street Address                     |                                |     |                    |                                         |                                       |
|                                                                                                                                  | City                               | State                          | ZIP |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date In-Kind Contribution Made |     |                    |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 5(e)) |                                    |                                |     |                    |                                         |                                       |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

| Labor Organization Recipient Information                                                                                         |                                    |                                |     | Amount Contributed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------|-----|--------------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                                | Labor Organization Name            |                                |     |                    |                                         |                                       |
|                                                                                                                                  | Street Address                     |                                |     |                    |                                         |                                       |
|                                                                                                                                  | City                               | State                          | ZIP |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date In-Kind Contribution Made |     |                    |                                         |                                       |
| 2                                                                                                                                | Labor Organization Name            |                                |     |                    |                                         |                                       |
|                                                                                                                                  | Street Address                     |                                |     |                    |                                         |                                       |
|                                                                                                                                  | City                               | State                          | ZIP |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date In-Kind Contribution Made |     |                    |                                         |                                       |
| 3                                                                                                                                | Labor Organization Name            |                                |     |                    |                                         |                                       |
|                                                                                                                                  | Street Address                     |                                |     |                    |                                         |                                       |
|                                                                                                                                  | City                               | State                          | ZIP |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date In-Kind Contribution Made |     |                    |                                         |                                       |
| 4                                                                                                                                | Labor Organization Name            |                                |     |                    |                                         |                                       |
|                                                                                                                                  | Street Address                     |                                |     |                    |                                         |                                       |
|                                                                                                                                  | City                               | State                          | ZIP |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date In-Kind Contribution Made |     |                    |                                         |                                       |
| 5                                                                                                                                | 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<br>(transfer the total disbursed this period to "Summary of Disbursements," line 5(f)) |                                    |                                |     |                    |                                         |                                       |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

| Expenditure Recipient Information                                                                                             |                                                            |                     |                                            | Expenditure Amount                                               | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------|--------------------------------------------|------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                             | Recipient Name                                             |                     | Mode of Advertising (TV, mail, etc)        | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                               | Street Address                                             |                     |                                            |                                                                  |                                         |                                       |
|                                                                                                                               | City                                                       | State               | ZIP                                        |                                                                  |                                         |                                       |
|                                                                                                                               | Candidate(s) Supported (including % supported)             |                     | Candidate(s) Opposed (including % opposed) |                                                                  |                                         |                                       |
|                                                                                                                               | Date of First Publication, Display, Delivery, or Broadcast | Election Month/Year | Office Sought                              |                                                                  |                                         |                                       |
| 2                                                                                                                             | Recipient Name                                             |                     | Mode of Advertising (TV, mail, etc)        | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                               | Street Address                                             |                     |                                            |                                                                  |                                         |                                       |
|                                                                                                                               | City                                                       | State               | ZIP                                        |                                                                  |                                         |                                       |
|                                                                                                                               | Candidate(s) Supported (including % supported)             |                     | Candidate(s) Opposed (including % opposed) |                                                                  |                                         |                                       |
|                                                                                                                               | Date of First Publication, Display, Delivery, or Broadcast | Election Month/Year | Office Sought                              |                                                                  |                                         |                                       |
| 3                                                                                                                             | Recipient Name                                             |                     | Mode of Advertising (TV, mail, etc)        | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                               | Street Address                                             |                     |                                            |                                                                  |                                         |                                       |
|                                                                                                                               | City                                                       | State               | ZIP                                        |                                                                  |                                         |                                       |
|                                                                                                                               | Candidate(s) Supported (including % supported)             |                     | Candidate(s) Opposed (including % opposed) |                                                                  |                                         |                                       |
|                                                                                                                               | Date of First Publication, Display, Delivery, or Broadcast | Election Month/Year | Office Sought                              |                                                                  |                                         |                                       |
| 4                                                                                                                             | Recipient Name                                             |                     | Mode of Advertising (TV, mail, etc)        | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                               | Street Address                                             |                     |                                            |                                                                  |                                         |                                       |
|                                                                                                                               | City                                                       | State               | ZIP                                        |                                                                  |                                         |                                       |
|                                                                                                                               | Candidate(s) Supported (including % supported)             |                     | Candidate(s) Opposed (including % opposed) |                                                                  |                                         |                                       |
|                                                                                                                               | Date of First Publication, Display, Delivery, or Broadcast | Election Month/Year | Office Sought                              |                                                                  |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 6) |                                                            |                     |                                            |                                                                  |                                         |                                       |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

| Expenditure Recipient Information                                                                                             |                                                            |       |                                                 | Expenditure Amount                                               | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------|-------------------------------------------------|------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                             | Recipient Name                                             |       | Mode of Advertising (TV, mail, etc)             | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                               | Street Address                                             |       |                                                 |                                                                  |                                         |                                       |
|                                                                                                                               | City                                                       | State | ZIP                                             |                                                                  |                                         |                                       |
|                                                                                                                               | Ballot Measure(s) Supported (including % supported)        |       | Ballot Measure(s) Opposed (including % opposed) |                                                                  |                                         |                                       |
|                                                                                                                               | Date of First Publication, Display, Delivery, or Broadcast |       | Election Month/Year                             |                                                                  |                                         |                                       |
| 2                                                                                                                             | Recipient Name                                             |       | Mode of Advertising (TV, mail, etc)             | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                               | Street Address                                             |       |                                                 |                                                                  |                                         |                                       |
|                                                                                                                               | City                                                       | State | ZIP                                             |                                                                  |                                         |                                       |
|                                                                                                                               | Ballot Measure(s) Supported (including % supported)        |       | Ballot Measure(s) Opposed (including % opposed) |                                                                  |                                         |                                       |
|                                                                                                                               | Date of First Publication, Display, Delivery, or Broadcast |       | Election Month/Year                             |                                                                  |                                         |                                       |
| 3                                                                                                                             | Recipient Name                                             |       | Mode of Advertising (TV, mail, etc)             | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                               | Street Address                                             |       |                                                 |                                                                  |                                         |                                       |
|                                                                                                                               | City                                                       | State | ZIP                                             |                                                                  |                                         |                                       |
|                                                                                                                               | Ballot Measure(s) Supported (including % supported)        |       | Ballot Measure(s) Opposed (including % opposed) |                                                                  |                                         |                                       |
|                                                                                                                               | Date of First Publication, Display, Delivery, or Broadcast |       | Election Month/Year                             |                                                                  |                                         |                                       |
| 4                                                                                                                             | Recipient Name                                             |       | Mode of Advertising (TV, mail, etc)             | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                               | Street Address                                             |       |                                                 |                                                                  |                                         |                                       |
|                                                                                                                               | City                                                       | State | ZIP                                             |                                                                  |                                         |                                       |
|                                                                                                                               | Ballot Measure(s) Supported (including % supported)        |       | Ballot Measure(s) Opposed (including % opposed) |                                                                  |                                         |                                       |
|                                                                                                                               | Date of First Publication, Display, Delivery, or Broadcast |       | Election Month/Year                             |                                                                  |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 7) |                                                            |       |                                                 |                                                                  |                                         |                                       |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

RECALL EXPENDITURES MADE:

SCHEDULE B(8)

| Expenditure Recipient Information                                                                                             |                                                            |       |                                     | Expenditure Amount                                               | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------|-------------------------------------|------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                             | Recipient Name                                             |       | Mode of Advertising (TV, mail, etc) | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                               | Street Address                                             |       |                                     |                                                                  |                                         |                                       |
|                                                                                                                               | City                                                       | State | ZIP                                 |                                                                  |                                         |                                       |
|                                                                                                                               | Supporting or Opposing Issuance of Recall Order?           |       | Candidate Sought to be Recalled     |                                                                  |                                         |                                       |
|                                                                                                                               | Date of First Publication, Display, Delivery, or Broadcast |       | Office Held                         |                                                                  |                                         |                                       |
| 2                                                                                                                             | Recipient Name                                             |       | Mode of Advertising (TV, mail, etc) | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                               | Street Address                                             |       |                                     |                                                                  |                                         |                                       |
|                                                                                                                               | City                                                       | State | ZIP                                 |                                                                  |                                         |                                       |
|                                                                                                                               | Supporting or Opposing Issuance of Recall Order?           |       | Candidate Sought to be Recalled     |                                                                  |                                         |                                       |
|                                                                                                                               | Date of First Publication, Display, Delivery, or Broadcast |       | Office Held                         |                                                                  |                                         |                                       |
| 3                                                                                                                             | Recipient Name                                             |       | Mode of Advertising (TV, mail, etc) | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                               | Street Address                                             |       |                                     |                                                                  |                                         |                                       |
|                                                                                                                               | City                                                       | State | ZIP                                 |                                                                  |                                         |                                       |
|                                                                                                                               | Supporting or Opposing Issuance of Recall Order?           |       | Candidate Sought to be Recalled     |                                                                  |                                         |                                       |
|                                                                                                                               | Date of First Publication, Display, Delivery, or Broadcast |       | Office Held                         |                                                                  |                                         |                                       |
| 4                                                                                                                             | Recipient Name                                             |       | Mode of Advertising (TV, mail, etc) | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                               | Street Address                                             |       |                                     |                                                                  |                                         |                                       |
|                                                                                                                               | City                                                       | State | ZIP                                 |                                                                  |                                         |                                       |
|                                                                                                                               | Supporting or Opposing Issuance of Recall Order?           |       | Candidate Sought to be Recalled     |                                                                  |                                         |                                       |
|                                                                                                                               | Date of First Publication, Display, Delivery, or Broadcast |       | Office Held                         |                                                                  |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 8) |                                                            |       |                                     |                                                                  |                                         |                                       |

Schedule B(8), page \_\_\_\_ of \_\_\_\_



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

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 |     |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------|--------|-----------------------------------------------|---------------------------------------------|-----|
| 1                                                                                                                             | Candidate Name           |       |        |                                               |                                             |     |
|                                                                                                                               | Date Benefit Provided    |       |        |                                               |                                             |     |
|                                                                                                                               | Street Address           |       |        |                                               |                                             |     |
|                                                                                                                               | City                     | State |        |                                               |                                             | ZIP |
|                                                                                                                               | Type of Benefit Provided |       |        |                                               |                                             |     |
| Notes:                                                                                                                        |                          |       |        |                                               |                                             |     |
| 2                                                                                                                             | Candidate Name           |       |        |                                               |                                             |     |
|                                                                                                                               | Date Benefit Provided    |       |        |                                               |                                             |     |
|                                                                                                                               | Street Address           |       |        |                                               |                                             |     |
|                                                                                                                               | City                     | State |        |                                               |                                             | ZIP |
|                                                                                                                               | Type of Benefit Provided |       |        |                                               |                                             |     |
| Notes:                                                                                                                        |                          |       |        |                                               |                                             |     |
| 3                                                                                                                             | Candidate Name           |       |        |                                               |                                             |     |
|                                                                                                                               | Date Benefit Provided    |       |        |                                               |                                             |     |
|                                                                                                                               | Street Address           |       |        |                                               |                                             |     |
|                                                                                                                               | City                     | State |        |                                               |                                             | ZIP |
|                                                                                                                               | Type of Benefit Provided |       |        |                                               |                                             |     |
| Notes:                                                                                                                        |                          |       |        |                                               |                                             |     |
| 4                                                                                                                             | Candidate Name           |       |        |                                               |                                             |     |
|                                                                                                                               | Date Benefit Provided    |       |        |                                               |                                             |     |
|                                                                                                                               | Street Address           |       |        |                                               |                                             |     |
|                                                                                                                               | City                     | State |        |                                               |                                             | ZIP |
|                                                                                                                               | Type of Benefit Provided |       |        |                                               |                                             |     |
| Notes:                                                                                                                        |                          |       |        |                                               |                                             |     |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 9) |                          |       |        |                                               |                                             |     |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

| Recipient Committee Information                                                                                                |                                                 |       |                                        | Payment Amount                                                   | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------|----------------------------------------|------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                              | Committee Name                                  |       | Payment Date                           | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                | Street Address                                  |       |                                        |                                                                  |                                         |                                       |
|                                                                                                                                | City                                            | State | ZIP                                    |                                                                  |                                         |                                       |
|                                                                                                                                | Date of Joint Fundraising Event (if applicable) |       | Type of Shared Expense (if applicable) |                                                                  |                                         |                                       |
| 2                                                                                                                              | Committee Name                                  |       | Payment Date                           | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                | Street Address                                  |       |                                        |                                                                  |                                         |                                       |
|                                                                                                                                | City                                            | State | ZIP                                    |                                                                  |                                         |                                       |
|                                                                                                                                | Date of Joint Fundraising Event (if applicable) |       | Type of Shared Expense (if applicable) |                                                                  |                                         |                                       |
| 3                                                                                                                              | Committee Name                                  |       | Payment Date                           | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                | Street Address                                  |       |                                        |                                                                  |                                         |                                       |
|                                                                                                                                | City                                            | State | ZIP                                    |                                                                  |                                         |                                       |
|                                                                                                                                | Date of Joint Fundraising Event (if applicable) |       | Type of Shared Expense (if applicable) |                                                                  |                                         |                                       |
| 4                                                                                                                              | Committee Name                                  |       | Payment Date                           | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                | Street Address                                  |       |                                        |                                                                  |                                         |                                       |
|                                                                                                                                | City                                            | State | ZIP                                    |                                                                  |                                         |                                       |
|                                                                                                                                | Date of Joint Fundraising Event (if applicable) |       | Type of Shared Expense (if applicable) |                                                                  |                                         |                                       |
| 5                                                                                                                              | Committee Name                                  |       | Payment Date                           | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                | Street Address                                  |       |                                        |                                                                  |                                         |                                       |
|                                                                                                                                | City                                            | State | ZIP                                    |                                                                  |                                         |                                       |
|                                                                                                                                | Date of Joint Fundraising Event (if applicable) |       | Type of Shared Expense (if applicable) |                                                                  |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 10) |                                                 |       |                                        |                                                                  |                                         |                                       |

Schedule B(10), page \_\_\_\_ of \_\_\_\_



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

REIMBURSEMENTS MADE:

SCHEDULE B(11)

| Recipient Information                                                                                                          |                              |       |                    | Reimbursement Amount                                             | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------|--------------------|------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                              | Name                         |       |                    | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                | Street Address               |       |                    |                                                                  |                                         |                                       |
|                                                                                                                                | City                         | State | ZIP                |                                                                  |                                         |                                       |
|                                                                                                                                | Services or Goods Reimbursed |       | Reimbursement Date |                                                                  |                                         |                                       |
| 2                                                                                                                              | Name                         |       |                    | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                | Street Address               |       |                    |                                                                  |                                         |                                       |
|                                                                                                                                | City                         | State | ZIP                |                                                                  |                                         |                                       |
|                                                                                                                                | Services or Goods Reimbursed |       | Reimbursement Date |                                                                  |                                         |                                       |
| 3                                                                                                                              | Name                         |       |                    | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                | Street Address               |       |                    |                                                                  |                                         |                                       |
|                                                                                                                                | City                         | State | ZIP                |                                                                  |                                         |                                       |
|                                                                                                                                | Services or Goods Reimbursed |       | Reimbursement Date |                                                                  |                                         |                                       |
| 4                                                                                                                              | Name                         |       |                    | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                | Street Address               |       |                    |                                                                  |                                         |                                       |
|                                                                                                                                | City                         | State | ZIP                |                                                                  |                                         |                                       |
|                                                                                                                                | Services or Goods Reimbursed |       | Reimbursement Date |                                                                  |                                         |                                       |
| 5                                                                                                                              | Name                         |       |                    | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                         |                                       |
|                                                                                                                                | Street Address               |       |                    |                                                                  |                                         |                                       |
|                                                                                                                                | City                         | State | ZIP                |                                                                  |                                         |                                       |
|                                                                                                                                | Services or Goods Reimbursed |       | Reimbursement Date |                                                                  |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 11) |                              |       |                    |                                                                  |                                         |                                       |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

| Debt Information                                                                                                         |                                      |       |                        | Amount | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------|------------------------|--------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                        | Name                                 |       |                        |        |                                         |                                       |
|                                                                                                                          | Street Address                       |       |                        |        |                                         |                                       |
|                                                                                                                          | City                                 | State | ZIP                    |        |                                         |                                       |
|                                                                                                                          | Type of Account Payable or Debt Owed |       | Date that Debt Accrued |        |                                         |                                       |
| 2                                                                                                                        | Name                                 |       |                        |        |                                         |                                       |
|                                                                                                                          | Street Address                       |       |                        |        |                                         |                                       |
|                                                                                                                          | City                                 | State | ZIP                    |        |                                         |                                       |
|                                                                                                                          | Type of Account Payable or Debt Owed |       | Date that Debt Accrued |        |                                         |                                       |
| 3                                                                                                                        | Name                                 |       |                        |        |                                         |                                       |
|                                                                                                                          | Street Address                       |       |                        |        |                                         |                                       |
|                                                                                                                          | City                                 | State | ZIP                    |        |                                         |                                       |
|                                                                                                                          | Type of Account Payable or Debt Owed |       | Date that Debt Accrued |        |                                         |                                       |
| 4                                                                                                                        | Name                                 |       |                        |        |                                         |                                       |
|                                                                                                                          | Street Address                       |       |                        |        |                                         |                                       |
|                                                                                                                          | City                                 | State | ZIP                    |        |                                         |                                       |
|                                                                                                                          | Type of Account Payable or Debt Owed |       | Date that Debt Accrued |        |                                         |                                       |
| 5                                                                                                                        | Name                                 |       |                        |        |                                         |                                       |
|                                                                                                                          | Street Address                       |       |                        |        |                                         |                                       |
|                                                                                                                          | City                                 | State | ZIP                    |        |                                         |                                       |
|                                                                                                                          | Type of Account Payable or Debt Owed |       | Date that Debt Accrued |        |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 12) |                                      |       |                        |        |                                         |                                       |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

|                                                                                                   | Cumulative Amount this Reporting<br>Period | Cumulative Amount this Election<br>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                                          |                                            |                                          |
| <b>Total</b><br>(transfer the total disbursed this period to "Summary of Disbursements," line 13) |                                            |                                          |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

| Recipient Information                                                                                                          |                   |       |                   | Amount                                                           | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------|-------|-------------------|------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------|
| 1                                                                                                                              | Name              |       |                   | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                               |                                             |
|                                                                                                                                | Street Address    |       |                   |                                                                  |                                               |                                             |
|                                                                                                                                | City              | State | ZIP               |                                                                  |                                               |                                             |
|                                                                                                                                | Disbursement Type |       | Disbursement Date |                                                                  |                                               |                                             |
| 2                                                                                                                              | Name              |       |                   | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                               |                                             |
|                                                                                                                                | Street Address    |       |                   |                                                                  |                                               |                                             |
|                                                                                                                                | City              | State | ZIP               |                                                                  |                                               |                                             |
|                                                                                                                                | Disbursement Type |       | Disbursement Date |                                                                  |                                               |                                             |
| 3                                                                                                                              | Name              |       |                   | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                               |                                             |
|                                                                                                                                | Street Address    |       |                   |                                                                  |                                               |                                             |
|                                                                                                                                | City              | State | ZIP               |                                                                  |                                               |                                             |
|                                                                                                                                | Disbursement Type |       | Disbursement Date |                                                                  |                                               |                                             |
| 4                                                                                                                              | Name              |       |                   | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                               |                                             |
|                                                                                                                                | Street Address    |       |                   |                                                                  |                                               |                                             |
|                                                                                                                                | City              | State | ZIP               |                                                                  |                                               |                                             |
|                                                                                                                                | Disbursement Type |       | Disbursement Date |                                                                  |                                               |                                             |
| 5                                                                                                                              | Name              |       |                   | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                               |                                             |
|                                                                                                                                | Street Address    |       |                   |                                                                  |                                               |                                             |
|                                                                                                                                | City              | State | ZIP               |                                                                  |                                               |                                             |
|                                                                                                                                | Disbursement Type |       | Disbursement Date |                                                                  |                                               |                                             |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 14) |                   |       |                   |                                                                  |                                               |                                             |

Schedule B(14), page \_\_\_\_ of \_\_\_\_



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

AGGREGATE OF DISBURSEMENTS – \$250 OR LESS:

SCHEDULE B(15)

|                                                                                                                               | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| Cumulative of Disbursements - \$250 or Less                                                                                   |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Disbursements," line 15) |                                         |                                       |