



STATE OF ARIZONA RECEIVED
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

JUL 16 2020

COMMITTEE INFORMATION (required):

Committee Information: Committee Name: LUIS CABRERA PAC

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

Office of the City Clerk
 City of San Luis, Arizona

Office Sought: Statewide Office: _____
 County Office: _____
 State Legislature: _____
 City/Town Office: SAN LUIS

Cumulative Report:

Check here if this is the candidate committee's first, cumulative report for the election cycle. Also select appropriate Reporting Period below.
 Cumulative reporting period start date (which supersedes the start date for the Reporting Period selected below): _____

REPORTING PERIOD (check one):

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

*Reporting deadline extended to next business day. A.R.S. §§ 1-243(A) 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	0.00
(b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)	65.00	65.00
(c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)	0.00	0.00
(d) = Balance at close of reporting period	65.00	65.00

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

Committees with financial activity must file the cover page, summary of receipts, summary of disbursements, and any schedules that contain financial activity. All reports are deemed to be filed under penalty of perjury by the committee treasurer (all committees) and candidate (candidate committees only).

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



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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.

LUIS E CABRERA

Printed Name of Committee Treasurer

A handwritten signature in cursive script, appearing to read "Luis E. Cabrera".

Signature of Committee Treasurer

07/16/2020

Date



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SUMMARY OF RECEIPTS (Schedule A):

Receipts	Cash	Equity
1. Monetary Contributions Received		
(a) Individuals - More than \$50	65.00	
(b) Individuals - \$50 or Less (Aggregate)		
(c) Candidate Committees		
(d) Political Action Committees		
(e) Political Parties		
(f) Partnerships		
(g) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
(h) Labor Organizations (PACs & Political Parties Only)		
(i) Candidate's Personal Monies (Candidate Committees Only)		
(j) Monetary Contributions Subtotal (add 1(a) through 1(i))		
(k) Refunds Given Back to Contributors		
(l) Net Monetary Contributions (subtract 1(k) from 1(j))		
2. Loans		
(a) Loans Received		
(b) Forgiveness on Loans Received		
(c) Repayment on Loans Made		
(d) Interest Accrued on Loans Made		
(e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))		
3. Rebates and Refunds Received		
4. Interest Accrued on Committee Monies		
5. In-Kind Contributions Received		
(a) Individuals - More than \$50		
(b) Individuals - \$50 or Less (Aggregate)		
(c) Candidate Committees		
(d) Political Action Committees		
(e) Political Parties		
(f) Partnerships		
(g) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
(h) Labor Organizations (PACs & Political Parties Only)		
(i) Candidate's Personal Assets or Property (Candidate Committees Only)		
(j) In-Kind Contributions Subtotal (equity: add 5(a) through 5(i))		
6. In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
7. Extensions of Credit		
(a) Extensions of Credit Received		
(b) Payments on Extensions of Credit Received		
(c) Net Extensions of Credit (subtract 7(b) from 7(a))		
8. Joint Fundraising / Shared Expense Payments Received		
9. Payments Received for Goods / Services		
10. Outstanding Accounts Receivable / Debts Owed to Committee		
11. Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
12. Miscellaneous Receipts		
13. Total Receipts (cash: add 1(l), 2(e), 3-4, 8-9, 11-12; equity: add 2(b), 5(j), 6-7, 10-12)	65.00	



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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)		
(j) Contributions Subtotal (add 5(a) through 5(f))		
6. Independent Expenditures Made		
7. Ballot Measure Expenditures Made		
8. Recall Expenditures Made		
9. Support Provided to Party Nominees (Political Parties Only)		
10. Joint Fundraising / Shared Expense Payments Made		
11. Reimbursements Made		
12. Outstanding Accounts Payable / Debts Owed by Committee		
13. Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)		
14. Miscellaneous Disbursements		
15. Aggregate of Disbursements - \$250 or Less		
16. Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(j), & 12-15)	0.00	



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

SCHEDULE A(1)(a)

Individual Contributor Information				Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
1	Name LUIS E. CABRERA		Date Contribution Received 06/15/2020	65.00	65.00	65.00	
	Street Address 375 N BERNAL DR.						
	City SAN LUIS	State AZ	ZIP 85349				
	Occupation TEACHER	Employer SOMERTON SD #11					
2	Name		Date Contribution Received				
	Street Address						
	City	State	ZIP				
	Occupation	Employer					
3	Name		Date Contribution Received				
	Street Address						
	City	State	ZIP				
	Occupation	Employer					
4	Name		Date Contribution Received				
	Street Address						
	City	State	ZIP				
	Occupation	Employer					
5	Name		Date Contribution Received				
	Street Address						
	City	State	ZIP				
	Occupation	Employer					
Enter total only if last page of schedule <small>(transfer the total received this period to "Summary of Receipts," line 1(a))</small>				65.00	65.00		

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



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

SCHEDULE A(1)(b)

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

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



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MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(c)

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

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



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MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(d)

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



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MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(e)

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

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



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MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(f)

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

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



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MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(g)

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



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MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(h)

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



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MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(i)

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

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



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REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(k)

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



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LOANS RECEIVED:

SCHEDULE A(2)(a)

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



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FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

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



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REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

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

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



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



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REBATES AND REFUNDS RECEIVED:

SCHEDULE A(3)

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

Schedule A(3), page ___ of



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INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

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



**STATE OF ARIZONA
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COMMITTEE ID NUMBER

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

SCHEDULE A(5)(a)

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

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

Schedule A(5), page ___ of



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

SCHEDULE A(5)(b)

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

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



**STATE OF ARIZONA
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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(c)

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

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(d)

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

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



**STATE OF ARIZONA
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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(e)

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

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(f)

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

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



**STATE OF ARIZONA
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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(g)

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



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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(h)

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



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COMMITTEE ID NUMBER

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

SCHEDULE A(5)(I)

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



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COMMITTEE ID NUMBER

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

SCHEDULE A(6)

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



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COMMITTEE ID NUMBER

EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

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



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COMMITTEE ID NUMBER

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



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COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

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



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COMMITTEE ID NUMBER

PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

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



**STATE OF ARIZONA
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COMMITTEE ID NUMBER

OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

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



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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)		



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COMMITTEE ID NUMBER

MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

Source Information				Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name					
	Street Address					
	City	State	ZIP			
	Receipt Type		Receipt Date			
2	Name					
	Street Address					
	City	State	ZIP			
	Receipt Type		Receipt Date			
3	Name					
	Street Address					
	City	State	ZIP			
	Receipt Type		Receipt Date			
4	Name					
	Street Address					
	City	State	ZIP			
	Receipt Type		Receipt Date			
5	Name					
	Street Address					
	City	State	ZIP			
	Receipt Type		Receipt Date			
Enter total only if last page of schedule						
<small>(transfer the total received this period to "Summary of Receipts," line 12)</small>						



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COMMITTEE ID NUMBER

DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

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

Schedule B(1), page ___ of ___



**STATE OF ARIZONA
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COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

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

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



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COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

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



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COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

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

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



**STATE OF ARIZONA
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COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

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

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
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COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

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

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

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



**STATE OF ARIZONA
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COMMITTEE ID NUMBER

CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

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



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COMMITTEE ID NUMBER

LOANS MADE:

SCHEDULE B(3)(a)

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



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COMMITTEE ID NUMBER

LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

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

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



**STATE OF ARIZONA
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COMMITTEE ID NUMBER

FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

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

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



**STATE OF ARIZONA
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COMMITTEE ID NUMBER

REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

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

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



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COMMITTEE ID NUMBER

INTEREST ACCRUED ON LOANS RECEIVED:

SCHEDULE B(3)(e)

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



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COMMITTEE ID NUMBER

REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

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



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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

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

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



**STATE OF ARIZONA
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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

Political Action Committee Recipient Information				Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
2	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
3	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
4	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
5	Committee Name					
	Street Address					
	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution Made				
Enter total only if last page of schedule						
<small>Transfer the total disbursed this period to "Summary of Disbursements," line 6(b)</small>						

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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

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

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



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IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

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

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



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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

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



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IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

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



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COMMITTEE ID NUMBER

INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

Expenditure Recipient Information				Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Recipient Name		Mode of Advertising (TV, mail, etc)	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Candidate(s) Supported (including % supported)		Candidate(s) Opposed (including % opposed)			
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought			
2	Recipient Name		Mode of Advertising (TV, mail, etc)	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Candidate(s) Supported (including % supported)		Candidate(s) Opposed (including % opposed)			
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought			
3	Recipient Name		Mode of Advertising (TV, mail, etc)	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Candidate(s) Supported (including % supported)		Candidate(s) Opposed (including % opposed)			
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought			
4	Recipient Name		Mode of Advertising (TV, mail, etc)	<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Candidate(s) Supported (including % supported)		Candidate(s) Opposed (including % opposed)			
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought			
Enter total only if last page of schedule <small>(transfer the total disbursed this period to "Summary of Disbursements," line 8)</small>						



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COMMITTEE ID NUMBER

BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

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

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COMMITTEE ID NUMBER

RECALL EXPENDITURES MADE:

SCHEDULE B(8)

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



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COMMITTEE ID NUMBER

SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

Benefitted Candidate			Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Candidate Name		Date Benefit Provided		
	Street Address				
	City	State	ZIP		
	Type of Benefit Provided				
	Notes:				
2	Candidate Name		Date Benefit Provided		
	Street Address				
	City	State	ZIP		
	Type of Benefit Provided				
	Notes:				
3	Candidate Name		Date Benefit Provided		
	Street Address				
	City	State	ZIP		
	Type of Benefit Provided				
	Notes:				
4	Candidate Name		Date Benefit Provided		
	Street Address				
	City	State	ZIP		
	Type of Benefit Provided				
	Notes:				
Enter total only if last page of schedule <small>(transfer the total disbursed this period to "Summary of Disbursements," line 8)</small>					



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COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

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



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COMMITTEE ID NUMBER

REIMBURSEMENTS MADE:

SCHEDULE B(11)

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



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COMMITTEE ID NUMBER

OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

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



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

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 14)		



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER

MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

Recipient Information				Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City		ZIP			
	Disbursement Type		Disbursement Date			
2	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City		ZIP			
	Disbursement Type		Disbursement Date			
3	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City		ZIP			
	Disbursement Type		Disbursement Date			
4	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City		ZIP			
	Disbursement Type		Disbursement Date			
5	Name			<input type="checkbox"/> Cash <input type="checkbox"/> Credit		
	Street Address					
	City	State	ZIP			
	Disbursement Type		Disbursement Date			
Enter total only if last page of schedule						
<small>(transfer the total disbursed this period to "Summary of Disbursements," line 12)</small>						



City of San Luis

P.O. Box 1170
1090 E. Union Street
San Luis, AZ 85349-1170
Phone (928) 341-8520 • Fax (928) 341-8539
www.cityofsanluis.org

City of San Luis
1190 E. Union Street
P.O. Box 1170
San Luis, AZ 85349

Invoice

Date	Invoice #
7/16/2020	SLC2020-2

Bill To:
Luis E. Cabrera
Luis Cabrera PAX
PO Box 14012
San Luis, AZ 85349

Description	Qty	Rate	Amount
Late Campaign Finance Report filing penalty fee For Period of 4/1/2020 - 6/30/2020 DUE 7/15/2020 <u>If paid 7/16/2020</u>	1	\$10.00	\$10.00
Total			\$10.00

Transaction Details



City of San Luis
1090 Union St | PO Box 3750
San Luis, AZ 85349

XBP Confirmation Number: 82699303

▶ Transaction detail for payment to City of San Luis. Date: 07/16/2020 - 2:13:11 PM

Transaction Number: 129431983PT
Mastercard — XXXX-XXXX-XXXX-1539
Status: Successful

Account #	Item	Quantity	Item Amount
slc2020-002	Misc Revenues	1	\$10.00

TOTAL: \$10.00

Billing Information
LUIS CABRERA
P O BOX 14012
SAN LUIS, AZ 85349

Transaction taken by: eesparza

Email