■ Initial Application
□ Amended Application

Date: 6/22/22



COMMITTEE ID NUMBER (office use only)
2022-Aponte

COMMITTEE TYPE (choose one):

■ Candidate	
Committee Name (required): (first or last name & office)	Francisco Aponte for Tolleson City Council
Candidate Information:	Candidate's Name (required): Francisco Aponte (City Council)
	Candidate's mailing address (required): 9516 W. Garfield St. Tolleson, Az. 85353
	Candidate's email address (required): francisco427@msn.com
	Candidate's phone number (required): 6233127412
	Candidate's website (if any):
Office Sought (choose one):	□ Governor □ Secretary of State □ Attorney General □ State Treasurer □ Superintendent of Public Instruction □ State Mine Inspector □ Corporation Commissioner
	☐ State Senate ☐ State House of Representatives ☐ District (required):
	□ County Office: □ □ District (if applicable): □
	■ City/Town Office: Council □ District (if applicable): N/A
Election Cycle for Office Soug	tht (year the election will take place) (required):
Party Affiliation: (required for partisan offices)	■ Democrat □ Green □ Libertarian □ Republican □ Other:
(if sponsored, must include	nittee (PAC)
Committee Name (required): (if sponsored, must include sponsor's name)	
Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional):	□ Contributions ■ Candidate-Related Independent Expenditures
Committee Name (required): (if sponsored, must include sponsor's name)	
Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional):	□ Contributions ■ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Francisco Aponte
Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply)	□ Contributions ■ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Francisco Aponte Sponsor's mailing address (required): 9516 W. Garfield St. Tolleson Az, 85353
Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information:	□ Contributions ■ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Francisco Aponte Sponsor's mailing address (required): 9516 W. Garfield St. Tolleson Az, 85353 Sponsor's email address (required): francisco427@msn.com
Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information:	□ Contributions ■ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Francisco Aponte Sponsor's mailing address (required): 9516 W. Garfield St. Tolleson Az, 85353
Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable)	□ Contributions ■ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Francisco Aponte Sponsor's mailing address (required): 9516 W. Garfield St. Tolleson Az, 85353 Sponsor's email address (required): francisco427@msn.com Sponsor's phone number (if any): 6233127412 Sponsor's website (if any):
Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status	□ Contributions ■ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Francisco Aponte Sponsor's mailing address (required): 9516 W. Garfield St. Tolleson Az, 85353 Sponsor's email address (required): francisco427@msn.com Sponsor's phone number (if any): 6233127412
Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable)	□ Contributions ■ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Francisco Aponte Sponsor's mailing address (required): 9516 W. Garfield St. Tolleson Az, 85353 Sponsor's email address (required): francisco427@msn.com Sponsor's phone number (if any): 6233127412 Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status	□ Contributions ■ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Francisco Aponte Sponsor's mailing address (required): 9516 W. Garfield St. Tolleson Az, 85353 Sponsor's email address (required): francisco427@msn.com Sponsor's phone number (if any): 6233127412 Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration)
Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status	□ Contributions ■ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Francisco Aponte Sponsor's mailing address (required): 9516 W. Garfield St. Tolleson Az, 85353 Sponsor's email address (required): francisco427@msn.com Sponsor's phone number (if any): 6233127412 Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration) □ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)
Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable)	□ Contributions ■ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Francisco Aponte Sponsor's mailing address (required): 9516 W. Garfield St. Tolleson Az, 85353 Sponsor's email address (required): francisco427@msn.com Sponsor's phone number (if any): 6233127412 Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration) □ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only) Francisco (Frank) Aponte
Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable) Political Party Committee Name (required):	□ Contributions ■ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Francisco Aponte Sponsor's mailing address (required): 9516 W. Garfield St. Tolleson Az, 85353 Sponsor's email address (required): francisco427@msn.com Sponsor's phone number (if any): 6233127412 Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration) □ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only) Francisco (Frank) Aponte
Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable) Political Party Committee Name (required): (must include party affiliation)	□ Contributions ■ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Francisco Aponte Sponsor's mailing address (required): francisco427@msn.com Sponsor's email address (required): francisco427@msn.com Sponsor's phone number (if any): 6233127412 Sponsor's website (if any): □ □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration) □ Mega PAC (must provide proof of Mega PAC status to filling officer) (amended applications only) Francisco (Frank) Aponte □ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) □ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable) Political Party Committee Name (required): (must include party affiliation)	□ Contributions ■ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Francisco Aponte Sponsor's mailing address (required): 9516 W. Garfield St. Tolleson Az, 85353 Sponsor's email address (required): francisco427@msn.com Sponsor's phone number (if any): 6233127412 Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration) □ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only) Francisco (Frank) Aponte □ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) □ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) □ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)
Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable) Political Party Committee Name (required): (must include party affiliation)	□ Contributions ■ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Francisco Aponte Sponsor's mailing address (required): francisco427@msn.com Sponsor's email address (required): francisco427@msn.com Sponsor's phone number (if any): 6233127412 Sponsor's website (if any): □ □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration) □ Mega PAC (must provide proof of Mega PAC status to filling officer) (amended applications only) Francisco (Frank) Aponte □ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) □ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

☐ Initial Application☐ Amended Application	
Date:	



COMMITTEE ID NUMBER (office use only)

2022 Aponte

COMMITTEE INFORMATION:

	Contact Information:	Committee's mailing address (required): 9516 W. Garfield St. Tolleson,Az 85353
/		Committee's email address (required): francisco427@msn.com
		Committee's phone number (if any): 623-312-7412
		Committee's website (if any):
	Chairperson's Information:	Chairperson's name (required): Francisco Aponte
	·	Chairperson's physical address (required): 9516 W.Garfield St. Tolleson,Az. 85353
		Chairperson's mailing address (if different):
		Chairperson's email address (required): francisco427@msn.com
		Chairperson's phone number (required): 623-312-7412
		Chairperson's employer (required): Retired
		Chairperson's occupation (required): Retired
	Treasurer's Information:	Treasurer's name (required): Francisco Aponte
		Treasurer's physical address (required): 9516 W. Garfield St. Tolleson, Az. 85353
		Treasurer's mailing address (if different):
		Treasurer's email address (required): francisco427@msn.com
		Treasurer's phone number (required): 623-312-7412
		Treasurer's employer (required): REtired
		Treasurer's occupation (required): Retired
	Bank or Financial Institution:	Bank name (required): Bank of America
\	(do not list acct numbers)	Additional bank name (ifapplicable):
	,	Additional bank name (if applicable):
_		

DECLARATION AND SIGNATURES:

I declare under penalty of perjury that the foregoing information is true and correct chairperson or treasurer of the committee named herein, if applicable; (2) designa committee and authorize it to receive/make contributions/expenditures on my beha campaign finance and reporting guide; (4) agree to comply with Arizona election is §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of paddress(es) provided herein.	te the above-named committee as my official candidate alf, if applicable; (3) have read the Secretary of State's aw, including campaign finance laws codified at A.R.S.
Chairperson's signature:	Date: 6/22/2022
Treasurer's signature:	Date: 6/22/2022
Candidate's signature (if applicable):	Date:6/22/2022

COMMITTEE INFORMATION (required):

Committee Information:	Committee Name: Francisco (Fran	k) Aponte for Tolleson City council
DATE INFORMATION (only i	f filing as a candidate committee):	
Office Sought:	☐ County Office:	☐ Special District Office:

□ Check here if this is the candidate committees 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		
	2020 4 th 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 to March 31, 2021	April 1, 2021 to April 15, 2021		
	2021 Quarter 1 Report: 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		
	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, 2021 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 Election (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, 2021 to October 29, 2022		
	2022 Post-General Election (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	Same Date of Termination		

*Reporting deadline extended to next business day if deadline date is a holiday or Sunday. A.R.S. §§§ 1-243(A), 1-301 and 1-303.

FINANCIAL SUMMARY (required):

Activity	Cash Activity This Reporting Period	Election Cycle to Date
(a) Committee value at the beginning of this reporting period (i.e. ending balance from the previous reporting period)	\$ 0.00	
(b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)	\$ 906.27	
(c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)	\$ 906.27	
(d) = Balance at close of reporting period	\$ 0.00	
Check here if filling no financial activity during the reporting period. Lines (a) (d) etill must be	as semanlated but any this	action page and the

☐ Check here if filing no financial activity during the reporting period. Lines (a)-(d) still must be completed, but only this cover page and the following page need to be filed.



committee id number 2022 Aponte

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.

Francisco Aponte
Printed Name of Committee Treasurer

Signature of Committee Treasurer Date

Arizona Secretary of State Revision 12/29/21 (fillable format)

committee id number 2022 Aponte

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		
	V		
	(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)	\$906.27	
	(k) Monetary Contributions Subtotal (add 1(a) through 1(j))		
	(I) Refunds Given Back to Contributors		
	(m) Net Monetary Contributions (subtract 1(I) from 1(k))		
2.	Loans		
	(a) Loans Received		
	(b) Forgiveness on Loans Received (c) Repayment on Loans Made		
	(d) Interest Accrued on Loans Made		
	(e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))		
3.	Rebates and Refunds Received		
4.	Interest Accrued on Committee Monies		
5.	In-Kind Contributions Received		
0.	(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.			
	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
	Miscellaneous Receipts (use cash and/or equity as applicable) 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)	\$ 906.27	



SUMMARY OF DISBURSEMENTS (Schedule B):

/	Disbursements	Cash	Equity
1.	Disbursements for Operating Expenses		
2.	Contributions Made		
	(a) Candidate Committees		
	(b) Political Action Committees		
	(c) Political Parties		
	(d) Partnerships		
	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		
	(f) Labor Organizations (PAC & Political Parties Only)		
	(g) Monetary Contributions Subtotal (add 2(a) through 2(f))		
	(h) Contribution Refunds Provided to the Reporting Committee		
	(i) Monetary Contributions Total (subtract 2(h) from 2(g))		
3.	Loans		
	(a) Loans Made		
	(b) Loan Guarantees Made		
	(c) Forgiveness on Loans Made		
	(d) Repayment of Loans Received		
	(e) Accrued Interest on Loans Received		
	(f) Total Loans (cash: add 3(a), 3(d) & 3(e); equity: add 2(b) & 2(c))		
4.	Rebates and Refunds Made (Non-Contributions)		
5.	Value of In-Kind Contributions Provided		
	(a) Candidate Committees		
	(b) Political Action Committees		
	(c) Political Parties		
	(d) Partnerships		
	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		
	(f) Labor Organizations (PAC & Political Parties Only)		
	(g) Contributions Subtotal (add 5(a) through 5(f))		
6.	Independent Expenditures Made	\$906.27	
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 (use cash and/or equity as applicable)		
15.	Aggregate of Disbursements - \$250 or Less (use cash and/or equity as applicable)		
16.	Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15)	\$906.27	



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

SCHEDULE A(1)(a)

	Individual Contr	ibutor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address		L			
2	City	State	ZIP			
	Occupation	Employer				
	Name	I	Date Contribution Received			
	Street Address		I			
3	City	State	ZIP			
	Occupation	Employer				
	Name	I	Date Contribution Received			
	Street Address		I			
4	City	State	ZIP			
	Occupation	Employer				
	Name	ı	Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer	'			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 1(a))	1		

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

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

COMMITTEE ID NUMBER

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

SCHEDULE A(1)(b)

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

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

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



MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

Individual C	ontributor Informati	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Name		Date Contribution Received			
Street Address					
City	State	ZIP			
Occupation	Employer				
Name	-	Date Contribution Received			
Street Address					
City	State	ZIP			
Occupation	Employer				
Name		Date Contribution Received			
Street Address					
City	State	ZIP			
Occupation	Employer				
Name		Date Contribution Received			
Street Address					
City	State	ZIP			
Occupation	Employer				
Name		Date Contribution Received			
Street Address					
City	State	ZIP			
Occupation	Employer				
Enter total only if last page of schedu	l lo				
	Name Street Address City Occupation Name Street Address City Occupation Name Street Address City Occupation Name Street Address City City City City City City City City Cocupation Name Street Address City Cocupation City Cocupation Name City Cocupation Name City Cocupation Cocupation Name	Street Address City State Occupation Employer Name Street Address City State Occupation Employer Name Street Address City State Cocupation Employer Name Street Address	Street Address City Slate ZIP Cocupation Employer Name Date Contribution Received Street Address City State ZIP Cocupation Employer Name Date Contribution Received Street Address City State ZIP Cocupation Employer Street Address City State ZIP Cocupation Employer Date Contribution Received Street Address City State ZIP Cocupation Employer Street Address City State ZIP Cocupation Employer Name Date Contribution Received Street Address City State ZIP Cocupation Employer Name Date Contribution Received Street Address City State ZIP Cocupation Employer Name Date Contribution Received	Name Date Contribution Received Street Address City State ZIP Occupation Employer Street Address City State ZIP Cocupation Employer Name Date Contribution Received Street Address City State ZIP Cocupation Employer Name Date Contribution Received Street Address City State ZIP Cocupation Employer Date Contribution Received Street Address City State ZIP Cocupation Employer Name Date Contribution Received Street Address City State ZIP Cocupation Employer Name Date Contribution Received Street Address City State ZIP Cocupation Employer Name Date Contribution Received Street Address City State ZIP Cocupation Employer Name Date Contribution Received	Individual Contributor Information

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



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

Candidata Committae				[
Candidate Committee	Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Receive	I ed			
Committee Name					
Street Address					
City	State	ZIP	-		
Committee ID Number	Date Contribution Receive	ed			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Receive	ed			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Receive	ed			
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Receive	ed			
Enter total only if last page of schodule			_		
	City Committee ID Number Committee Name Street Address City Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number Committee ID Number Committee Name Street Address City Committee ID Number City Committee ID Number Committee ID Number Committee ID Number	City State Committee ID Number Date Contribution Receive Committee Name Street Address City State Committee Name Street Address City State Committee ID Number Date Contribution Receive Street Address City State Committee ID Number Date Contribution Receive Committee ID Number Date Contribution Receive Committee Name Street Address City State Committee ID Number Date Contribution Receive Street Address City State Committee ID Number Date Contribution Receive Street Address City State Committee Name Street Address City State Committee Name Street Address City State Committee ID Number Date Contribution Receive	Committee ID Number Date Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received	Committee ID Number Date Contribution Received Enter Address City State ZIP Committee ID Number Date Contribution Received Committee ID Number Date Contribution Received Enter Loddress City State ZIP Committee ID Number Date Contribution Received	Committee ID Number Committee Name Street Address City State ZIP Committee ID Number Date Contribution Received ZIP Committee ID Number Date Contribution Received Enter Colation ID Number Date Contribution Received

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

_	Political Action Commit	tee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed .			
	Committee Name	<u> </u>				
	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					
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts " I	ine 1(e))	I		
	Name and the control of the ported to Out					

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

,						
	Political Party Co	ntributor Informat	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address	Street Address				
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Received				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Enter total only if last page of schedule					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 1(f))			

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

	Partnership Con	tributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City State ZIP					
	Oily	State				
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name	l				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	I ed			
	Partnership Name					
	Street Address					
4	01	0	710			
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name	<u> </u>				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
_	Entant deal only if lock warms of a should be					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I				

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



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

	Corporation / LLC (Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address	Street Address				
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	<u>I</u> ed			
F	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number Date Contribution Received					
F	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	<u>l</u> ed			
H	Corporation/LLC Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
H	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts "	line 1/h))			
	Taransia inc total received tins period to Sun					

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

	Labor Organizatio	n Contributor Inforr	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Labor Organization Name					-	
	Street Address	Street Address					
1	City	State	ZIP	-			
	Corporation Commission File Number	Date Contribution Receive	ed	-			
	Labor Organization Name						
	Street Address			-			
2	City	State	ZIP	-			
	Corporation Commission File Number	Date Contribution Receiv	I ved	-			
	Labor Organization Name						
	Street Address	-					
3	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Receiv	red	-			
	Labor Organization Name						
	Street Address	-					
4	City	State	ZIP				
	Corporation Commission File Number	Date Contribution Receiv	red				
	Labor Organization Name						
	Street Address	-					
5	City	State	ZIP	_			
	Corporation Commission File Number	Date Contribution Receiv	red	_			
	Enter total only if last page of schedul	e (5)	P. 403				
	(transfer the total received this period to "Summary of Receipts," line 1(i))						

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

	Candidate	e Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer	1			
	Name		Date Contribution Received			
	Street Address		1			
2	City	State	ZIP			
	Occupation	Employer				
	Name Date Contri		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer		_		
	Name		Date Contribution Received			
	Street Address			_		
4	City	State	ZIP	_		
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer		_		
	Enter total only if last page of schedule (transfer the total received this period to "Sum					_
	(transter the total received this period to "Sum					

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

	Contributo	r Information		Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Refunded			· ·
	Street Address		1			
1	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address		1			
2	City	State	ZIP	_		
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address		_			
3	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
4	City	State	ZIP			
	ID Number (if applicable)	ID Number (if applicable)				
_	Name		Date Contribution Refunded			
	Street Address	Street Address		_		
5	City					
	ID Number (if applicable)		ZIP Date of Original Contribution	_		
	Enter total only if last page of schedule (transfer the total received this period to "Sumr	mary of Receipts,"				

Schedule A(1)(I), page ____ of___



LOANS RECEIVED: SCHEDULE A(2)(a)

/	London	nformation		Amount Descived	Cumulative	Cumulative
	Lender i	Amount Received	Amount this Reporting Period	Amount this Election Cycle		
	Lender Name	Date Loan Received				
	Street Address					
1	City	State	ZIP	-		
	Guarantor/Endorser Name	Non-Electoral Purpose? (Non-Electoral Purpose? (PACs and Political Parties Only)			
	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	<u> </u>		-		
3	City	State	ZIP	-		
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)		-		
	Lender Name	Date Loan Received				
	Street Address			-		
4	City	State	ZIP	-		
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)	-		
	Lender Name	Date Loan Received				
	Street Address			-		
5	City	State	ZIP	_		
	Guarantor/Endorser Name	Non-Electoral Purpose? (PACs and Political Parties Only)	-		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	1				

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



FORGIVENESS ON LOANS RECEIVED: SCHEDULE A(2)(b)

/		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	<u> </u>			
	Lender Name		Date Forgiveness Received			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name	l	Date Forgiveness Received			
	Street Address					
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receints "	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				
	Borrower Name		Date Repayment Received			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Enter total only if last page of schedule					
	(transfer the total received this period to "Sum	mary of Receipts," l	line 2(c))			

Arizona Secretary of State Revision 12/29/21 (fillable format)

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



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 Da		Date Interest Accrued			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Interest Accrued			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Interest Accrued			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Enter total only if last page of schedule (transfer the total received this period to "Sum					

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



committee id number 2022 Aponte

REBATES AND REFUNDS RECEIVED:

SCHEDULE A(3)

	Payor Ir	nformation		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Payor Name	r Name			1 3	
	Street Address					
1	City	State	ZIP		\$ 0.00	
	Original Purchase Amount	Reason for Refund/Rebate	9	_		
	Payor Name	I	Date Rebate/Refund Received			
	Street Address			_		
2	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	<u> </u>			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
3	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	<u> </u>			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
4	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	<u> </u>			
	Payor Name	l	Date Rebate/Refund Received			
	et Address					
5	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	9			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	many of Passints "1	line 2)	<u> </u>		
\vdash	uransier the total received this period to "Sum	mary or Receipts," I	ine 3)			/

Schedule A(3), page ____ of ___

COMMITTEE ID NUMBER

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

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

Schedule A(4), page____ of ____



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

SCHEDULE A(5)(a)

	Individual Cont	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Name		Date In-Kind Contribution Received			
	Street Address		l			
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address	Street Address				
5	City	State	ZIP			
	Occupation	Employer				
H	Enter total only if last page of schedule (transfer the total received this period to "Sum		()			
L	(transfer the total received this period to "Sum	mary of Receipts,"				

 ${}^{\star}\text{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)(a), page ____ of ___

COMMITTEE ID NUMBER

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

SCHEDULE A(5)(b)

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

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

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



committee id number 2022 Aponte

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

SCHEDULE A(5)(c)

	Individual Contr	ributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address			-		
	Sileet Address					
1	City	State	ZIP	1	\$ 0.00	
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Ivalite		Date III-Mild Contribution Neceived			
	Street Address		<u> </u>	1		
2			_			
2	City	State	ZIP			
	0	Familian		-		
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
3			T	-		
	City	State	ZIP			
	Occupation	Employer		-		
	Name		Date In-Kind Contribution Received			
				_		
	Street Address					
4	City	State	ZIP	1		
	Occupation	Employer				
			I			
	Name		Date In-Kind Contribution Received			
	Street Address		1			
_]		
5	City	State	ZIP			
	0	Familia		-		
	Occupation	Employer				
	Enter total only if last page of schedule					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 5(c))			

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



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

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

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

/	Political Action Committ	ee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address			_		
1	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Received	_		
	Committee Name					
	Street Address			-		
2	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Received	-		
	Committee Name					
	Street Address			-		
3	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Received	-		
	Committee Name					
	Street Address			-		
4	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	I Received	1		
	Committee Name	l				
	Street Address					
5	City	State	ZIP	1		
	Committee ID Number	Date In-Kind Contribution	Received	-		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts " I	line 5(e))			
	[Manierer and total reconstruct and period to Cann					

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

/						
<u>/</u>	Political Party C	ontributor Informa	tion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
1	Street Address			-		
	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	n Received	_		
	Committee Name					
	Street Address					
5	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution				
	Enter total only if last page of schedule (transfer the total received this period to "Su	mmary of Receipts,"	line 5(f))			

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



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

/						
	Partnership Cor	ntributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					-
	Street Address			-		
1	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received	-		
\exists	Partnership Name	<u> </u>				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Received			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Received			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution Received				
	Partnership Name	1				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
\dashv	Enter total only if last page of schedule (transfer the total received this period to "Sun					



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

	Corporation / LLC C	Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					,
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name	l				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name	<u> </u>				
	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 "Sum	mary of Receipte "	line 5(h))			
	transier the total received this period to Sum					

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

	Labor Organization	Contributor Inforn	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name				1 3	
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address			_		
2	City	State	ZIP	_		
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received	_		
_	Enter total only if last page of schedule (transfer the total received this period to "Sum	many of Bassints "	ino F/i))			

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

Arizona Secretary of State Revision 12/29/21 (fillable format)



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

SCHEDULE A(5)(j)

,						
	Candidate	e Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address		I			
1	City	State	ZIP			
	Asset or Property Contributed			_		
	Tw					
	Name		Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Asset or Property Contributed					
\vdash	Name		Date In-Kind Contribution Received			
	Street Address					
3						
	City	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address					
4	City	State	ZIP			
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address	1				
5	City	State	ZIP	-		
	Asset or Property Contributed			-		
\vdash	Enter total only if last page of schedule					
L	(transfer the total received this period to "Sum					/
/		Sch	nedule A(5)(j), page of	:		



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

SCHEDULE A(6)

	Sou	ce Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Donation Received			
1	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	I	I			
	Name		Date In-Kind Donation Received			
3	Street Address					
	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
4	Street Address					
	City	State	ZIP			
	Type of Item Donated					
5	Name		Date In-Kind Donation Received			
	Street Address					
	City	State	ZIP	1		
	Type of Item Donated					
	Enter total only if last page of sched (transfer the total received this period to "	lle	ts " line 6)	<u> </u>		
	fransier me roral received mis belied to	outilitiary of Receip				

Schedule A(6), 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					
City	State	ZIP			
Services or Goods Provided on Credit		Date of Extension of Credit			
Name					
Street Address					
City	State	ZIP			
Services or Goods Provided on Credit		Date of Extension of Credit			
Name					
Street Address					
City	State	ZIP			
Services or Goods Provided on Credit		Date of Extension of Credit			
Name					
Street Address					
City	State	ZIP			
Services or Goods Provided on Credit		Date of Extension of Credit			
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 (transfer the total received this period to "Summary of Receipts," line 7(a))			<u> </u>		
	Street Address City Services or Goods Provided on Credit Name Street Address City Services or Goods Provided on Credit Name Street Address City Services or Goods Provided on Credit Name Street Address City Services or Goods Provided on Credit Name Street Address City Services or Goods Provided on Credit Name Street Address City Services or Goods Provided on Credit Name Street Address City Services or Goods Provided on Credit	Street Address City State Services or Goods Provided on Credit Name Street Address City State Services or Goods Provided on Credit Name Street Address City State Services or Goods Provided on Credit Name Street Address City State Services or Goods Provided on Credit Name Street Address City State Services or Goods Provided on Credit Name Street Address City State Services or Goods Provided on Credit Name Street Address City State	Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address	Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Name Street Address City Date of Extension of Credit Date of Extension of Credit	Name Sized Address City State Sized Address City Sized Address City Sized Address City State Sized Address City S

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



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

	Creditor Information			Payment Amount on Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
1	Street Address					
	City	State	ZIP			
	Services or Goods Originally Provided on Credit	<u> </u>	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			
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
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 (transfer the total received this period to "Sun	nmary of Receints "	ine 7(h))			

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



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor Co	ommittee Informat	ion	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address					
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)			
	Committee Name	<u> </u>	Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)			
	Enter total only if last page of scheo					

Schedule A(8), page____ of ____



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

Payor Ir	nformation			Cumulative	Cumulativa
Name			Payment Amount	Amount this Reporting Period	Cumulative Amount this Election Cycle
Street Address			-		
City	State	ZIP	_		
Services or Goods Purchased		Payment Date			
Name					
Street Address					
City	State	ZIP			
Services or Goods Purchased	Payment Date				
Name					
Street Address					
City	State	ZIP			
Services or Goods Purchased		Payment Date			
Name					
Street Address					
			_		
City	State	ZIP			
Services or Goods Purchased		Payment Date			
Name					
Street Address					
City	State	ZIP			
Services or Goods Purchased		Payment Date	_		
	Street Address City Services or Goods Purchased Name Street Address City Services or Goods Purchased Name Street Address City Services or Goods Purchased Street Address City Services or Goods Purchased Enter total only if last page of schedule (transfer the total received this period to "Sumi	City State Services or Goods Purchased Name Street Address City State Services or Goods Purchased Name Street Address City State City State Street Address City State Services or Goods Purchased Name Street Address City State Services or Goods Purchased	City State ZIP Services or Goods Purchased Payment Date Name Street Address City State ZIP Payment Date Payment Date Payment Date Services or Goods Purchased Payment Date Name Street Address City State ZIP Payment Date Street Address City State ZIP Services or Goods Purchased Payment Date Street Address City State ZIP Services or Goods Purchased Payment Date Street Address City State ZIP	City State ZIP Services or Goods Purchased Payment Date Street Address City State ZIP Services or Goods Purchased Payment Date Street Address City State ZIP Services or Goods Purchased Payment Date Street Address City State ZIP Street Address City State ZIP Services or Goods Purchased Payment Date Street Address City State ZIP Services or Goods Purchased Payment Date Street Address City State ZIP Street Address City State ZIP Street Address City Payment Date	City State ZIP Payment Date Street Address City State ZIP State ZIP State ZIP Payment Date City State ZIP Payment Date Payment Date Street Address City State ZIP State ZIP State ZIP State ZIP State ZIP State ZIP Services or Goods Purchased Payment Date Payment Date Payment Date Payment Date Payment Date Payment Date Payment Date

Schedule A(9), page____ of ____



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

/	Infor	mation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					-
	Street Address	Street Address				
1	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
2	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued			
	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	\dashv		
	Enter total only if last page of schedule (transfer the total received this period to "Sum					

COMMITTEE ID NUMBER

TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle

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					
1	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
2	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
3	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
4	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
5	City	State	ZIP			
	Receipt Type		Receipt Date			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," l	line 12)	<u> </u>		

Arizona Secretary of State Revision 12/29/21 (fillable format)

Schedule A(12), page____ of ____



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

	ı	Recipient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Disbursement Da	ate			
	Street Address					
l	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only)		☐ Cash☐ Credit		
	Name	Disbursement Da	ate			
	Street Address					
	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpose? (PACs and Political Parties Only)		☐ Cash☐ Credit		
	Name	Disbursement Da	ate			
	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					
ļ	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Pur	pose? (PACs and Political Parties Onl	☐ Cash☐ Credit		
	Name	Disbursement Da	ate			
	Street Address					
•	City	State	ZIP	□ Cash		
	Type of Operating Expense Paid	Non-Electoral Pur	pose? (PACs and Political Parties Only	☐ Credit		
	Enter total only if last page of s	I		l		

Schedule B(1), page____ of ____



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

				ı		
	Candidate Committe	e Recipient Inforr	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
-	Street Address					
1	City	State	ZIP	-		
-	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name	I				
	Street Address					
2	City	State	ZIP	□ Cash		
-	Committee ID Number			☐ Credit		
	Committee Name					
-	Street Address					
3	City	State	ZIP	□ Cash		
-	Committee ID Number	Date Contribution Made	<u> </u>	☐ 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	_ □ Cash		
ļ	Committee ID Number	Date Contribution Made	1	☐ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 2(a))	ı		
		Sche	edule B(2)(a), pageo	f		



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(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	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address					
	2 City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		□ Credit		
	Committee Name					
	Street Address		,			
	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
F-	Street Address		T			
	City	State	ZIP	☐ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
L	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 2(b))			
/		Sche	edule B(2)(b), page of	:		



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

,	Political Party R	ecipient Information	on	Amount	Cumulative Amount this	Cumulative Amount this
	Committee Name		Contributed	Reporting Period	Election Cycle	
	Street Address	Street Address				
1		In.	T			
	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made	l	□ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	D. C. Willerin M. d.		□ Cash □ Credit		
	Committee ID Number	Date Contribution Made		2 Orodit		
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Made	1	□ Cash □ Credit		
_	Enter total only if last page of schedule (transfer the total disbursed this period to "Su					



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	ship Recipient Informa	tion	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Mad	de	□ Credit		
	Partnership Name					
	Street Address	Street Address				
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	de	☐ Cash☐ Credit		
	Partnership Name					
3 -	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit		
	Partnership Name					
	Street Address					
ļ	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit		
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	de	☐ Cash☐ Credit		
_	Enter total only if last page of sch (transfer the total disbursed this perio	nedule				<u> </u>



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

/	Corporation	n / LLC Recipient In	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Corporation Commission File Number Date Contribution Made				
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	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	Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
_	Enter total only if last page of sch (transfer the total disbursed this perio	nedule				



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

/	Labor Organ	ization Recipient Inforr	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	□ Cash		
	Corporation Commission File Number	Date Contribution Made	<u> </u>	☐ Credit		
	Labor Organization Name					
	Street Address					
3	City	State	ZIP	□ Cash		
	Corporation Commission File Number	ission File Number Date Contribution Made				
	Labor Organization Name	Labor Organization Name				
	Street Address					
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made	9	□ Credit		
	Labor Organization Name	Labor Organization Name				
	Street Address					
5	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made	3	☐ Credit		
	Enter total only if last page of sch (transfer the total disbursed this period	edule I to "Summary of Disburse	ements." line 2(f))	I		



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

/					Cumulative	Cumulative
_		Information		Amount Refunded	Amount this Reporting Period	Amount this Election Cycle
	Committee Name	Date Refund Received				
	Street Address					
1	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
2	2 City	State	ZIP			
	Committee ID Number	Committee ID Number				
	Committee Name		Date Refund Received			
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date of Original Contribution				
	Committee Name		Date Refund Received			
	Street Address	Street Address				
4	City	State	ZIP			
	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
_	Street Address	Street Address				
5	City	State	ZIP			
	Committee ID Number	Committee ID Number				
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sum	nmary of Disbursen	nents," line 2(h))			
\						

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					
1						
	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made	l			
	Borrower Name	1				
	Street Address					
2	City	State	ZIP	-		
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
3	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name	ı				
	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made	l			
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	I mary of Disburseme	ents," line 3(a))			

Schedule B(3)(a), page___of ___



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

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

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				
	Borrower Name		Date Forgiveness Made			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address	,				
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name	L	Date Forgiveness Made			
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	,			
	Borrower Name		Date Forgiveness Made			
	Street Address		<u>'</u>			
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding	1			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," 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	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	l	-		
	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	Amount Still Outstanding				
	Lender Name	L	Date Repayment Made			
	Street Address	I	1			
5	City	State	ZIP	1		
	Original Amount Borrowed	Amount Still Outstanding	1	1		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sui	nmary of Disbursen	nents," line 3(d))			

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



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

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

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

Red	cipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
e of Original Payor		Date Rebate/Refund Made			
et Address			_		
	State	ZIP			
oration Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
e of Original Payor		Date Rebate/Refund Made			
Street Address					
	State	ZIP			
oration Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
e of Original Payor		Date Rebate/Refund Made			
et Address					
	State	ZIP			
oration Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
e of Original Payor		Date Rebate/Refund Made			
et Address					
	State	ZIP			
oration Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
e of Original Payor		Date Rebate/Refund Made			
Street Address					
	State	ZIP			
oration Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
er te	otal only if last page of sche	n Commission File Number (if applicable) Original Payment Amount Dital only if last page of schedule	n Commission File Number (if applicable) Original Payment Amount Name of Original Payor	n Commission File Number (if applicable) Original Payment Amount Name of Original Payor otal only if last page of schedule	n Commission File Number (if applicable) Original Payment Amount Name of Original Payor Datal only if last page of schedule

Schedule B(4), page____ of ____



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/	Candidate Committe	e Recipient Inforr	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name	I				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule	Enter total only if last page of schedule				
	(transfer the total disbursed this period to "Sur	mmary of Disbursen	nents," line 5(a))			

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



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

/	1	ion Committee Recipient	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 Contribu	tion Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	ution Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	ution Made			
	Committee Name					
	Street Address	Street Address				
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	ution Made			
	Committee Name	Committee Name				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribu	ution Made			
	Enter total only if last page of	schedule				
	(transfer the total disbursed this p	eriod to "Summary of Disbur	sements," line 5(b))			

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

,	Political Party R	ecipient Informatio	on	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			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
	Committee Name					
	Street Address					
5	City	State	ZIP			
- 1	Committee ID Number	Date In-Kind Contribution	Made			

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



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

,						
	Partnership Red	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Partnership Name				, raparang and a	
	Street Address	- Street Address				
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	I Made			
	Partnership Name	l				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number Date In-Kind Contribution Made					
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmany of Dishur-	nonto " lino E/d\\			

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				reperung remea	
	Street Address			-		
1	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Made	-		
	Corporation/LLC Name					
	Street Address			_		
2	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Made	_		
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made	<u> </u>		
	Corporation/LLC Name					
	Street Address			-		
4	City	State	ZIP	_		
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Corporation/LLC Name					
	Corporation/LLC Name Street Address			_		
5	City	State	ZIP	-		
		Date In-Kind Contribution				
	Corporation Commission File Number					
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	mmary of Disbursen	nents," line 5(e))			

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



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

	Labor Organization	n 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			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	imber Date In-Kind Contribution Made				
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
_	Enter total only if last page of schedule (transfer the total disbursed this period to "Su					
L	(transfer the total disbursed this period to "Su	mmary of Disburser	ments," line 5(f))			

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



INDEPENDENT EXPENDITURES MADE: SCHEDULE B(6)

/					Cumulative	Cumulative
	Expenditure l	Recipient Informa	tion	Expenditure Amount	Amount this Reporting Period	Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			_		
1	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	ncluding % 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			-		
2	City	State	ZIP	_		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	cluding % 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					
3	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	Loluding % 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			_		
4	City	State	ZIP	-		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	lacluding % opposed)	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ □ Credit		

Schedule B(6), page____ of ____



BALLOT MEASURE EXPENDITURES MADE: SCHEDULE B(7)

/	Expenditure	Recipient Informatio	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name Street Address		Mode of Advertising (TV, mail, etc)			
	Oli Cel Maries					
1	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	I (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					
2	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	I (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			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed (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					
4	City	State	ZIP			
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed (including % opposed)		☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		_ □ Credit		
	Enter total only if last page of schedul	e	(") 7	I		
	(transfer the total disbursed this period to "	Summary of Disburse	ments," line 7)			

Schedule B(7), page____ of ____



RECALL EXPENDITURES MADE: SCHEDULE B(8)

Expenditure Ficipient Name eet Address y apporting or Opposing Issuance of Recall Order? te of First Publication, Display, Delivery, or Broadcast cipient Name eet Address y apporting or Opposing Issuance of Recall Order? te of First Publication, Display, Delivery, or Broadcast	State Candidate Sought to be Rec State Candidate Sought to be Rec	Mode of Advertising (TV, mail, etc) ZIP Mode of Advertising (TV, mail, etc)	Expenditure Amount Cash Credit	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
pporting or Opposing Issuance of Recall Order? te of First Publication, Display, Delivery, or Broadcast cipient Name eet Address y pporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec Office Held State Candidate Sought to be Rec	ZIP Mode of Advertising (TV, mail, etc)			
pporting or Opposing Issuance of Recall Order? te of First Publication, Display, Delivery, or Broadcast cipient Name eet Address y pporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec Office Held State Candidate Sought to be Rec	Mode of Advertising (TV, mail, etc)			
pporting or Opposing Issuance of Recall Order? te of First Publication, Display, Delivery, or Broadcast cipient Name eet Address y pporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec Office Held State Candidate Sought to be Rec	Mode of Advertising (TV, mail, etc)			
te of First Publication, Display, Delivery, or Broadcast cipient Name eet Address y pporting or Opposing Issuance of Recall Order?	Office Held State Candidate Sought to be Rec	Mode of Advertising (TV, mail, etc) ZIP			
cipient Name eet Address y pporting or Opposing Issuance of Recall Order?	State Candidate Sought to be Rec	ZIP	□ Credit		
eet Address y ipporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	ZIP	-		
y pporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec		-		
pporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec		_		
		Lalled	-		
te of First Publication, Display, Delivery, or Broadcast			□ Cash		
	Proadcast Office Held		_ □ Credit		
cipient Name		Mode of Advertising (TV, mail, etc)			
eet Address					
у	State	ZIP			
pporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	I alled	☐ Cash		
te of First Publication, Display, Delivery, or Broadcast	Office Held		_ i Credit		
cipient Name	<u> </u>	Mode of Advertising (TV, mail, etc)			
eet Address		1	1		
у	State	ZIP	1		
pporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	☐ Cash		
te of First Publication, Display, Delivery, or Broadcast	Office Held		_ Li Gredit		
The state of the s	peet Address / pporting or Opposing Issuance of Recall Order? te of First Publication, Display, Delivery, or Broadcast cipient Name eet Address / pporting or Opposing Issuance of Recall Order? te of First Publication, Display, Delivery, or Broadcast ofter total only if last page of schedule	porting or Opposing Issuance of Recall Order? Candidate Sought to be Recall order? Defice Held Cipient Name Detect Address State State Candidate Sought to be Recall Order? Candidate Sought to be Recall Order or Broadcast Office Held Cipient Name Detect Address Candidate Sought to be Recall Order? Candidate Sought to be Recall Order? Candidate Sought to be Recall Order or Broadcast Office Held Candidate Sought to be Recall Order or Broadcast Candidate Sought to B	seet Address State ZIP poorting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled te of First Publication, Display, Delivery, or Broadcast Office Held cipient Name Mode of Advertising (TV, mail, etc) seet Address State ZIP poorting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled te of First Publication, Display, Delivery, or Broadcast Office Held Office Held	prorting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled Cash Credit Credit Credit Cash Credit Credit	poporting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled Credit Credit Cash Credit Credit State ZIP Mode of Advertising (TV, mail, etc) Poporting or Opposing Issuance of Recall Order? State ZIP Candidate Sought to be Recalled Credit Credit Cash Credit Cash Credit Cash Credit Cash Condidate Sought to be Recalled Cash Credit Cash Condidate Sought to be Recalled Cash Credit



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

	Benefit	ted Candidate		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Candidate Name		Date Benefit Provided			
	Street Address					
1	City	State	ZIP			
	Type of Benefit Provided	l				
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
2	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
3	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
4	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Enter total only if last page of schedule (transfer the total disbursed this period to "S	e Jummary of Disbursen	nents," line 9)	1		

Schedule B(9), page____ of ____

COMMITTEE	ID NUMBER
-----------	-----------

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

/	Recipient Cor	mmittee Informatio	n	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address		1			
1	City	State	ZIP	□ Cash		
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	☐ Credit		
	Committee Name		Payment Date			
	Street Address		1			
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					
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Cash □ Credit		
	Committee Name		Payment Date			
	Street Address					
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	<u> </u>				
	(transfer the total disbursed this period to "S	ummary of Disburser	ments," line 10)			

Schedule B(10), page____ of ____



REIMBURSEMENTS MADE: SCHEDULE B(11)

Recipient	Information		Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Name					
Street Address					
City	State	ZIP	ПСаећ		
Services or Goods Reimbursed		Reimbursement Date	□ Credit		
Name		L			
Street Address					
City	State	ZIP			
Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
Name					
Street Address					
City	State	ZIP			
Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
Name					
Street Address					
City	State	ZIP			
Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
Street Address		1			
	State		□ Cash		
Services or Goods Reimbursed		Reimbursement Date	□ Credit		
Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	mmary of Disburser	ments," line 11)			
	Street Address City Services or Goods Reimbursed Name Street Address City Services or Goods Reimbursed	Street Address City State Services or Goods Reimbursed Name Street Address City State Services or Goods Reimbursed Name Street Address City State Services or Goods Reimbursed Name Street Address City State Services or Goods Reimbursed Name Street Address City State Street Address City State Services or Goods Reimbursed Name Street Address City State Services or Goods Reimbursed Name Street Address City State Services or Goods Reimbursed	Street Address City State Zip Services or Goods Relimbursed Zip Name Street Address City State Zip Services or Goods Relimbursed Zip Services or Goods Relimbursed Zip Services or Goods Relimbursed Zip Street Address City State Zip Services or Goods Relimbursed Zip Services or Goods Relimbursed Relimbursement Date Name Street Address City State Zip Services or Goods Relimbursed Relimbursement Date Name Street Address City State Zip Services or Goods Relimbursed Relimbursement Date Name Street Address City State Zip Services or Goods Relimbursed Relimbursement Date Name Street Address City State Zip Relimbursement Date	Name Street Address City State Services or Goods Reimbursed Reimbursement Date Credit Credit Services or Goods Reimbursed Reimbursement Date Cash Credit Services or Goods Reimbursed Reimbursement Date Cash Credit Services or Goods Reimbursed Reimbursement Date Cash Credit Reimbursement Date Cash Credit Reimbursement Date	Recipient Information

Schedule B(11), page____ of ____



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

	Debt In	formation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Type of Account Payable or Debt Owed	l	Date that Debt Accrued			
	Name					
	Street Address			-		
2	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
3	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
4	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name					
	Street Address					
5	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Enter total only if last nage of schedule					
	Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Disburseme	ents," line 12)			

Schedule B(12), page____ of ____

COMMITTEE ID NUMBER

TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Total (transfer the total disbursed this period to "Summary of Disbursements," line 13)		

Schedule B(13), page____ of ____



MISCELLANEOUS DISBURSEMENTS: SCHEDULE B(14)

/	Recipie	ent Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
2	Street Address					
_	City	State	ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Credit		
	Name					
	Street Address					
3	City	State	ZIP			
			Disbursement Date	□ Cash □ Credit		
	Disbursement Type		Dispulsement Date	LI Great		
	Name					
	Street Address					
4	City	State	ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
5		1	I			
	City	State	ZIP	□ Cash		
	Disbursement Type		Disbursement Date	☐ Credit		
	Enter total only if last page of schedul (transfer the total disbursed this period to "s	e (D: 1		•		

COMMITTEE ID NUMBER

AGGREGATE OF DISBURSEMENTS - \$250 OR LESS:

SCHEDULE B(15)

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

*If disbursement(s) of \$250 or less is listed on another disbursement schedule, do not include them on Schedule B(15).

Schedule B(15), page____ of ____

RECEIVED JULY 19, 2022 CITY OF TOLLESON CLERK'S OFFICE



committee id number 2022 Aponte

COMMITTEE INFORMATION (required):

REPORTING PERIOD (check one):

☐ Special District Office: ☐ School Board District:

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

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 to March 31, 2021 April 1, 2021 to April 15, 2021 2021 Quarter 1 Report: 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 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, 2021 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 April 1, 2022 to April 15, 2022 2022 Quarter 1 Report: January 1, 2022 to March 31, 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 Election (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, 2021 to October 29, 2022 2022 Post-General Election (Q4) Report: October 23, 2022 to December 31, 2022 January 1, 2023 to January 17, 2023* Final Campaign Finance Report Prior to Committee Termination: Same Date of Termination End of Previous Period through Today's Date *Reporting deadline extended to next business day if deadline date is a holiday or Sunday. A.R.S. §§§ 1-243(A), 1-301 and 1-303.

FINANCIAL SUMMARY (required):

Activity	Cash Activity This Reporting Period	Election Cycle to Date
(a) Committee value at the beginning of this reporting period (i.e. ending balance from the previous reporting period)	0	
(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	\$ 0.00	
Check here if filing no financial activity during the reporting period. Lines (a) (d) still must	a completed but only this	and the

Check here if filing no financial activity during the reporting period. Lines (a)-(d) still must be completed, but only this cover page and the following page need to be filed.

COMMITTEE ID NUMBER
2022 Aponte

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.

Francisco Aponte		7/19/2022
Printed Name of Committee Treasurer	Signature of Committee Treasurer	Date



SUMMARY OF RECEIPTS (Schedule A):

	Receipts	Cash	Equity
1.	Monetary Contributions Received		
	(a) In-State Individuals - More than \$100		
-	(b) In-State Individuals - \$100 or Less (Aggregate)		
	(c) Out-of-State Individuals		
	(d) Candidate Committees		
	(e) Political Action Committees		
	(f) Political Parties		
-	(g) Partnerships		
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
-			
	· · · · · · · · · · · · · · · · · · ·		
-	(j) Candidate's Personal Monies (Candidate Committees Only)		
-	(k) Monetary Contributions Subtotal (add 1(a) through 1(j))		
-	(I) Refunds Given Back to Contributors		
	(m) Net Monetary Contributions (subtract 1(I) from 1(k))		
2.	Loans (a) Loans Received		
-	(b) Forgiveness on Loans Received		
	(c) Repayment on Loans Made		
	(d) Interest Accrued on Loans Made		
-	(e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))		
3.	Rebates and Refunds Received		
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)		



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 (PACs & Political Parties Only)		
	(f) Labor Organizations (PACs & Political Parties Only)		
	(g) Monetary Contributions Subtotal (add 2(a) through 2(f))		
	(h) Contribution Refunds Provided to the Reporting Committee		
·	(i) Monetary Contributions Total (subtract 2(h) from 2(g))		
3.	Loans		
	(a) Loans Made		
	(b) Loan Guarantees Made		
	(c) Forgiveness on Loans Made		
	(d) Repayment of Loans Received		
	(e) Accrued Interest on Loans Received		
	(f) Total Loans (cash: add 3(a), 3(d) & 3(e); equity: add 2(b) & 2(c))		
4.	Rebates and Refunds Made (Non-Contributions)		
5.	Value of In-Kind Contributions Provided		
	(a) Candidate Committees		
	(b) Political Action Committees		
	(c) Political Parties		
	(d) Partnerships		
	(e) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(f) Labor Organizations (PACs & 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 (use cash and/or equity as applicable)		
15.	Aggregate of Disbursements - \$250 or Less (use cash and/or equity as applicable)		
16.	Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15)		



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

SCHEDULE A(1)(a)

/	Individual Contr	ibutor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name	l	Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
5		l au	7/0			
	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary 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 3 of 10

COMMITTEE ID NUMBER

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

SCHEDULE A(1)(b)

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

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

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



MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

	/ Ir	ndividual Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
	Name	<u> </u>	Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page	e of schedule s period to "Summary of Receip				

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



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

	Candidate Committee	Contributor Infor	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	I ed			
	Committee Name	l				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	<u> </u> 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 Receive	ed			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receints " I	line 1(d))			

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



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

	Political Action Committ	ee Contributor In	formation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address			_		
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	ed			
	Committee Name	l				
	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				
	Committee Name					
	Street Address					
5	City	State	ZIP	_		
	Committee ID Number	Date Contribution Receive	ed	_		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 1(e))			



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

				1	1 1	
	Political Party Co	ntributor Informat	ion	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
-	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Receive	I 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				
	Committee Name					
	Street Address					
5	City	State	ZIP			
ŀ	Committee ID Number	Date Contribution Receive	ed			
\dashv	Enter total only if last page of schedule (transfer the total received this period to "Sum					

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



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

	Partnership Con	tributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address			_		
1	City	State	ZIP	-		
	City	State	ZIF			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name	I				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	<u>l</u> ed			
	Partnership Name					
	Street Address					
4		Г	T			
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Received				
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
_	Entantatal anhuit last or one of only					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	line 1(g))			

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



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

/	Corporation / LLC C	Contributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name				, repensing a sine si	
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	I ed			
	Corporation/LLC Name	l				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	<u> </u> ed			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number Date Contribution Received					
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receive	ed			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	many of Possints " !	lino 1/h)\			

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



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

	Labor Organization	n Contributor Inforr	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			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	ed	_		
	Labor Organization Name					
	Street Address			_		
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Receiv	red			
	Labor Organization Name					
	Street Address			_		
5	City	State	ZIP	\dashv		
	Corporation Commission File Number	Date Contribution Receiv	red			
_	Enter total only if last page of schedule (transfer the total received this period to "Su					

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



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

	Candidate	e Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			•
	Street Address		<u> </u>	-		
1	City	State	ZIP	-		
	Occupation	Employer	<u> </u>	-		
	Name		Date Contribution Received			
	Street Address			-		
2	City	State	ZIP	-		
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address			-		
3	City	State	ZIP	-		
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address			-		
4	City	State	ZIP	_		
	Occupation	Employer		-		
	Name		Date Contribution Received			
	Street Address		_			
5	City	State	ZIP	_		
	Occupation	Employer		_		
	Enter total only if last page of schedule (transfer the total received this period to "Sum	many of Descirt "	lin a 4/3\\			
	thansier the total received this period to "Sum	mary or receipts,"	iiile (U))			

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

	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			
	Name		Date Contribution Refunded			
	Street Address		1			
2	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address			_		
3	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
4	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution	_		
	Name		Date Contribution Refunded			
	Street Address			_		
5	City	State	ZIP			
			Date of Original Contribution			
	ID Number (if applicable)		Date of Original Contribution			
	Enter total only if last page of schedule (transfer the total received this period to "Sumr	mary of Receipts," l	line 1(I))			

Schedule A(1)(I), page ____ of___



LOANS RECEIVED: SCHEDULE A(2)(a)

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

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



FORGIVENESS ON LOANS RECEIVED: SCHEDULE A(2)(b)

		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					
	Lender Name		Date Forgiveness Received				
	Street Address						
2	City	State	ZIP				
	Original Amount of Loan	Amount Still Outstanding					
	Lender Name		Date Forgiveness Received				
	Street Address						
3	City	State	ZIP				
	Original Amount of Loan	Amount Still Outstanding					
	Lender Name		Date Forgiveness Received				
	Street Address						
4	City	State	ZIP				
	Original Amount of Loan	Amount Still Outstanding					
	Lender Name		Date Forgiveness Received				
_	Street Address						
5	City	State	ZIP				
	Original Amount of Loan	Amount Still Outstanding					
	Enter total only if last page of schedule (transfer the total received this period to "Sum	Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 2(b))					

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



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

	Borrower	Information		Amount Repaid	Cumulative 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				
	Borrower Name		Date Repayment Received			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Enter total only if last page of schedule					
	(transfer the total received this period to "Sum	mary of Receipts," l	line 2(c))			

Arizona Secretary of State Revision 12/29/21 (fillable format)

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



INTEREST ACCRUED ON LOANS MADE: SCHEDULE A(2)(d)

	<u> </u>	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	l	Date Interest Accrued			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name Date Interest Accrued		Date Interest Accrued			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Interest Accrued			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Interest Accrued			
	Street Address		<u> </u>			
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	line 2(d))	<u> </u>		

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

COMMITTEE ID NUMBER
2022 Aponte

REBATES AND REFUNDS RECEIVED: SCHEDULE A(3)

Payor Information Payor Name Date Re Street Address	e Rebate/Refund Received	Amount Rebated or Refunded	Cumulative Amount this	Cumulative Amount this
	e Rebate/Refund Received		Reporting Period	Election Cycle
Street Address			0	
1 City State ZIP				
Original Purchase Amount Reason for Refund/Rebate				
Payor Name Date Re	e Rebate/Refund Received			
Street Address				
2 City State ZIP				
Original Purchase Amount Reason for Refund/Rebate				
	e Rebate/Refund Received			
Street Address				
City State ZIP				
Original Purchase Amount Reason for Refund/Rebate				
Payor Name Date Reb	Rebate/Refund Received			
Street Address				
Gity State ZIP				
Original Purchase Amount Reason for Refund/Rebate				
Payor Name Date Reb	Rebate/Refund Received			
Street Address				
City State ZIP				
Original Purchase Amount Reason for Refund/Rebate				
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 3))			
Calcabilla A/	A(3), page of			

COMMITTEE ID NUMBER

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Account with Interest Eamed (Bank Name / Type of Account)		
Account with Interest Eamed (Bank Name / Type of Account)		
Account with Interest Eamed (Bank Name / Type of Account)		
Account with Interest Earned (Bank Name / Type of Account)	1	
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 IN-STATE INDIVIDUALS - MORE THAN \$100 DURING ELECTION CYCLE:*

SCHEDULE A(5)(a)

/	Individual Contr	ibutor Informatio	n	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address		l	-		
1	City	State	ZIP	-		
	Occupation	Employer	L	-		
	Name	l	Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer				
	Name		Date In-Kind Contribution Received			
	Street Address	treet Address		_		
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts,"	line 5(a))			

 ${}^{\star}\text{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)(a), page ____ of ___

COMMITTEE ID NUMBER

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

SCHEDULE A(5)(b)

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

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

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

COMMITTEE ID NUMBER
2022 Aponte

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

SCHEDULE A(5)(c)

	Individu	ual Contributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address					
1	City	State	ZIP	_		
	Occupation	Employer		-		
	Name		Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name	'	Date In-Kind Contribution Received			
	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name	'	Date In-Kind Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer	<u>'</u>			
	Name	1	Date In-Kind Contribution Received			
	Street Address		1	1		
5	City	State	ZIP	1		
	Occupation	Employer		1		
_	Enter total only if last page of sc (transfer the total received this period	hadula		1		

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



IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

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

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



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

Political Action Committee Contributor Information Amount Received Amount this											
Street Address State ZIP	umulative nount this ction Cycle	Amo	Amount this	Ar	Amount Received	formation	tributor Inf	ittee	Political Action Committ		
Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Street Address ZIP Committee ID Number Date In-Kind Contribution Received Date In-Kind Contribution Received Committee Name Street Address ZIP Committee ID Number Date In-Kind Contribution Received Date In-Kind Contribution Received 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	
Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZiP Committee ID Number Date In-Kind Contribution Received Committee ID Number Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZiP Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Committee ID Number Committee ID Number Date In-Kind Contribution Received						Street Address					
Committee Name Street Address Zip Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State Zip Committee ID Number Date In-Kind Contribution Received						ZIP		Sta		City	1
Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Street Address Street Address Committee ID Number Date In-Kind Contribution Received						Received	Committee ID Number Date In-Kind Contribution Received				
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 ID Number Date In-Kind Contribution Received Committee Name Street Address Gity State ZIP Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Committee Name Street Address 4 City State ZIP Committee ID Number Date In-Kind Contribution Received										Street Address	
Committee Name Street Address Gity State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address 4 City State ZIP Committee ID Number Date In-Kind Contribution Received						ZIP		Sta		City	2
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						Received	nd Contribution I	Da		Committee ID Number	
City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee ID Number Date In-Kind Contribution Received Street Address Street Address						Committee Name					
Committee ID Number Date In-Kind Contribution Received Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received						Street Address					
Committee Name Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address						ZIP		Sta		City	3
Street Address City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address						Received	nd Contribution I	Da		Committee ID Number	
4 City State ZIP Committee ID Number Date In-Kind Contribution Received Committee Name Street Address										Committee Name	
Committee ID Number Date In-Kind Contribution Received Committee Name Street Address										Street Address	
Committee Name Street Address						ZIP		Sta		City	4
Street Address						I Received	nd Contribution I	Da		Committee ID Number	
										Committee Name	
5 City State ZIP						Street Address					
						ZIP		Sta		City	5
Committee ID Number Date In-Kind Contribution Received						Received	nd Contribution I	Da		Committee ID Number	
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 5(e))		·						<u> </u>	/ if last page of schedule	Enter total only	

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

	Political	Party Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrib	ution Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contril	pution Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contril	oution Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contril	oution Received			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contril	oution Received			
_	Enter total only if last page of s (transfer the total received this period)	schedule				



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

,						
	Partnership Con	tributor Informatio	on	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name	I				
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Corporation Commission File Number Date In-Kind Contribution Received				
	Partnership Name	l				
	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 "Sum	mary of Receipts," l	line 5(g))	1		

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



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

/					1 1	
	Corporation / LLC C	Contributor Inform	ation	Amount Received	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	Received			
	Corporation/LLC Name	<u>I</u>				
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number Date In-Kind Contribution Received					
	Corporation/LLC Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts "				

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



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

/				1	J 1	
/	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 In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number Date In-Kind Contribution Received					
	Labor Organization Name	l				
	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 "Sum					

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



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

SCHEDULE A(5)(j)

,						
	Candidat	e Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Contribution Received			
	Street Address		I	-		
1	City	State	ZIP	-		
	Asset or Property Contributed			<u> </u> -		
L						
	Name		Date In-Kind Contribution Received			
	Street Address					
2	City	State	ZIP	-		
	Asset or Property Contributed			_		
\vdash	Name		Date In-Kind Contribution Received			
	Street Address		_			
3						
	City	State	ZIP			
	Asset or Property Contributed		1			
	Name		Date In-Kind Contribution Received			
	Street Address			-		
4	City	State	ZIP	_		
				-		
L	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address					
5	City	State	ZIP	-		
	Asset or Property Contributed			_		
\vdash	Enter total only if last page of schedule					
L	(transfer the total received this period to "Sun					/
/		Sch	nedule A(5)(j), page of	f		



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

SCHEDULE A(6)

	So	urce Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Donation Received			
	Street Address					
1	City	State	ZIP	_		
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address			_		
2	City	State	ZIP	-		
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address			-		
3	City	State	ZIP	-		
	Type of Item Donated		I			
	Name		Date In-Kind Donation Received			
	Street Address			+		
4	City	State	ZIP	+		
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
	Street Address			+		
5	City	State	ZIP	_		
	Type of Item Donated		+			
	Enter total only if last warms of sales	dula				
	Enter total only if last page of sche (transfer the total received this period to	uule o "Summarv of Rece	ints " line 6)			

Schedule A(6), 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 Cred					
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Provided on Credit	l	Date of Extension of Credit			
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Provided on Credit	Date of Extension of Credit				
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Provided on Credit	Date of Extension of Credit				
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Provided on Credit	Date of Extension of Credit				
	Enter total only if last page of schedule					
	(transfer the total received this period to "Sum	mary of Receipts," I	ine /(a))			

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

Arizona Secretary of State Revision 12/29/21 (fillable format)



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

	Creditor	Information		Payment Amount on Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					-
	Street Address					
1	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Originally Provided on Credit	Date of Original Extension of Credit				
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Originally Provided on Credit	Date of Original Extension of Credit				
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			

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

Arizona Secretary of State Revision 12/29/21 (fillable format)



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor Co	mmittee Informati	on	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date		. 0	·
	Street Address					
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable) Type of Shared Expense		ense (if applicable)			
	Committee Name	I	Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Exp	ense (if applicable)			
	Enter total only if last page of sched (transfer the total received this period to "	ule	4- " lin - O)			
	transfer the total received this period to	Summary of Receip	ts," line 8)			

Schedule A(8), page____ of ____



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

	Payor Ir	nformation		Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Purchased	Payment Date				
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Purchased		Payment Date			
	Name					
-	Street Address					
3	City	State	ZIP			
	Services or Goods Purchased	Payment Date				
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Purchased	Payment Date				
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Purchased	Payment Date				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receints " I	ine 9)			

Schedule A(9), page____ of ____



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

	Infor	mation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Type of Account Receivable or Debt Owed	<u> </u>	Date that Debt Accrued			
	Name					
	Street Address					
2	City	State	ZIP			
	Type of Account Receivable or Debt Owed		Date that Debt Accrued	_		
	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 nage of schedule					_
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 10)			

Schedule A(10), page____ of ____

COMMITTEE ID NUMBER

TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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

Schedule A(11), page____ of ____



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		Receipt Date			
	Name					
	Street Address					
3	City	State	ZIP			
	Receipt Type	Receipt Date				
	Name					
	Street Address					
4	City	State	ZIP			
	Receipt Type		Receipt Date			
	Name					
	Street Address					
5	City	State	ZIP			
	Receipt Type		Receipt Date			
\vdash	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	line 12)			

Schedule A(12), page____ of ____



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/	R	ecipient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name	Disbursement Date	Disbursement Date			
	Street Address					
1	City	State	ZIP			
	Type of Operating Expense Paid	· · · · · · · · · · · · · · · · · · ·	se? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date				
	Street Address					
2	City	State	ZIP			
	Type of Operating Expense Paid		se? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date				
	Street Address					
3	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpo	se? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date				
	Street Address					
4	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpo	se? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date				
	Street Address					
5	City	State	ZIP	☐ Cash☐ Credit		
	Type of Operating Expense Paid	Non-Electoral Purpo	se? (PACs and Political Parties Only)	in Credit		
_	Enter total only if last page of sch (transfer the total disbursed this perio					

Schedule B(1), page____ of ____



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	/	Candidate Committe	e Recipient Inforr	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Committee Name Street Address					
1	1	City	State	ZIP			
		Committee ID Number	Date Contribution Made		☐ Credit		
		Committee Name Street Address					
2	2	City	State	ZIP	□ Cash		
		Committee ID Number Committee Name	Date Contribution Made		□ Credit		
	L	Street Address					
3	3	City	State	ZIP	□ Cash		
		Committee ID Number Date Contribution Made Committee Name			□ Credit		
	-	Street Address					
4	1	City	State	ZIP	□ Cash		
		Committee ID Number Committee Name	Date Contribution Made		☐ Credit		
	=	Street Address					
5		City	State	ZIP	□ Cash		
_		Committee ID Number Enter total only if last page of schedule	Date Contribution Made		□ Credit		
_	((transfer the total disbursed this period to "Sur	mmary of Disbursen	ments," line 2(a))			



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

	tee Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Committee Name Street Address					
City	State	ZIP	□ Cash		
Committee ID Number	Date Contribution Made		☐ Credit		
Committee Name					
Street Address					
City	State	ZIP	□ Cook		
Committee ID Number	Date Contribution Made		☐ Cash		
Committee Name					
Street Address	Street Address				
City	State	ZIP	□ Cach		
Committee ID Number	Date Contribution Made		☐ Credit		
Committee Name					
Street Address					
City	State	ZIP	□ Cash		
Committee ID Number	Date Contribution Made		☐ Credit		
Committee Name					
Street Address					
City	State	ZIP			
Committee ID Number	Date Contribution Made	1	☐ Credit		
Enter total only if last page of schedule (transfer the total disbursed this period to "Sum	many of Dioburgon	cente " line 2/h)	<u> </u>		
3	Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number Committee Name Street Address City Committee ID Number Committee ID Number City Committee ID Number Committee ID Number Committee ID Number Committee Name Street Address City Committee ID Number Committee ID Number Committee ID Number Committee ID Number	Committee Name Street Address City State Committee ID Number Date Contribution Made Street Address City State Committee ID Number Date Contribution Made Committee ID Number Date Contribution Made Committee ID Number Date Contribution Made Street Address City State Committee ID Number Date Contribution Made Committee ID Number Date Contribution Made Committee ID Number Date Contribution Made Committee Name Street Address City State Committee ID Number Date Contribution Made Committee ID Number Date Contribution Made Committee ID Number Date Contribution Made	Street Address City State ZiP Committee ID Number Date Contribution Made Committee Name Street Address City State ZiP Committee ID Number Date Contribution Made Committee Name Street Address City State ZiP Committee ID Number Date Contribution Made Committee ID Number Date Contribution Made Committee ID Number Date Contribution Made Committee Name Street Address City State ZiP Committee Name Street Address City State ZiP Committee ID Number Date Contribution Made	Contributed Correlate Name Street Address City State ZIP Cash Credit Correlate ID Number Date Contribution Made Credit	Political Action Committee Recipient Information Committee Name Street Address Committee ID Number Cash Committee ID Number Commi



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Political Party Ro	ecipient Informati	on	Amount Contributed	Cumulative Amount this	Cumulative Amount this
	Committee Name	·		Contributed	Reporting Period	Election Cycle
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
2		Г	T			
	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made		☐ Credit		
	Committee Name					
	Street Address	Street Address				
3	City	State	ZIP	E O . I		
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Made		☐ Cash☐ Credit		
	Committee Name					
	Street Address					
5	City	State ZIP				
	Committee ID Number	Date Contribution Made		□ Cash □ Credit		
_	Enter total only if last page of schedule					
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disburser	ments," line 2(c))			



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

/	Partnersh	ip Recipient Informa	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Mad	le	□ Cash □ Credit		
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit		
	Partnership Name					
ę	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit		
	Partnership Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit		
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution Ma	de	□ Cash □ Credit		
-	Enter total only if last page of sche (transfer the total disbursed this period	dule				



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation / L	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle		
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made		□ Cash		
	Corporation/LLC Name					
	Street Address					
	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made		□ Casii	☐ Cash☐ Credit	
	Corporation/LLC Name					
-	Street Address					
3	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made		□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution Made	1	□ Cash □ Credit		
	Corporation/LLC Name	I				
	Street Address					
5	City	State	ZIP	□ Cash		
	Corporation Commission File Number	on Commission File Number Date Contribution Made		□ Credit		
	Enter total only if last page of schedu (transfer the total disbursed this period to	ıle "Summary of Disburser	ments," line 2(e))	l		



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

,	Labor Organiza	ation Recipient Inform	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	□ Cash			
	Corporation Commission File Number	Date Contribution Made		☐ Credit	☐ Credit		
	Labor Organization Name						
3 -	Street Address						
)	City	State	ZIP	□ Cash			
	Corporation Commission File Number	□ Credit					
	Labor Organization Name						
	Street Address						
	City	State	ZIP	□ Cash			
	Corporation Commission File Number	Date Contribution Made		□ Credit			
	Labor Organization Name						
	Street Address						
•	City	State	ZIP	□ Cash			
	Corporation Commission File Number	Date Contribution Made		☐ Credit			
	Enter total only if last page of sched (transfer the total disbursed this period to	ule "Summary of Disburse	ments," line 2(f))				



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

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

Arizona Secretary of State Revision 12/29/21 (fillable format)

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					
	Sireet Address					
1	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address	itreet Address				
2	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
3	Street Address					
J	City	State	ZIP			
	Guarantor/Endorser Name Date Loan Made					
	Borrower Name					
1	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
_	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Disburseme	ents," line 3(a))			

Arizona Secretary of State Revision 12/29/21 (fillable format)

Schedule B(3)(a), page___of ___



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

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

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



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

				I		
	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				
	Borrower Name	I	Date Forgiveness Made			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address		l			
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name	Date Forgiveness Made				
	Street Address		<u> </u>			
4	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Borrower Name		Date Forgiveness Made			
	Street Address					
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstanding				
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	(5::				

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	et Address				
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name	l	Date Repayment Made			
	Street Address		l			
2	City	State				
	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	Amount Still Outstanding		_		
	Lender Name		Date Repayment Made			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
_	Enter total only if last page of schedule					
	(transfer the total disbursed this period to "Sur	mmary of Disbursen	nents," line 3(d))			

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



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

Lender I	nformation		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Lender Name		Date Interest Accrued			-
Street Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding	L			
Lender Name		Date Interest Accrued			
Street Address					
City	State	ZIP	_		
Original Amount Borrowed	Amount Still Outstanding		_		
Lender Name		Date Interest Accrued			
Street Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding				
Lender Name		Date Interest Accrued			
Street Address					
City	State	ZIP			
Original Amount Borrowed	Amount Still Outstanding				
Lender Name		Date Interest Accrued			
Street Address			_		
City	State	ZIP	_		
Original Amount Borrowed	Amount Still Outstanding		_		
Original Amount Borrowed Amount Still Outstanding					
	Lender Name Street Address City Original Amount Borrowed Lender Name Street Address City City Original Amount Borrowed Lender Name Street Address City Original Amount Borrowed	Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding Lender Name Street Address City State Original Amount Borrowed Amount Still Outstanding	Lender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Cutstanding Lender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Cutstanding Lender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Cutstanding Lender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Cutstanding Lender Name Date Interest Accrued Street Address City Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Cutstanding Lender Name Date Interest Accrued Street Address City State ZIP Original Amount Borrowed Amount Still Cutstanding Lender Name Date Interest Accrued Street Address	Lender Name Date Interest Accoused Street Address City State ZiP Criginal Amount Borrowed Amount Sit Outstanding Lender Name Date Interest Accoused Street Address City State ZiP Criginal Amount Borrowed Amount Sit Outstanding City State ZiP Criginal Amount Borrowed Amount Sit Outstanding Lender Name Date Interest Accoused Street Address City State ZiP Criginal Amount Borrowed Amount Sit Outstanding Lender Name Date Interest Accoused City State ZiP Criginal Amount Borrowed Amount Sit Outstanding Lender Name Date Interest Accoused Street Address City State ZiP Criginal Amount Borrowed Amount Sit Outstanding Lender Name Date Interest Accoused Street Address City State ZiP Criginal Amount Borrowed Amount Sit Outstanding Lender Name Date Interest Accoused	Lender Information Annual Browsed Account Site Address City State ZiP Original Amount Borrowed Annual Site Outstanding Lender Name Date Interest Account Site Outstanding

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

/	Red	sipient 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	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Name of Original Payor		Date Rebate/Refund Made			
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
	Enter total only if last page of sche (transfer the total disbursed this period	dule to "Summary of Disburs	sements," line 4)			

Schedule B(4), page____ of ____



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/		Committee Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address	Street Address				
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	on Made			
	Committee Name	l				
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contributi	ion Made			
	Committee Name					
•	Street Address	Street Address				
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contributi	ion Made			
	Committee Name	<u> </u>				
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contributi	ion Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contributi	ion Made			
	Enter total only if last page of so	chedule				
	(transfer the total disbursed this period	od to "Summary of Disburs	ements," line 5(a))			

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



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			
	Committee Name	I				
	Street Address					
2	City	State ZIP				
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Dishursen	nents " line 5(h))			

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



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
	Committee Name		. 5			
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur					
_	(transfer the total disbursed this period to "Sur	nmary of Disbursen	nents," line 5(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				reperung remea	
	Street Address			-		
1	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Made	-		
	Partnership Name					
	Street Address			-		
2	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Made	-		
	Partnership Name					
	Street Address			-		
3	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Made	-		
	Partnership Name					
	Street Address			-		
4	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Made	_		
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made	-		
_	Enter total only if last page of schedule (transfer the total disbursed this period to "Sui					

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



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

/	Corporation / LL0	C 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	_		
	Corporation/LLC Name					
	Street Address					
2	City	State ZIP				
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Corporation/LLC Name					
	Street Address			_		
3	City	State	ZIP	_		
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
	Corporation/LLC Name					
	Street Address			_		
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	n Made			
_	Enter total only if last page of schedule (transfer the total disbursed this period to "S	<u> </u>				
_	(transfer the total disbursed this period to "S	ummary of Disburser	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			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name					
;	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name	1				
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Made			
	Labor Organization Name					
	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 "Su					

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



INDEPENDENT EXPENDITURES MADE: SCHEDULE B(6)

				1	,	
/	Expenditure	Recipient Informat	ion	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			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (inc	cluding % 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					
2	City	State	ZIP			
	Candidate(s) Supported (including % supported)	idate(s) Supported (including % supported) Candidate(s) Opposed (including % supported)		☐ Cash		
•	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ □ Credit		
1	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (inc	cluding % opposed)	☐ Cash☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address	Street Address				
4	City	State	ZIP			
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (inc	I cluding % opposed)	☐ Cash☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	_ Li Credit		

Schedule B(6), page____ of ____



BALLOT MEASURE EXPENDITURES MADE: SCHEDULE B(7)

Expenditure I	Recipient Informatio	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Recipient Name	Mode of Advertising (TV, mail, etc)				
Street Address		I			
City	State	ZIP			
Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(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					
City	State	ZIP			
Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(including % opposed)	_ □ Cash		
Date of First Publication, Display, Delivery, or Broadcast	ry, or Broadcast Election Month/Year		_ □ Credit		
Recipient Name	Mode of Advertising (TV, mail, etc)				
Street Address					
City	State	ZIP	-		
Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	(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	Street Address				
City	State	ZIP	1		
Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed (including % opposed)		□ Cash		
	Election Month/Year		☐ Credit		
	Recipient Name Street Address City Ballot Measure(s) Supported (including % supported) Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City Ballot Measure(s) Supported (including % supported) Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City Ballot Measure(s) Supported (including % supported) Date of First Publication, Display, Delivery, or Broadcast Recipient Name Street Address City Street Address City Street Address	Recipient Name Street Address City State Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed Date of First Publication, Display, Delivery, or Broadcast Election Month/Year Recipient Name Street Address City State Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed Date of First Publication, Display, Delivery, or Broadcast Election Month/Year Recipient Name Street Address City State Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opposed Date of First Publication, Display, Delivery, or Broadcast Election Month/Year Recipient Name Street Address City State Recipient Name Street Address	Street Address City State ZIP Ballot Measure(s) Supported (including % supported) Date of First Publication, Display, Delivery, or Broadcast Election Month/Year Recipient Name Mode of Advertising (TV, mail, etc) 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 Recipient Name Mode of Advertising (TV, mail, etc) 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 Recipient Name Election Measure(s) Opposed (including % opposed) Date of First Publication, Display, Delivery, or Broadcast Election Month/Year Recipient Name Mode of Advertising (TV, mail, etc) Street Address City State ZIP Recipient Name Mode of Advertising (TV, mail, etc)	Cash Credit	Expenditure Recipient Information Recipient Name Mode of Advertising (TV, mail, etc.)

Schedule B(7), page____ of ____



RECALL EXPENDITURES MADE: SCHEDULE B(8)

/	Expenditure I	Recipient Informatio	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	_		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		- □ Credit		
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
2	Street Address					
	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	☐ Cash☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast		_ Li Credit			
	Recipient Name	Mode of Advertising (TV, mail, etc)				
	Street Address		1			
3	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	alled	☐ Cash ☐ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		_ Credit		
	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address		1			
4	City	State	ZIP			
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Rec	<u>I</u> alled	☐ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		□ Credit		
_	Enter total only if last page of schedul (transfer the total disbursed this period to "	e Summary of Disburson	ments " line 8)	ı		
	transier the total dispursed this period to	ounimary of Dispurser	nens, ille oj			

Schedule B(8), page____ of ____



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

	Benefitted Candidate			Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Candidate Name		Date Benefit Provided			
1	Street Address					
	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
2	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
3	City	State	ZIP			
	Type of Benefit Provided				1	
	Notes:					
	Candidate Name		Date Benefit Provided			
	Street Address					
4	City	State	ZIP			
	Type of Benefit Provided					
	Notes:					
	Enter total only if last page of schedule (transfer the total disbursed this period to "S	;	(#P - 6)			
	(transter the total disbursed this period to "S	ummary of Disbursen	nents," line 9)			

Schedule B(9), page____ of ____



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

/	/	Recipient Con	nmittee Information	า	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Committee Name		Payment Date			
		Street Address					
1	1	City	State	ZIP	□ Cash		
	1	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	☐ Credit		
		Committee Name		Payment Date			
2	,	Street Address	I	I			
-		City	State	ZIP	☐ Cash☐ Credit		
_		Date of Joint Fundraising Event (if applicable) Committee Name	Type of Shared Expense	(f applicable) Payment Date	L Orealt		
		Street Address					
3	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	1	City	State	ZIP	□ Cash		
		Date of Joint Fundraising Event (if applicable)	Type of Shared Expense	(if applicable)	□ Credit		
	ļ			Payment Date			
5		Street Address City	State	ZIP			
		Oity Date of Joint Fundraising Event (if applicable)	Type of Shared Expense		☐ Cash☐ Credit		
_	1		. , po o o onarou Experiso	·· Faggard)			
		Enter total only if last page of schedule (transfer the total disbursed this period to "Su	mmary of Disbursen	nents," line 10)			

Schedule B(10), page____ of ____



REIMBURSEMENTS MADE: SCHEDULE B(11)

/	Recipie	nt Information		Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name				Treporting Feriou	Liection Cycle
	Street Address					
1	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed	Services or Goods Reimbursed		☐ Credit		
	Name					
	Street Address					
2	2 City	State	ZIP	□ Cash		
	Services or Goods Reimbursed	Reimbursement Date	□ Credit			
	Name					
	Street Address					
3	Gity City	State	ZIP	□ Cash		
	Services or Goods Reimbursed	Services or Goods Reimbursed		□ Credit		
	Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed	Reimbursement Date	□ Credit			
	Name	Name				
	Street Address					
5	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed	•	Reimbursement Date	□ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "S	ummary of Disburson	" !: 44)	•		

Schedule B(11), page____ of ____



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

	Debt In	formation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name		I			
	Street Address					
2	City	State	ZIP			
	Type of Account Payable or Debt Owed		Date that Debt Accrued			
	Name		l			
	Street Address					
3	City	State	ZIP			
	Type of Account Payable or Debt Owed	<u> </u>	Date that Debt Accrued			
	Name					
	Street Address					
4	City	State	ZIP			
	Type of Account Payable or Debt Owed	Date that Debt Accrued				
	Name		l			
	Street Address					
5	City	State	ZIP			
	Type of Account Payable or Debt Owed	<u> </u>	Date that Debt Accrued			
	Enter total only if last page of schedule (transfer the total received this period to "Sumi		7 lin - 40)			
	(transier the total received this period to "Sumi	nary of Disburseme	ents, line 12)			

COMMITTEE ID NUMBER

TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Recipient of Surplus Monies / Source of Transferred Debt		
recipient of Surplus Monies / Source of Transferred Debt		
ecipient of Surplus Monies / Source of Transferred Debt		
ecipient of Surplus Monies / Source of Transferred Debt		
ecipient of Surplus Monies / Source of Transferred Debt		
otal Total transfer the total disbursed this period to "Summary of Disbursements," line 13)		

Schedule B(13), page____ of ____



MISCELLANEOUS DISBURSEMENTS: SCHEDULE B(14)

/	Recipio	ent Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
1	Street Address					
	City	State	ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
2	Street Address					
_	City	State	ZIP	□ Cash		
	Disbursement Type		Disbursement Date	□ Credit		
	Name					
	Street Address					
3	City	State	ZIP			
			Disbursement Date	□ Cash □ Credit		
	Disbursement Type		Disbardenient Date	LI Great		
	Name					
	Street Address					
4	City	State	ZIP			
	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 schedul (transfer the total disbursed this period to "	e		•		

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 (If disbursements of \$250 or less are listed on any of the other disbursement schedules, do not include them on Schedule B(15))		
Enter total only if last page of schedule (transfer the total received this period to "Summary of Disbursements," line 15)		

Schedule B(15), page____ of ____

Date: 7/19/2022

RECEIVED JULY 19, 2022 CITY OF TOLLESON CLERK'S OFFICE



committee id number 2022 Aponte

COMMITTEE INFORMATION:

Committee name: Francisco (Frank) Aponte for Tolleson City council	_
Mailing address: 9516 W. Garfield St.Tolleson Az.85353	_
Email address: 9516 W.Garfield St. Tolleson Az.85353	
Phone number: 623-312-7412	
Website: N/A	
Chairperson name: Francisco Aponte	_
Treasurer: Francisco Apontre	_
	_

DECLARATION AND SIGNATURES:

I declare under penalty of perjury that the foregoing information is true and correct receive any contributions or make any disbursements; (2) the committee either (a) outstanding debts or obligations that are all more than five years old, and the command obligations and have agreed to the termination of the committee; (3) any surple committee has no cash on hand; and (4) all contributions and expenditures have be) has no o mittee's o lus monio	outstanding debts or obligations, or (b) has creditors have agreed to discharge the debts es have been disposed of and that the	
Chairperson's signature:	Date:	7/19/2022	
Treasurer's signature:	Date:	7/19/2022	
Candidate's signature (if applicable):	Date:	7/19/2022	