COMMITTEE INFORMATION (required):

	Committee Information:	Committee Name:	Carefree Citizens for Resp	onsible Government		
CANDIDATE INFORMATION (only if filing as a candidate committee):						
	Office Sought.	☐ Statewide Office	:	☐ State Legislature:		
		□ County Office:		City/Town Office:		
	Cumulative Report:					
	□ Check here if this is the of	candidate committee's fi	rst, cumulative report for	the election cycle. Also select appropriate Reporting Period below.		
	Cumulative reporting period	d start date (which supe	rsedes the start date for	the Reporting Period selected below):		

REPORTING PERIOD (check one);

NG P	ERIOD (check one):	
_	REPORTING PERIOD	REPORT DUE
	2020 4th Quarter Report: October 18, 2020 to December 31, 2020	January 1, 2021 to January 15, 2021
	2021 March Pre-Election Report (Local Only): January 1, 2021 to February 20, 2021	February 21, 2021 to February 27, 2021
	2021 March Post-Election (Q1) Report (Local Only): February 21, 2021 to March 31, 2021	April 1, 2021 to April 15, 2021
	2021 Quarter 1: January 1, 2021 to March 31, 2021	April 1, 2021 to April 15, 2021
	2021 May Pre-Election Report (Local Only): April 1, 2021 to May 1, 2021	May 2, 2021 to May 8, 2021
	2021 May Post-Election (Q2) Report (Local Only): May 2, 2021 to June 30, 2021	July 1, 2021 to July 15, 2021
1	2021 Quarter 2 Report: April 1, 2021 to June 30, 2021	July 1, 2021 to July 15, 2021
	2021 August Pre-Election Report (Local Only): July 1, 2021 to July 17, 2021	July 18, 2021 to July 24, 2021
	2021 August Post-Election (Q3) Report (Local Only): July 18, 2021 to September 30, 2021	October 1, 2021 to October 15, 2021
	2021 Quarter 3 Report: July 1, 2021 to September 30, 2021	October 1, 2021 to October 15, 2021
	2021 November Pre-Election Report (Local Only): October 1, 2021 to October 16, 2021	October 17, 2021 to October 23, 2021
	2021 November Post-Election (Q4) Report (Local Only): October 17, 2021 to December 31, 2021	January 1, 2022 to January 15, 2022
	2021 Quarter 4 Report: October 1, 2021 to December 31, 2021	January 1, 2022 to January 15, 2022
	2022 March Pre-Election Report (Local Only): January 1, 2022 to February 19, 2022	February 20, 2022 to February 26, 2022
	2022 March Post-Election (Q1) Report (Local Only): February 20, 2022 to March 31, 2022	April 1, 2022 to April 15, 2022
	2022 Quarter 1 Report: January 1, 2022 to March 31, 2022	April 1, 2022 to April 15, 2022
	2022 May Pre-Election Report (Local Only): April 1, 2022 to April 30, 2022	May 1, 2022 to May 7, 2022
	2022 May Post-Election (Q2) Report (Local Only): May 1, 2022 to June 30, 2022	July 1, 2022 to July 15, 2022
	2022 Quarter 2 Report: April 1, 2022 to June 30, 2022	July 1, 2022 to July 15, 2022
	2022 Pre-Primary Election Report: July 1, 2022 to July 16, 2022	July 17, 2022 to July 23, 2022
	2022 Post-Primary (Q3) Report: July 17, 2022 to September 30, 2022	October 1, 2022 to October 15, 2022
	2022 Pre-General Election Report: October 1, 2022 to October 22, 2022	October 23, 2022 to October 29, 2022
	2022 Post-General (Q4) Report: October 23, 2022 to December 31, 2022	January 1, 2023 to January 17, 2023*
	Final Campaign Finance Report Prior to Committee Termination	End of Previous Period through Today's Date
$\overline{}$		

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

FINANCIAL SUMMARY (required):

Cash Activity This Reporting Period	Election Cycle to Date
0.00	0.00
12,500.00	12,500.00
period) 10,000.00	10,000.00
2,500.00	2,500.00
	0.00 12,500.00 period) 10,000.00



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.

Timothy	۷ A. La	Sota

Printed Name of Committee Treasurer

Signature of Committee Treasurer

SUMMARY OF RECEIPTS (Schedule A):

	Receipts	Cash	Equity
1.	Monetary Contributions Received		
	(a) Individuals - More than \$50		
	(b) Individuals - \$50 or Less (Aggregate)		
	(c) Candidate Committees		
	(d) Political Action Committees		
	(e) Political Parties		
	(f) Partnerships		
	(g) Corporations & Limited Liability Companies (PACs & Political Parties Only)	12,500.00	
	(h) Labor Organizations (PACs & Political Parties Only)		
	(i) Candidate's Personal Monies (Candidate Committees Only)		
-	(j) Monetary Contributions Subtotal (add 1(a) through 1(i))		
	(k) Refunds Given Back to Contributors		
	(I) Net Monetary Contributions (subtract 1(k) from 1(j))		
2.	Loans		
	(a) Loans Received		
	(b) Forgiveness on Loans Received		
	(c) Repayment on Loans Made		
	(d) Interest Accrued on Loans Made		
	(e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))		
3.	Rebates and Refunds Received		
4.	Interest Accrued on Committee Monies		
5.	In-Kind Contributions Received		
	(a) Individuals - More than \$50		
	(b) Individuals - \$50 or Less (Aggregate)		
	(c) Candidate Committees		
	(d) Political Action Committees		
	(e) Political Parties		
	(f) Partnerships		
	(g) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(h) Labor Organizations (PACs & Political Parties Only)		
_	(i) Candidate's Personal Assets or Property (Candidate Committees Only)		
_	(j) In-Kind Contributions Subtotal (equity: add 5(a) through 5(i))		
6.	In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
7.	Extensions of Credit		
	(a) Extensions of Credit Received		
	(b) Payments on Extensions of Credit Received		
	(c) Net Extensions of Credit (subtract 7(b) from 7(a))		
8.	Joint Fundraising / Shared Expense Payments Received		
9.	Payments Received for Goods / Services		
10.	Outstanding Accounts Receivable / Debts Owed to Committee		
_11.	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
12.	Miscellaneous Receipts		
13.	Total Receipts (cash: add 1(l), 2(e), 3-4, 8-9, 11-12; equity: add 2(b), 5(j), 6-7, 10-12)	12,500.00	

SUMMARY OF DISBURSEMENTS (Schedule B):

	Disbursements	Cash	Equity
1.	Disbursements for Operating Expenses	10,000.00	
2.	Contributions Made		
-	(a) Candidate Committees		
	(b) Political Action Committees		
	(c) Political Parties		
	(d) Partnerships		
D-	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		
	(f) Labor Organizations (PAC & Political Parties Only)		
0	(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		
	(a) Loans Made		
	(b) Loan Guarantees Made		
	(c) Forgiveness on Loans Made		
	(d) Repayment of Loans Received		
	(e) Accrued Interest on Loans Received		
	(f) Total Loans (cash: add 3(a), 3(d) & 3(e); equity: add 2(b) & 2(c))		
4.	Rebates and Refunds Made (Non-Contributions)		
5.	Value of In-Kind Contributions Provided		
	(a) Candidate Committees		
	(b) Political Action Committees		
	(c) Political Parties		
	(d) Partnerships		
	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		
	(f) Labor Organizations (PAC & Political Parties Only)		
	(j) Contributions Subtotal (add 5(a) through 5(f))		
6.	Independent Expenditures Made		
7.	Ballot Measure Expenditures Made		
8.	Recall Expenditures Made		
9.	Support Provided to Party Nominees (Political Parties Only)		
10.	Joint Fundraising / Shared Expense Payments Made		
11.			
12.			
13.			
14.			
15.	50 0		
16.	Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(j), & 12-15)	10,000.00	



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

SCHEDULE A(1)(a)

	Individual Cont	ributor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address		J.			
1	City	State	ZIP			
	Occupation	Employer				
Г	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
r	Name		Date Contribution Received			
	Street Address			-		
3	City	State	ZIP			
	Occupation	Employer				
r	Name		Date Contribution Received			
	Street Address			1		
4	City	State	ZIP	1		
	Occupation	Employer		1		
H	Name		Date Contribution Received			
	Street Address		1			
5	City	State	ZIP	-		
	Occupation	Employer				
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts,"	line 1(a))				

*If contributions of \$50 or less are listed on Schedule A(1)(b), do not include them on Schedule A(1)(a).

Schedule A(1)(a), page ___ of ___



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

SCHEDULE A(1)(b)

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

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

^{*}If contributions of more than \$50 are listed on Schedule A(1)(a), do not include them on Schedule A(1)(b).



COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(c)

_	Candidate Committee	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
1	Committee Name					
1						
1	Street Address					
1						
1	City	State	ZIP	1		
1						
1	0	Date Contribution Receive		-		
1	Committee ID Number	Date Contribution Receive	eu			
L						
	Committee Name					
1						
1	Street Address					
2	City	State	ZIP	1		
	CRY	State	ZIF			
1				-		
1	Committee ID Number	Date Contribution Receive	ed			
L						
	Committee Name					
1						
1	Street Address			1		
1]		
3	City	State	ZIP	1		
1	CRY	State	ZIP			
1						
1	Committee ID Number	Date Contribution Receive	ed			
L						
1	Committee Name					
1						
1	Street Address			1		
1						
4	City	State	ZIP	1		
1						
1				-		
1	Committee ID Number	Date Contribution Received				
\vdash						
1	Committee Name					
1						
1	Street Address					
1						
5	City	State	ZIP	1		
	Committee ID Number	Data Cantalanda - Da		1		
	Committee ID Number	Date Contribution Receive	ed			
\vdash						
	Enter total only if last page of schedule					
	(transfer the total received this period to "Summary of Receipts,"					

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



COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(d)

	Political Action Committee	ee Contributor In	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	d			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed		-	
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Received			1	
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts."	line 1(d))				
_						

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



PAC21-00 2

MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(e)

	/						
		Political Party Con	ntributor Informat	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Γ		Committee Name					
		Street Address					
	1	City	State	ZIP			
		Committee ID Number	Date Contribution Receive	d			
r		Committee Name					
		Street Address					
	2	City	State	ZIP			
		Committee ID Number	Date Contribution Receive	<u>l</u>			
r		Committee Name			6.		
		Street Address					
	3	City	State	ZIP			
		Committee ID Number	Date Contribution Receive	ed .			
		Committee Name					
		Street Address					
	4	City	State	ZIP			
		Committee ID Number Date Contribution Received					
		Committee Name					
		Street Address					
1	5	City	State	ZIP			
		Committee ID Number	Date Contribution Receive	ed			
T		Enter total only if last page of schedule					
L		(transfer the total received this period to "Summary of Receipts,"	line 1(e))				

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(f)

	,						
		Partnership Con	tributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name						
		Street Address					
	1	City	State	ZIP			
		Corporation Commission File Number	Date Contribution Receive	I d			
r		Partnership Name					
		Street Address					
	2	City	State	ZIP			
		Corporation Commission File Number	Date Contribution Receive	ed			
r		Partnership Name					
		Street Address					
3	3	City	State	ZIP			
		Corporation Commission File Number	Date Contribution Receive	l ed			
r		Partnership Name					
		Street Address					
1	4	City	State	ZIP			
		Corporation Commission File Number Date Contribution Received					
		Partnership Name					
		Street Address					
1	5	City	State	ZIP			
		Corporation Commission File Number	Date Contribution Receive	I d			
r	- 1	Enter total only if last page of schedule	line 1(ft)				

Schedule A(1)(f), page ___ of ___



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(g)

	Corporation /	LLC Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Carefree Citizens for F	Responsible G	overnment, Inc.			
1	8 The Green STE A			7,500.00	7,500.00	7,500.00
	Dover	DE DE	19901		1,000.00	,,000.00
	n/a	6/1/21	eived			
	Carefree Citizens for F					
	8 The Green STE A			5,000.00	12,500.00	12,500.00
2	Dover	State DE	19901	3,000.00	12,500.00	12,300.00
	Corporation Commission File Number n/a	Date Contribution Red 6/3/21	ceived			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number Date Contribution Received					
	Corporation/LLC Name	· · · · · · · · · · · · · · · · · · ·				
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Red	ceived			
	Corporation/LLC Name	L				1
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Red	ceived			
	Enter total only if last page of scho					
/-	the state of the s					

Schedule A(1)(g), page ____ of ___



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(h)

	Labor Organization	Contributor Inforn	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
r	Labor Organization Name					
	Street Address		0			
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	l ed			
r	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
Ė	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Labor Organization Name	I.				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Enter total only if last page of schedule	line 1(h))				

Schedule A(1)(h), page ____ of ___



COMMITTEE ID NUMBER
PAC21-00 Z

MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(i)

	Candid	date Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Γ	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
r	Name		Date Contribution Received			a T
	Street Address					
2	City	State	ZIP	1		
	Occupation	Employer		1		
_	Name		Date Contribution Received			
	Street Address		**	1		
3	City	State	ZIP	1		
	Occupation	Employer		1		
-	Name		Date Contribution Received			
	Street Address	,		1		
4	Сіту	State	ZIP	1		
	Occupation	Employer		1		
_	Name		Date Contribution Received			
	Street Address			-		
5	City	State	ZIP	-		
	Occupation	Employer		-		
_	Enter total only if last page of schedu	ile		1		
_	(transfer the total received this period to "Summary of Received	eipts," line 1(i))				

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



COMMITTEE ID NUMBER PAC21-001

REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(k)

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

Schedule A(1)(k), page ____ of



LOANS RECEIVED:

SCHEDULE A(2)(a)

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

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



FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

_	Lender I	nformation		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Lender Name		Date Forgiveness Received			
	Street Address		•			
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
Γ	Lender Name		Date Forgiveness Received			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
r	Lender Name		Date Forgiveness Received			
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	К			
r	Lender Name		Date Forgiveness Received			
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
H	Lender Name		Date Forgiveness Received			
	Street Address					
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
\vdash	Enter total only if last page of schedule					
L	(transfer the total received this period to "Summary of Receipts,"	line 2(b))				

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



REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

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

Schedule A(2)(c), page ___ of



COMMITTEE ID NUMBER
PAC21-001

INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

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

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



COMMITTEE ID NUMBER
PAC21-001

REBATES AND REFUNDS RECEIVED:

SCHEDULE A(3)

	nformation		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Payor Name		Date Rebate/Refund Received			
Street Address					
City	State	ZIP			
Orignal Purchase Amount	Reason for Refund/Rebate				
Payor Name	•	Date Rebate/Refund Received			
Street Address					
City	State	ZIP			
Original Purchase Amount	Reason for Refund/Rebate	9			
Payor Name		Date Rebate/Refund Received			
Street Address					
City	State	ZIP			
Original Purchase Amount	Reason for Refund/Rebate	<u>I</u>			
Payor Name		Date Rebate/Refund Received	641		
Street Address					
City	State	ZIP			
Original Purchase Amount	Reason for Refund/Rebate				
Payor Name		Date Rebate/Refund Received			
Street Address					
City	State	ZIP			
Original Purchase Amount	Reason for Refund/Rebate				
	Payor Name Street Address City Original Purchase Amount Payor Name Street Address City Original Purchase Amount	Street Address City State Original Purchase Amount Payor Name Street Address City State Original Purchase Amount Payor Name Street Address City State Original Purchase Amount Reason for Refund/Rebate Original Purchase Amount Reason for Refund/Rebate Street Address City State Original Purchase Amount Reason for Refund/Rebate Payor Name Street Address City State Original Purchase Amount Reason for Refund/Rebate Street Address Street Address Street Address Street Address	Payor Name City State City State City Date Rebate/Refund Received Eason for Refund/Rebate Date Rebate/Refund Received City Payor Name State City State Zip Date Rebate/Refund Received State City State Zip City State Zip Date Rebate/Refund Received State City State Zip Date Rebate/Refund Received State City State Zip Date Rebate/Refund Received State State Zip Date Rebate/Refund Received State City State Zip Date Rebate/Refund Received State City State Zip Date Rebate/Refund Received Eason for Refund/Rebate Date Rebate/Refund Received Date Rebate/Refund Received Eason for Refund/Rebate Eason for Refund/Reba	Payor Name Payor Name Date Rebate/Refund Received	Payor Information Amount Received or Refunded Period Period Period Received Or Refunded Period Received Or Refunded Received Period Received Payor Name Date Relate/Refund Received Payor Name Date Relate/Refund Received Payor Name Date Relate/Refund Received Payor Name Date Relate/Refund Received Payor Name Date Relate/Refund Received Payor Name Date Relate/Refund Received Payor Name Date Relate/Refund Received Payor Name Date Relate/Refund Received Payor Name Date Relate/Refund Received Payor Name Date Relate/Refund Received Payor Name Date Relate/Refund Received Payor Name Date Relate/Refund Received Payor Name Date Relate/Refund Received Payor Name Date Relate/Refund Received Payor Name Date Relate/Refund Received Payor Name Date Relate/Refund Received Payor Name Date Relate/Refund Received Payor Name Date Relate/Refund Received State ZiP Payor Name Date Relate/Refund Received Payor Name Date Relate/Refund Receive

Schedule A(3), page ____ of



INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Account with Interest Earned (Bank Name / Type of Account)		
Account with Interest Earned (Bank Name / Type of Account)		
Account with Interest Earned (Bank Name / Type of Account)		
Account with Interest Earned (Bank Name / Type of Account)		
Account with Interest Earned (Bank Name / Type of Account)		
Total (transfer the total received this period to "Summary of Receipts," line 4)		

Schedule A(4), page ___ of ___



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

SCHEDULE A(5)(a)

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

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

Schedule A(5), page ____ of



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

SCHEDULE A(5)(b)

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

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

^{*}If contributions of more than \$50 are listed on Schedule A(5)(a), do not include them on Schedule A(5)(b).



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(c)

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

Schedule A(5)(c), page ___ of ___



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(d)

/	Political A	action Committee Contributor Ir	nformation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
١.						
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received			
r	Committee Name					
	Street Address			-		
2		T _a .	I	1		
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received			
	Committee Name					
	Street Address					
3	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	n Received			
H	Committee Name					
	Street Address			-		
4			-			
"	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received			
	Committee Name					
	Street Address	Street Address				
5			T			
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received			
	Enter total only if last page					
\Box	(transfer the total received this period to "S	Summary of Receipts," line 5(d))				

Schedule A(5)(d), page ___ of ___



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(e)

Political Party Co	ntributor Informat	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
Committee Name	I				
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date In-Kind Contribution	Received			
Committee Name					
Street Address					
City					
Committee ID Number	Date In-Kind Contribution	Received			
	line 5(e))				
	Committee Name Street Address City Committee ID Number City Committee Name Street Address City Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number Committee ID Number Committee Name Street Address City Committee Name Street Address City Committee ID Number Committee ID Number	Committee ID Number Date In-Kind Contribution Street Address City State Committee ID Number Date In-Kind Contribution Date In-Kind Contribution Date In-Kind Contribution	Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Enter total only if last page of schedule	Committee Name State	Political Party Contributor Information Amount Received Committee Name Sized Address City State Committee ID Number Date In-Kind Contribution Received Committee ID Number Committee ID Number Date In-Kind Contribution Received Committee ID Number Com

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(f)

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

Schedule A(5)(f), page ____ of ___



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(g)

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

Schedule A(5)(g), page ____ of ___



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(h)

/						
	Labor Organization (Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution I	Received			
1	Labor Organization Name	<u></u>				
	Street Address					
!	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
1	Labor Organization Name					
ŀ	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
1	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
- 1		line 5(h))				
2		Corporation Commission File Number Labor Organization Name Street Address City Comporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Labor Organization Name Street Address City Corporation Commission File Number Enter total only if last page of schedule	Street Address City State Corporation Commission File Number Date In-Kind Contribution Labor Organization Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Labor Organization Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Labor Organization Name Street Address City State City State Corporation Commission File Number Date In-Kind Contribution Labor Organization Name Street Address City State Corporation Commission File Number Date In-Kind Contribution Labor Organization Name Street Address City State City State Corporation Commission File Number Date In-Kind Contribution	Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZIP Corporation Commission File Number Date In-Kind Contribution Received 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	State ZBP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address ZIP Corporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address ZIP Corporation Commission File Number Date In-Kind Contribution Received Enter total only if flast page of schedule	Labor Organization Name Street Address City State ZiP Copporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZiP Copporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZiP Copporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZiP Copporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZiP Copporation Commission File Number Date In-Kind Contribution Received Labor Organization Name Street Address City State ZiP Copporation Commission File Number Date In-Kind Contribution Received Labor Criganization Name Street Address City State ZiP Copporation Commission File Number Date In-Kind Contribution Received Enter total only if last page of schedule

Schedule A(5)(h), page ___ of ___



COMMITTEE ID NUMBER
PAC21-001

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

SCHEDULE A(5)(i)

	/	Candidate	Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Γ		Name		Date In-Kind Contribution Received			
		Street Address				-	
1	1	City	State	ZIP	-		
		Asset or Property Contributed			_		
\vdash	-	Name		Date In-Kind Contribution Received			
		Street Address			-		
2	2	City	State	ZIP			
		Asset or Property Contributed					
\vdash	-	Name		Date In-Kind Contribution Received			
		Street Address					
3	3	City	State	ZIP			
		Asset or Property Contributed			_		
L							
		Name		Date In-Kind Contribution Received			
		Street Address					
	1	City	State	ZIP			
		Asset or Property Contributed					
		Name		Date In-Kind Contribution Received			
	1	Street Address					
5		City	State	ZIP			
		Asset or Property Contributed					
r		Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts,"	line 5(i))				
_	_	,,,,,					

Schedule A(5)(i), page ___ of ___



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

SCHEDULE A(6)

/	Source	e Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Γ	Name		Date In-Kind Donation Received			
	Street Address					
1	1 City	State	ZIP	+		
	Type of Item Donated			-		
F	Name		Date In-Kind Donation Received			
	Street Address			-		
2	2					
	City	State	ZIP			
	Type of Item Donated					
Γ	Name	Date In-Kind Donation Received				
	Street Address			1		
3	3 City	State	ZIP	1		
	Type of Item Donated			-		
\vdash	Name		Date In-Kind Donation Received			
	Street Address			1		
4	4 city	State	ZIP	-		
	Type of item Donated			-		
L			I			
	Name		Date In-Kind Donation Received			
	Street Address	Street Address				
5	City	State	ZIP			
	Type of Item Donated	Type of Item Donated				
r	Enter total only if last page of schedule					
_	(transfer the total received this period to "Summary of Receip	ts, fine 5(e))				

Schedule A(5)(e), page ___ of ___



EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

/	Creditor	Information		Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
H	Name				41	
	Street Address					
2	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
L	Name		4			
	Street Address					
3		L	L			
	City	State	ZIP			
	Services or Goods Provided on Credit Date of Extension of Credit					
	Name	Name				
	Street Address					
4	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
\vdash	Enter total only if last page of schedule					
	(transfer the total received this period to "Summary of Receipts,"	line 7(a))				



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

	/	Creditor	Information		Payment Amount on Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
ſ		Name					
		Street Address					
	1	City	State	ZIP			
		Services or Goods Onginally Provided on Credit		Date of Original Extension of Credit			
					19		
		Name				III	
		Street Address					
	2	City	State	ZIP			
		Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
ŀ	-	Name					
		Street Address					1
	3	outer radios					
	3	City	State	ZIP			
		Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
ı		Name					
		Street Address					
8	4	City	State	ZIP			
		Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
		outlies of occur		Date of Original Extension of Oreda			
		Name					~
		Street Address					
	5	City	State	ZIP			
		Services or Goods Originally Provided on Credit		Date of Original Extension of Credit	c		
+	+	Enter total only if last page of schedule					
\ L		(transfer the total received this period to "Summary of Receipts,"	line 7(b))				

Arizona Secretary of State Revision 02/11/21 (fillable format)

Schedule A(7)(b), page ___ of ___



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

,				r		
	Payor Com	nmittee Information	ı,	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	treet Address					
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	e (if applicable)			
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	e (if applicable)			
	Committee Name		Payment Date			
	Street Address	Street Address				
3	City	State	ZIP	-		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	e (if applicable)	_		
	Committee Name		Payment Date	+		
	Street Address			-		
4	City	State	ZIP	+		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	e (if applicable)			
	Committee Name		Payment Date			
	Street Address	Street Address				
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	-		
-	Enter total only if last page of schedule	9		-L		

Schedule A(8), page ___ of ___



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

/	Payor Information				Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Name					
		Street Address	Street Address				
1	1	City	State	ZIP			
		Services or Goods Purchased		Payment Date			
-	4	Name					
		name	4				
	1	Street Address					
2	2	City	State	ZIP			
		Services or Goods Purchased		Payment Date			
H	+	Name					
		Street Address					
3							
		City	State	ZIP			
		Services or Goods Purchased Payment Date					
r	1	Name					
	ŀ	Street Address					
4	1	City	State	ZIP			
		Services or Goods Purchased		Payment Date			
		Name					
	I	Street Address					
5	5	City	State	ZIP			
		Services or Goods Purchased		Payment Date			
-	+	Enter total only if last page of schedule					
L		Enter total only it last page of schedule (transfer the total received this period to "Summary of Receipts,"	line 9)				

Schedule A(9), page ___ of ___



PAC21-00%

OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

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

Schedule A(10), page ___ of ___



TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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

Schedule A(11), page ___ of ___



MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

	Source I	nformation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address	Street Address				
1	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
2	City	State	ZIP			
	Receipt Type	L	Receipt Date	-		
	Name					
	Street Address					
3	City	State	ZIP			
	Receipt Type		Receipt Date	-		
7	Name					
	Street Address					
4	City	State	ZIP			
	Receipt Type		Receipt Date			
\dashv	Name					
	Street Address	-				
5	City	State	ZIP	-		
	Receipt Type		Receipt Date	-		
- 1			l	1		

Schedule A(12), page ___ of ___



COMMITTEE ID NUMBER PAC21-001

DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/	Recipient	Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Leibowitz Solo Street Address	Leibowitz Solo 6/29/21		6,250.00		
1	1432 E. McLellan Blvd.	State	ZIP OFO4.4		6,250.00	6,250.00
	Phoenix Type of Operating Expense Paid		(PACs and Political Parties Only)	■ Cash □ Credit		
	consulting	Disbursement Date				
	Timothy A. La Sota, PLC			3,750.00		
2	Chy	State	ZIP		3,750.00	3,750.00
	Phoenix Type of Operating Expense Paid	AZ Non-Electoral Purpose?	(PACs and Political Parties Only)	_ ■ Cash □ Credit		
_	legal services	Disbursement Date				ž.
	Street Address	Street Address				
3	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only)		☐ Cash☐ Credit		
	Name	Disbursement Date				
	Street Address					
4	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)	☐ Cash☐ Credit		
	Name	Disbursement Date				
	Street Address			-		
5	City	State	ZIP	□ Cash		
	Type of Operating Expense Paid	Non-Electoral Purpose?	(PACs and Political Parties Only)	☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disburse					

Schedule B(1), page __1 of __1



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

	Candidate Commit	ee Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP	II Cook		
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Committee Name					
	Street Address					
3	City					
		State	ZIP	☐ Cash☐ Credit		
	Committee ID Number	Date Contribution Made		Li Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		□ Credit		
	Committee Name					
	Street Address					
5	City	State	ZIP	E Coast		
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
4	Enter total only if last page of schedule					



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

	Political Ac	tion Committee Recipient	Information	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name			The parameter of the pa		
	Street Address					
1	City	State	ZIP			
	Committee ID Number Date Contribution Made			□ Cash □ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP		,	
	Committee ID Number	Date Contribution N	tade	□ Cash □ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution N	lade	□ Cash □ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution N	Date Contribution Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution M	lade	□ Cash □ Credit		
-	Enter total only if last page o	of schedule				

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



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

/				1	Cumulative	Cumulative
	Political P	arty Recipient Informa	Amount Contributed	Amount this Reporting Period	Amount this	
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Mad	de	□ Cash □ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Ma	de	□ Cash □ Credit		
	Committee Name				+	
	Street Address					
3	City State ZIP					
	Committee ID Number	Date Contribution Mad	de	□ Cash □ Credit		
	Committee Name				1	
	Street Address					
4		200				
	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Mad	de	☐ Credit		
	Committee Name					
_	Street Address					
5	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Mad	de	□ Credit		
	Enter total only if last page of sche			J		
			chedule B(2)(c), page	of	•	



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

/	Partnership	Recipient Informatio	n	Amount Contributed	Cumulative Amount this	Cumulative Amount this
	Partnership Name		Contributed	Reporting Period	Election Cycle	
	Street Address	Street Address				
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Partnership Name					
	Street Address					
2	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made		☐ Credit		
7	Partnership Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Commission File Number Date Contribution Made				
	Partnership Name					
	Street Address	Street Address				
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made		☐ Casii		
	Partnership Name					
	Street Address	Street Address				
5	City	State	ZIP	□ Cash		
	Corporation Commission File Number Date Contribution Made			☐ Credit		
_	Enter total only if last page of schedu					

Schedule B(2)(d), page ___ of ___



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	ı / LLC Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP	II Cook		
	Corporation Commission File Number	Date Contribution N	lade	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution #	Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	Made	☐ Cash☐ Credit		
_	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP	To de		
	Corporation Commission File Number	Date Contribution N	Made	□ Cash □ Credit		
		nedule				



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Organi	zation Recipient Inform	mation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Labor Organization Name						
	Street Address						
1	City	State	ZIP	□ Cash			
	Corporation Commission File Number	Date Contribution Made		☐ Credit			
	Labor Organization Name						
	Street Address						
2	City	State	ZIP	- Cook	- I Cook		
	Corporation Commission File Number	Date Contribution Made		□ Cash	☐ Cash☐ Credit☐		
	Labor Organization Name						
	Street Address						
3	City	State	ZIP	☐ Cash			
	Corporation Commission File Number	Date Contribution Made		□ Credit			
	Labor Organization Name						
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Made	i.	□ Cash □ Credit			
	Labor Organization Name						
	Street Address						
5	City	State	ZIP				
	Corporation Commission File Number	oration Commission File Number Date Contribution Made		☐ Cash☐ Credit			
_	Enter total only if last page of sche	edule					



CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

Contributo	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name		Date Refund Received			
Street Address					
City	State	ZIP			
Committee ID Number		Date of Original Contribution	1		
Committee Name		Date Refund Received			
Street Address			1		
City	State	ZIP	1		
Committee ID Number		Date of Original Contribution	1		
Committee Name	Date Refund Received				
Street Address		1			
City	State	ZIP	1		
Committee ID Number		Date of Original Contribution	1		
Committee Name		Date Refund Received			
Street Address			1		
City	State	ZIP	1		
Committee ID Number		Date of Original Contribution	1		
Committee Name		Date Refund Received			
Street Address		1			
City	State	ZIP	1		
Committee ID Number		Date of Original Contribution	4		
	Committee Name Street Address City Committee ID Number Committee Name Street Address City Committee Name Street Address City Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number Committee Name Street Address City Committee Name Street Address City Committee Name Street Address	Street Address City State Committee ID Number Committee Name Street Address City State Committee Name Street Address City State Committee ID Number Street Address City State Committee ID Number Committee ID Number Committee Name Street Address City State City State Committee Name Street Address City State Committee Name Street Address	Committee Name Cate Address City State City State City State City State Committee ID Number Date of Original Contribution Committee Name Street Address City State Committee ID Number Date of Original Contribution Date Refund Received Committee Name Date Refund Received	Date Refund Received	Committee Name Date Refund Received

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



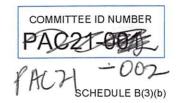
LOANS MADE:

SCHEDULE B(3)(a)

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

Schedule B(3)(a), page ____ of ____





LOAN GUARANTEES MADE:

_	Guaranto	r Information		Amount Guaranteed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Guarantor Name					
	Street Address					
1	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address					
2	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Guarantor Name					
	Street Address					
3	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
Г	Guarantor Name					
	Street Address					
4	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
-	Guarantor Name	l				
	Street Address					
5	City	State	ZIP			
	Borrower Name	Date Loan Guaranteed				
	Enter total only if last page of schedule	5 2(h))				

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



FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

_	/	Borrower	Information	,	Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Borrower Name		Date Forgiveness Made			
		Street Address					
	1	City	State	ZIP			
		Original Amount of Loan	Amount Still Outstanding				4
ľ		Borrower Name		Date Forgiveness Made			
		Street Address					
1	2	City	State	ZIP			
		Original Amount of Loan	Amount Still Outstanding				
r		Borrower Name	l	Date Forgiveness Made			
		Street Address					
	3	City	State	ZIP			
		Original Amount of Loan	Amount Still Outstanding				
r		Borrower Name		Date Forgiveness Made			
		Street Address					
1	4	City	State	ZIP			
		Original Amount of Loan	Amount Still Outstanding				
		Borrower Name		Date Forgiveness Made			
	1	Street Address					
1	5	City	State	ZIP			
		Original Amount of Loan	Amount Still Outstanding	L			
T	- 1	Enter total only if last page of schedule	months for grave				
_	_	tuanister life total dispursed this period to "Summary of Disburse	ments, line 3(C))				

Schedule B(3)(c), page ___ of ___



REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

				**			
		Lender I	nformation		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Lender Name		Date Repayment Made			
		Street Address					
	1	City	State	ZIP			
		Original Amount Borrowed	Amount Still Outstanding				
		Lender Name		Date Repayment Made			
		Street Address					
	2	City	State	ZIP			
		Original Amount Borrowed	Amount Still Outstanding				
		Lender Name		Date Repayment Made			
		Street Address					
	3	City	State	ZIP			
		Original Amount Borrowed	Amount Still Outstanding				
		Lender Name		Date Repayment Made			
		Street Address					
	4	City	State	ZIP			
		Original Amount Borrowed	State ZIP Amount Still Outstanding	i V			
		Lender Name		Date Repayment Made			
		Street Address					
	5	City	State	ZIP			
		Original Amount Borrowed	Amount Still Outstanding				
	- 1	Enter total only if last page of schedule					
\		(transfer the total disbursed this period to "Summary of Disburser	nems, line o(d))				

Schedule B(3)(d), page ___ of



COMMITTEE ID NUMBER PAC21-001

INTEREST ACCRUED ON LOANS RECEIVED:

SCHEDULE B(3)(e)

	/	Lender I	nformation		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Lender Name		Date Interest Accrued			
		Street Address					
	1	City	State	ZIP			
		Orignal Amount Borrowed	Amount Still Outstanding				1
Ī		Lender Name		Date Interest Accrued		15	9
		Street Address					
	2	City	State	ZIP			
		Original Amount Borrowed	Amount Still Outstanding				
f		Lender Name Date Interest Accrued		Date Interest Accrued			
		Street Address					
	3	City	State	ZIP			
		Original Amount Borrowed	Amount Still Outstanding				
f		Lender Name		Date Interest Accrued			
		Street Address					
	4	City	State	ZIP			
		Original Amount Borrowed	Amount Still Outstanding				
		Lender Name	L	Date Interest Accrued			
		Street Address					
	5	City	State	ZIP	1		
		Original Amount Borrowed	Amount Still Outstanding				
+		Enter total only if last page of schedule					
L		(transfer the total disbursed this period to "Summary of Disburse	ments," line 3(e))				

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

	Rec	cipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address			1		
1	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address			1		
2	City	State	ZIP	1		
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment	1		
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address		1			
3	City	State	ZIP	1		
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment	1		
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address			1		
4	City	State	ZIP	1		
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment	1		
r	Name of Original Payor		Date Rebate/Refund Made			
	Street Address	Street Address				
5	City	State	ZIP	1		
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment	1		
	Enter total only if last page of sche		1			

Schedule B(4), page ____ of



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

_	/	Candidate Committee	e Recipient Inform	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Committee Name					
		Street Address					
	1	City	State	ZIP			
		Committee ID Number	Date In-Kind Contribution I	Made			
r	Committee Name						
		Street Address					
1	2	City	State	ZIP			
		Committee ID Number	Date In-Kind Contribution	Made			
		Committee Name					
		Street Address					
(3	City	State	ZIP			
		Committee ID Number	Date In-Kind Contribution	Made			
r		Committee Name					
		Street Address					
4	4	City	State	ZIP			
		Committee ID Number	Date In-Kind Contribution	Made			
		Committee Name					
	١	Street Address					
	5	City	State	ZIP			
		Committee ID Number	Date In-Kind Contribution	Made			
r		Enter total only if last page of schedule					
		(transfer the total disbursed this period to "Summary of Disburse	ments," line 5(a))				

Schedule B(5)(a), page ___ of ___



COMMITTEE ID NUMBER
PAC21-001

IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

/	/	Political Action Commit	tee Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Committee Name					
		Street Address					
	1	City	State	ZIP			
		Committee ID Number	Date In-Kind Contribution I	Made			
r		Committee Name					
		Street Address					
1	2	City	State	ZIP			
		Committee ID Number	Date In-Kind Contribution	Made			
F	1	Committee Name					
		Street Address					
1	3	City	State	ZIP			
		Committee ID Number	Date In-Kind Contribution	Made			
\vdash	+	Committee Name					
		Street Address					
1	4	City	State	ZIP			
		Committee ID Number	Date In-Kind Contribution	Made			
r		Committee Name					
		Street Address					
15	5	City	State	ZIP			
		Committee ID Number	Date In-Kind Contribution	Made			
r		Enter total only if last page of schedule	L				
		(transfer the total disbursed this period to "Summary of Disburse	ments," line 5(b))				

Schedule B(5)(b), page ___ of ___



COMMITTEE ID NUMBER
PAC21-001

IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

	Political Party Re	ecipient Information	on	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Γ	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
r	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
r	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
r	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				1
r	Committee Name	L				
	Street Address	Street Address				
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
Γ	Enter total only if last page of schedule	ments * Kno E/-**				
_	name to the total dispersed and period to Summary of Dispurse	ments, mie J(c))				

Schedule B(5)(c), page ___ of ___



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

	Partnership Re	cipient Informatio	n	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP			٠
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Partnership Name					
	Street Address					
2	City	State	ZIP		,	
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	oration Commission File Number Date In-Kind Contribution Made				
	Partnership Name	1				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
-	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disburse	ments " line E/AV				
	The result of the second of th	mente, mie s(u))				

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

	Corporation / LLC	Recipient Informa	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
r	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
r	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
r	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Corporation/LLC Name	L				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to 'Summary of Disburse	ments " line 5(e))				

Schedule B(5)(e), page ___ of ___



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

	Labor Organization	Recipient Inform	ation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
r	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
r	Labor Organization Name					1
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
H	Labor Organization Name					
	Street Address	-				
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
\vdash	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
F	Enter total only if last page of schedule					
	(transfer the total disbursed this period to "Summary of Disburse	ments,* line 5(f))				

Schedule B(5)(f), page ___ of ___



INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

/				ī	1	Communitation
	Expenditure I	Recipient Informati	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
1	City	State	ZIP			1
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (inc	luding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	☐ Credit		
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address			1		
2	City	State	ZIP	1		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (inc	luding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			1		
3	City	State	ZIP	1		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (inc	luding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			1		
4	City	State	ZIP	1		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (inc	luding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ □ Credit		
_	Enter total only if last page of schedul	e				
	(transfer the total disbursed this period to "Summary of Disb	ursements," line 6)				

Schedule B(6), page ___ of ___



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

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

Schedule B(7), page ___ of ___



RECALL EXPENDITURES MADE:

SCHEDULE B(8)

/	Expenditure I	Recipient Informat	tion	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	reet Address		-			
1	City	State	ZIP	1		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be R	Recalled	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		☐ Credit		
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address			1		
2	City	State	ZIP	1		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be R	tecalled	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			1		
3	City	State	ZIP	1		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be R	ecalled	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		☐ Credit		
	Recipient Name	I	Mode of Advertising (TV, mail, etc)			
	Street Address			1		
4	City	State	ZIP	1		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be R	Candidate Sought to be Recalled			
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		☐ Credit		
\forall	Enter total only if last page of schedul					

Schedule B(8), page ___ of ___



COMMITTEE ID NUMBER PAC21-001

SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

/	Benefil	tted Candidate		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Candidate Name		Date Benefit Provided			
	Street Address					
1	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
r	Candidate Name		Date Benefit Provided			
	Street Address					
2	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
r	Candidate Name		Date Benefit Provided			
	Street Address					
3	City	State	ZIP			
	Type of Benefit Provided	1	1			
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
4	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					1
r	Enter total only if last page of schedul	e		l		
	(transfer the total disbursed this period to "Summary of Disbu					

Schedule B(9), page ___ of ___



COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

/	Recipient Co	mmittee Informatio	on	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address					
1	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Casii		
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address			*		
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
	Committee Name Pay		Payment Date			
	Street Address				į.	
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
	Enter total only if last page of schedule					
	(transfer the total disbursed this period to "Summary of Disbu	rsements," line 10)				



REIMBURSEMENTS MADE: SCHEDULE B(11)

e et Address ces or Goods Reimbursed	State	ZIP			
ces or Goods Reimbursed	State	ZIP			1
	State	ZIP			
	1		□ Cash		
e	Services or Goods Reimbursed		□ Credit		
Street Address					1
	State	ZIP	Foot		
ces or Goods Reimbursed		Reimbursement Date	□ Casn □ Credit	☐ Cash☐ Credit	
Name					
Street Address					
	State	ZIP			
Services or Goods Reimbursed		Reimbursement Date	☐ Cash☐ Credit		
Name					
Street Address					
	State	ZIP			
Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
Name					
Street Address					
	State	ZIP			
Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 11)					
et Add	Goods Reimbursed	State Goods Reimbursed	State ZIP Goods Reimbursed Reimbursement Date	State ZIP Goods Reimbursed Reimbursement Date Cash Credit	Goods Reimbursed ZIP Cash Credit



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

	Debt Information			Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Γ	Name					7
	Street Address					
1	City	State	ZIP	-		
	Type of Account Payable or Debt Owed		Date that Debt Accrued	-		
r	Name					
	Street Address					
2	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
r	Name					
	Street Address	Street Address				
3	City	State	ZIP			1
	Type of Account Payable or Debt Owed		Date that Debt Accrued	1		
H	Name					
	Street Address			-		
4	City	State	ZIP	1		
	Type of Account Payable or Debt Owed		Date that Debt Accrued	-		
\vdash	Name					
	Street Address	_				
5	City	State	ZIP	-		
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
\vdash						
	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts,"	line 12)				

Schedule B(12), page ___ of ___



TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

	1	1
	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Total (transfer the total disbursed this period to "Summary of Disbursements," line 14)		

Schedule A(13), page ___ of ___



MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

	Recipient	Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	☐ Credit		
	Name			I		
	Street Address					
2	City		ZIP	- Cook		
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
	Street Address			ı		
3	City		ZIP	- Cook		
	Disbursement Type		Disbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address					
4	City		ZIP	□ Cook		
	Disbursement Type		Disbursement Date	☐ Cash☐ Credit		
	Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Disbursement Type	Disbursement Date	□ Credit			
	Enter total only if last page of schedule					