

COMMITTEE INFORMATION (required):

Committee Information:	Committee Name:

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

Office Sought.	County Office:	Special District Office:
~	City/Town Office:	School Board District:

Cumulative Report:

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

REPORTING PERIOD (check one):

REPORTING PERIOD	REPORT DUE
2023 March Pre-Election Report (Local Only): January 1, 2023 to February 25, 2023	February 26, 2023 to March 4, 2023
2023 March Post-Election (Q1) Report (Local Only): February 26, 2023 to March 31, 2023	April 1, 2023 to April 15, 2023
2023 Quarter 1 Report: January 1, 2023 to March 31, 2023	April 1, 2023 to April 17, 2023
2023 May Pre-Election Report (Local Only): April 1, 2023 to April 29, 2023	April 30, 2023 to May 6, 2023
2023 May Post-Election (Q2) Report (Local Only): April 30, 2023 to June 30, 2023	July 1, 2023 to July 15, 2023
2023 Quarter 2 Report: April 1, 2023 to June 30, 2023	July 1, 2023 to July 17, 2023
2023 August Pre-Election Report (Local Only): July 1, 2023 to July 15, 2023	July 16, 2023 to July 22, 2023
2023 August Post-Election (Q3) Report (Local Only): July 16, 2023 to September 30, 2023	October 1, 2023 to October 16, 2023*
2023 Quarter 3 Report: July 1, 2023 to September 30, 2023	October 1, 2023 to October 16, 2023*
2023 November Pre-Election Report (Local Only): October 1, 2023 to October 21, 2023	October 22, 2023 to October 28, 2023
2023 November Post-Election (Q4) Report (Local Only): October 22, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
2023 Quarter 4 Report: October 1, 2023 to December 31, 2023	January 1, 2024 to January 16, 2024*
2024 March Pre-Election Report (Local Only): January 1, 2024 to February 24, 2024	February 25, 2024 to March 2, 2024
2024 March Post-Election (Q1) Report (Local Only): February 25, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
2024 Quarter 1 Report: January 1, 2024 to March 31, 2024	April 1, 2024 to April 15, 2024
2024 May Pre-Election Report (Local Only): April 1, 2024 to May 4, 2024	May 5, 2024 to May 11, 2024
2024 May Post-Election (Q2) Report (Local Only): May 5, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
2024 Quarter 2 Report: April 1, 2024 to June 30, 2024	July 1, 2024 to July 15, 2024
2024 July Pre-Primary Election Report: July 1, 2024 to July 13, 2024	July 14, 2024 to July 20, 2024
2024 July Post-Primary Election (Q3) Report: July 14, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
2024 Quarter 3 Report: July 1, 2024 to September 30, 2024	October 1, 2024 to October 15, 2024
2024 November Pre-General Election Report: October 1, 2024 to October 19, 2024	October 20, 2024 to October 26, 2024
2024 November Post-General Election (Q4) Report: October 20, 2024 to December 31, 2024	January 1, 2025 to January 15, 2025
Final Campaign Finance Report Prior to Committee Termination: End of Previous Period through Today's Date	Same Date of Termination
*Reporting deadline extended to next business day if deadline date is a holiday or Sunday. A.R.S. §§§ 1-24	3(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. Lines (a)-(d) still must be following page need to be filed.	completed, but only this c	over 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. Arizona Secretary of State Revision 9/28/23; League Update 03/25/24 (fillable format)



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

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

Printed Name of Committee Treasurer

Signature of Committee Treasurer

Date



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))		
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))		
	Rebates and Refunds Received		
	Interest Accrued on Committee Monies		
j.	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))		
i.	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))		
3.	Joint Fundraising / Shared Expense Payments Received		
).	Payments Received for Goods / Services		
0.	Outstanding Accounts Receivable / Debts Owed to Committee		
	Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
	Miscellaneous Receipts (use cash and/or equity asapplicable)		
۷.	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)	<u> </u>	



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



/	Inc	dividual Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date Contribution Received			·
	Street Address					
1	City	State	ZIP			
	Occupation	Employer	I			
	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						
4	City	State	ZIP			
	Occupation	Employer	I			
	Name		Date Contribution Received			
	Street Address		-			
5			715	_		
	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page (transfer the total received this	of schedule	ots " line 1(a))	1		



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

SCHEDULE A(1)(b)

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

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

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



MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

Т		idual Contributor Inforn		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Name		Date Contribution Received			
	Street Address			_		
	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					
ŀ	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address	Street Address		-		
;	City	State	ZIP			
	Occupation	Employer				
+	Enter total only if last page of (transfer the total received this pe	schedule				
	(transfer the total received this pe	riod to "Summary of Recei	pts," line 1(c))			

Schedule A(1)(c), page_____ of _____

MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

/	/	Candidate Committee	Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Committee Name					
	-	Street Address					
1	1	City	State	ZIP			
	ĺ	Committee ID Number	Date Contribution Receive	ed			
-		Committee Name					
	-	Street Address					
2	2		[[
		City	State	ZIP			
	ľ	Committee ID Number	Date Contribution Receive	ed			
		Committee Name					
	ŀ	Street Address					
3	3	City	State	ZIP			
	ľ	Committee ID Number	Date Contribution Receive	ed			
		Committee Name					
	-	Street Address					
4	4	City	State	ZIP			
		Committee ID Number	e ID Number Date Contribution Received				
		Committee Name					
	-	Street Address					
5	5	City	State	ZIP			
	ľ	Committee ID Number	Date Contribution Receive	l sd			
\mid		Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receipts " li	ine 1(d))			
L				· //		I	

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



CITY OF SCOTTSDALE COMMITTEE CAMPAIGN FINANCE REPORT

MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

/	1	Committee Contributor I	nformation	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	ived			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Rece	ived			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Rece	sived			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number Date Contribution Received					
	Committee Name	Committee Name				
	Street Address	Street Address				
5	City	State	ZIP			
	Committee ID Number	Date Contribution Rece	l			
	Enter total only if last page of s	chedule				
	(transfer the total received this period	od 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	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	f schedule eriod to "Summary of Receij	ots," line 1(f))	I		



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

	Partners	hip Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Partnership Name			Reporting Period	Election Cycl	
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
	Partnership Name					
	Street Address	Street Address				
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Received			
	Partnership Name					
	Street Address					
3	City	State	ZIP			
ľ	Corporation Commission File Number	Date Contribution	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	Received			
	Enter total only if last page of sch (transfer the total received this period	nedule		I		



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

	Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Corporation/LLC Name					
Street Address		-			
City	State	ZIP	-		
Corporation Commission File Number	Date Contribution Receive	ad	-		
Corporation/LLC Name					
Street Address			-		
City	State	ZIP	-		
Corporation Commission File Number	Date Contribution Receive	ed	-		
Corporation/LLC Name					
Street Address			-		
City	State	ZIP	-		
Corporation Commission File Number	Date Contribution Receive	ed	-		
Corporation/LLC Name					
Street Address					
City	State	ZIP	-		
Corporation Commission File Number	Date Contribution Receive	ed	-		
Corporation/LLC Name					
Street Address			-		
City	State	ZIP	-		
Corporation Commission File Number	Date Contribution Receive	l ed			
Enter total only if last page of schedule	mmary of Receipts," I		1		
	Corporation/LLC Name Street Address City Corporation Commission File Number Corporation/LLC Name Street Address City Corporation/LLC Name Corporation/LLC Name Street Address City Corporation/LLC Name	Corporation/LLC Name Street Address City State Corporation Commission File Number Date Contribution Receive Corporation/LLC Name State Street Address State Corporation/LLC Name State Corporation/LLC Name Date Contribution Receive Corporation/LLC Name Date Contribution Receive Corporation/LLC Name Date Contribution Receive Corporation/LLC Name State Corporation/LLC Name State Corporation/LLC Name Date Contribution Receive Corporation/LLC Name Date Contribution Receive Corporation/LLC Name Date Contribution Receive Corporation/LLC Name State Street Address City Street Address City Corporation/LLC Name Date Contribution Receive Corporation/LLC Name Corporation/LLC Name Street Address City State Corporation	Street Address State ZIP City Date Contribution Received Corporation/LLC Name Corporation/LLC Name State ZIP Corporation/LLC Name Date Contribution Received Corporation/LLC Name Corporation/LLC Name State ZIP Corporation/LLC Name Date Contribution Received Corporation/LLC Name Corporation/LLC Name State ZIP Corporation/LLC Name Date Contribution Received Corporation/LLC Name Street Address State ZIP Corporation/LLC Name Date Contribution Received Corporation/LLC Name Street Address State ZIP Corporation/LLC Name Date Contribution Received Corporation/LLC Name Street Address Corporation Received Corporation Received Corporation/LLC Name Date Contribution Received Corporation Received Street Address State ZIP Corporation/LLC Name Date Contribution Received Corporation Received Street Address Corporation Received Corporation Received Corporation/LLC Name Street ZIP City State ZIP Corporation Commission File Number Date Contribution Received	Cargeration LLC Name State ZIP Chy State ZIP Corporation Commission File Number Date Contribution Received Corporation LLC Name Street Address ZIP Corporation Commission File Number Date Contribution Received Chy State ZIP Corporation Commission File Number Date Contribution Received Corporation LLC Name Chy State ZIP Corporation Commission File Number Date Contribution Received Corporation Commission File Number Date Contribution Received Chy State ZIP Corporation Commission File Number Date Contribution Received Chy State ZIP Chy Date Contribution Received Corporation Commission File Number Chy State ZIP Corporation Commission File Number Date Contribution Received Chy State ZIP Chy State ZIP Corporation LLC Name ZIP Chy Date Contribution Received Chy Dat	Corporation / LLC Contributor Information Amount Receive Reporting Period Orgonation LC Nerre Bate Image: Provide Period Bitel Address Data Contributor Receives Period Corporation LC Nerre Data Contributor Receives Period Drycration LC Nerre Data Contributor Receives Period Drycration LC Nerre Data Contributor Receives Period Drycration Commission File Number Data Contributor Receives Period Corporation Commission File Number Data Contributor Receives Period Drycration LLC Nerre Data Contributor Receives Period Drycration LLC Nerre Data Contributor Receives Period Corporation LLC Nerre Data Contributor Receives Period Drycration LLC Nerre



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

	Labor Organiz	zation Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Labor Organization Name					
	Street Address					
1	City	State	ZIP	_		
	Corporation Commission File Number	-				
	Labor Organization Name					
	Street Address			_		
2	City State ZIP		ZIP	_		
-	Corporation Commission File Number	Date Contribution Receiv	ved	_		
	Labor Organization Name					
	Street Address			_		
3	City	State	ZIP	_		
	Corporation Commission File Number	Date Contribution Receiv	ved	_		
	Labor Organization Name					
	Street Address					
1	City	State	ZIP	_		
	Corporation Commission File Number	Corporation Commission File Number Date Contribution Received				
	Labor Organization Name					
	Street Address			_		
5	City	State	ZIP	_		
	Corporation Commission File Number	Date Contribution Receiv	ved	-		
	Enter total only if last page of sche (transfer the total received this period t	edule o "Summary of Receipts,"	line 1(i))	1		



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

		Candidate Information		Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Name		Date Contribution Received			
	Street Address					
1	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
2	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
s	Street Address					
3	City	State	ZIP			
	Occupation	Employer				
	Name		Date Contribution Received			
	Street Address					
4	City	State	ZIP			
	Occupation	Employer	I	_		
	Name		Date Contribution Received			
	Street Address			—		
5	City	State	ZIP			
	Occupation	Employer				
	Enter total only if last page	e of schedule s period to "Summary of Recei				

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



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

/	Ć	Contributor Informatic	n	Amount Refunded	Cumulative Amount this	Cumulative Amount th
	Name		Date Contribution Refunded		Reporting Period	
-	Street Address					
		0+++-	7/0			
	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
ľ	Street Address					
2	City	State	ZIP			
-	ID Number (if applicable)		Date of Original Contribution			
+	Name		Date Contribution Refunded			
S	Street Address	Street Address				
3	City	State	ZIP			
	ID Number (if applicable)		Date of Original Contribution			
	Name		Date Contribution Refunded			
	Street Address					
ŀ	City State		ZIP			
-	ID Number (if applicable)	ID Number (if applicable)				
	Name	Name				
	Street Address			-		
	City	State	ZIP	-		
ŀ	ID Number (if applicable)		Date of Original Contribution			
				1	1	

Schedule A(1)(I), page____ of____



LOANS RECEIVED:

SCHEDULE A(2)(a)

		Lender Information		Amount Receive		Cumulative Amount this
	Lender Name	Date Loan Received			Reporting Period	Election Cyc
	Street Address					
						1
1	City	State	ZIP			l
	Guarantor/Endorser Name		ose? (PACs and Political Parties	Only)		l
	Lender Name	Date Loan Receiv	rad			
	Lender Name	Date Loan Receiv	ea			1
	Street Address					
2	City	State	ZIP			l
	Guarantor/Endorser Name		ose? (PACs and Political Parties	Only)		l
	Lender Name	Date Loan Receiv	ved			
	Street Address					l
3 c	City	State	ZIP			l
						l
	Guarantor/Endorser Name	Non-Electoral Purp	ose? (PACs and Political Parties	Only)		l
	Lender Name	Date Loan Receiv	red			
	Street Address					l
4	City	State	ZIP			l
	Guarantor/Endorser Name	Non-Electoral Purp	ose? (PACs and Political Parties	Only)		l
	Lender Name	Date Loan Receiv	ved			
	Street Address					l
5	City	State	ZIP			l
	Guarantor/Endorser Name		ose? (PACs and Political Parties	Only)		l
			ots," line 2(a))			

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



FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

/		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	I	-		
	Lender Name		Date Forgiveness Received			
-	Street Address			_		
2	City State ZIP Original Amount of Loan Amount Still Outstanding		ZIP	-		
-				-		
	Lender Name		Date Forgiveness Received			
4	Street Address			_		
3		1	1	_		
	City	State	ZIP	_		
	Original Amount of Loan	Amount Still Outstanding				
	Lender Name		Date Forgiveness Received			
	Street Address		l	_		
4	City	State	ZIP	-		
-	Original Amount of Loan Amount Still Outstanding			_		
	Lender Name		Date Forgiveness Received			
	Street Address			-		
5	City	State	ZIP	_		
	Original Amount of Loan	Amount Still Outstanding		-		

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



REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

	Borrowe	er 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		_		
	Borrower Name		Date Repayment Received			
2	Street Address			_		
	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		-		
	Borrower Name		Date Repayment Received			
	Street Address			_		
;	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding		-		
_	Borrower Name		Date Repayment Received			
	Street Address			_		
				_		
	City	State	ZIP	_		
	Original Amount Borrowed	Amount Still Outstanding				
	Borrower Name		Date Repayment Received			
	Street Address					
;	City	State	ZIP			
	Original Amount Borrowed	Amount Still Outstanding				
	Enter total only if last page of schedule (transfer the total received this period to "Sur	1		1		

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



SCHEDULE A(2)(d)

INTEREST ACCRUED ON LOANS MADE:

/	Borro	ower Information		Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Borrower Name		Date Interest Accrued			
-	Street Address					
1	City	State	ZIP			
-	Original Amount Borrowed	Amount Still Outstand	ing			
	Borrower Name		Date Interest Accrued			
-	Street Address					
2	City	State	ZIP			
-	Original Amount Borrowed	Amount Still Outstand	ing			
	Borrower Name		Date Interest Accrued			
-	Street Address					
3	City	State	ZIP			
-	Original Amount Borrowed	Amount Still Outstand	ing			
_	Borrower Name		Date Interest Accrued			
-	Street Address					
4	City	State	ZIP			
-	Original Amount Borrowed	Amount Still Outstand	ing			
	Borrower Name		Date Interest Accrued			
-	Street Address			—		
5	City	State	ZIP			
-	Original Amount Borrowed	Amount Still Outstand	ing			
	Enter total only if last page of sched					

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



REBATES AND REFUNDS RECEIVED:

SCHEDULE A(3)

/		nformation		Amount Rebated or Refunded	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Payor Name	Date Rebate/Refund Received				
	Street Address					
1	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	3			
	Payor Name		Date Rebate/Refund Received			
	Street Address		I			
2	City	State	ZIP			
	Original Purchase Amount Reason for Refund/Rebate		9			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
3	City	State	ZIP			
	Original Purchase Amount Reason for Refund/Rebat		9			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
4	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	9			
	Payor Name		Date Rebate/Refund Received			
	Street Address					
5	City	State	ZIP			
	Original Purchase Amount	Reason for Refund/Rebate	9			
	Enter total only if last page of schedule					
	(transfer the total received this period to "Sum	mary of Receipts," I	ine 3)			



INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
ccount 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 Informat	ion	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	-		
			ZIF			
	Occupation	Employer				
	Name	·	Date In-Kind Contribution Received			
	Street Address		1	-		
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		Т		_		
	City	State	ZIP			
	Occupation	Employer				

*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	Contributor Infor	rmation	Amount Received	Cumulative Amount this	Cumulative Amount this
		Committee Name			-	Reporting Period	Election Cycle
1		Street Address		-			
		City	State	ZIP			
		Committee ID Number	Date In-Kind Contribution	Received			
		Committee Name					
		Street Address					
2	2	City	State	ZIP			
	Ē	Committee ID Number	Date In-Kind Contribution	Received	-		
		Committee Name					
	Ī	Street Address					
3	3	City	State	ZIP	-		
		Committee ID Number	Date In-Kind Contribution	Received	-		
		Committee Name					
	ľ	Street Address			-		
4	1	City	State	ZIP	-		
	ľ	Committee ID Number	Date In-Kind Contribution	Received	-		
		Committee Name					
	Ī	Street Address			-		
5	5	City	State	ZIP	-		
1		Committee ID Number	Date In-Kind Contribution	Received	-		
		Enter total only if last page of schedule (transfer the total received this period to "Sumi	mary of Receipts," I	ine 5(d))	<u> </u>		
			Sche	edule A(5)(c), pageo			



CITY OF SCOTTSDALE COMMITTEE CAMPAIGN FINANCE REPORT

IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

/	Candidate Committee	e Contributor Infor	mation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Received			
	Committee Name	1				
	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 "Sun	I mary of Receipts " I	ine 5(d))	l		
	Ľ '	,			I	

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



CITY OF SCOTTSDALE COMMITTEE CAMPAIGN FINANCE REPORT

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

SCHEDULE A(5)(e)

/	ſ	on Committee Contributor	Information	Amoun	t 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						
4	Street Address						
4	City	State	ZIP				
	Committee ID Number Date In-Kind Contribution Received						
	Committee Name						
	Street Address						
5	City	State	ZIP				
	Committee ID Number	Date In-Kind Contribu	tion Received				
_	Enter total only if last page of (transfer the total received this pe	fschedule					

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



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

	Politic	cal Party Contributor Info	ormation	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 Cont	ribution Received			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Con	tribution Received			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Con	tribution Received			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Con	tribution Received			
	Committee Name	I				
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Con	tribution Received			
	Enter total only if last page c (transfer the total received this p	I of schedule eriod to "Summary of Rece	ipts," line 5(f))	I		



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 Cyc
	Partnership Name					
-	Street Address					
-	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Conti	ibution Received			
I	Partnership Name					
ľ	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Received	leceived		
I	Partnership Name					
;	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Received			
I	Partnership Name					
	Street Address					
	City	State	ZIP			
-	Corporation Commission File Number	Date In-Kind Cont	ribution Received			
I	Partnership Name					
	Street Address					
	City	State	ZIP			
ŀ	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)

/	r	C Contributor Inform	nation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Corporation/LLC Name Street Address		-			
1	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name			-		
3	Street Address City	ZIP	-			
	Corporation Commission File Number	State Date In-Kind Contribution		-		
	Corporation/LLC Name					
	Street Address			-		
4	City	State	ZIP	-		
	Corporation Commission File Number	Date In-Kind Contribution	Received			
	Corporation/LLC Name					
5	Street Address		T	-		
5	City	State	ZIP			
	Corporation Commission File Number Enter total only if last page of schedul	Date In-Kind Contribution	I NECEIVED			
	(transfer the total received this period to "S	ummary of Receipts,"	line 5(h))			



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

	Labor Organ	ization Contributor I	nformation	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Labor Organization Name			Reporting Period	Election Cyc	
-	Street Address					
-	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Received			
I	Labor Organization Name					
-	Street Address					
l	City	State	ZIP			
-	Corporation Commission File Number	Date In-Kind Con	tribution Received			
l	Labor Organization Name					
-	Street Address					
	City	State	ZIP			
l	Corporation Commission File Number	Date In-Kind Con	tribution Received			
	Labor Organization Name					
l	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Received			
I	Labor Organization Name					
ľ	Street Address					
	City	State	ZIP			
ŀ	Corporation Commission File Number	Date In-Kind Con	tribution Received			
	Enter total only if last page of sch (transfer the total received this period	nedule				

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



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

SCHEDULE A(5)(j)

	Candio	late Informatior	1	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Name					
ĺ	Street Address					
1	City	State	ZIP	-		
	Asset or Property Contributed		-			
	Name		Date In-Kind Contribution Received			
	Street Address		_			
2	City	State	ZIP	-		
	Asset or Property Contributed			-		
	Name	Date In-Kind Contribution Received				
		treet Address				
3	Street Address					
3	City	State	ZIP			
	Asset or Property Contributed					
	Name					
ĺ	Street Address			-		
4	City	State	ZIP	-		
	Asset or Property Contributed			-		
	Name		Date In-Kind Contribution Received			
	Street Address			-		
5	City	State	ZIP	-		
	Asset or Property Contributed			-		
_	Enter total only if last page of schedu	le				



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

SCHEDULE A(6)

		urce Information	T	Amount Received	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name		Date In-Kind Donation Received			
	Street Address					
1	City	State	ZIP			
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
Ī	Street Address			-		
2	City	State	ZIP	-		
	Type of Item Donated					
	Name		Date In-Kind Donation Received			
-	Street Address			_		
3	City	State	ZIP	_		
Ē	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	_		
	Type of Item Donated		_			
	Enter total only if last page of sche (transfer the total received this period to		sints " line 6)			

Arizona Secretary of State Revision 9/28/23



EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

		reditor Information		Amount of Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address					
2	City	State	ZIP			
	Services or Goods Provided on Credit	I	Date of Extension of Credit			
	Name					
-	Street Address					
3	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address					
4	City	State	ZIP			
	Services or Goods Provided on Credit		Date of Extension of Credit			
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Provided on Credit	I	Date of Extension of Credit			
	Enter total only if last page of sch (transfer the total received this period	edule	sints " line 7(a))			
			, ,		<u> </u>	



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

	Creditor Information			Payment Amount on Credit Extended	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Name					
	Street Address					
1	City	State	ZIP	-		
	Services or Goods Originally Provided on Credit	Date of Original Extension of Credit	-			
	Name					
	Street Address	-				
2	City	State	ZIP	_		
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit	_		
	Name					
	Street Address			-		
3	City	State	ZIP	-		
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit			
	Name					
	Street Address	_				
4	City	State	ZIP			
	Services or Goods Originally Provided on Credit		Date of Original Extension of Credit	-		
_	Name					
	Street Address					
5	City	State	ZIP	-		
	Services or Goods Originally Provided on Credit	1	Date of Original Extension of Credit	-		
_	Enter total only if last page of schedule (transfer the total received this period to "Sur					



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

	Payor C	ommittee Informa	ition	Payment Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name		Payment Date			
	Street Address	I				
1	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	kpense (if applicable)			
	Committee Name		Payment Date			
ľ	Street Address					
2	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	kpense (if applicable)			
	Committee Name		Payment Date			
	Street Address					
3	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared Ex	kpense (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	kpense (if applicable)			
_	Enter total only if last page of sche (transfer the total received this period to	dulo				

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)

/	/	Infor	mation		Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
		Name					
		Street Address					
	1	City	State	ZIP			
		Type of Account Receivable or Debt Owed		Date that Debt Accrued			
		Name					
		Street Address					
2	2	City	State	ZIP			
		Type of Account Receivable or Debt Owed	L	Date that Debt Accrued			
		Name					
		Street Address					
:	3	City	State	ZIP			
		Type of Account Receivable or Debt Owed		Date that Debt Accrued			
F		Name		I			
		Street Address					
4	4	City	State	ZIP			
		Type of Account Receivable or Debt Owed	I	Date that Debt Accrued			
		Name		I			
		Street Address					
į	5	City	State	ZIP			
		Type of Account Receivable or Debt Owed	<u> </u>	Date that Debt Accrued			
┢		Enter total only if last page of schedule (transfer the total received this period to "Sum	mary of Receipts," I	I ine 10)	1		
						L	/
			So	chedule A(10), page c	of		



TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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

Schedule A(11), page____ of ____



MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

		nformation		Amount	Cumulative Amount this Reporting Period	Cumulativ Amount t Election Cy
	Name					
	Street Address					
	City	State	ZIP	_		
F	Receipt Type		Receipt Date	_		
Ì	Name					
ŀ	Street Address			_		
	City	State	ZIP	_		
F	Receipt Type		Receipt Date	_		
+	Name					
-	Street Address			_		
-	City	State	ZIP			
F	Receipt Type		Receipt Date	_		
	Name					
-	Street Address			_		
	City	State	ZIP	_		
_	Receipt Type		Receipt Date	_		
	Name					
				_		
	Street Address		1			
	City	State	ZIP			
F	Receipt Type		Receipt Date			

Schedule A(12), page____ of ____



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

/	Re	ecipient Information		Amount Paid	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cycl
	Name	Disbursement Date				
	Street Address			_		
1	City	State	ZIP			
	Type of Operating Expense Paid	Non-Electoral Purpos	e? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date				
	Street Address			_		
2	City	State	ZIP	_		
	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	_		
	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	_		
	Type of Operating Expense Paid		e? (PACs and Political Parties Only)	□ Cash □ Credit		
	Name	Disbursement Date				
	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)

	ommittee ID Number ommittee Name reet Address	e Recipient Inforr	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	reet Address ty committee ID Number committee Name reet Address ty	Date Contribution Made	ZIP			
	ty ommittee ID Number ommittee Name reet Address	Date Contribution Made	ZIP			
	ommittee ID Number ommittee Name reet Address	Date Contribution Made	ZIP			
C (ommittee Name reet Address ty					
2 St	reet Address ty	State				
2	ty	State				
2 _{ci}		State				
		1	ZIP	_		
C	ommittee ID Number	Date Contribution Made		□ Cash □ Credit		
Ce	ommittee Name					
St	reet Address			_		
3 _{ci}	ty	State	ZIP	_		
C	ommittee ID Number	Date Contribution Made		□ Cash □ Credit		
0						
	mmiltee Name					l
	reet Address					
4 _{ci}	ty	State	ZIP	□ Cash		
C	ommittee ID Number	Date Contribution Made	I			
C	ommittee Name	1				
St	reet Address			_		
5 _{ci}	ty	State	ZIP			
Ce	ommittee ID Number	Date Contribution Made		□ Cash □ Credit		
E	nter total only if last page of schedule ansfer the total disbursed this period to "Sur					

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

COMMITTEE ID NUMBER



CITY OF SCOTTSDALE COMMITTEE CAMPAIGN FINANCE REPORT

SCHEDULE B(2)(b)

		tion Committee Recipient I	nformation	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 Mad	9			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date Contribution Mad	e	□ Cash □ Credit		
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date Contribution Mac	e	□ Cash □ Credit		
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date Contribution Mac	e	□ Cash □ Credit		
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date Contribution Mac	le	□ Cash □ Credit		

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



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

	Politica	I Party Recipient Infor	mation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Committee Name Street Address					
·	City	State	ZIP	□ Cash		
ĺ	Committee ID Number	Date Contribution N	Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
-	mmittee ID Number Date Contribution Made		□ Cash □ Credit			
-	Committee Name					
	Street Address					
	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution Made				
	Committee Name					
ľ	Street Address					
	City	State	ZIP	□ Cash		
	Committee ID Number	Date Contribution	Made			
	Committee Name					
	Street Address					
	City	State ZIP				
	Committee ID Number	Date Contribution	Made	□ Cash □ Credit		
┥	Enter total only if last page of s (transfer the total disbursed this pe			1		



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

	Partners	ship Recipient Inforr	nation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Partnership Name					
	Street Address					
1	City	State	ZIP	□ Cash		l
	Corporation Commission File Number	Date Contribution	Made			
	Partnership Name					
2	Street Address					l
2	City	State	ZIP			1
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Partnership Name					
	Street Address					l
3	City	State	ZIP			l
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		l
	Partnership Name					
	Street Address			l		
4	City	State	ZIP			l
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		l
	Partnership Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		l
	Enter total only if last page of scl (transfer the total disbursed this perio	nedule				



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					
	Street Address					
	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					
ľ	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date Contribution	Made	□ Cash □ Credit		
	Corporation/LLC Name					
	Street Address					
	City	State	ZIP	□ Cash		
ļ	Corporation Commission File Number	Date Contribution	Made			
	Enter total only if last page of sch (transfer the total disbursed this period	edule		1		

Arizona Secretary of State Revision 9/28/23



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

	Labor Orga	nization Recipient In	ormation	Amount Contributor	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Labor Organization Name					
	Street Address					
1	City	State	ZIP	□ Cash		
	Corporation Commission File Number	Date Contribution N	lade			
	Labor Organization Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date Contribution I	Nade	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date Contribution N	/lade	□ Cash □ Credit		
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
	Corporation Commission File Number	Date Contribution M	Nade	□ Cash □ Credit		
	Labor Organization Name	I				
	Street Address					
5	City	State	ZIP			
	Corporation Commission File Number	Date Contribution N	<i>l</i> lade	□ Cash □ Credit		
	Enter total only if last page of sch (transfer the total disbursed this perio	nedule				

Arizona Secretary of State Revision 9/28/23

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



CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

	Cor	ntributor Informatic	n	Amount Refunded	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cyc
	Committee Name		Date Refund Received			
	Street Address					
1	City	State	ZIP			
ľ	Committee ID Number	1	Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address		I			
2	City	State	ZIP			
-	Committee ID Number		Date of Original Contribution			
_	Committee Name		Date Refund Received			
ŀ	Street Address			_		
3	City	State	ZIP			
-	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address					
ŀ	City	State	ZIP			
ľ	Committee ID Number		Date of Original Contribution			
	Committee Name		Date Refund Received			
	Street Address		I	_		
;	City	State	ZIP			
ŀ	Committee ID Number		Date of Original Contribution	_		
1						

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



LOANS MADE:

S	CHEDU	LE B	(3)(a)

/	Вог	rower Information		Amount Loar	ned Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc
	Borrower Name					
	Street Address					
	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
~,	Street Address					
	City	State	ZIP			
	uarantor/Endorser Name Date Loan Made					
	Borrower Name					
	Street Address					
	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				
	Borrower Name					
	Street Address					
	City	State	ZIP			
	Guarantor/Endorser Name	Date Loan Made				

Schedule B(3)(a), page____of



LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

/		Guarantor Informatior	1	Amount Guaranteed	Cumulative Amount this	Cumulative Amount this
	Guarantor Name				Reporting Period	Election Cycl
	Street Address					
1						
1	City	State	ZIP			
	Borrower Name	Date Loan Guara	nteed			
	Guarantor Name					
	Street Address					
2	City	State	ZIP			
	Borrower Name	Date Loan Guara	nteed			
	Querentes Name					
	Guarantor Name					
	Street Address					
3	City	State	ZIP			
	Borrower Name	Date Loan Guara	nteed			
	Guarantor Name					
	Street Address					
4	City	State	ZIP			
	Borrower Name	Date Loan Guara	nteed			
	Guarantor Name					
	Street Address	Street Address				
5	City	State	ZIP			
	Borrower Name	Date Loan Guara	nteea			

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



FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

/	1	orrower Information		Amount Forgiven	Cumulative Amount this Reporting Period	Cumulative Amount thi Election Cycl
	Borrower Name		Date Forgiveness Made			
	Street Address		i			
1	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstar	nding			
	Borrower Name		Date Forgiveness Made			
	Street Address					
2	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstar	nding			
	Borrower Name		Date Forgiveness Made			
	Street Address					
3	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstar	nding			
	Borrower Name		Date Forgiveness Made			
	Street Address					
4	City	State	ZIP			
	Original Amount of Loan	Driginal Amount of Loan Amount Still Outstanding				
	Borrower Name	I	Date Forgiveness Made			
	Street Address		I			
5	City	State	ZIP			
	Original Amount of Loan	Amount Still Outstar	nding			
	Enter total only if last page of sc					

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				
+	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			
ŀ	Original Amount Borrowed	Amount Still Outstanding	<u> </u>	_		
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su					

-Arizona Secretary of State Revision 9/28/23

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



ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

L ander Name reet Address ity riginal Amount Borrowed ander Name reet Address ity riginal Amount Borrowed ity	ender Information State Amount Still Outstandi	ZIP Date Interest Accrued ZIP Date Interest Accrued	Amount of Interest Accrued	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Ireet Address Ity riginal Amount Borrowed ander Name Ireet Address Ity	Amount Still Outstandi	ZIP ing Date Interest Accrued			
ity riginal Amount Borrowed ender Name treet Address	Amount Still Outstandi	Date Interest Accrued			
riginal Amount Borrowed ander Name treet Address	Amount Still Outstandi	Date Interest Accrued			
ender Name treet Address	State	Date Interest Accrued			
ireet Address ity					
ity		ZIP			
		ZIP			
riginal Amount Borrowed	Amount CAIL Out A sur				
	Amount Still Outstand	ing			
ender Name		Date Interest Accrued			
treet Address					
ity	State	ZIP			
riginal Amount Borrowed	Amount Still Outstandi	ing			
ender Name		Date Interest Accrued			
roet Address					
ity	State	ZIP			
Original Amount Borrowed Amount Still Outstanding					
ender Name	·	Date Interest Accrued			
Street Address					
ity	State	ZIP			
riginal Amount Borrowed	Amount Still Outstand	ing			
tr it it it it it	reet Address y iginal Amount Borrowed nder Name reet Address iy iginal Amount Borrowed nder Name reet Address iy iginal Amount Borrowed iginal Amount Borrowed iginal Amount Borrowed	reet Address y State iginal Amount Borrowed Amount Still Outstand inder Name reet Address y State iginal Amount Borrowed Amount Still Outstand inder Name reet Address ty State iginal Amount Borrowed Amount Still Outstand inder Name reet Address ty State iginal Amount Borrowed Amount Still Outstand	reet Address y y liginal Amount Borrowed Amount Still Outstanding nder Name Teet Address y liginal Amount Borrowed Amount Still Outstanding reet Address y liginal Amount Borrowed Amount Still Outstanding nder Name Date Interest Accrued Inder Name Inder	reet Address y State ZIP iginal Amount Borrowed Amount Still Outstanding nder Name Date Interest Accrued y State ZIP iginal Amount Borrowed Amount Still Outstanding reet Address gate Interest Accrued y State ZIP iginal Amount Borrowed Amount Still Outstanding nder Name Date Interest Accrued reet Address JIP iginal Amount Borrowed Amount Still Outstanding reet Address JIP iginal Amount Borrowed Amount Still Outstanding iginal Amount Borrowed State ZIP iginal Amount Borrowed Amount Still Outstanding iginal Amount Borrowed Amount Still Outstanding	reet Address y State ZIP iginal Amount Borrowed Amount Still Outstanding reet Address Date Interest Accrued y State ZIP reet Address ZIP iginal Amount Borrowed Amount Still Outstanding reet Address ZIP iginal Amount Borrowed Anount Still Outstanding reet Address ZIP iginal Amount Borrowed Anount Still Outstanding reet Address ZIP iginal Amount Borrowed Anount Still Outstanding reet Address ZIP iginal Amount Borrowed Anount Still Outstanding reet Address ZIP iginal Amount Borrowed State y State iginal Amount Borrowed ZIP

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



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

/	Red	cipient Information		Amount Rebated / Refunded	Cumulative Amount this	Cumulative Amount th
T	Name of Original Payor	- -	Date Rebate/Refund Made	Reluiided	Reporting Period	Election Cyc
-	Street Address					
-	City	State	ZIP			
-	Corporation Commission File Number (if applicable)	Original Payment Amount	Date of Original Payment	_		
Ì	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	Name of Original Payor				
	Street Address					
	City	State	ZIP			
ŀ	Corporation Commission File Number (if applicable)	Original Payment Amount	Name of Original Payor			
+	Enter total only if last page of sche	1				

Schedule B(4), page____ of ____



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

/		e 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 Contributi	on Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number Date In-Kind Contribution Made					
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribut	on Made			
	Committee Name					
	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribut	on Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribut	on Made			
	Enter total only if last page of (transfer the total disbursed this p	schedule	$p_{1} = F(q)$			

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

IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

/	Political Action Comm	ittee Recipient Inf	ormation	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
2	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
3	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
4	Street Address					
4	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Committee Name					
	Street Address					
5	City	State	ZIP			
	Committee ID Number	Date In-Kind Contribution	Made			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Su	mmony of Diskur	nente "line 5/h)			
		inimary of Dispurser	nents, line o(b))			

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



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

	Politic	cal Party Recipient Inforr	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cyc	
	Committee Name					
	Street Address					
1	City	State	ZIP			
	Committee ID Number	Date In-Kind Contril	bution Made			
	Committee Name					
ŀ	Street Address					
2	City	State	ZIP			
Ē	Committee ID Number Date In-Kind Contribution Made					
	Committee Name					
ľ	Street Address					
3	City	State	ZIP			
-	Committee ID Number Date In-Kind Contribution Made					
	Committee Name					
-	Street Address					
ŀ	City	State	ZIP			
-	Committee ID Number	Date In-Kind Contri	ibution Made			
┥	Committee Name	I				
	Street Address					
5	City	State ZIP				
ľ	Committee ID Number	Date In-Kind Contri	ibution Made			
+	Enter total only if last page of (transfer the total disbursed this p	fschedule		I		



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

	Partners	ship Recipient Inform	Amount Contributed	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle	
	Partnership Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	tribution 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	tribution Made			
_	Partnership Name					
	Street Address					
1	City	State	ZIP			
-	Corporation Commission File Number	Date In-Kind Con	tribution Made			
	Partnership Name					
-	Street Address	Street Address				
5	City	ty State ZIP				
ŀ	Corporation Commission File Number	Date In-Kind Con	tribution Made			
	Enter total only if last page of scl (transfer the total disbursed this perio	nedule				



IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

	Corporation	n / LLC Recipient In	formation	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 In-Kind Cont	ribution Made			
	Corporation/LLC Name					
	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Made			
	Corporation/LLC Name					
	Street Address					
3	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Made			
	Corporation/LLC Name					
	Street Address					
1	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Con	tribution Made			
	Corporation/LLC Name					
	Street Address					
5	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				 [

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



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

	Labor Organ	nization Recipient Ir	formation	Amount Contributed	Cumulative Amount this	Cumulative Amount this
	Labor Organization Name		Contributed	Reporting Period	Election Cycl	
-	Street Address					
1	City	State	ZIP			
-	Corporation Commission File Number	Date In-Kind Cont	ibution Made			
	Labor Organization Name					
F	Street Address					
2	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont	ribution Made			
	Labor Organization Name					
3	Street Address					
	City	State	ZIP			
	Corporation Commission File Number	Date In-Kind Cont				
	Labor Organization Name					
	Street Address					
4	City	State	ZIP			
-	Corporation Commission File Number	Date In-Kind Cont	ribution Made			
	Labor Organization Name	I				
ŀ	Street Address					
5	City	State	ZIP			
ŀ	Corporation Commission File Number	Date In-Kind Cont	ribution Made			
+	Enter total only if last page of sch (transfer the total disbursed this perio	nedule				

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



INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

Т	-	Recipient Informa	Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount th Election Cyc	
	Recipient Name	Mode of Advertising (TV, mail, etc)	_			
		1				
	City	State	ZIP			
-	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (in	ncluding % opposed)	_ □ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		– □ Credit		
İ	Recipient Name		Mode of Advertising (TV, mail, etc)			
	Street Address			_		
	City	State	ZIP	-		
	Candidate(s) Supported (including % supported) Candidate(s) Opposed (inc		ncluding % opposed)	□ Cash		
ŀ	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	-		
	Candidate(s) Supported (including % supported)	Candidate(s) Opposed (ir	ncluding % opposed)	□ Cash		
	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year		Credit		
ł	Recipient Name	1	Mode of Advertising (TV, mail, etc)			
	Street Address			1		
	City	State	ZIP	1		
	Candidate(s) Supported (including % supported) Candidate(s) Opposed (inc		ncluding % opposed)	□ Cash		
ŀ	Date of First Publication, Display, Delivery, or Broadcast	Election Month/Year	Office Sought	Credit		
ł	Enter total only if last page of schedul	1	1	1		

Schedule B(6), page____ of ____



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

/				1	1 1	
	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			-		
Ī	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			-		
ŀ	City	State	ZIP	-		
	Ballot Measure(s) Supported (including % supported) Ballot Measure(s) Opported		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			_		
ŀ	City	State	ZIP	-		
	Ballot Measure(s) Supported (including % supported)	Ballot Measure(s) Opposed	d (including % opposed)	_ □ Cash		
ŀ	Date of First Publication, Display, Delivery, or Broadcast Election Month/Year			Credit		
I	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		
ļ						

Schedule B(7), page____ of ____



RECALL EXPENDITURES MADE:

SCHEDULE B(8)

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

		Committee Infor		Payment Amount	Amount this Reporting Period	Cumulative Amount this Election Cycle
_	Committee Name		Payment Date			
	Street Address					
1	City	State	ZIP	□ Cash		
1	Date of Joint Fundraising Event (if applicable)	Type of Shared B	Expense (if applicable)	Credit		
	Committee Name		Payment Date			
-	Street Address		I			
2	City	State	ZIP	□ Cash		
1	Date of Joint Fundraising Event (if applicable) Type of Shared Expense		Expense (if applicable)			
	Committee Name	Payment Date				
-	Street Address					
3	City	State	ZIP			
1	Date of Joint Fundraising Event (if applicable)	Type of Shared B	Expense (if applicable)	□ Cash □ Credit		
	Committee Name	Payment Date				
	Street Address					
4	City	State	ZIP			
1	Date of Joint Fundraising Event (if applicable) Type of Shared Expense		Expense (if applicable)	□ Cash □ Credit		
	Committee Name	Payment Date				
	Street Address					
5	City	State	ZIP			
	Date of Joint Fundraising Event (if applicable)	Type of Shared B	Expense (if applicable)	□ Cash □ Credit		
+	Enter total only if last page of sched					

Schedule B(10), page____ of ____



REIMBURSEMENTS MADE:

SCHEDULE B(11)

		Information		Reimbursement Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycl
	Name					
1	Street Address	I				
1	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed		Reimbursement Date	□ Credit		
	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					
4	Street Address		1			
т	City	State	ZIP	□ Cash		
	Services or Goods Reimbursed	Reimbursement Date	□ Credit			
	Name					
	Street Address					
5	City	State	ZIP			
	Services or Goods Reimbursed	<u> </u>	Reimbursement Date	□ Cash □ Credit		
_	Enter total only if last page of schedule					

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	I	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	_		
_						

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)

		Information		Amount	Amount this Reporting Period	Amount this Election Cycle
	Name			l		
	Street Address					l
1	City		ZIP	□ Cash		l
(Disbursement Type		Disbursement Date	□ Credit		l
	Name					
Ī	Street Address					l
2	City		ZIP			l
1	Disbursement Type	Disbursement Date	□ Cash □ Credit		l	
	Name					
-	Street Address			l		
3	City		ZIP			l
1	Disbursement Type		Disbursement Date	□ Cash □ Credit		1
	Name					
-	Street Address				l	
4	City		ZIP			l
1	Disbursement Type		Disbursement Date	□ Cash □ Credit		
	Name					
-	Street Address			l		
5	City	State	ZIP			l
I	Disbursement Type		Disbursement Date	□ Cash □ Credit		l
	Enter total only if last page of schedule (transfer the total disbursed this period to "Sur	nmary of Disbursem	ients," line 14)			



AGGREGATE OF DISBURSEMENTS - \$250 OR LESS:

SCHEDULE B(15)

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

Schedule B(15), page____ of