

COMMITTEE INFORMATION (required):

Committee Information:

Committee Name:

□ City/Town Office:

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

Office Sought:

only if filing as a candi

Special District Office:School Board District:

1

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
2024 Quarter 4 Report (Local Only) October 1, 2024 to December 31, 2024	January 1, 2025 to January 21, 2025*
2025 March Pre-Election Report (Local Only): January 1, 2025 to February 22, 2025	February 23, 2025 to March 1, 2025
2025 March Post-Election (Q1) Report (Local Only): February 23, 2025 to March 31, 2025	April 1, 2025 to April 15, 2025
2025 Quarter 1 Report: January 1, 2025 to March 31, 2025	April 1, 2025 to April 21, 2025
2025 May Pre-Election Report (Local Only): April 1, 2025 to May 3, 2025	May 4, 2025 to May 10, 2025
2025 May Post-Election (Q2) Report (Local Only): May 4, 2025 to June 30, 2025	July 1, 2025 to July 15, 2025
2025 Quarter 2 Report: April 1, 2025 to June 30, 2025	July 1, 2025 to July 21, 2025
2025 August Pre-Election Report (Local Only): July 1, 2025 to July 19, 2025	July 20, 2025 to July 26, 2025
2025 August Post-Election (Q3) Report (Local Only): July 20, 2025 to September 30, 2025	October 1, 2025 to October 15, 2025
2025 Quarter 3 Report: July 1, 2025 to September 30, 2025	October 1, 2025 to October 20, 2025
2025 November Pre-Election Report (Local Only): October 1, 2025 to October 18, 2025	October 19, 2025 to October 25, 2025
2025 November Post-Election (Q4) Report (Local Only): October 19, 2025 to December 31, 2025	January 1, 2026 to January 15, 2026
2025 Quarter 4 Report: October 1, 2025 to December 31, 2025	January 1, 2026 to January 20, 2026*
2026 March Pre-Election Report (Local Only): January 1, 2026 to February 21, 2026	February 22, 2026 to February 28, 2026
2026 March Post-Election (Q1) Report (Local Only): February 22, 2026 to March 31, 2026	April 1, 2026 to April 15, 2026
2026 Quarter 1 Report: January 1, 2026 to March 31, 2026	April 1, 2026 to April 20, 2026
2026 May Pre-Election Report (Local Only): April 1, 2026 to May 2, 2026	May 3, 2026 to May 9, 2026
2026 May Post-Election (Q2) Report (Local Only): May 3, 2026 to June 30, 2026	July 1, 2026 to July 15, 2026
2026 Quarter 2 Report: April 1, 2026 to June 30, 2026	July 1, 2026 to July 20, 2026
2026 August Pre-Primary Election Report: July 1, 2026 to July 18, 2026	July 19, 2026 to July 25, 2026
2026 August Post-Primary Election (Q3) Report: July 19, 2026 to September 30, 2026	October 1, 2026 to October 15, 2026
2026 Quarter 3 Report (Local Only): July 1, 2026 to September 30, 2026	October 1, 2026 to October 19, 2026
2026 November Pre-General Election Report: October 1, 2026 to October 17, 2026	October 18, 2026 to October 24, 2026
2026 November Post-General Election (Q4) Report: October 18, 2026 to December 31, 2026	January 1, 2027 to January 15, 2027
2026 Quarter 4 Report (Local Only): October 1, 2026 to December 31, 2026	January 1, 2027 to January 19, 2027*
Final Campaign Finance Report Prior to Committee Termination: End of Previous Period through Today's Date	Same Date of Termination

*Reporting deadline was extended to the 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>i.e.</i> ending balance from the previous reporting period)		
(b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)		
(c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)		
(d) = Balance at close of reporting period		
□ Check here if filing <u>no</u> financial activity during the reporting period. <i>Lines (a)-(d) must still</i> following signed certification page need to be filed.	be completed, but only th	is cover page and the

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



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.

Date



SUMMARY OF RECEIPTS (Schedule A):

	Receipts	Cash	Equity
	Monetary Contributions Received		
·	(a) In-State Individuals - More than \$100		
	(b) In-State Individuals - \$100 or Less (Aggregate)		
	(c) Out-of-State Individuals		
	(d) Candidate Committees		
	(e) Political Action Committees		
	(f) Political Parties		
	(g) Partnerships		
	(h) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
	(i) Labor Organizations (PACs & Political Parties Only)		
	(j) Candidate's Personal Monies (Candidate Committees Only)		
	(k) Monetary Contributions Subtotal (add 1(a) through 1(j))		
	(I) Refunds Given Back to Contributors		
	(m) Net Monetary Contributions (subtract 1(I) from 1(k))		
	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))		
•	Rebates and Refunds Received		
•	Interest Accrued on Committee Monies		
•	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))		
•	In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
•	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))		
-	Joint Fundraising / Shared Expense Payments Received		
-	Payments Received for Goods / Services		
0.	Outstanding Accounts Receivable / Debts Owed to Committee		
1.	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
	Miscellaneous Receipts (use cash and/or equity asapplicable)		
-	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 (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))		
1.	Rebates and Refunds Made (Non-Contributions)		
5.	Value of In-Kind Contributions Provided		
	(a) Candidate Committees		
	(b) Political Action Committees		
	(c) Political Parties		
	(d) Partnerships		
	(e) Corporations & Limited Liability Companies (PAC & Political Parties Only)		
	(f) Labor Organizations (PAC & Political Parties Only)		
	(g) Contributions Subtotal (add 5(a) through 5(f))		
6.	Independent Expenditures Made		
7.	Ballot Measure Expenditures Made		
3.	Recall Expenditures Made		
).	Support Provided to Party Nominees (Political Parties Only)		
10.	Joint Fundraising / Shared Expense Payments Made		
11.	Reimbursements Made		
12.	Outstanding Accounts Payable / Debts Owed by Committee		
13.	Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)		
14.	Miscellaneous Disbursements		
15.	Aggregate of Disbursements - \$250 or Less		
16	Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15)		



/	Ind	ividual Contributor Inforr	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			
	Street Address			_		
4						
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			
	OKy	Clarke	2			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
5	City	State	ZIP			
	Occupation	Employer	I			
	Enter total only if last page of (transfer the total received this p	of schedule beriod to "Summary of Rece	ipts," line 1(a))			



STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

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 Co	ntributions from In-State Individuals - \$100 or Less		
-	r if last page of schedule 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.

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



MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

1		ividual Contributor Inforn	Date Contribution Received	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cyc
	Name					
ľ	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			
ľ	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name	l	Date Contribution Received			
	Street Address		1			
5	City	State	ZIP			
	Occupation	Employer	1			
1	Enter total only if last page of (transfer the total received this p	of schedule	rta " line $1(a)$	I		

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	ed			
	Committee Name		1				
	Street Address	het Address					
2	City		State	ZIP			
	Committee ID Number		Date Contribution Received				
	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		<u> </u>				
	Street Address						
5	City		State	ZIP			
	Committee ID Number		Date Contribution Receive	ed			
	Enter total only if (transfer the total re	last page of schedule ceived this period to "Sumi	I mary of Receipts," I	ine 1(d))	1		

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



CITY OF SCOTTSDALE COMMITTEE CAMPAIGN FINANCE REPORT

MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

/	1	n Committee Contributor	Information		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 Rece	eived				
	Committee Name						
	Street Address						
2	City	State	ZIP				
	Committee ID Number	Date Contribution Rec	eived				
	Committee Name						
	Street Address						
3	City	State	ZIP				
	Committee ID Number	Date Contribution Rec	eived				
	Committee Name						
	Street Address						
4	City	State	ZIP				
	Committee ID Number	Date Contribution Rec	eived				
	Committee Name						
	Commutee Name						
	Street Address						
5	City	State	ZIP				
	Committee ID Number	Date Contribution Rec	eived				
	Enter total only if last page of	schedule					
	(transfer the total received this per	riod to "Summary of Receipts	," line 1(e))				

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



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

	Politic	cal Party Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date Contribution F	Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution	Date Contribution Received			
_	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution	Received			
	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	Received			
	Enter total only if last page o (transfer the total received this p	of schedule eriod to "Summarv of Receiu	pts," line 1(f))			



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

	Partners	hip Contributor Info	rmation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Partnership Name						
	Street Address						
1	City	State	ZIP				
	Corporation Commission File Number	Date Contribution	Received				
	Partnership Name						
	Street Address						
2	City	State	ZIP				
	Corporation Commission File Number	Date Contributior	n Received				
	Partnership Name						
	Street Address						
3	City	State	ZIP				
	Corporation Commission File Number	Date Contribution	n Received				
	Partnership Name						
	Street Address						
4	City	State	ZIP				
	Corporation Commission File Number	Date Contribution	Received				
	Partnership Name						
	Street Address						
5	City	State	ZIP				
	Corporation Commission File Number	Date Contribution	n Received				
-	Enter total only if last page of scl (transfer the total received this period	nedule		l			



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						
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	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 Receive	ed	-			
	Corporation/LLC Name						
	Street Address	-					
5	City	State	ZIP	1			
	Corporation Commission File Number	Date Contribution Receive	ed				
	Enter total only if last page of schedule (transfer the total received this period to "Su	<u>н</u>		1			



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

	Labor Organiza	tion Contributor Inform	mation	Ar	mount Received	Amount this Reporting Period	Amount this	
	Labor Organization Name	r Organization Name						
	Street Address				Amount Received Cumulative Amount this Reporting Period Cumulative Amount this Election Cycle - - - - - -			
1 Street Addres 1 City Corporation Street Addres 2 City 2 City 2 City 3 Street Addres 3 City 4 Corporation 4 City 5 Corporation 5 Street Addres 2 City Corporation Street Addres 3 City Corporation City 4 City Corporation City	City	State	ZIP					
	Corporation Commission File Number	Date Contribution Receiv	red					
	Labor Organization Name							
	Street Address							
	City	State	ZIP					
	Corporation Commission File Number	Date Contribution Receiv	ved					
	_abor Organization Name							
3 -	Street Address							
	City	State	ZIP					
	Corporation Commission File Number	Date Contribution Receiv	ved					
	Labor Organization Name							
	Street Address							
ł	City	State	ZIP					
	Corporation Commission File Number	Date Contribution Receiv	ved					
	Labor Organization Name	I						
	Street Address							
5	City	State	ZIP					
	Corporation Commission File Number	Date Contribution Receiv	ved					
	Enter total only if last page of scheo (transfer the total received this period to	dule "Summary of Receipts,"	line 1(i))	I				



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

		Candidate Information	1	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer	I			
	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
3	Street Address					
	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address	Street Address				
5	City	State	ZIP			
	Occupation	Employer		_		
	Enter total only if last pag	e of schedule is period to "Summary of Recei		<u> </u>		

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

		Contributor Informatio	on	Amount Refunded	Cumulative Amount this	Cumulative Amount th
	Name		Date Contribution Refunded		Reporting Period	
	Street Address					
			1			
	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
-	Street Address			_		
	y State Number (if applicable)		ZIP			
	ID Number (if applicable)		Date of Original Contribution	-		
-	Name		Date Contribution Refunded			
-	Street Address			_		
3	City	State	ZIP			
ľ	ID Number (if applicable)		Date of Original Contribution	_		
_	Name		Date Contribution Refunded			
	Street Address			_		
ŀ	City	State	ZIP	-		
-	ID Number (if applicable)		Date of Original Contribution	-		
-	Name		Date Contribution Refunded			
	Street Address			_		
;	City	State	ZIP	-		
ŀ	ID Number (if applicable)		Date of Original Contribution	-		

Schedule A(1)(I), page____ of____



LOANS RECEIVED:

SCHEDULE A(2)(a)

		Lender Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Lender Name	Date Loan Receive	ed			
	Street Address					
1	City	State	ZIP			
	Guarantor/Endorser Name Non-Electoral Purpose? (PACs and Political Parties Only)		nly)			
	Lender Name	Date Loan Receiv	ed			
	Street Address					
2	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purp	ose? (PACs and Political Parties C	nly)		
	Lender Name		ed			
:	Street Address	Address				
3	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purp	ose? (PACs and Political Parties C	nly)		
	Lender Name	Date Loan Receiv	ed			
	Street Address					
4	City	State	ZIP			
	Guarantor/Endorser Name		ose? (PACs and Political Parties C	nly)		
	Lender Name	Date Loan Receiv	ed			
	Street Address					
5	City	State	ZIP			
	Guarantor/Endorser Name	Non-Electoral Purp	ose? (PACs and Political Parties C	nly)		
	Enter total only if last page of s (transfer the total received this perio					

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



FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

/	Lender	Information		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		1			
2	City	State	ZIP	-		
ĺ	Original Amount of Loan	Amount Still Outstanding	1	-		
	Lender Name	Lender Name				
-	Street Address		1	-		
3	City	State	ZIP	-		
ĺ	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	<u> </u>	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 "Sur					

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



REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

	Borrow	ver Information		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cyc
	Borrower Name		Date Repayment Received			
	Street Address					
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	I	-		
	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 schedul (transfer the total received this period to "S					

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



SCHEDULE A(2)(d)

INTEREST ACCRUED ON LOANS MADE:

	Borr	ower Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Borrower Name Street Address		Date Interest Accrued			
1	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstandir	ng			
	Borrower Name		Date Interest Accrued			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstandir	ng			
	Borrower Name		Date Interest Accrued			
	Street Address					
3	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstandir	ng			
	Borrower Name		Date Interest Accrued			
	Street Address					
4	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstandir	ng			
	Borrower Name		Date Interest Accrued			
	Street Address					
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstandir	ng			
	Enter total only if last page of schere (transfer the total received this period to	dule				

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



REBATES AND REFUNDS RECEIVED:

CITY OF SCOTTSDALE COMMITTEE CAMPAIGN FINANCE REPORT

SCHEDULE A(3)

/	Payor	Information		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulat Amount 1 Election C
	Payor Name		Date Rebate/Refund Received			
	Street Address			_		
1	City	State	ZIP	-		
	Original Purchase Amount	Reason for Refund/Reb	ate	-		
	Payor Name		Date Rebate/Refund Received			
2	Street Address			_		
	City	State	ZIP	_		
	Original Purchase Amount	Reason for Refund/Reb	pate	_		
	Payor Name	łayor Name				
	Street Address			_		
3				_		
-	City	State	ZIP	_		
	Original Purchase Amount	Reason for Refund/Reb	pate			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
4	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Reb	pate	-		
	Payor Name		Date Rebate/Refund Received			
	Street Address					
5	City	State	ZIP	-		
	Original Purchase Amount	Reason for Refund/Reb	ate	-		
	Enter total only if last page of schedule (transfer the total received this period to "Su					

Schedule A(3), page____ of ____



INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

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

Schedule A(4), page____ of ____



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

SCHEDULE A(5)(a)

/		Individual Contributor Informa	tion	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			
St	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			-		
5		I		-		
	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last (transfer the total receive	page of schedule d this period to "Summary of Receipts	s," line 5(a))			

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

Schedule A(5), page____ of ____



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 1(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 ____



CITY OF SCOTTSDALE COMMITTEE CAMPAIGN FINANCE REPORT

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

SCHEDULE A(5)(c)

/	Candidate Committee	e Contributor Info	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name Street Address			_		
1	1 City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Received	-		
	Committee Name			_		
2	2 City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Received	_		
	Committee Name	Committee Name				
3	3 Street Address	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution		_		
	Committee Name					
4	Street Address	1		-		
	City Committee ID Number	State Date In-Kind Contribution	ZIP Received	-		
	Committee Name					
	Street Address	Street Address				
5		State	ZIP			
\mid	Committee ID Number Enter total only if last page of schedule (transfer the total received this period to "Sun	Date In-Kind Contribution				
	(transfer the total received this period to "Sun		ine 5(d)) edule A(5)(c), page c			



CITY OF SCOTTSDALE COMMITTEE CAMPAIGN FINANCE REPORT

IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

/	Candidate Committe	ee Contributor Info	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 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	Street Address				
4	City	State	ZIP	-		
	Committee ID Number	Date In-Kind Contribution	Received			
╞	Committee Name					
_	Street Address	Street Address				
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
. 	Enter total only if last page of schedule (transfer the total received this period to "Su)				
	(transfer the total received this period to "Su	mmary of Receipts,"	line 5(d))			

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



CITY OF SCOTTSDALE COMMITTEE CAMPAIGN FINANCE REPORT

IN-KIND CONTRIBUTIONS FROM POLITICAL	ACTION COMMITTEES:
--------------------------------------	--------------------

SCHEDULE A(5)(e)

/		on Committee Contributor	Information	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 Contribut	ion Received				
	Committee Name						
	Street Address						
2	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribu	tion Received				
_	Committee Name						
~	Street Address						
3	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribu	tion Received				
	Committee Name						
ľ	Street Address						
4	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribu	tion Received				
+	Committee Name						
	Street Address						
5	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribu	tion Received				

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

	Politic	cal Party Contributor Infor	mation	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 In-Kind Contrib	ution Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrit	oution Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contrit	oution Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contril	oution Received			
	Committee Name	I				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contril	bution Received			
	Enter total only if last page o (transfer the total received this p	f schedule eriod to "Summary of Receip	ts," line 5(f))			



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

	Partners	nip Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Received			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
-	Corporation Commission File Number	Date In-Kind Cont	ribution Received			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Received			
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Received			
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Received			
┨	Enter total only if last page of sch (transfer the total received this period	nedule				



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

	/						
/		Corporation / LLC C	Contributor Inform	ation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Corporation/LLC Name					
	-	Street Address					
1	1	City	State	ZIP			
	-	Corporation Commission File Number	Date In-Kind Contribution	Received			
		Corporation/LLC Name	<u> </u>				
	-	Street Address					
2	2	City	State	ZIP			
	-	Corporation Commission File Number	Date In-Kind Contribution	Received			
		Corporation/LLC Name					
		Street Address					
3	3	City	State	ZIP			
	-	Corporation Commission File Number	Date In-Kind Contribution	Received			
		Corporation/LLC Name					
	-	Street Address					
4	1	City	State	ZIP			
	-	Corporation Commission File Number	Date In-Kind Contribution	Received			
		Corporation/LLC Name					
	-	Street Address					
5	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 "Sumi	I mary of Receipts," I	ine 5(h))	1		
_						II	



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

	Labor Organiz	zation Contributor I	nformation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Received			
	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ribution Received		_	
_	Labor Organization Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ribution Received			
	Labor Organization Name					
	Street Address					
ŀ	City	State	ZIP			
ĺ	Corporation Commission File Number	Date In-Kind Conti	ribution Received			
	Labor Organization Name	I				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Conti	ribution Received			
	Enter total only if last page of sch (transfer the total received this period t	edule to "Summary of Recei	pts," line 5(i))	I		



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 Cyc
	Name					
	Street Address					
1	City	State	ZIP	-		
·	Asset or Property Contributed	-				
	Name		Date In-Kind Contribution Received			
	Street Address	reet Address				
2	City	State	ZIP			
	Asset or Property Contributed			-		
_	Name		Date In-Kind Contribution Received			
		reet Address				
2						
	City	State	ZIP			
	Asset or Property Contributed					
	Name					
	Street Address					
1	City	State	ZIP	-		
	Asset or Property Contributed					
	Name		Date In-Kind Contribution Received			
	Street Address			-		
;	City	State	ZIP	4		
	Asset or Property Contributed			-		
4	Enter total only if last page of schedule					



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		I			
	Name		Date In-Kind Donation Received			
	Street Address					
2	City	State	ZIP			
	Type of Item Donated	I	-			
	Name		Date In-Kind Donation Received			
	Street Address					
3	City	State	ZIP			
	Type of Item Donated					
	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	1		
	Type of Item Donated	I	1	1		
	Enter total only if last page of scheo (transfer the total received this period to	lule "Summary of Rece	eipts," line 6)			



EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

1		Information		Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Nan		_				
Stre	eet Address					
City	у	State	ZIP			
Serv	vices or Goods Provided on Credit		Date of Extension of Credit	_		
Nan	me		I			
Stre	eet Address		_			
City	y	State	ZIP	_		
Serv	vices or Goods Provided on Credit	Date of Extension of Credit	_			
Nan	me					
Stre	eet Address	_				
City	у	State	ZIP	_		
Serv	vices or Goods Provided on Credit		Date of Extension of Credit	_		
Nan	me					
Stre	eet Address					
City	у	State	ZIP			
Serv	vices or Goods Provided on Credit		Date of Extension of Credit	_		
Nan	me					
Stre	eet Address	-				
City	y	State	ZIP	-		
Serv	vices or Goods Provided on Credit		Date of Extension of Credit	-		
En (tra	nter total only if last page of schedule ansfer the total received this period to "Sumi	mary of Receipts," li	ine 7(a))			
En (tra	ter total only if last page of schedule ansfer the total received this period to "Sumi	mary of Receipts," li	ine 7(a))			



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

Creditor Informati				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	-		
	Enter total only if last page of schedule (transfer the total received this period to "Su]				
_					I I	



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor Committee Information			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 Ex	xpense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	xpense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	xpense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
4	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	xpense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	pense (if applicable)			
_	Enter total only if last page of scheo (transfer the total received this period to	lule				

Schedule A(8), page____ of ____



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

	Payor Information			Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
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					
_	uransier the total received this period to "Sum	mary or Receipts,"	iiiie 9)			



OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

/ Information Amount this Amount th								
1 Street Address 1 Otr State ZP Tape of Account Reservable or Debt Orest Oute that Debt Accound Oute that Debt Accound 2 Tape of Account Reservable or Debt Orest Oute that Debt Accound Image: Count of Count Reservable or Debt Orest 2 Otr State ZP Tape of Account Reservable or Debt Orest Oute that Debt Accound 3 Otr State ZP Tape of Account Reservables or Debt Orest Oute that Debt Accound 3 Otr State ZP Tape of Account Reservables or Debt Orest Oute that Debt Accound 4 Neme State ZP Tape of Account Reservables or Debt Orest Oute that Debt Accound 5 Otr State ZP Tape of Account Reservable or Debt Orest Oute that Debt Accound 4 Neme Tape of Account Reservable or Debt Orest Oute that Debt Accound Image: Count Tape of Account Reservable or Debt Orest Oute that Debt Accound 5 Otr State ZP Tape of Account Reservable or Debt Orest Oute that Debt Accound 6 Otr State ZP Tape of Account Reservable or Debt Orest	/	/	Infor	mation		Amount	Amount this	Cumulative Amount this Election Cycle
1 Cly Serie ZP 1 Type of Account Receivable or Debt Owed Dele that Debt Accound 2 Name Serie ZP 1 Serie ZP Serie Serie 2 Cly Serie ZP Serie 1 Serie ZP Serie Serie 2 Cly Serie ZP Serie 3 Serie Serie Serie Serie 3 Ory Serie ZP Serie 3 Serie Serie Serie Serie 4 Ory Serie ZP Serie 5 Serie Serie Serie Serie 5 Ory Serie Serie Serie 5 Ory Serie Serie Serie 6 Cly Serie Serie Serie 5 Serie Serie Serie Serie Serie 6 Serie Serie Serie Serie Serie 7			Name					
O_{1}^{-1} O_{2}^{-1} <t< td=""><td></td><td></td><td>Street Address</td><td></td><td></td><td>-</td><td></td><td></td></t<>			Street Address			-		
Name Image: State Image:		1	City	State	ZIP			
2 Street Address City State ZP Type of Account Receivable or Dect Owed Date that Dect Accound 3 Nerre 3 State Address City State 7 Provide Address City State 2 City 3 State Address City State 7 Provide Address City State 2 Dete that Dect Accound 1 Dete that Dect Accound 1 State 2 City State ZIP State ZIP State ZIP State ZIP State ZIP State ZIP Type of Account Receivable or Dect Owed Date that Dect Accound Name State ZIP			Type of Account Receivable or Debt Owed	L	Date that Debt Accrued			
2 \overline{Ory} Bate \mathbb{Z}^p Type of Accourt Receivable or Debt Owed Dels that Debt Accoued \mathbb{Z}^p 3 \overline{Ory} State \mathbb{Z}^p <td>ľ</td> <td></td> <td>Name</td> <td></td> <td></td> <td></td> <td></td> <td></td>	ľ		Name					
Ody State Zir Type of Account Receivable or Debt Owed Date that Debt Accrued Street Address 3 City State Type of Account Receivable or Debt Owed Date that Debt Accrued			Street Address			•		
Name Stret Address 3 CRy State 7 ype of Account Receivable or Debt Owed Date that Debt Accrued Mame Stret Address 4 CRy State 7 ype of Account Receivable or Debt Owed Date that Debt Accrued 8 CRy State 9 Name 9 State 10 CRy 11 State 12 State 13 CRy 14 State 15 CRy 17 State 17 State 17 CRy 17 State 17 State 17 State 17 State 18 CRy 19 State 10 State 10 State 10 State 10 State 10 State 10 State 11 State 12 State 13 State 14 State 15 State 17 State 17 State 17 <t< td=""><td>2</td><td>2</td><td>City</td><td>State</td><td>ZIP</td><td>•</td><td></td><td></td></t<>	2	2	City	State	ZIP	•		
3 Street Address City State 2IP Type of Account Receivable or Debt Owed Date that Debt Accrued A Name City State Type of Account Receivable or Debt Owed Date that Debt Accrued Street Address City State Type of Account Receivable or Debt Owed Date that Debt Accrued Image: Street Address City State Street Address City State City State State City			Type of Account Receivable or Debt Owed		Date that Debt Accrued	•		
3 City State ZiP Type of Account Receivable or Debt Owed Date that Debt Accrued Image: City Name Street Address City State City State ZiP Type of Account Receivable or Debt Owed Date that Debt Accrued Image: City State ZiP Type of Account Receivable or Debt Owed Date that Debt Accrued 5 City State ZiP Street Address City State ZiP Type of Account Receivable or Debt Owed Date that Debt Accrued Image: City 5 City State ZiP City State ZiP Type of Account Receivable or Debt Owed Date that Debt Accrued			Name					
City State 2IP Type of Account Receivable or Debt Owed Date that Debt Accrued Name Street Address City State Type of Account Receivable or Debt Owed Date that Debt Accrued Image: Street Address Street Address Type of Account Receivable or Debt Owed Date that Debt Accrued Street Address Street Address Street Address Street Address Street Address Street Address City State ZIP Street Address Street Address State Street Address State City State ZIP Outer that Debt Accrued			Street Address					
Image: Street Address Street Address Image: Street Address Street Address City State Type of Account Receivable or Debt Owed Date that Debt Accrued Image: Street Address Street Address Image: Street Address State	3	3	City	State	ZIP			
4 Street Address City State Type of Account Receivable or Debt Owed Date that Debt Accrued 5 Street Address City State 2 City Street Address City State 2 City Street Address City State ZiP Type of Account Receivable or Debt Owed Date that Debt Accrued			Type of Account Receivable or Debt Owed	I	Date that Debt Accrued			
4 City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued 5 Street Address 6 City State 7 Very of Account Receivable or Debt Owed 6 Date that Debt Accrued 7 Street Address 7 City 7 State 7 Date that Debt Accrued			Name		1			
City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued Name Street Address 5 City State ZIP Other Address Type of Account Receivable or Debt Owed Date that Debt Accrued			Street Address			•		
Name Street Address 5 City Type of Account Receivable or Debt Owed Date that Debt Accrued	4	4	City	State	ZIP	•		
5 Street Address 5 City 7 Type of Account Receivable or Debt Owed 7 Date that Debt Accrued			Type of Account Receivable or Debt Owed		Date that Debt Accrued			
5 City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued	F		Name					
City State ZIP Type of Account Receivable or Debt Owed Date that Debt Accrued			Street Address					
	Ę	5	City	State	ZIP			
Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," line 10)			Type of Account Receivable or Debt Owed		Date that Debt Accrued			
			Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	ine 10)	1		
Schedule A(10), page of						_		



TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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

Schedule A(11), page____ of ____



MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

T		e Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount the Election Cyc
	Name					
	Street Address					
-	City	State	ZIP			
F	Receipt Type		Receipt Date			
	Name					
-	Street Address					
	City	State	ZIP			
1	Receipt Type		Receipt Date			
	Name					
	irreet Address					
-	City	State	ZIP			
1	Receipt Type		Receipt Date			
	Name					
-	Street Address					
	City	State	ZIP			
1	Receipt Type		Receipt Date			
╉	Name					
	Street Address					
		Chata	200			
	City	State	ZIP			
	Receipt Type		Receipt Date			

Schedule A(12), page____ of ____



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/		cipient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cycle
	Name	Disbursement Date				
ľ	Street Address			—		
1	City	State	ZIP			
ľ	Type of Operating Expense Paid	Non-Electoral Purpos	e? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date				
ľ	Street Address			_		
2	City	State	ZIP			
ŀ	Type of Operating Expense Paid	Non-Electoral Purpos	e? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date				
-	Street Address			_		
3	City	State	ZIP	_		
Ē	Type of Operating Expense Paid	Non-Electoral Purpos	e? (PACs and Political Parties Only)	☐ Cash ☐ Credit		
	Name	Disbursement Date				
-	Street Address			_		
4	City	State	ZIP	_		
ŀ	Type of Operating Expense Paid	-	e? (PACs and Political Parties Only)	□ Cash □ Credit		
┥	Name	Disbursement Date				
ŀ	Street Address			_		
5	City	State	ZIP	 □ Cash		
-	Type of Operating Expense Paid	Non-Electoral Purpos	e? (PACs and Political Parties Only)	Credit		

Schedule B(1), page____ of ____

MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

/	Candidate C	ommittee Recipient Inf	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 Mac	le	Credit		
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Ma	de	□ Cash □ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Ma	de	□ Cash □ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Ma	de			
	Committee Name	l				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Ma	de	□ Cash □ Credit		
		hedule				

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

COMMITTEE ID NUMBER



CITY OF SCOTTSDALE COMMITTEE CAMPAIGN FINANCE REPORT

MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

/		tion Committee Recipient	Information	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 Ma	de			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Ma	ide	□ Cash □ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Ma	de	□ Cash □ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Ma	de	□ Cash □ Credit		
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Ma	Ide	□ Cash □ Credit		

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



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Politi	cal Party Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Committee Name Street Address					
-	City	State	ZIP	□ Cash		
-	Committee ID Number	Date Contribution N	lade			
Ì	Committee Name					
-	Street Address					
	City	State	ZIP	□ Cash		
-	Committee ID Number	Date Contribution N	Date Contribution Made			
+	Committee Name					
-	Street Address					
	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution N	Date Contribution Made			
l	Committee Name					
-	Street Address					
-	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution M	Made			
┫	Committee Name	I				
	Street Address					
; -	City	State	State ZIP			
	Committee ID Number	Date Contribution N	Made	□ Cash □ Credit		
	Enter total only if last page of (transfer the total disbursed this p	f schedule beriod to "Summary of Disbu	ursements," line 2(c))			



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	hip Recipient Inform	ation	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 M	ade			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution N	ntribution Made			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution N	lade	□ Cash □ Credit		
	Partnership Name					
	Street Address	Street Address				
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution N	lade	□ Cash □ Credit		
	Partnership Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution N	lade	□ Cash □ Credit		
	Enter total only if last page of sch (transfer the total disbursed this period					



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

	Corporation	/ LLC Recipient Inf	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Corporation/LLC Name					
ľ	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
_	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	□ Cash		
	Corporation Commission File Number	Date Contribution	Made			
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution	Made			
	Corporation/LLC Name					
	Street Address					
	City	State	ZIP	□ Cash		
ľ	Corporation Commission File Number	Date Contribution	Made			
	Enter total only if last page of sch (transfer the total disbursed this period	edule		1		

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MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Orga	nization Recipient Inf	ormation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Labor Organization Name					
-	Street Address					
1	City	State	ZIP	□ Cash		
-	Corporation Commission File Number	Date Contribution M	ade	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution N	lade	□ Cash □ Credit		
	Labor Organization Name					
3	Street Address					
	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution M	lade			
	Labor Organization Name					
Ī	Street Address					
1	City	State	ZIP	□ Cash		
-	Corporation Commission File Number	Date Contribution M	lade			
	Labor Organization Name					
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution N	lade	□ Cash □ Credit		
	Enter total only if last page of sch (transfer the total disbursed this perio	nedule				

Schedule B(2)(f), page____ of ____



SCHEDULE B(2)(h)

/	Cor	tributor Informatio	n	Amount Refunded	Cumulative Amount this Reporting Period	Cumulative 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			_		
	Street Address					
2	City	State	ZIP			
-	Committee ID Number	I	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					
4	City	State	ZIP			
	Committee ID Number		Date of Original Contribution	_		
	Committee Name		Date Refund Received			
	Street Address		I			
5	City	State	ZIP	-		
-	Committee ID Number		Date of Original Contribution			

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



LOANS MADE:

SCHEDULE B(3)(a	i)

	Borrowe	er Information			Amount Loaned	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Borrower Name						
	Street Address						
1	City	State	ZIP				
	Guarantor/Endorser Name	Date Loan Made					
	Borrower Name	prrower Name					
	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						
	Street Address	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 "Su						

Schedule B(3)(a), page____of ____



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

/				A	Cumulative	Cumulativ
	G	Guarantor Information	n	Amount Guaranteed	Amount this Reporting Period	Amount th
	Guarantor Name					
ľ	Street Address					
1	City State		ZIP			
ľ	Borrower Name	Date Loan Guara	nteed			
	Guarantor Name					
-	Street Address					
2	City	State	ZIP			
	Borrower Name Date Loan Guaranteed		anteed			
	Guarantor Name					
-	Street Address					
3	City	State	ZIP			
ľ	Borrower Name	Date Loan Guara	anteed			
	Guarantor Name					
-	Street Address					
1	City	State	ZIP			
	Borrower Name	Date Loan Guara	anteed			
	Guarantor Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Borrower Name	Date Loan Guara	anteed			
_	Enter total only if last page of so (transfer the total received this perio	bodulo				

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



FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

				1	1 1	
/	B	orrower Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cycl
	Borrower Name		Date Forgiveness Made			
	Street Address					
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstand	ding			
	Borrower Name		Date Forgiveness Made			
ŀ	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstand	ding			
	Borrower Name		Date Forgiveness Made			
	Street Address					
3	City	State	ZIP	_		
				_		
	Original Amount of Loan	Amount Still Outstand	ding			
	Borrower Name		Date Forgiveness Made			
	Street Address					
4	City	State	ZIP			
	Driginal Amount of Loan Amount Still Outstandin		ding			
	Borrower Name	1	Date Forgiveness Made			
	Street Address					
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstand	ding	_		
_	Enter total only if last page of sch (transfer the total disbursed this perio					

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



REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

	Lender		Amount Repaid	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc	
:	Lender Name		Date Repayment Made			
	Street Address					
	City	State	ZIP	_		
ŀ	Original Amount Borrowed	Amount Still Outstanding				
+	Lender Name		Date Repayment Made			
-	Street Address					
-	City	State	ZIP			
-	Original Amount Borrowed	Amount Still Outstanding				
1	Lender Name		Date Repayment Made			
-	Street Address					
-	City	State	ZIP			
-	Original Amount Borrowed	Amount Still Outstanding				
	Lender Name		Date Repayment Made			
-	Street Address					
-	City	State	ZIP			
-	Original Amount Borrowed	Amount Still Outstanding				
Ī	Lender Name		Date Repayment Made			
	Street Address		_			
-	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding	<u> </u>	_		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su					

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



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

/		ender Information		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 Outstand	ling			
	Lender Name		Date Interest Accrued			
	Street Address					
2	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstand	ling			
_	Lender Name		Date Interest Accrued			
	Street Address	Street Address				
3	City	State	ZIP			
	City					
	Original Amount Borrowed	Amount Still Outstand	ding			
	Lender Name		Date Interest Accrued			
	Street Address		·			
4	City	State	ZIP			
	Original Amount Borrowed Amount Still Outstanding		ling			
	Lender Name		Date Interest Accrued			
	Street Address	Street Address				
5	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstand	ding			
_	Enter total only if last page of sch (transfer the total disbursed this period	edule				

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

Re	cipient Information		Amount Rebated / Refunded	Cumulative Amount this Reporting Period	Cumulative Amount the Election Cycl
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			
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	_		
Name of Original Payor		Date Rebate/Refund Made			
Street Address					
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					
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			_		
City	State	ZIP			
		1			
	Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Corporation Commission File Number (if applicable) Name of Original Payor Street Address City Name of Original Payor Street Address City Name of Original Payor Street Address City Street Address City Street Address City Corporation Commission File Number (if applicable) Name of Original Payor City Street Address City Name of Original Payor Street Address	Street Address City City Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Street Address City Name of Original Payor Street Address City City City City City City City City	Name of Original Payor Date Rebate/Refund Made Street Address IP City State IP Corporation Commission File Number (if applicable) Original Payment Amount Date of Original Payment Name of Original Payor Date Rebate/Refund Made Street Address City State IP Corporation Commission File Number (if applicable) Original Payment Amount Date of Original Payment City State IP Corporation Commission File Number (if applicable) Original Payment Amount Date of Original Payment Name of Original Payor Date Rebate/Refund Made State Original Payment Name of Original Payor Date Rebate/Refund Made Date of Original Payment Street Address IP IP IP City State IP IP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor City State IP IP Street Address IP IP IP City State IP IP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor Street Address IP IP IP City Sta	Name of Original Payor Date Rebate/Refund Made Street Address ZIP Corporation Commission File Number (if applicable) Original Payment Amount Date of Original Payment 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 City State ZIP State State Corporation Commission File Number (if applicable) Original Payment Amount Date Rebate/Refund Made Street Address State ZIP State State City State ZIP State State State Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor State ZIP Corporation Commission File Number (if applicable) Original Payment Amount Name of Original Payor State ZIP State Address ZIP	Recipient Information Amount Kebale 1/ Reporting Payor Amount Kebale 1/ Reporting Payor Name of Dirginal Payor Date at 00 Field Made Amount Kebale 1/ Reporting Payor Date Address 21P Amount Kebale 1/ Reporting Payor Corporation Commission File Number (Papolead) Date Address Date of Original Payment Direct Address Date of Original Payment Date of Original Payment Corporation Commission File Number (Papolead) Date of Original Payment Amount Kebale 1/ Amount Kebale 1/ Amou

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					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contributio	on Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	on Made			
	Committee Name					
ş	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contributi	on Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	mmittee ID Number Date In-Kind Contribution Made				
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	on Made			
	Enter total only if last page of	schedule eriod to "Summary of Disburse		<u> </u>		

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

IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

/	Political Action	Committee Recipier	t Information	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cycl	
	Committee Name						
	Street Address						
1	City	State	ZIP				
	Committee ID Number	Date In-Kind Contr	bution Made				
	Committee Name						
	Street Address						
2	City						
	Committee ID Number	Date In-Kind Conti	ibution Made		_		
	Committee Name						
	Street Address						
3	City						
	Committee ID Number	Date In-Kind Contr	ibution Made				
	Committee Name						
	Street Address						
4	Cíty	State	ZIP				
	Committee ID Number	Date In-Kind Contr					
_	Committee Name						
5	Street Address						
-	City	State	ZIP				
	Committee ID Number	Date In-Kind Conti	ibution Made				
	Enter total only if last page of scl (transfer the total disbursed this perio	nedule d to "Summary of Disb	ursements," line 5(b))				

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

	Dalitia	al Darty Deciniant Inform	nation	Amount	Cumulative Amount this	Cumulative Amount this
		al Party Recipient Inform	Contributed	Reporting Period	Election Cycle	
	Committee Name					
-	Street Address					
1	City	State	ZIP			
-	Committee ID Number	Date In-Kind Contrib	oution Made			
	Committee Name					
-	Chront Address					
	Street Address					
2	City	State	ZIP			
-	Committee ID Number	Date In-Kind Contril	bution Made			
	Committee Name					
-	Street Address					
3						
-	City	State	ZIP			
	Committee ID Number	Date In-Kind Contril	bution Made			
	Committee Name					
-	Street Address					
4	City	State	ZIP			
-	Committee ID Number	Date In-Kind Contril	bution Made			
	Committee Name					
-	Street Address	Street Address				
5	City	ity State ZIP				
ŀ	Committee ID Number	Date In-Kind Contrit	bution Made			
	Enter total only if last page of (transfer the total disbursed this p	schedule eriod to "Summary of Disbu	rsements." line 5(c))			
						L



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

	Partners	hip Recipient Inforr	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Partnership Name					
1	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Made			
	Partnership Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Made			
-	Partnership Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	ribution Made			
	Partnership Name					
	Street Address					
ŀ	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Made			
	Partnership Name	<u> </u>				
	Street Address					
;	City	State ZIP				
	Corporation Commission File Number	Date In-Kind Con	tribution Made			
	Enter total only if last page of sch (transfer the total disbursed this perio	nedule				



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

	Corporatior	n / LLC Recipient Info	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name					
	Street Address					
1	City State ZIP					
	Corporation Commission File Number	Date In-Kind Contri	bution Made			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Made			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Made			
	Corporation/LLC Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Made			
	Corporation/LLC Name	I				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contr	ibution Made			
	Enter total only if last page of sch (transfer the total disbursed this perio	nedule				

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



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

	Labor Orga	nization Recipient Inf	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Labor Organization Name				1 3	
Ī	Street Address					1
1	City	State	ZIP			l
	Corporation Commission File Number	Date In-Kind Contrib	oution Made			l
	Labor Organization Name					
	Street Address					1
2	City	State	ZIP			1
-	Corporation Commission File Number	Date In-Kind Contril	bution Made			l
	Labor Organization Name					
-	Street Address					l
3	City	State	ZIP			1
	Corporation Commission File Number	Date In-Kind Contril	bution Made			l
	Labor Organization Name					
-	Street Address					1
4	City	State	ZIP			1
-	Corporation Commission File Number	Date In-Kind Contril	bution Made			1
	Labor Organization Name					
	Street Address					1
5	City	State	ZIP			l
	Corporation Commission File Number	Date In-Kind Contril	bution Made			l
	Enter total only if last page of scl (transfer the total disbursed this perio	nedule		I		

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



INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

/	Expenditure	Recipient Informa	tion	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cycl
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
1	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				
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
	City	State	ZIP	_		
2	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	cluding % opposed)	_		
			ciuding to opposed)	□ Cash □ Credit		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year				
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address					
3	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		Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
	City	State	ZIP	-		
ŀ		Candidate(s) Opposed (in	cluding % opposed)	□ Cash		
ŀ	Candidate(s) Supported (including % supported)			□ Credit		

Schedule B(6), page____ of ____



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

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

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RECALL EXPENDITURES MADE:

SCHEDULE B(8)

/	Expenditure	Recipient Informati	on	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
1	City	State	ZIP	-		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Re	called	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		- □ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
2	City	State	ZIP	-		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Re	called	 □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		☐ Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
3	City	State	ZIP	-		
	Supporting or Opposing Issuance of Recall Order?	Candidate Sought to be Re	called	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Office Held		Credit		
	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			-		
4	City	State	ZIP	4		
+		Candidate Sought to be Re	called	_ □ Cash		
-	Supporting or Opposing Issuance of Recall Order?			□ Credit		

Schedule B(8), page____ of ____

COMMITTEE ID NUMBER



CITY OF SCOTTSDALE COMMITTEE CAMPAIGN FINANCE REPORT

SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

Cumulative Cumulative **Benefitted Candidate** Amount Amount this Amount this **Election Cycle** Reporting Period Candidate Name Date Benefit Provided Street Address ZIP City State 1 Type of Benefit Provided Notes: Candidate Name Date Benefit Provided Street Address City State ZIP 2 Type of Benefit Provided Notes: Candidate Name Date Benefit Provided Street Address City State ZIP 3 Type of Benefit Provided Notes: Candidate Name Date Benefit Provided Street Address City State ZIP 4 Type of Benefit Provided Notes: Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 9)

Schedule B(9), page____ of ____

SCHEDULE B(9)



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

/	/	/ Recipient Cor	nmittee Information	1	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 Expense (l if applicable)	□ Cash □ Credit		
		Committee Name		Payment Date			
		Street Address		I			
2	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	3	City	State	ZIP			
	(Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (if applicable)	□ Cash □ Credit		
		Committee Name		Payment Date			
	-	Street Address					
4	•	City	State	ZIP			
	[Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (if applicable)	□ Cash □ Credit		
		Committee Name		Payment Date			
	╞	Street Address		l			
5	5	City	State	ZIP			
	ſ	Date of Joint Fundraising Event (if applicable)	Type of Shared Expense (if applicable)	□ Cash □ Credit		
		Enter total only if last page of schedule	J				
	((transfer the total disbursed this period to "S	ummary of Disbursen	nents," line 10)			

Schedule B(10), page____ of ____



REIMBURSEMENTS MADE:

SCHEDULE B(11)

	Recipie	nt Informatior	1	Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date			
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
3	City	State	ZIP			
	Services or Goods Reimbursed		Reimbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
4		State				
	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	Credit		
	Name					
	Street Address					
5	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed	I	Reimbursement Date			
_	Enter total only if last page of schedule		I	I		

Schedule B(11), page____ of ____



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

/		Debt Information		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					
	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 page of sch	edule				
	(transfer the total received this period	equie o "Summary of Rece	vints " line 12)			

Schedule B(12), page____ of _____



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 A(13), page____ of ____



MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

	Recipient	Information		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Name					
	Street Address					
1	City		ZIP	□ Cash		
	Disbursement Type		Disbursement Date	Credit		
	Name					
	Street Address					
2	City		ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
3	City		ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
	Street Address					
ŀ	City		ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
-	Name		1			
	Street Address					
	City	State	ZIP			
	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sun	nmary of Disburse	ments," line 14)			

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AGGREGATE OF DISBURSEMENTS - \$250 OR LESS:

SCHEDULE B(15)

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