



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 26 05

COMMITTEE INFORMATION (required):

Committee Information:

Committee Name:

CRYSTAL O'SON CAMPAIGN

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

Office Sought:

☐ County Office:

☒ City/Town Office:

CITY COUNCIL

☐ Special District 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.

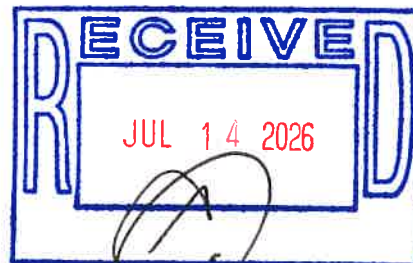
Cumulative reporting period start date (which supersedes the start date for the Reporting Period selected below):

REPORTING PERIOD (check one):

| REPORTING PERIOD                                                                                                                      | REPORT DUE                             |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> 2025 August Post-Election (Q3) Report (Local Only): July 20, 2025 to September 30, 2025                      | October 1, 2025 to October 15, 2025    |
| <input type="checkbox"/> 2025 Quarter 3 Report: July 1, 2025 to September 30, 2025                                                    | October 1, 2025 to October 15, 2025    |
| <input type="checkbox"/> 2025 November PAC Pre-Election Report (Election in Qtr): October 1, 2025 to October 18, 2025                 | October 19, 2025 to October 20, 2025   |
| <input type="checkbox"/> 2025 November PAC Post-Election (Q4) Report (Election in Qtr): October 19, 2025 to December 31, 2025         | January 1, 2026 to January 15, 2026    |
| <input type="checkbox"/> 2025 Quarter 4 Report: October 1, 2025 to December 31, 2025                                                  | January 1, 2026 to January 15, 2026    |
| <input type="checkbox"/> 2025 Annual (Cumulative) Report (Local Candidates)*: January 1, 2025 to December 31, 2025                    | January 1, 2026 to January 15, 2026    |
| <input type="checkbox"/> 2026 March PAC Pre-Election Report (Election in Qtr): January 1, 2026 to February 21, 2026                   | February 22, 2026 to February 23, 2026 |
| <input type="checkbox"/> 2026 Post-Primary Election Report (Local March Candidates): January 1, 2026 to March 10, 2026                | March 11, 2026 to March 25, 2026       |
| <input type="checkbox"/> 2026 March PAC Post-Election (Q1) Report (Election in Qtr): February 22, 2026 to March 31, 2026              | April 1, 2026 to April 15, 2026        |
| <input type="checkbox"/> 2026 Quarter 1 Report (Local March Candidates): March 11, 2026 to March 31, 2026                             | April 1, 2026 to April 15, 2026        |
| <input type="checkbox"/> 2026 Quarter 1 Report: January 1, 2026 to March 31, 2026                                                     | April 1, 2026 to April 15, 2026        |
| <input type="checkbox"/> 2026 May PAC Pre-Election Report (Election in Qtr): April 1, 2026 to May 2, 2026                             | May 3, 2026 to May 4, 2026             |
| <input type="checkbox"/> 2026 May PAC Post-Election (Q2) Report (Election in Qtr): May 3, 2026 to June 30, 2026                       | July 1, 2026 to July 15, 2026          |
| <input checked="" type="checkbox"/> 2026 Quarter 2 Report: April 1, 2026 to June 30, 2026                                             | July 1, 2026 to July 15, 2026          |
| <input type="checkbox"/> 2026 August PAC Pre-Election Report (Election in Qtr): July 1, 2026 to July 18, 2026                         | July 19, 2026 to July 20, 2026         |
| <input type="checkbox"/> 2026 August Post-Primary Election Report (State/Local Aug Candidates): July 1, 2026 to Aug 4, 2026           | August 5, 2026 to August 19, 2026      |
| <input type="checkbox"/> 2026 August PAC Post-Election (Q3) Report (Election in Qtr): July 19, 2026 to September 30, 2026             | October 1, 2026 to October 15, 2026    |
| <input type="checkbox"/> 2026 Quarter 3 Report (State/Local Aug Candidates): August 5, 2026 to September 30, 2026                     | October 1, 2026 to October 15, 2026    |
| <input type="checkbox"/> 2026 Quarter 3 Report: July 1, 2026 to September 30, 2026                                                    | October 1, 2026 to October 15, 2026    |
| <input type="checkbox"/> 2026 November PAC Pre-Election Report: October 1, 2026 to October 17, 2026                                   | October 18, 2026 to October 19, 2026   |
| <input type="checkbox"/> 2026 November Post-Primary Election Report (Local Nov Candidates)**: Oct. 1, 2026 to Nov. 3, 2026            | November 4, 2026 to November 18, 2026  |
| <input type="checkbox"/> 2026 November PAC Post-Election (Q4) Report: October 18, 2026 to December 31, 2026                           | January 1, 2027 to January 15, 2027    |
| <input type="checkbox"/> 2026 Quarter 4 Report (Local Nov Candidates)**: November 4, 2026 to December 31, 2026                        | January 1, 2027 to January 15, 2027    |
| <input type="checkbox"/> 2026 Quarter 4 Report: October 1, 2026 to December 31, 2026                                                  | January 1, 2027 to January 15, 2027    |
| <input type="checkbox"/> 2026 Annual (Cumulative) Report (Local Candidates)*: January 1, 2026 to December 31, 2026                    | January 1, 2027 to January 15, 2027    |
| <input type="checkbox"/> Final Campaign Finance Report Prior to Committee Termination:<br>End of Previous Period through Today's Date | Same Date of Termination               |

\*Excluding local candidates who reported in their general election year.

\*\*Applies to charter cities that allow candidate primary elections on November election date.





STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 26 DS

FINANCIAL SUMMARY (required):

| Activity                                                                                                                                                                                                                              | Cash Activity This Reporting Period | Election Cycle to Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------|
| (a) Committee value at the beginning of this reporting period (i.e. ending balance from the previous reporting period)                                                                                                                | \$0.00                              |                        |
| (b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)                                                                                                                                    | \$ 0.00                             | 4667.50                |
| (c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)                                                                                                                          | \$ 0.00                             | 4667.50                |
| (d) = Balance at close of reporting period                                                                                                                                                                                            | 342.67                              |                        |
| <input type="checkbox"/> Check here if filing <u>no</u> financial activity during the reporting period. Lines (a)-(d) must still be completed, but only this cover page and the following signed certification page need to be filed. |                                     |                        |

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 10/22/2025





STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 26-05

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.

KENT DILON  
Printed Name of Committee Treasurer

[Signature]  
Signature of Committee Treasurer

7-14-2026  
Date



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAW 2605

SUMMARY OF RECEIPTS (Schedule A):

| Receipts                                                                                          | Cash      | Equity     |
|---------------------------------------------------------------------------------------------------|-----------|------------|
| 1. Monetary Contributions Received                                                                |           |            |
| (a) In-State Individuals - More than \$100                                                        | \$1015.05 |            |
| (b) In-State Individuals - \$100 or Less (Aggregate)                                              | \$ 616.36 |            |
| (c) Out-of-State Individuals                                                                      | \$ 675.05 |            |
| (d) Candidate Committees                                                                          | \$ 6.00   |            |
| (e) Political Action Committees                                                                   | \$ 500.00 |            |
| (f) Political Parties                                                                             | \$ 0.00   |            |
| (g) Partnerships                                                                                  | \$ 0.00   |            |
| (h) Corporations & Limited Liability Companies (PACs & Political Parties Only)                    | \$ 200.00 |            |
| (i) Labor Organizations (PACs & Political Parties Only)                                           | \$ 0.00   |            |
| (j) Candidate's Personal Monies (Candidate Committees Only)                                       | \$ 350.00 |            |
| (k) Monetary Contributions Subtotal (add 1(a) through 1(j))                                       | \$ 0.00   |            |
| (l) Refunds Given Back to Contributors                                                            | \$ 00.00  |            |
| (m) Net Monetary Contributions (subtract 1(l) from 1(k))                                          | \$ 0.00   |            |
| 2. Loans                                                                                          |           |            |
| (a) Loans Received                                                                                | \$ 0.00   | \$10.00    |
| (b) Forgiveness on Loans Received                                                                 |           |            |
| (c) Repayment on Loans Made                                                                       | \$ 0.00   |            |
| (d) Interest Accrued on Loans Made                                                                | \$ 0.00   |            |
| (e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))                                                  | \$ 0.00   |            |
| 3. Rebates and Refunds Received                                                                   | \$ 0.00   |            |
| 4. Interest Accrued on Committee Monies                                                           | \$ 0.00   |            |
| 5. In-Kind Contributions Received                                                                 |           |            |
| (a) In-State Individuals - More than \$100                                                        |           | \$1 270.00 |
| (b) In-State Individuals - \$100 or Less (Aggregate)                                              |           | \$ 00.00   |
| (c) Out-of-State Individuals                                                                      |           | \$ 1200.00 |
| (d) Candidate Committees                                                                          |           | \$ 300.00  |
| (e) Political Action Committees                                                                   |           | \$ 60.00   |
| (f) Political Parties                                                                             |           | \$ 0.00    |
| (g) Partnerships                                                                                  |           | \$ 0.00    |
| (h) Corporations & Limited Liability Companies (PACs & Political Parties Only)                    |           | \$ 0.00    |
| (i) Labor Organizations (PACs & Political Parties Only)                                           |           | \$ 0.00    |
| (j) Candidate's Personal Assets or Property (Candidate Committees Only)                           |           | \$ 350.00  |
| (k) In-Kind Contributions Subtotal (equity: add 5(a) through 5(j))                                |           | \$ 0.00    |
| 6. In-Kind Donations Received (Non-Contributions) (Political Parties Only)                        |           | \$ 41,520  |
| 7. Extensions of Credit                                                                           |           |            |
| (a) Extensions of Credit Received                                                                 |           | \$ 0.00    |
| (b) Payments on Extensions of Credit Received                                                     |           | \$ 0.00    |
| (c) Net Extensions of Credit (subtract 7(b) from 7(a))                                            |           | \$ 0.00    |
| 8. Joint Fundraising / Shared Expense Payments Received                                           | \$ 0.00   |            |
| 9. Payments Received for Goods / Services                                                         | \$ 6.00   |            |
| 10. Outstanding Accounts Receivable / Debts Owed to Committee                                     |           | \$ 0.00    |
| 11. Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)         | \$ 0.00   | \$ 0.00    |
| 12. Miscellaneous Receipts (use cash and/or equity as applicable)                                 |           | \$ 6.00    |
| 13. Total Receipts (cash: add 1(m), 2(e), 3-4, 8-9, 11-12; equity: add 2(b), 5(k), 6-7(c), 10-12) | \$ 0.00   | \$ 0.00    |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN-26-01

SUMMARY OF DISBURSEMENTS (Schedule B):

| Disbursements                                                                                    | Cash      | Equity   |
|--------------------------------------------------------------------------------------------------|-----------|----------|
| 1. Disbursements for Operating Expenses (Software, Internet, Slack)                              | 62.38     |          |
| 2. Contributions Made                                                                            |           |          |
| (a) Candidate Committees                                                                         | \$500.40  |          |
| (b) Political Action Committees                                                                  | \$0.00    |          |
| (c) Political Parties                                                                            | \$0.00    |          |
| (d) Partnerships                                                                                 | \$0.00    |          |
| (e) Corporations & Limited Liability Companies (PAC & Political Parties Only)                    | \$0.00    |          |
| (f) Labor Organizations (PAC & Political Parties Only)                                           | \$0.00    |          |
| (g) Monetary Contributions Subtotal (add 2(a) through 2(f))                                      | \$0.00    |          |
| (h) Contribution Refunds Provided to the Reporting Committee                                     | \$0.00    |          |
| (i) Monetary Contributions Total (subtract 2(h) from 2(g))                                       | \$0.00    |          |
| 3. Loans                                                                                         |           |          |
| (a) Loans Made                                                                                   | \$0.00    |          |
| (b) Loan Guarantees Made                                                                         |           | \$0.00   |
| (c) Forgiveness on Loans Made                                                                    |           | \$0.00   |
| (d) Repayment of Loans Received                                                                  | \$0.00    |          |
| (e) Accrued Interest on Loans Received                                                           | \$0.00    |          |
| (f) Total Loans (cash: add 3(a), 3(d) & 3(e); equity: add 3(b) & 3(c))                           | \$0.00    | \$0.00   |
| 4. Rebates and Refunds Made (Non-Contributions)                                                  | \$0.00    | \$0.00   |
| 5. Value of In-Kind Contributions Provided                                                       |           |          |
| (a) Candidate Committees                                                                         |           | \$0.00   |
| (b) Political Action Committees                                                                  |           | \$0.00   |
| (c) Political Parties                                                                            |           | \$0.00   |
| (d) Partnerships                                                                                 |           | \$0.00   |
| (e) Corporations & Limited Liability Companies (PAC & Political Parties Only)                    |           | \$0.00   |
| (f) Labor Organizations (PAC & Political Parties Only)                                           |           | \$0.00   |
| (g) Contributions Subtotal (add 5(a) through 5(f))                                               |           | \$0.00   |
| 6. Independent Expenditures Made                                                                 | \$0.00    |          |
| 7. Ballot Measure Expenditures Made                                                              | \$0.00    |          |
| 8. Recall Expenditures Made                                                                      | \$0.00    |          |
| 9. Support Provided to Party Nominees (Political Parties Only)                                   | \$0.00    |          |
| 10. Joint Fundraising / Shared Expense Payments Made                                             | \$0.00    |          |
| 11. Reimbursements Made LINDA VAN ORSDOL                                                         | \$111.00  |          |
| 12. Outstanding Accounts Payable / Debts Owed by Committee                                       | \$0.00    | \$0.00   |
| 13. Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)        | \$0.00    | \$0.00   |
| 14. Miscellaneous Disbursements                                                                  | \$350.00  | \$0.00   |
| 15. Aggregate of Disbursements - \$250 or Less                                                   | \$2381.63 | \$100.00 |
| 16. Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15) | \$0.00    | \$0.00   |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 26-05

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

SCHEDULE A(1)(a)

|                                                                                                                            | Individual Contributor Information                                                                                                                                                                                                                          | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                          | Name<br>LOTTIE COLLINS<br>Date Contribution Received<br>April 22, 2026<br>Street Address<br>44243 W OSTER DRIVE<br>City<br>MARICOPA<br>State<br>AZ<br>ZIP<br>85138<br>Occupation<br>RETIRED<br>Employer<br>RETIRED                                          | \$250.00        | \$250.00                                | \$250.00                              |
| 2                                                                                                                          | Name<br>LAWRENCE DEAN HILL<br>Date Contribution Received<br>June 3, 2026<br>Street Address<br>35961 WEST SAN JILDEFANUSO<br>City<br>MARICOPA<br>State<br>AZ<br>ZIP<br>85138<br>Occupation<br>TRANSPORTATION<br>Employer<br>MARICOPA UNIFIED SCHOOL DISTRICT | \$215.02        | \$215.02                                | \$215.02                              |
| 3                                                                                                                          | Name<br>RICKEY ROBINSON<br>Date Contribution Received<br>June 11, 2026<br>Street Address<br>40776 W WADE DRIVE<br>City<br>MARICOPA<br>State<br>AZ<br>ZIP<br>85138<br>Occupation<br>RETIRED<br>Employer<br>RETIRED                                           | \$1200.00       | \$1200.00                               | \$1200.00                             |
| 4                                                                                                                          | Name<br>SEDDICK BROWN<br>Date Contribution Received<br>May 1, 2026<br>Street Address<br>38005 WEST AMALTA AVENUE<br>City<br>MARICOPA<br>State<br>AZ<br>ZIP<br>85138<br>Occupation<br>CONCIERGE ELITE AGENT<br>Employer<br>SUN-RUN CORP                      | \$150.01        | \$150.01                                | \$150.01                              |
| 5                                                                                                                          | Name<br>KIMBERLY DOUSIE<br>Date Contribution Received<br>Street Address<br>11981 NORTH LAYEN LANE<br>City<br>MARICOPA<br>State<br>AZ<br>ZIP<br>85139<br>Occupation<br>ACCOUNT MANAGER<br>Employer<br>POUNDERSA INTERNET                                     | \$200.02        | \$200.02                                | \$200.02                              |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 1(a)) |                                                                                                                                                                                                                                                             | \$1015.05       | \$1015.05                               | \$1015.05                             |

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

Schedule A(1)(a), page i of 69



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 2605

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

SCHEDULE A(1)(b)

|                                                                                                                            | Cumulative Amount this Reporting<br>Period | Cumulative Amount this Election<br>Cycle |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------|
| Cumulative Contributions from In-State Individuals - \$100 or Less                                                         | \$1616.36                                  | \$1616.36                                |
| Enter total only if last page of schedule<br>(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.



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 26-05

MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

| Individual Contributor Information                                                                                         |                                          |                           |                                              | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------|----------------------------------------------|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                          | Name<br>DAN GRISSON                      |                           | Date Contribution Received<br>May 21, 2026   |                 |                                         |                                       |
|                                                                                                                            | Street Address<br>21635 WILLAMETTE DRIVE |                           |                                              | \$500.00        | \$500.00                                | \$500.00                              |
|                                                                                                                            | City<br>WEST LINN                        | State<br>OR               | ZIP<br>97068                                 |                 |                                         |                                       |
|                                                                                                                            | Occupation<br>RETIRED                    | Employer<br>RETIRED       |                                              |                 |                                         |                                       |
| 2                                                                                                                          | Name<br>DEREK CUMMINGS                   |                           | Date Contribution Received<br>April 22, 2026 |                 |                                         |                                       |
|                                                                                                                            | Street Address<br>4588 LAUDERWOOD CT.    |                           |                                              | 24.99           | 24.99                                   | 24.99                                 |
|                                                                                                                            | City<br>DECATUR                          | State<br>GA               | ZIP<br>30034                                 |                 |                                         |                                       |
|                                                                                                                            | Occupation<br>MUSICIAN                   | Employer<br>SELF-EMPLOYED |                                              |                 |                                         |                                       |
| 3                                                                                                                          | Name<br>NORA NEICE ALLEN                 |                           | Date Contribution Received<br>April 24, 2026 |                 |                                         |                                       |
|                                                                                                                            | Street Address<br>1336 WEST 65TH STREET  |                           |                                              | \$100.00        | \$149.98                                | \$149.98                              |
|                                                                                                                            | City<br>LOS ANGELES                      | State<br>CA               | ZIP<br>90044                                 |                 |                                         |                                       |
|                                                                                                                            | Occupation<br>RETIRED                    | Employer<br>RETIRED       |                                              |                 |                                         |                                       |
| 4                                                                                                                          | Name<br>ISOLA AGIABI                     |                           | Date Contribution Received<br>June 28, 2026  |                 |                                         |                                       |
|                                                                                                                            | Street Address<br>14313 CLARO WAY        |                           |                                              | \$24.99         | \$24.99                                 | \$24.99                               |
|                                                                                                                            | City<br>LOS ANGELES                      | State<br>CA               | ZIP<br>90249                                 |                 |                                         |                                       |
|                                                                                                                            | Occupation<br>SPOKEN WORD ARTIST         | Employer<br>START WITHIN  |                                              |                 |                                         |                                       |
| 5                                                                                                                          | Name                                     |                           | Date Contribution Received                   |                 |                                         |                                       |
|                                                                                                                            | Street Address<br>N/A                    |                           |                                              | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | City                                     | State                     | ZIP                                          |                 |                                         |                                       |
|                                                                                                                            | Occupation                               | Employer                  |                                              |                 |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 1(c)) |                                          |                           |                                              | 700.02          | 700.02                                  |                                       |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 26-05

MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

| Candidate Committee Contributor Information                                                                                |                                       |              |                                         | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------|-----------------------------------------|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                          | Committee Name<br>LINDA Williams      |              |                                         | \$125.00        | \$500.40                                | \$500.40                              |
|                                                                                                                            | Street Address<br>43542 W CAVEN DRIVE |              |                                         |                 |                                         |                                       |
|                                                                                                                            | City<br>MARICOPA                      | State<br>AZ  | ZIP<br>85738                            |                 |                                         |                                       |
|                                                                                                                            | Committee ID Number<br>CAN 26-05      |              | Date Contribution Received<br>6-24-2026 |                 |                                         |                                       |
|                                                                                                                            |                                       |              |                                         |                 |                                         |                                       |
| 2                                                                                                                          | Committee Name<br>N/A                 |              |                                         | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address<br>N/A                 |              |                                         |                 |                                         |                                       |
|                                                                                                                            | City<br>N/A                           | State<br>N/A | ZIP<br>N/A                              |                 |                                         |                                       |
|                                                                                                                            | Committee ID Number<br>N/A            |              | Date Contribution Received<br>N/A       |                 |                                         |                                       |
|                                                                                                                            |                                       |              |                                         |                 |                                         |                                       |
| 3                                                                                                                          | Committee Name<br>N/A                 |              |                                         | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address<br>N/A                 |              |                                         |                 |                                         |                                       |
|                                                                                                                            | City<br>N/A                           | State<br>N/A | ZIP<br>N/A                              |                 |                                         |                                       |
|                                                                                                                            | Committee ID Number<br>N/A            |              | Date Contribution Received<br>N/A       |                 |                                         |                                       |
|                                                                                                                            |                                       |              |                                         |                 |                                         |                                       |
| 4                                                                                                                          | Committee Name<br>N/A                 |              |                                         | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address<br>N/A                 |              |                                         |                 |                                         |                                       |
|                                                                                                                            | City<br>N/A                           | State<br>N/A | ZIP<br>N/A                              |                 |                                         |                                       |
|                                                                                                                            | Committee ID Number<br>N/A            |              | Date Contribution Received<br>N/A       |                 |                                         |                                       |
|                                                                                                                            |                                       |              |                                         |                 |                                         |                                       |
| 5                                                                                                                          | Committee Name<br>N/A                 |              |                                         | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address<br>N/A                 |              |                                         |                 |                                         |                                       |
|                                                                                                                            | City<br>N/A                           | State<br>N/A | ZIP<br>N/A                              |                 |                                         |                                       |
|                                                                                                                            | Committee ID Number<br>N/A            |              | Date Contribution Received<br>N/A       |                 |                                         |                                       |
|                                                                                                                            |                                       |              |                                         |                 |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 1(d)) |                                       |              |                                         | \$500.40        | \$500.40                                |                                       |

Schedule A(1)(d), page 4 of 69



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 26-05

MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

|                                                                                                                            | Political Action Committee Contributor Information                                                                                                                                                                                                                                                                                                  | Amount Received                            | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |                                           |  |  |                |              |              |                                  |  |                                            |        |        |        |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------|---------------------------------------|-------------------------------------------|--|--|----------------|--------------|--------------|----------------------------------|--|--------------------------------------------|--------|--------|--------|
| 1                                                                                                                          | <table><tr><td colspan="3">Committee Name<br/>ARIZONA LIST</td></tr><tr><td colspan="3">Street Address<br/>2720 EAST Broadway Blvd</td></tr><tr><td>City<br/>Tucson</td><td>State<br/>AZ</td><td>ZIP<br/>85732</td></tr><tr><td colspan="2">Committee ID Number<br/>CAN 26-05</td><td>Date Contribution Received<br/>June 1, 2026</td></tr></table> | Committee Name<br>ARIZONA LIST             |                                         |                                       | Street Address<br>2720 EAST Broadway Blvd |  |  | City<br>Tucson | State<br>AZ  | ZIP<br>85732 | Committee ID Number<br>CAN 26-05 |  | Date Contribution Received<br>June 1, 2026 | 500.00 | 500.00 | 500.00 |
| Committee Name<br>ARIZONA LIST                                                                                             |                                                                                                                                                                                                                                                                                                                                                     |                                            |                                         |                                       |                                           |  |  |                |              |              |                                  |  |                                            |        |        |        |
| Street Address<br>2720 EAST Broadway Blvd                                                                                  |                                                                                                                                                                                                                                                                                                                                                     |                                            |                                         |                                       |                                           |  |  |                |              |              |                                  |  |                                            |        |        |        |
| City<br>Tucson                                                                                                             | State<br>AZ                                                                                                                                                                                                                                                                                                                                         | ZIP<br>85732                               |                                         |                                       |                                           |  |  |                |              |              |                                  |  |                                            |        |        |        |
| Committee ID Number<br>CAN 26-05                                                                                           |                                                                                                                                                                                                                                                                                                                                                     | Date Contribution Received<br>June 1, 2026 |                                         |                                       |                                           |  |  |                |              |              |                                  |  |                                            |        |        |        |
| 2                                                                                                                          | <table><tr><td colspan="3">Committee Name<br/>N/A</td></tr><tr><td colspan="3">Street Address<br/>N/A</td></tr><tr><td>City<br/>N/A</td><td>State<br/>N/A</td><td>ZIP<br/>N/A</td></tr><tr><td colspan="2">Committee ID Number<br/>N/A</td><td>Date Contribution Received<br/>N/A</td></tr></table>                                                 | Committee Name<br>N/A                      |                                         |                                       | Street Address<br>N/A                     |  |  | City<br>N/A    | State<br>N/A | ZIP<br>N/A   | Committee ID Number<br>N/A       |  | Date Contribution Received<br>N/A          | N/A    | N/A    | N/A    |
| Committee Name<br>N/A                                                                                                      |                                                                                                                                                                                                                                                                                                                                                     |                                            |                                         |                                       |                                           |  |  |                |              |              |                                  |  |                                            |        |        |        |
| Street Address<br>N/A                                                                                                      |                                                                                                                                                                                                                                                                                                                                                     |                                            |                                         |                                       |                                           |  |  |                |              |              |                                  |  |                                            |        |        |        |
| City<br>N/A                                                                                                                | State<br>N/A                                                                                                                                                                                                                                                                                                                                        | ZIP<br>N/A                                 |                                         |                                       |                                           |  |  |                |              |              |                                  |  |                                            |        |        |        |
| Committee ID Number<br>N/A                                                                                                 |                                                                                                                                                                                                                                                                                                                                                     | Date Contribution Received<br>N/A          |                                         |                                       |                                           |  |  |                |              |              |                                  |  |                                            |        |        |        |
| 3                                                                                                                          | <table><tr><td colspan="3">Committee Name<br/>N/A</td></tr><tr><td colspan="3">Street Address<br/>N/A</td></tr><tr><td>City<br/>N/A</td><td>State<br/>N/A</td><td>ZIP<br/>N/A</td></tr><tr><td colspan="2">Committee ID Number<br/>N/A</td><td>Date Contribution Received<br/>N/A</td></tr></table>                                                 | Committee Name<br>N/A                      |                                         |                                       | Street Address<br>N/A                     |  |  | City<br>N/A    | State<br>N/A | ZIP<br>N/A   | Committee ID Number<br>N/A       |  | Date Contribution Received<br>N/A          | N/A    | N/A    | N/A    |
| Committee Name<br>N/A                                                                                                      |                                                                                                                                                                                                                                                                                                                                                     |                                            |                                         |                                       |                                           |  |  |                |              |              |                                  |  |                                            |        |        |        |
| Street Address<br>N/A                                                                                                      |                                                                                                                                                                                                                                                                                                                                                     |                                            |                                         |                                       |                                           |  |  |                |              |              |                                  |  |                                            |        |        |        |
| City<br>N/A                                                                                                                | State<br>N/A                                                                                                                                                                                                                                                                                                                                        | ZIP<br>N/A                                 |                                         |                                       |                                           |  |  |                |              |              |                                  |  |                                            |        |        |        |
| Committee ID Number<br>N/A                                                                                                 |                                                                                                                                                                                                                                                                                                                                                     | Date Contribution Received<br>N/A          |                                         |                                       |                                           |  |  |                |              |              |                                  |  |                                            |        |        |        |
| 4                                                                                                                          | <table><tr><td colspan="3">Committee Name<br/>N/A</td></tr><tr><td colspan="3">Street Address<br/>N/A</td></tr><tr><td>City<br/>N/A</td><td>State<br/>N/A</td><td>ZIP<br/>N/A</td></tr><tr><td colspan="2">Committee ID Number<br/>N/A</td><td>Date Contribution Received<br/>N/A</td></tr></table>                                                 | Committee Name<br>N/A                      |                                         |                                       | Street Address<br>N/A                     |  |  | City<br>N/A    | State<br>N/A | ZIP<br>N/A   | Committee ID Number<br>N/A       |  | Date Contribution Received<br>N/A          | N/A    | N/A    | N/A    |
| Committee Name<br>N/A                                                                                                      |                                                                                                                                                                                                                                                                                                                                                     |                                            |                                         |                                       |                                           |  |  |                |              |              |                                  |  |                                            |        |        |        |
| Street Address<br>N/A                                                                                                      |                                                                                                                                                                                                                                                                                                                                                     |                                            |                                         |                                       |                                           |  |  |                |              |              |                                  |  |                                            |        |        |        |
| City<br>N/A                                                                                                                | State<br>N/A                                                                                                                                                                                                                                                                                                                                        | ZIP<br>N/A                                 |                                         |                                       |                                           |  |  |                |              |              |                                  |  |                                            |        |        |        |
| Committee ID Number<br>N/A                                                                                                 |                                                                                                                                                                                                                                                                                                                                                     | Date Contribution Received<br>N/A          |                                         |                                       |                                           |  |  |                |              |              |                                  |  |                                            |        |        |        |
| 5                                                                                                                          | <table><tr><td colspan="3">Committee Name<br/>N/A</td></tr><tr><td colspan="3">Street Address<br/>N/A</td></tr><tr><td>City<br/>N/A</td><td>State<br/>N/A</td><td>ZIP<br/>N/A</td></tr><tr><td colspan="2">Committee ID Number<br/>N/A</td><td>Date Contribution Received<br/>N/A</td></tr></table>                                                 | Committee Name<br>N/A                      |                                         |                                       | Street Address<br>N/A                     |  |  | City<br>N/A    | State<br>N/A | ZIP<br>N/A   | Committee ID Number<br>N/A       |  | Date Contribution Received<br>N/A          | N/A    | N/A    | N/A    |
| Committee Name<br>N/A                                                                                                      |                                                                                                                                                                                                                                                                                                                                                     |                                            |                                         |                                       |                                           |  |  |                |              |              |                                  |  |                                            |        |        |        |
| Street Address<br>N/A                                                                                                      |                                                                                                                                                                                                                                                                                                                                                     |                                            |                                         |                                       |                                           |  |  |                |              |              |                                  |  |                                            |        |        |        |
| City<br>N/A                                                                                                                | State<br>N/A                                                                                                                                                                                                                                                                                                                                        | ZIP<br>N/A                                 |                                         |                                       |                                           |  |  |                |              |              |                                  |  |                                            |        |        |        |
| Committee ID Number<br>N/A                                                                                                 |                                                                                                                                                                                                                                                                                                                                                     | Date Contribution Received<br>N/A          |                                         |                                       |                                           |  |  |                |              |              |                                  |  |                                            |        |        |        |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 1(e)) |                                                                                                                                                                                                                                                                                                                                                     | Arizona LIST                               | \$500.00                                | \$500.00                              |                                           |  |  |                |              |              |                                  |  |                                            |        |        |        |

Schedule A(1)(e), page 5 of 69



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAW 26-05

MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

| Political Party Contributor Information                                                                                    |                     |       |                            | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|---------------------|-------|----------------------------|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                          | Committee Name      |       |                            | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address      |       |                            |                 |                                         |                                       |
|                                                                                                                            | City                | State | ZIP                        |                 |                                         |                                       |
|                                                                                                                            | Committee ID Number |       | Date Contribution Received |                 |                                         |                                       |
| 2                                                                                                                          | Committee Name      |       |                            | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address      |       |                            |                 |                                         |                                       |
|                                                                                                                            | City                | State | ZIP                        |                 |                                         |                                       |
|                                                                                                                            | Committee ID Number |       | Date Contribution Received |                 |                                         |                                       |
| 3                                                                                                                          | Committee Name      |       |                            | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address      |       |                            |                 |                                         |                                       |
|                                                                                                                            | City                | State | ZIP                        |                 |                                         |                                       |
|                                                                                                                            | Committee ID Number |       | Date Contribution Received |                 |                                         |                                       |
| 4                                                                                                                          | Committee Name      |       |                            | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address      |       |                            |                 |                                         |                                       |
|                                                                                                                            | City                | State | ZIP                        |                 |                                         |                                       |
|                                                                                                                            | Committee ID Number |       | Date Contribution Received |                 |                                         |                                       |
| 5                                                                                                                          | Committee Name      |       |                            | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address      |       |                            |                 |                                         |                                       |
|                                                                                                                            | City                | State | ZIP                        |                 |                                         |                                       |
|                                                                                                                            | Committee ID Number |       | Date Contribution Received |                 |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 1(f)) |                     |       |                            | \$0.00          | \$0.00                                  |                                       |

Schedule A(1)(f), page 6 of 69



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 26-05

MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(g)

| Partnership Contributor Information                                                                                        |                                    |       |                            | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------|----------------------------|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                          | Partnership Name                   |       |                            | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address                     |       |                            |                 |                                         |                                       |
|                                                                                                                            | City                               | State | ZIP                        |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number |       | Date Contribution Received |                 |                                         |                                       |
| 2                                                                                                                          | Partnership Name                   |       |                            | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address                     |       |                            |                 |                                         |                                       |
|                                                                                                                            | City                               | State | ZIP                        |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number |       | Date Contribution Received |                 |                                         |                                       |
| 3                                                                                                                          | Partnership Name                   |       |                            | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address                     |       |                            |                 |                                         |                                       |
|                                                                                                                            | City                               | State | ZIP                        |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number |       | Date Contribution Received |                 |                                         |                                       |
| 4                                                                                                                          | Partnership Name                   |       |                            | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address                     |       |                            |                 |                                         |                                       |
|                                                                                                                            | City                               | State | ZIP                        |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number |       | Date Contribution Received |                 |                                         |                                       |
| 5                                                                                                                          | Partnership Name                   |       |                            | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address                     |       |                            |                 |                                         |                                       |
|                                                                                                                            | City                               | State | ZIP                        |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number |       | Date Contribution Received |                 |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 1(g)) |                                    |       |                            | \$0.00          | \$0.00                                  |                                       |

Schedule A(1)(g), page 7 of 69



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 26-05

MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

| Corporation / LLC Contributor Information                                                                                  |                                    |       |                            | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------|----------------------------|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                          | Corporation/LLC Name               |       |                            | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address                     |       |                            |                 |                                         |                                       |
|                                                                                                                            | City                               | State | ZIP                        |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number |       | Date Contribution Received |                 |                                         |                                       |
| 2                                                                                                                          | Corporation/LLC Name               |       |                            | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address                     |       |                            |                 |                                         |                                       |
|                                                                                                                            | City                               | State | ZIP                        |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number |       | Date Contribution Received |                 |                                         |                                       |
| 3                                                                                                                          | Corporation/LLC Name               |       |                            | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address                     |       |                            |                 |                                         |                                       |
|                                                                                                                            | City                               | State | ZIP                        |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number |       | Date Contribution Received |                 |                                         |                                       |
| 4                                                                                                                          | Corporation/LLC Name               |       |                            | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address                     |       |                            |                 |                                         |                                       |
|                                                                                                                            | City                               | State | ZIP                        |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number |       | Date Contribution Received |                 |                                         |                                       |
| 5                                                                                                                          | Corporation/LLC Name               |       |                            | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address                     |       |                            |                 |                                         |                                       |
|                                                                                                                            | City                               | State | ZIP                        |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number |       | Date Contribution Received |                 |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 1(h)) |                                    |       |                            | \$0.00          | \$0.00                                  |                                       |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAS 26-05

MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

|                                                                                                                            | Labor Organization Contributor Information                                                                                                                                                                                                                          | Amount Received            | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |                |  |  |      |       |     |                                    |  |                            |     |     |     |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------|---------------------------------------|----------------|--|--|------|-------|-----|------------------------------------|--|----------------------------|-----|-----|-----|
| 1                                                                                                                          | <table><tr><td colspan="3">Labor Organization Name</td></tr><tr><td colspan="3">Street Address</td></tr><tr><td>City</td><td>State</td><td>ZIP</td></tr><tr><td colspan="2">Corporation Commission File Number</td><td>Date Contribution Received</td></tr></table> | Labor Organization Name    |                                         |                                       | Street Address |  |  | City | State | ZIP | Corporation Commission File Number |  | Date Contribution Received | N/A | N/A | N/A |
| Labor Organization Name                                                                                                    |                                                                                                                                                                                                                                                                     |                            |                                         |                                       |                |  |  |      |       |     |                                    |  |                            |     |     |     |
| Street Address                                                                                                             |                                                                                                                                                                                                                                                                     |                            |                                         |                                       |                |  |  |      |       |     |                                    |  |                            |     |     |     |
| City                                                                                                                       | State                                                                                                                                                                                                                                                               | ZIP                        |                                         |                                       |                |  |  |      |       |     |                                    |  |                            |     |     |     |
| Corporation Commission File Number                                                                                         |                                                                                                                                                                                                                                                                     | Date Contribution Received |                                         |                                       |                |  |  |      |       |     |                                    |  |                            |     |     |     |
| 2                                                                                                                          | <table><tr><td colspan="3">Labor Organization Name</td></tr><tr><td colspan="3">Street Address</td></tr><tr><td>City</td><td>State</td><td>ZIP</td></tr><tr><td colspan="2">Corporation Commission File Number</td><td>Date Contribution Received</td></tr></table> | Labor Organization Name    |                                         |                                       | Street Address |  |  | City | State | ZIP | Corporation Commission File Number |  | Date Contribution Received | N/A | N/A | N/A |
| Labor Organization Name                                                                                                    |                                                                                                                                                                                                                                                                     |                            |                                         |                                       |                |  |  |      |       |     |                                    |  |                            |     |     |     |
| Street Address                                                                                                             |                                                                                                                                                                                                                                                                     |                            |                                         |                                       |                |  |  |      |       |     |                                    |  |                            |     |     |     |
| City                                                                                                                       | State                                                                                                                                                                                                                                                               | ZIP                        |                                         |                                       |                |  |  |      |       |     |                                    |  |                            |     |     |     |
| Corporation Commission File Number                                                                                         |                                                                                                                                                                                                                                                                     | Date Contribution Received |                                         |                                       |                |  |  |      |       |     |                                    |  |                            |     |     |     |
| 3                                                                                                                          | <table><tr><td colspan="3">Labor Organization Name</td></tr><tr><td colspan="3">Street Address</td></tr><tr><td>City</td><td>State</td><td>ZIP</td></tr><tr><td colspan="2">Corporation Commission File Number</td><td>Date Contribution Received</td></tr></table> | Labor Organization Name    |                                         |                                       | Street Address |  |  | City | State | ZIP | Corporation Commission File Number |  | Date Contribution Received | N/A | N/A | N/A |
| Labor Organization Name                                                                                                    |                                                                                                                                                                                                                                                                     |                            |                                         |                                       |                |  |  |      |       |     |                                    |  |                            |     |     |     |
| Street Address                                                                                                             |                                                                                                                                                                                                                                                                     |                            |                                         |                                       |                |  |  |      |       |     |                                    |  |                            |     |     |     |
| City                                                                                                                       | State                                                                                                                                                                                                                                                               | ZIP                        |                                         |                                       |                |  |  |      |       |     |                                    |  |                            |     |     |     |
| Corporation Commission File Number                                                                                         |                                                                                                                                                                                                                                                                     | Date Contribution Received |                                         |                                       |                |  |  |      |       |     |                                    |  |                            |     |     |     |
| 4                                                                                                                          | <table><tr><td colspan="3">Labor Organization Name</td></tr><tr><td colspan="3">Street Address</td></tr><tr><td>City</td><td>State</td><td>ZIP</td></tr><tr><td colspan="2">Corporation Commission File Number</td><td>Date Contribution Received</td></tr></table> | Labor Organization Name    |                                         |                                       | Street Address |  |  | City | State | ZIP | Corporation Commission File Number |  | Date Contribution Received | N/A | N/A | N/A |
| Labor Organization Name                                                                                                    |                                                                                                                                                                                                                                                                     |                            |                                         |                                       |                |  |  |      |       |     |                                    |  |                            |     |     |     |
| Street Address                                                                                                             |                                                                                                                                                                                                                                                                     |                            |                                         |                                       |                |  |  |      |       |     |                                    |  |                            |     |     |     |
| City                                                                                                                       | State                                                                                                                                                                                                                                                               | ZIP                        |                                         |                                       |                |  |  |      |       |     |                                    |  |                            |     |     |     |
| Corporation Commission File Number                                                                                         |                                                                                                                                                                                                                                                                     | Date Contribution Received |                                         |                                       |                |  |  |      |       |     |                                    |  |                            |     |     |     |
| 5                                                                                                                          | <table><tr><td colspan="3">Labor Organization Name</td></tr><tr><td colspan="3">Street Address</td></tr><tr><td>City</td><td>State</td><td>ZIP</td></tr><tr><td colspan="2">Corporation Commission File Number</td><td>Date Contribution Received</td></tr></table> | Labor Organization Name    |                                         |                                       | Street Address |  |  | City | State | ZIP | Corporation Commission File Number |  | Date Contribution Received | N/A | N/A | N/A |
| Labor Organization Name                                                                                                    |                                                                                                                                                                                                                                                                     |                            |                                         |                                       |                |  |  |      |       |     |                                    |  |                            |     |     |     |
| Street Address                                                                                                             |                                                                                                                                                                                                                                                                     |                            |                                         |                                       |                |  |  |      |       |     |                                    |  |                            |     |     |     |
| City                                                                                                                       | State                                                                                                                                                                                                                                                               | ZIP                        |                                         |                                       |                |  |  |      |       |     |                                    |  |                            |     |     |     |
| Corporation Commission File Number                                                                                         |                                                                                                                                                                                                                                                                     | Date Contribution Received |                                         |                                       |                |  |  |      |       |     |                                    |  |                            |     |     |     |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 1(i)) |                                                                                                                                                                                                                                                                     |                            | \$0.00                                  | \$0.00                                |                |  |  |      |       |     |                                    |  |                            |     |     |     |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 26-05

MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

| Candidate Information                                                                                                      |                                            |                                         |              | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------|--------------|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                          | Name<br>CRYSTAL O'LOW (O'LOW Trust)        | Date Contribution Received<br>4-15-2024 |              |                 |                                         |                                       |
|                                                                                                                            | Street Address<br>18961 NORTH Shelby Drive |                                         |              | \$150.00        | \$350.00                                | \$350.00                              |
|                                                                                                                            | City<br>MARICOPA                           | State<br>AZ                             | ZIP<br>85738 |                 |                                         |                                       |
|                                                                                                                            | Occupation<br>RETIRED                      | Employer<br>NONE                        |              |                 |                                         |                                       |
| 2                                                                                                                          | Name<br>CRYSTAL O'LOW (O'LOW Trust)        | Date Contribution Received<br>6-23-2024 |              |                 |                                         |                                       |
|                                                                                                                            | Street Address<br>18961 NORTH Shelby Drive |                                         |              | \$200.00        | \$350.00                                | \$350.00                              |
|                                                                                                                            | City<br>MARICOPA                           | State<br>AZ                             | ZIP<br>85738 |                 |                                         |                                       |
|                                                                                                                            | Occupation<br>RETIRED                      | Employer<br>NONE                        |              |                 |                                         |                                       |
| 3                                                                                                                          | Name<br>N/A                                | Date Contribution Received              |              |                 |                                         |                                       |
|                                                                                                                            | Street Address<br>N/A                      |                                         |              | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | City<br>N/A                                | State<br>N/A                            | ZIP<br>N/A   |                 |                                         |                                       |
|                                                                                                                            | Occupation<br>N/A                          | Employer<br>N/A                         |              |                 |                                         |                                       |
| 4                                                                                                                          | Name<br>N/A                                | Date Contribution Received              |              |                 |                                         |                                       |
|                                                                                                                            | Street Address<br>N/A                      |                                         |              | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | City<br>N/A                                | State<br>N/A                            | ZIP<br>N/A   |                 |                                         |                                       |
|                                                                                                                            | Occupation<br>N/A                          | Employer<br>N/A                         |              |                 |                                         |                                       |
| 5                                                                                                                          | Name<br>N/A                                | Date Contribution Received              |              |                 |                                         |                                       |
|                                                                                                                            | Street Address<br>N/A                      |                                         |              | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | City<br>N/A                                | State<br>N/A                            | ZIP<br>N/A   |                 |                                         |                                       |
|                                                                                                                            | Occupation<br>N/A                          | Employer<br>N/A                         |              |                 |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 1(j)) |                                            |                                         |              | \$350.00        | \$350.00                                |                                       |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAW 26-05

REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

| Contributor Information                                                                                                    |                           |       |                               | Amount Refunded | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------|-------|-------------------------------|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                          | Name                      |       | Date Contribution Refunded    | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address            |       |                               |                 |                                         |                                       |
|                                                                                                                            | City                      | State | ZIP                           |                 |                                         |                                       |
|                                                                                                                            | ID Number (if applicable) |       | Date of Original Contribution |                 |                                         |                                       |
|                                                                                                                            |                           |       |                               |                 |                                         |                                       |
| 2                                                                                                                          | Name                      |       | Date Contribution Refunded    | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address            |       |                               |                 |                                         |                                       |
|                                                                                                                            | City                      | State | ZIP                           |                 |                                         |                                       |
|                                                                                                                            | ID Number (if applicable) |       | Date of Original Contribution |                 |                                         |                                       |
|                                                                                                                            |                           |       |                               |                 |                                         |                                       |
| 3                                                                                                                          | Name                      |       | Date Contribution Refunded    | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address            |       |                               |                 |                                         |                                       |
|                                                                                                                            | City                      | State | ZIP                           |                 |                                         |                                       |
|                                                                                                                            | ID Number (if applicable) |       | Date of Original Contribution |                 |                                         |                                       |
|                                                                                                                            |                           |       |                               |                 |                                         |                                       |
| 4                                                                                                                          | Name                      |       | Date Contribution Refunded    | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address            |       |                               |                 |                                         |                                       |
|                                                                                                                            | City                      | State | ZIP                           |                 |                                         |                                       |
|                                                                                                                            | ID Number (if applicable) |       | Date of Original Contribution |                 |                                         |                                       |
|                                                                                                                            |                           |       |                               |                 |                                         |                                       |
| 5                                                                                                                          | Name                      |       | Date Contribution Refunded    | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address            |       |                               |                 |                                         |                                       |
|                                                                                                                            | City                      | State | ZIP                           |                 |                                         |                                       |
|                                                                                                                            | ID Number (if applicable) |       | Date of Original Contribution |                 |                                         |                                       |
|                                                                                                                            |                           |       |                               |                 |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 1(I)) |                           |       |                               | 0.00            | 0.00                                    | 0.00                                  |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 2605

LOANS RECEIVED:

SCHEDULE A(2)(a)

| Lender Information                                                                                                         |                         |                                                                                      |     | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------------------------------|-----|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                          | Lender Name             | Date Loan Received                                                                   |     | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address          |                                                                                      |     |                 |                                         |                                       |
|                                                                                                                            | City                    | State                                                                                | ZIP |                 |                                         |                                       |
|                                                                                                                            | Guarantor/Endorser Name | Non-Electoral Purpose? (PACs and Political Parties Only)<br><input type="checkbox"/> |     |                 |                                         |                                       |
| 2                                                                                                                          | Lender Name             | Date Loan Received                                                                   |     | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address          |                                                                                      |     |                 |                                         |                                       |
|                                                                                                                            | City                    | State                                                                                | ZIP |                 |                                         |                                       |
|                                                                                                                            | Guarantor/Endorser Name | Non-Electoral Purpose? (PACs and Political Parties Only)<br><input type="checkbox"/> |     |                 |                                         |                                       |
| 3                                                                                                                          | Lender Name             | Date Loan Received                                                                   |     | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address          |                                                                                      |     |                 |                                         |                                       |
|                                                                                                                            | City                    | State                                                                                | ZIP |                 |                                         |                                       |
|                                                                                                                            | Guarantor/Endorser Name | Non-Electoral Purpose? (PACs and Political Parties Only)<br><input type="checkbox"/> |     |                 |                                         |                                       |
| 4                                                                                                                          | Lender Name             | Date Loan Received                                                                   |     | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address          |                                                                                      |     |                 |                                         |                                       |
|                                                                                                                            | City                    | State                                                                                | ZIP |                 |                                         |                                       |
|                                                                                                                            | Guarantor/Endorser Name | Non-Electoral Purpose? (PACs and Political Parties Only)<br><input type="checkbox"/> |     |                 |                                         |                                       |
| 5                                                                                                                          | Lender Name             | Date Loan Received                                                                   |     | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address          |                                                                                      |     |                 |                                         |                                       |
|                                                                                                                            | City                    | State                                                                                | ZIP |                 |                                         |                                       |
|                                                                                                                            | Guarantor/Endorser Name | Non-Electoral Purpose? (PACs and Political Parties Only)<br><input type="checkbox"/> |     |                 |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 2(a)) |                         |                                                                                      |     | \$0.00          | \$0.00                                  |                                       |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAW 26-05

FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

| Lender Information                                                                                                         |                         |                          |                           | Amount Forgiven | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------|---------------------------|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                          | Lender Name             |                          | Date Forgiveness Received | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address          |                          |                           |                 |                                         |                                       |
|                                                                                                                            | City                    | State                    | ZIP                       |                 |                                         |                                       |
|                                                                                                                            | Original Amount of Loan | Amount Still Outstanding |                           |                 |                                         |                                       |
| 2                                                                                                                          | Lender Name             |                          | Date Forgiveness Received | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address          |                          |                           |                 |                                         |                                       |
|                                                                                                                            | City                    | State                    | ZIP                       |                 |                                         |                                       |
|                                                                                                                            | Original Amount of Loan | Amount Still Outstanding |                           |                 |                                         |                                       |
| 3                                                                                                                          | Lender Name             |                          | Date Forgiveness Received | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address          |                          |                           |                 |                                         |                                       |
|                                                                                                                            | City                    | State                    | ZIP                       |                 |                                         |                                       |
|                                                                                                                            | Original Amount of Loan | Amount Still Outstanding |                           |                 |                                         |                                       |
| 4                                                                                                                          | Lender Name             |                          | Date Forgiveness Received | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address          |                          |                           |                 |                                         |                                       |
|                                                                                                                            | City                    | State                    | ZIP                       |                 |                                         |                                       |
|                                                                                                                            | Original Amount of Loan | Amount Still Outstanding |                           |                 |                                         |                                       |
| 5                                                                                                                          | Lender Name             |                          | Date Forgiveness Received | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address          |                          |                           |                 |                                         |                                       |
|                                                                                                                            | City                    | State                    | ZIP                       |                 |                                         |                                       |
|                                                                                                                            | Original Amount of Loan | Amount Still Outstanding |                           |                 |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 2(b)) |                         |                          |                           |                 | \$10.00                                 | \$10.00                               |

Schedule A(2)(b), page 13 of 69



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAW 26-05

REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

| Borrower Information                                                                                                       |                          |       |                          | Amount Repaid | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------|-------|--------------------------|---------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                          | Borrower Name            |       | Date Repayment Received  | N/A           | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address           |       |                          |               |                                         |                                       |
|                                                                                                                            | City                     | State | ZIP                      |               |                                         |                                       |
|                                                                                                                            | Original Amount Borrowed |       | Amount Still Outstanding |               |                                         |                                       |
|                                                                                                                            |                          |       |                          |               |                                         |                                       |
| 2                                                                                                                          | Borrower Name            |       | Date Repayment Received  | N/A           | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address           |       |                          |               |                                         |                                       |
|                                                                                                                            | City                     | State | ZIP                      |               |                                         |                                       |
|                                                                                                                            | Original Amount Borrowed |       | Amount Still Outstanding |               |                                         |                                       |
|                                                                                                                            |                          |       |                          |               |                                         |                                       |
| 3                                                                                                                          | Borrower Name            |       | Date Repayment Received  | N/A           | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address           |       |                          |               |                                         |                                       |
|                                                                                                                            | City                     | State | ZIP                      |               |                                         |                                       |
|                                                                                                                            | Original Amount Borrowed |       | Amount Still Outstanding |               |                                         |                                       |
|                                                                                                                            |                          |       |                          |               |                                         |                                       |
| 4                                                                                                                          | Borrower Name            |       | Date Repayment Received  | N/A           | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address           |       |                          |               |                                         |                                       |
|                                                                                                                            | City                     | State | ZIP                      |               |                                         |                                       |
|                                                                                                                            | Original Amount Borrowed |       | Amount Still Outstanding |               |                                         |                                       |
|                                                                                                                            |                          |       |                          |               |                                         |                                       |
| 5                                                                                                                          | Borrower Name            |       | Date Repayment Received  | N/A           | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address           |       |                          |               |                                         |                                       |
|                                                                                                                            | City                     | State | ZIP                      |               |                                         |                                       |
|                                                                                                                            | Original Amount Borrowed |       | Amount Still Outstanding |               |                                         |                                       |
|                                                                                                                            |                          |       |                          |               |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 2(c)) |                          |       |                          | \$100.00      | \$100.00                                |                                       |

Schedule A(2)(c), page 14 of 69



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CW 2605

INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

| Borrower Information                                                                                                       |                          |       |                          | Amount of Interest<br>Accrued | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------|-------|--------------------------|-------------------------------|-----------------------------------------------|---------------------------------------------|
| 1                                                                                                                          | Borrower Name            |       | Date Interest Accrued    | N/A                           | N/A                                           | N/A                                         |
|                                                                                                                            | Street Address           |       |                          |                               |                                               |                                             |
|                                                                                                                            | City                     | State | ZIP                      |                               |                                               |                                             |
|                                                                                                                            | Original Amount Borrowed |       | Amount Still Outstanding |                               |                                               |                                             |
| 2                                                                                                                          | Borrower Name            |       | Date Interest Accrued    | N/A                           | N/A                                           | N/A                                         |
|                                                                                                                            | Street Address           |       |                          |                               |                                               |                                             |
|                                                                                                                            | City                     | State | ZIP                      |                               |                                               |                                             |
|                                                                                                                            | Original Amount Borrowed |       | Amount Still Outstanding |                               |                                               |                                             |
| 3                                                                                                                          | Borrower Name            |       | Date Interest Accrued    | N/A                           | N/A                                           | N/A                                         |
|                                                                                                                            | Street Address           |       |                          |                               |                                               |                                             |
|                                                                                                                            | City                     | State | ZIP                      |                               |                                               |                                             |
|                                                                                                                            | Original Amount Borrowed |       | Amount Still Outstanding |                               |                                               |                                             |
| 4                                                                                                                          | Borrower Name            |       | Date Interest Accrued    | N/A                           | N/A                                           | N/A                                         |
|                                                                                                                            | Street Address           |       |                          |                               |                                               |                                             |
|                                                                                                                            | City                     | State | ZIP                      |                               |                                               |                                             |
|                                                                                                                            | Original Amount Borrowed |       | Amount Still Outstanding |                               |                                               |                                             |
| 5                                                                                                                          | Borrower Name            |       | Date Interest Accrued    | N/A                           | N/A                                           | N/A                                         |
|                                                                                                                            | Street Address           |       |                          |                               |                                               |                                             |
|                                                                                                                            | City                     | State | ZIP                      |                               |                                               |                                             |
|                                                                                                                            | Original Amount Borrowed |       | Amount Still Outstanding |                               |                                               |                                             |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 2(d)) |                          |       |                          |                               | \$0.00                                        | \$0.00                                      |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAW 2605

REBATES AND REFUNDS RECEIVED:

SCHEDULE A(3)

| Payor Information                                                                                                       |                          |                             |     | Amount Rebated<br>or Refunded | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------|-----|-------------------------------|-----------------------------------------------|---------------------------------------------|
| 1                                                                                                                       | Payor Name               | Date Rebate/Refund Received |     | N/A                           | N/A                                           | N/A                                         |
|                                                                                                                         | Street Address           |                             |     |                               |                                               |                                             |
|                                                                                                                         | City                     | State                       | ZIP |                               |                                               |                                             |
|                                                                                                                         | Original Purchase Amount | Reason for Refund/Rebate    |     |                               |                                               |                                             |
| 2                                                                                                                       | Payor Name               | Date Rebate/Refund Received |     | N/A                           | N/A                                           | N/A                                         |
|                                                                                                                         | Street Address           |                             |     |                               |                                               |                                             |
|                                                                                                                         | City                     | State                       | ZIP |                               |                                               |                                             |
|                                                                                                                         | Original Purchase Amount | Reason for Refund/Rebate    |     |                               |                                               |                                             |
| 3                                                                                                                       | Payor Name               | Date Rebate/Refund Received |     | N/A                           | N/A                                           | N/A                                         |
|                                                                                                                         | Street Address           |                             |     |                               |                                               |                                             |
|                                                                                                                         | City                     | State                       | ZIP |                               |                                               |                                             |
|                                                                                                                         | Original Purchase Amount | Reason for Refund/Rebate    |     |                               |                                               |                                             |
| 4                                                                                                                       | Payor Name               | Date Rebate/Refund Received |     | N/A                           | N/A                                           | N/A                                         |
|                                                                                                                         | Street Address           |                             |     |                               |                                               |                                             |
|                                                                                                                         | City                     | State                       | ZIP |                               |                                               |                                             |
|                                                                                                                         | Original Purchase Amount | Reason for Refund/Rebate    |     |                               |                                               |                                             |
| 5                                                                                                                       | Payor Name               | Date Rebate/Refund Received |     | N/A                           | N/A                                           | N/A                                         |
|                                                                                                                         | Street Address           |                             |     |                               |                                               |                                             |
|                                                                                                                         | City                     | State                       | ZIP |                               |                                               |                                             |
|                                                                                                                         | Original Purchase Amount | Reason for Refund/Rebate    |     |                               |                                               |                                             |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 3) |                          |                             |     | \$10.00                       | \$0.00                                        | \$0.00                                      |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 2605

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)<br>N/A                   | N/A                                     | N/A                                   |
| Account with Interest Earned (Bank Name / Type of Account)<br>N/A                   | N/A                                     | N/A                                   |
| Account with Interest Earned (Bank Name / Type of Account)<br>N/A                   | N/A                                     | N/A                                   |
| Account with Interest Earned (Bank Name / Type of Account)<br>N/A                   | N/A                                     | N/A                                   |
| Account with Interest Earned (Bank Name / Type of Account)<br>N/A                   | N/A                                     | N/A                                   |
| Total<br>(transfer the total received this period to "Summary of Receipts," line 4) | N/A                                     | N/A                                   |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 26-05

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

SCHEDULE A(5)(a)

| Individual Contributor Information                                                                                         |                                              |                              |                                                 | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------|-------------------------------------------------|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                          | Name<br>AUBREY MORRIS                        |                              | Date In-Kind Contribution Received<br>6-10-2026 | 270.00          | 270.00                                  | 270.00                                |
|                                                                                                                            | Street Address<br>44270 W. Palo Verde Street |                              |                                                 |                 |                                         |                                       |
|                                                                                                                            | City<br>MARICOPA                             | State<br>AZ                  | ZIP<br>85138                                    |                 |                                         |                                       |
|                                                                                                                            | Occupation<br>Music Promoter                 | Employer<br>MARICOPA AZ EGGS |                                                 |                 |                                         |                                       |
|                                                                                                                            |                                              |                              |                                                 |                 |                                         |                                       |
| 2                                                                                                                          | Name<br>N/A                                  |                              | Date In-Kind Contribution Received<br>          | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address<br>N/A                        |                              |                                                 |                 |                                         |                                       |
|                                                                                                                            | City<br>N/A                                  | State<br>N/A                 | ZIP<br>N/A                                      |                 |                                         |                                       |
|                                                                                                                            | Occupation<br>                               | Employer<br>                 |                                                 |                 |                                         |                                       |
|                                                                                                                            |                                              |                              |                                                 |                 |                                         |                                       |
| 3                                                                                                                          | Name<br>N/A                                  |                              | Date In-Kind Contribution Received<br>          | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address<br>N/A                        |                              |                                                 |                 |                                         |                                       |
|                                                                                                                            | City<br>N/A                                  | State<br>                    | ZIP<br>                                         |                 |                                         |                                       |
|                                                                                                                            | Occupation<br>                               | Employer<br>                 |                                                 |                 |                                         |                                       |
|                                                                                                                            |                                              |                              |                                                 |                 |                                         |                                       |
| 4                                                                                                                          | Name<br>N/A                                  |                              | Date In-Kind Contribution Received<br>          | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address<br>N/A                        |                              |                                                 |                 |                                         |                                       |
|                                                                                                                            | City<br>N/A                                  | State<br>                    | ZIP<br>                                         |                 |                                         |                                       |
|                                                                                                                            | Occupation<br>                               | Employer<br>                 |                                                 |                 |                                         |                                       |
|                                                                                                                            |                                              |                              |                                                 |                 |                                         |                                       |
| 5                                                                                                                          | Name<br>N/A                                  |                              | Date In-Kind Contribution Received<br>          | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address<br>N/A                        |                              |                                                 |                 |                                         |                                       |
|                                                                                                                            | City<br>N/A                                  | State<br>                    | ZIP<br>                                         |                 |                                         |                                       |
|                                                                                                                            | Occupation<br>                               | Employer<br>                 |                                                 |                 |                                         |                                       |
|                                                                                                                            |                                              |                              |                                                 |                 |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 5(a)) |                                              |                              |                                                 | 270.00          | 270.00                                  |                                       |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAW 26-05

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                                                           | \$100.00                                | \$100.00                              |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 5 (b)) |                                         |                                       |

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 26-05

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

SCHEDULE A(5)(c)

|                                                                                                                            | Individual Contributor Information                                                                                                                                                                                                                                                                                                                            | Amount Received               | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |                                           |  |  |                  |             |              |                                  |                                                     |  |       |       |       |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------|---------------------------------------|-------------------------------------------|--|--|------------------|-------------|--------------|----------------------------------|-----------------------------------------------------|--|-------|-------|-------|
| 1                                                                                                                          | <table><tr><td colspan="3">Committee Name<br/>THOMAS FORD</td></tr><tr><td colspan="3">Street Address<br/>5918 DUREN FARMS CIRCLE</td></tr><tr><td>City<br/>LITHONIA</td><td>State<br/>GA</td><td>ZIP<br/>30058</td></tr><tr><td>Committee ID Number<br/>CAN 26-05</td><td colspan="2">Date In-Kind Contribution Received<br/>JUNE 30, 2026</td></tr></table> | Committee Name<br>THOMAS FORD |                                         |                                       | Street Address<br>5918 DUREN FARMS CIRCLE |  |  | City<br>LITHONIA | State<br>GA | ZIP<br>30058 | Committee ID Number<br>CAN 26-05 | Date In-Kind Contribution Received<br>JUNE 30, 2026 |  | 1,200 | 1,200 | 1,200 |
| Committee Name<br>THOMAS FORD                                                                                              |                                                                                                                                                                                                                                                                                                                                                               |                               |                                         |                                       |                                           |  |  |                  |             |              |                                  |                                                     |  |       |       |       |
| Street Address<br>5918 DUREN FARMS CIRCLE                                                                                  |                                                                                                                                                                                                                                                                                                                                                               |                               |                                         |                                       |                                           |  |  |                  |             |              |                                  |                                                     |  |       |       |       |
| City<br>LITHONIA                                                                                                           | State<br>GA                                                                                                                                                                                                                                                                                                                                                   | ZIP<br>30058                  |                                         |                                       |                                           |  |  |                  |             |              |                                  |                                                     |  |       |       |       |
| Committee ID Number<br>CAN 26-05                                                                                           | Date In-Kind Contribution Received<br>JUNE 30, 2026                                                                                                                                                                                                                                                                                                           |                               |                                         |                                       |                                           |  |  |                  |             |              |                                  |                                                     |  |       |       |       |
| 2                                                                                                                          | <table><tr><td colspan="3">Committee Name</td></tr><tr><td colspan="3">Street Address</td></tr><tr><td>City<br/>N/A</td><td>State</td><td>ZIP</td></tr><tr><td>Committee ID Number</td><td colspan="2">Date In-Kind Contribution Received</td></tr></table>                                                                                                   | Committee Name                |                                         |                                       | Street Address                            |  |  | City<br>N/A      | State       | ZIP          | Committee ID Number              | Date In-Kind Contribution Received                  |  | N/A   | N/A   | N/A   |
| Committee Name                                                                                                             |                                                                                                                                                                                                                                                                                                                                                               |                               |                                         |                                       |                                           |  |  |                  |             |              |                                  |                                                     |  |       |       |       |
| Street Address                                                                                                             |                                                                                                                                                                                                                                                                                                                                                               |                               |                                         |                                       |                                           |  |  |                  |             |              |                                  |                                                     |  |       |       |       |
| City<br>N/A                                                                                                                | State                                                                                                                                                                                                                                                                                                                                                         | ZIP                           |                                         |                                       |                                           |  |  |                  |             |              |                                  |                                                     |  |       |       |       |
| Committee ID Number                                                                                                        | Date In-Kind Contribution Received                                                                                                                                                                                                                                                                                                                            |                               |                                         |                                       |                                           |  |  |                  |             |              |                                  |                                                     |  |       |       |       |
| 3                                                                                                                          | <table><tr><td colspan="3">Committee Name</td></tr><tr><td colspan="3">Street Address</td></tr><tr><td>City<br/>N/A</td><td>State</td><td>ZIP</td></tr><tr><td>Committee ID Number</td><td colspan="2">Date In-Kind Contribution Received</td></tr></table>                                                                                                   | Committee Name                |                                         |                                       | Street Address                            |  |  | City<br>N/A      | State       | ZIP          | Committee ID Number              | Date In-Kind Contribution Received                  |  | N/A   | N/A   | N/A   |
| Committee Name                                                                                                             |                                                                                                                                                                                                                                                                                                                                                               |                               |                                         |                                       |                                           |  |  |                  |             |              |                                  |                                                     |  |       |       |       |
| Street Address                                                                                                             |                                                                                                                                                                                                                                                                                                                                                               |                               |                                         |                                       |                                           |  |  |                  |             |              |                                  |                                                     |  |       |       |       |
| City<br>N/A                                                                                                                | State                                                                                                                                                                                                                                                                                                                                                         | ZIP                           |                                         |                                       |                                           |  |  |                  |             |              |                                  |                                                     |  |       |       |       |
| Committee ID Number                                                                                                        | Date In-Kind Contribution Received                                                                                                                                                                                                                                                                                                                            |                               |                                         |                                       |                                           |  |  |                  |             |              |                                  |                                                     |  |       |       |       |
| 4                                                                                                                          | <table><tr><td colspan="3">Committee Name</td></tr><tr><td colspan="3">Street Address</td></tr><tr><td>City<br/>N/A</td><td>State</td><td>ZIP</td></tr><tr><td>Committee ID Number</td><td colspan="2">Date In-Kind Contribution Received</td></tr></table>                                                                                                   | Committee Name                |                                         |                                       | Street Address                            |  |  | City<br>N/A      | State       | ZIP          | Committee ID Number              | Date In-Kind Contribution Received                  |  | N/A   | N/A   | N/A   |
| Committee Name                                                                                                             |                                                                                                                                                                                                                                                                                                                                                               |                               |                                         |                                       |                                           |  |  |                  |             |              |                                  |                                                     |  |       |       |       |
| Street Address                                                                                                             |                                                                                                                                                                                                                                                                                                                                                               |                               |                                         |                                       |                                           |  |  |                  |             |              |                                  |                                                     |  |       |       |       |
| City<br>N/A                                                                                                                | State                                                                                                                                                                                                                                                                                                                                                         | ZIP                           |                                         |                                       |                                           |  |  |                  |             |              |                                  |                                                     |  |       |       |       |
| Committee ID Number                                                                                                        | Date In-Kind Contribution Received                                                                                                                                                                                                                                                                                                                            |                               |                                         |                                       |                                           |  |  |                  |             |              |                                  |                                                     |  |       |       |       |
| 5                                                                                                                          | <table><tr><td colspan="3">Committee Name</td></tr><tr><td colspan="3">Street Address</td></tr><tr><td>City<br/>N/A</td><td>State</td><td>ZIP</td></tr><tr><td>Committee ID Number</td><td colspan="2">Date In-Kind Contribution Received</td></tr></table>                                                                                                   | Committee Name                |                                         |                                       | Street Address                            |  |  | City<br>N/A      | State       | ZIP          | Committee ID Number              | Date In-Kind Contribution Received                  |  | N/A   | N/A   | N/A   |
| Committee Name                                                                                                             |                                                                                                                                                                                                                                                                                                                                                               |                               |                                         |                                       |                                           |  |  |                  |             |              |                                  |                                                     |  |       |       |       |
| Street Address                                                                                                             |                                                                                                                                                                                                                                                                                                                                                               |                               |                                         |                                       |                                           |  |  |                  |             |              |                                  |                                                     |  |       |       |       |
| City<br>N/A                                                                                                                | State                                                                                                                                                                                                                                                                                                                                                         | ZIP                           |                                         |                                       |                                           |  |  |                  |             |              |                                  |                                                     |  |       |       |       |
| Committee ID Number                                                                                                        | Date In-Kind Contribution Received                                                                                                                                                                                                                                                                                                                            |                               |                                         |                                       |                                           |  |  |                  |             |              |                                  |                                                     |  |       |       |       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 5(c)) |                                                                                                                                                                                                                                                                                                                                                               | \$1,200                       | \$1,200                                 |                                       |                                           |  |  |                  |             |              |                                  |                                                     |  |       |       |       |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAJ 26-05

IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

| Candidate Committee Contributor Information                                                                                |                                                                                                                                                                                                                                                                                                |  |  | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                          | <div>Committee Name<br/>Shannon Hughes</div> <div>Street Address<br/>35225 W San Pedro Drive</div> <div>City<br/>MARIKOPA</div> <div>State<br/>AZ</div> <div>ZIP<br/>85138</div> <div>Committee ID Number<br/>CAJ 26-05</div> <div>Date In-Kind Contribution Received<br/>April 15, 2026</div> |  |  | 1,500           | 25,650                                  | 25,650                                |
| 2                                                                                                                          | <div>Committee Name<br/>Ocean Kent</div> <div>Street Address<br/>17620 N. Porter Road</div> <div>City<br/>MARIZONA</div> <div>State<br/>AZ</div> <div>ZIP<br/>85224</div> <div>Committee ID Number<br/>CAJ 26-05</div> <div>Date In-Kind Contribution Received<br/>April 15, 2026</div>        |  |  | 40.00           | 800.00                                  | 800.00                                |
| 3                                                                                                                          | <div>Committee Name<br/>KELLYA PAYNE</div> <div>Street Address<br/>41108 W Haley Drive</div> <div>City<br/>MARIZONA</div> <div>State<br/>AZ</div> <div>ZIP<br/>85138</div> <div>Committee ID Number<br/>CAJ 26-05</div> <div>Date In-Kind Contribution Received<br/>April 15, 2026</div>       |  |  | 50.00           | 5,000.00                                | 5000.00                               |
| 4                                                                                                                          | <div>Committee Name<br/>LATINIA WILLIAMS</div> <div>Street Address<br/>43542 W Caven Drive</div> <div>City<br/>MARIZONA</div> <div>State<br/>AZ</div> <div>ZIP<br/>85138</div> <div>Committee ID Number<br/>CAJ 26-05</div> <div>Date In-Kind Contribution Received<br/>May 20, 2026</div>     |  |  | 750.00          | 8,200.00                                | 8250.00                               |
| 5                                                                                                                          | <div>Committee Name<br/>N/A</div> <div>Street Address<br/>N/A</div> <div>City<br/>N/A</div> <div>State<br/>N/A</div> <div>ZIP<br/>N/A</div> <div>Committee ID Number<br/>N/A</div> <div>Date In-Kind Contribution Received<br/>N/A</div>                                                       |  |  | N/A             | N/A                                     | N/A                                   |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 5(d)) |                                                                                                                                                                                                                                                                                                |  |  | 39,700          | 39,700                                  |                                       |

Schedule A(5)(d), page 21 of 69



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAW 26-05

IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

| Political Action Committee Contributor Information                                                                         |                     |                                    |     | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------|-----|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                          | Committee Name      |                                    |     | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address      |                                    |     |                 |                                         |                                       |
|                                                                                                                            | City                | State                              | ZIP |                 |                                         |                                       |
|                                                                                                                            | Committee ID Number | Date In-Kind Contribution Received |     |                 |                                         |                                       |
| 2                                                                                                                          | Committee Name      |                                    |     | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address      |                                    |     |                 |                                         |                                       |
|                                                                                                                            | City                | State                              | ZIP |                 |                                         |                                       |
|                                                                                                                            | Committee ID Number | Date In-Kind Contribution Received |     |                 |                                         |                                       |
| 3                                                                                                                          | Committee Name      |                                    |     | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address      |                                    |     |                 |                                         |                                       |
|                                                                                                                            | City                | State                              | ZIP |                 |                                         |                                       |
|                                                                                                                            | Committee ID Number | Date In-Kind Contribution Received |     |                 |                                         |                                       |
| 4                                                                                                                          | Committee Name      |                                    |     | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address      |                                    |     |                 |                                         |                                       |
|                                                                                                                            | City                | State                              | ZIP |                 |                                         |                                       |
|                                                                                                                            | Committee ID Number | Date In-Kind Contribution Received |     |                 |                                         |                                       |
| 5                                                                                                                          | Committee Name      |                                    |     | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address      |                                    |     |                 |                                         |                                       |
|                                                                                                                            | City                | State                              | ZIP |                 |                                         |                                       |
|                                                                                                                            | Committee ID Number | Date In-Kind Contribution Received |     |                 |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 5(e)) |                     |                                    |     | \$00.00         | \$00.00                                 |                                       |

Schedule A(5)(e), page 22 of 69



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAW 26-05

IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

|                                                                                                                            | Political Party Contributor Information                                                                                                                                                                                                             | Amount Received                    | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |                |  |  |      |       |     |                     |  |                                    |     |     |     |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------|---------------------------------------|----------------|--|--|------|-------|-----|---------------------|--|------------------------------------|-----|-----|-----|
| 1                                                                                                                          | <table><tr><td colspan="3">Committee Name</td></tr><tr><td colspan="3">Street Address</td></tr><tr><td>City</td><td>State</td><td>ZIP</td></tr><tr><td colspan="2">Committee ID Number</td><td>Date In-Kind Contribution Received</td></tr></table> | Committee Name                     |                                         |                                       | Street Address |  |  | City | State | ZIP | Committee ID Number |  | Date In-Kind Contribution Received | N/A | N/A | N/A |
| Committee Name                                                                                                             |                                                                                                                                                                                                                                                     |                                    |                                         |                                       |                |  |  |      |       |     |                     |  |                                    |     |     |     |
| Street Address                                                                                                             |                                                                                                                                                                                                                                                     |                                    |                                         |                                       |                |  |  |      |       |     |                     |  |                                    |     |     |     |
| City                                                                                                                       | State                                                                                                                                                                                                                                               | ZIP                                |                                         |                                       |                |  |  |      |       |     |                     |  |                                    |     |     |     |
| Committee ID Number                                                                                                        |                                                                                                                                                                                                                                                     | Date In-Kind Contribution Received |                                         |                                       |                |  |  |      |       |     |                     |  |                                    |     |     |     |
| 2                                                                                                                          | <table><tr><td colspan="3">Committee Name</td></tr><tr><td colspan="3">Street Address</td></tr><tr><td>City</td><td>State</td><td>ZIP</td></tr><tr><td colspan="2">Committee ID Number</td><td>Date In-Kind Contribution Received</td></tr></table> | Committee Name                     |                                         |                                       | Street Address |  |  | City | State | ZIP | Committee ID Number |  | Date In-Kind Contribution Received | N/A | N/A | N/A |
| Committee Name                                                                                                             |                                                                                                                                                                                                                                                     |                                    |                                         |                                       |                |  |  |      |       |     |                     |  |                                    |     |     |     |
| Street Address                                                                                                             |                                                                                                                                                                                                                                                     |                                    |                                         |                                       |                |  |  |      |       |     |                     |  |                                    |     |     |     |
| City                                                                                                                       | State                                                                                                                                                                                                                                               | ZIP                                |                                         |                                       |                |  |  |      |       |     |                     |  |                                    |     |     |     |
| Committee ID Number                                                                                                        |                                                                                                                                                                                                                                                     | Date In-Kind Contribution Received |                                         |                                       |                |  |  |      |       |     |                     |  |                                    |     |     |     |
| 3                                                                                                                          | <table><tr><td colspan="3">Committee Name</td></tr><tr><td colspan="3">Street Address</td></tr><tr><td>City</td><td>State</td><td>ZIP</td></tr><tr><td colspan="2">Committee ID Number</td><td>Date In-Kind Contribution Received</td></tr></table> | Committee Name                     |                                         |                                       | Street Address |  |  | City | State | ZIP | Committee ID Number |  | Date In-Kind Contribution Received | N/A | N/A | N/A |
| Committee Name                                                                                                             |                                                                                                                                                                                                                                                     |                                    |                                         |                                       |                |  |  |      |       |     |                     |  |                                    |     |     |     |
| Street Address                                                                                                             |                                                                                                                                                                                                                                                     |                                    |                                         |                                       |                |  |  |      |       |     |                     |  |                                    |     |     |     |
| City                                                                                                                       | State                                                                                                                                                                                                                                               | ZIP                                |                                         |                                       |                |  |  |      |       |     |                     |  |                                    |     |     |     |
| Committee ID Number                                                                                                        |                                                                                                                                                                                                                                                     | Date In-Kind Contribution Received |                                         |                                       |                |  |  |      |       |     |                     |  |                                    |     |     |     |
| 4                                                                                                                          | <table><tr><td colspan="3">Committee Name</td></tr><tr><td colspan="3">Street Address</td></tr><tr><td>City</td><td>State</td><td>ZIP</td></tr><tr><td colspan="2">Committee ID Number</td><td>Date In-Kind Contribution Received</td></tr></table> | Committee Name                     |                                         |                                       | Street Address |  |  | City | State | ZIP | Committee ID Number |  | Date In-Kind Contribution Received | N/A | N/A | N/A |
| Committee Name                                                                                                             |                                                                                                                                                                                                                                                     |                                    |                                         |                                       |                |  |  |      |       |     |                     |  |                                    |     |     |     |
| Street Address                                                                                                             |                                                                                                                                                                                                                                                     |                                    |                                         |                                       |                |  |  |      |       |     |                     |  |                                    |     |     |     |
| City                                                                                                                       | State                                                                                                                                                                                                                                               | ZIP                                |                                         |                                       |                |  |  |      |       |     |                     |  |                                    |     |     |     |
| Committee ID Number                                                                                                        |                                                                                                                                                                                                                                                     | Date In-Kind Contribution Received |                                         |                                       |                |  |  |      |       |     |                     |  |                                    |     |     |     |
| 5                                                                                                                          | <table><tr><td colspan="3">Committee Name</td></tr><tr><td colspan="3">Street Address</td></tr><tr><td>City</td><td>State</td><td>ZIP</td></tr><tr><td colspan="2">Committee ID Number</td><td>Date In-Kind Contribution Received</td></tr></table> | Committee Name                     |                                         |                                       | Street Address |  |  | City | State | ZIP | Committee ID Number |  | Date In-Kind Contribution Received | N/A | N/A | N/A |
| Committee Name                                                                                                             |                                                                                                                                                                                                                                                     |                                    |                                         |                                       |                |  |  |      |       |     |                     |  |                                    |     |     |     |
| Street Address                                                                                                             |                                                                                                                                                                                                                                                     |                                    |                                         |                                       |                |  |  |      |       |     |                     |  |                                    |     |     |     |
| City                                                                                                                       | State                                                                                                                                                                                                                                               | ZIP                                |                                         |                                       |                |  |  |      |       |     |                     |  |                                    |     |     |     |
| Committee ID Number                                                                                                        |                                                                                                                                                                                                                                                     | Date In-Kind Contribution Received |                                         |                                       |                |  |  |      |       |     |                     |  |                                    |     |     |     |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 5(f)) |                                                                                                                                                                                                                                                     |                                    | \$100.00                                | \$100.00                              |                |  |  |      |       |     |                     |  |                                    |     |     |     |

Schedule A(5)(f), page 23 of 69



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 26-05

IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

| Partnership Contributor Information                                                                                        |                                    |                                    |     | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------|-----|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                          | Partnership Name                   |                                    |     | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address                     |                                    |     |                 |                                         |                                       |
|                                                                                                                            | City                               | State                              | ZIP |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number | Date In-Kind Contribution Received |     |                 |                                         |                                       |
| 2                                                                                                                          | Partnership Name                   |                                    |     | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address                     |                                    |     |                 |                                         |                                       |
|                                                                                                                            | City                               | State                              | ZIP |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number | Date In-Kind Contribution Received |     |                 |                                         |                                       |
| 3                                                                                                                          | Partnership Name                   |                                    |     | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address                     |                                    |     |                 |                                         |                                       |
|                                                                                                                            | City                               | State                              | ZIP |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number | Date In-Kind Contribution Received |     |                 |                                         |                                       |
| 4                                                                                                                          | Partnership Name                   |                                    |     | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address                     |                                    |     |                 |                                         |                                       |
|                                                                                                                            | City                               | State                              | ZIP |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number | Date In-Kind Contribution Received |     |                 |                                         |                                       |
| 5                                                                                                                          | Partnership Name                   |                                    |     | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address                     |                                    |     |                 |                                         |                                       |
|                                                                                                                            | City                               | State                              | ZIP |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number | Date In-Kind Contribution Received |     |                 |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 5(g)) |                                    |                                    |     | \$0.00          | \$0.00                                  |                                       |

Schedule A(5)(g), page 24 of 69



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 26-05

IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

| Corporation / LLC Contributor Information                                                                                  |                                    |       |                                    | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------|------------------------------------|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                          | Corporation/LLC Name               |       |                                    | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address                     |       |                                    |                 |                                         |                                       |
|                                                                                                                            | City                               | State | ZIP                                |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number |       | Date In-Kind Contribution Received |                 |                                         |                                       |
| 2                                                                                                                          | Corporation/LLC Name               |       |                                    | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address                     |       |                                    |                 |                                         |                                       |
|                                                                                                                            | City                               | State | ZIP                                |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number |       | Date In-Kind Contribution Received |                 |                                         |                                       |
| 3                                                                                                                          | Corporation/LLC Name               |       |                                    | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address                     |       |                                    |                 |                                         |                                       |
|                                                                                                                            | City                               | State | ZIP                                |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number |       | Date In-Kind Contribution Received |                 |                                         |                                       |
| 4                                                                                                                          | Corporation/LLC Name               |       |                                    | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address                     |       |                                    |                 |                                         |                                       |
|                                                                                                                            | City                               | State | ZIP                                |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number |       | Date In-Kind Contribution Received |                 |                                         |                                       |
| 5                                                                                                                          | Corporation/LLC Name               |       |                                    | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address                     |       |                                    |                 |                                         |                                       |
|                                                                                                                            | City                               | State | ZIP                                |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number |       | Date In-Kind Contribution Received |                 |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 5(h)) |                                    |       |                                    |                 | \$00.00                                 | \$00.00                               |

Schedule A(5)(h), page 25 of 69



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 26-05

IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

| Labor Organization Contributor Information                                                                                 |                                    |                                    |     | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------|-----|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                          | Labor Organization Name            |                                    |     | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address                     |                                    |     |                 |                                         |                                       |
|                                                                                                                            | City                               | State                              | ZIP |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number | Date In-Kind Contribution Received |     |                 |                                         |                                       |
| 2                                                                                                                          | Labor Organization Name            |                                    |     | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address                     |                                    |     |                 |                                         |                                       |
|                                                                                                                            | City                               | State                              | ZIP |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number | Date In-Kind Contribution Received |     |                 |                                         |                                       |
| 3                                                                                                                          | Labor Organization Name            |                                    |     | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address                     |                                    |     |                 |                                         |                                       |
|                                                                                                                            | City                               | State                              | ZIP |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number | Date In-Kind Contribution Received |     |                 |                                         |                                       |
| 4                                                                                                                          | Labor Organization Name            |                                    |     | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address                     |                                    |     |                 |                                         |                                       |
|                                                                                                                            | City                               | State                              | ZIP |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number | Date In-Kind Contribution Received |     |                 |                                         |                                       |
| 5                                                                                                                          | Labor Organization Name            |                                    |     | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address                     |                                    |     |                 |                                         |                                       |
|                                                                                                                            | City                               | State                              | ZIP |                 |                                         |                                       |
|                                                                                                                            | Corporation Commission File Number | Date In-Kind Contribution Received |     |                 |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 5(i)) |                                    |                                    |     | \$00.00         | \$00.00                                 |                                       |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 26-05

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

SCHEDULE A(5)(j)

| Candidate Information                                                                                                      |                                                                         |                                                   |              | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------|--------------|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                          | Name<br>Chrystal Olson                                                  | Date In-Kind Contribution Received<br>June 1 2026 |              |                 |                                         |                                       |
|                                                                                                                            | Street Address<br>18961 North Shelby Drive                              |                                                   |              |                 |                                         |                                       |
|                                                                                                                            | City<br>Maricopa                                                        | State<br>AZ                                       | ZIP<br>85738 | \$10.00         | \$3000                                  | \$3000                                |
|                                                                                                                            | Asset or Property Contributed<br>2014 Tesla Model S (USED FOR CAMPAIGN) |                                                   |              |                 |                                         |                                       |
| 2                                                                                                                          | Name<br>N/A                                                             | Date In-Kind Contribution Received                |              | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address<br>N/A                                                   |                                                   |              |                 |                                         |                                       |
|                                                                                                                            | City<br>N/A                                                             | State<br>N/A                                      | ZIP<br>N/A   |                 |                                         |                                       |
|                                                                                                                            | Asset or Property Contributed                                           |                                                   |              |                 |                                         |                                       |
| 3                                                                                                                          | Name<br>N/A                                                             | Date In-Kind Contribution Received                |              | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address<br>N/A                                                   |                                                   |              |                 |                                         |                                       |
|                                                                                                                            | City<br>N/A                                                             | State<br>N/A                                      | ZIP<br>N/A   |                 |                                         |                                       |
|                                                                                                                            | Asset or Property Contributed                                           |                                                   |              |                 |                                         |                                       |
| 4                                                                                                                          | Name<br>N/A                                                             | Date In-Kind Contribution Received                |              | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address<br>N/A                                                   |                                                   |              |                 |                                         |                                       |
|                                                                                                                            | City<br>N/A                                                             | State<br>N/A                                      | ZIP<br>N/A   |                 |                                         |                                       |
|                                                                                                                            | Asset or Property Contributed                                           |                                                   |              |                 |                                         |                                       |
| 5                                                                                                                          | Name<br>N/A                                                             | Date In-Kind Contribution Received                |              | N/A             | N/A                                     | N/A                                   |
|                                                                                                                            | Street Address<br>N/A                                                   |                                                   |              |                 |                                         |                                       |
|                                                                                                                            | City<br>N/A                                                             | State<br>N/A                                      | ZIP<br>N/A   |                 |                                         |                                       |
|                                                                                                                            | Asset or Property Contributed                                           |                                                   |              |                 |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 5(j)) |                                                                         |                                                   |              | \$200.00        | \$300.00                                |                                       |

Schedule A(5)(j), page 27 of 69



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAJ 26-05

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

SCHEDULE A(6)

| Source Information                                                                                                      |                      |                                |     | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------|-----|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                       | Name                 | Date In-Kind Donation Received |     | N/A             | N/A                                     | N/A                                   |
|                                                                                                                         | Street Address       |                                |     |                 |                                         |                                       |
|                                                                                                                         | City                 | State                          | ZIP |                 |                                         |                                       |
|                                                                                                                         | Type of Item Donated |                                |     |                 |                                         |                                       |
| 2                                                                                                                       | Name                 | Date In-Kind Donation Received |     | N/A             | N/A                                     | N/A                                   |
|                                                                                                                         | Street Address       |                                |     |                 |                                         |                                       |
|                                                                                                                         | City                 | State                          | ZIP |                 |                                         |                                       |
|                                                                                                                         | Type of Item Donated |                                |     |                 |                                         |                                       |
| 3                                                                                                                       | Name                 | Date In-Kind Donation Received |     | N/A             | N/A                                     | N/A                                   |
|                                                                                                                         | Street Address       |                                |     |                 |                                         |                                       |
|                                                                                                                         | City                 | State                          | ZIP |                 |                                         |                                       |
|                                                                                                                         | Type of Item Donated |                                |     |                 |                                         |                                       |
| 4                                                                                                                       | Name                 | Date In-Kind Donation Received |     | N/A             | N/A                                     | N/A                                   |
|                                                                                                                         | Street Address       |                                |     |                 |                                         |                                       |
|                                                                                                                         | City                 | State                          | ZIP |                 |                                         |                                       |
|                                                                                                                         | Type of Item Donated |                                |     |                 |                                         |                                       |
| 5                                                                                                                       | Name                 | Date In-Kind Donation Received |     | N/A             | N/A                                     | N/A                                   |
|                                                                                                                         | Street Address       |                                |     |                 |                                         |                                       |
|                                                                                                                         | City                 | State                          | ZIP |                 |                                         |                                       |
|                                                                                                                         | Type of Item Donated |                                |     |                 |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 6) |                      |                                |     | \$0.00          | \$0.00                                  |                                       |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAW 26 05

EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 26-05

PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 2605

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

|                                                                                                                         | Payor Committee Information                                                                                                                                                                                                                                                                           | Payment Amount | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |  |      |       |     |  |                                                 |                                        |     |     |     |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------|---------------------------------------|--|------|-------|-----|--|-------------------------------------------------|----------------------------------------|-----|-----|-----|
| 1                                                                                                                       | <table><tr><td>Committee Name</td><td>Payment Date</td></tr><tr><td colspan="2">Street Address</td></tr><tr><td>City</td><td>State</td></tr><tr><td colspan="2">ZIP</td></tr><tr><td>Date of Joint Fundraising Event (if applicable)</td><td>Type of Shared Expense (if applicable)</td></tr></table> | Committee Name | Payment Date                            | Street Address                        |  | City | State | ZIP |  | Date of Joint Fundraising Event (if applicable) | Type of Shared Expense (if applicable) | N/A | N/A | N/A |
| Committee Name                                                                                                          | Payment Date                                                                                                                                                                                                                                                                                          |                |                                         |                                       |  |      |       |     |  |                                                 |                                        |     |     |     |
| Street Address                                                                                                          |                                                                                                                                                                                                                                                                                                       |                |                                         |                                       |  |      |       |     |  |                                                 |                                        |     |     |     |
| City                                                                                                                    | State                                                                                                                                                                                                                                                                                                 |                |                                         |                                       |  |      |       |     |  |                                                 |                                        |     |     |     |
| ZIP                                                                                                                     |                                                                                                                                                                                                                                                                                                       |                |                                         |                                       |  |      |       |     |  |                                                 |                                        |     |     |     |
| Date of Joint Fundraising Event (if applicable)                                                                         | Type of Shared Expense (if applicable)                                                                                                                                                                                                                                                                |                |                                         |                                       |  |      |       |     |  |                                                 |                                        |     |     |     |
| 2                                                                                                                       | <table><tr><td>Committee Name</td><td>Payment Date</td></tr><tr><td colspan="2">Street Address</td></tr><tr><td>City</td><td>State</td></tr><tr><td colspan="2">ZIP</td></tr><tr><td>Date of Joint Fundraising Event (if applicable)</td><td>Type of Shared Expense (if applicable)</td></tr></table> | Committee Name | Payment Date                            | Street Address                        |  | City | State | ZIP |  | Date of Joint Fundraising Event (if applicable) | Type of Shared Expense (if applicable) | N/A | N/A | N/A |
| Committee Name                                                                                                          | Payment Date                                                                                                                                                                                                                                                                                          |                |                                         |                                       |  |      |       |     |  |                                                 |                                        |     |     |     |
| Street Address                                                                                                          |                                                                                                                                                                                                                                                                                                       |                |                                         |                                       |  |      |       |     |  |                                                 |                                        |     |     |     |
| City                                                                                                                    | State                                                                                                                                                                                                                                                                                                 |                |                                         |                                       |  |      |       |     |  |                                                 |                                        |     |     |     |
| ZIP                                                                                                                     |                                                                                                                                                                                                                                                                                                       |                |                                         |                                       |  |      |       |     |  |                                                 |                                        |     |     |     |
| Date of Joint Fundraising Event (if applicable)                                                                         | Type of Shared Expense (if applicable)                                                                                                                                                                                                                                                                |                |                                         |                                       |  |      |       |     |  |                                                 |                                        |     |     |     |
| 3                                                                                                                       | <table><tr><td>Committee Name</td><td>Payment Date</td></tr><tr><td colspan="2">Street Address</td></tr><tr><td>City</td><td>State</td></tr><tr><td colspan="2">ZIP</td></tr><tr><td>Date of Joint Fundraising Event (if applicable)</td><td>Type of Shared Expense (if applicable)</td></tr></table> | Committee Name | Payment Date                            | Street Address                        |  | City | State | ZIP |  | Date of Joint Fundraising Event (if applicable) | Type of Shared Expense (if applicable) | N/A | N/A | N/A |
| Committee Name                                                                                                          | Payment Date                                                                                                                                                                                                                                                                                          |                |                                         |                                       |  |      |       |     |  |                                                 |                                        |     |     |     |
| Street Address                                                                                                          |                                                                                                                                                                                                                                                                                                       |                |                                         |                                       |  |      |       |     |  |                                                 |                                        |     |     |     |
| City                                                                                                                    | State                                                                                                                                                                                                                                                                                                 |                |                                         |                                       |  |      |       |     |  |                                                 |                                        |     |     |     |
| ZIP                                                                                                                     |                                                                                                                                                                                                                                                                                                       |                |                                         |                                       |  |      |       |     |  |                                                 |                                        |     |     |     |
| Date of Joint Fundraising Event (if applicable)                                                                         | Type of Shared Expense (if applicable)                                                                                                                                                                                                                                                                |                |                                         |                                       |  |      |       |     |  |                                                 |                                        |     |     |     |
| 4                                                                                                                       | <table><tr><td>Committee Name</td><td>Payment Date</td></tr><tr><td colspan="2">Street Address</td></tr><tr><td>City</td><td>State</td></tr><tr><td colspan="2">ZIP</td></tr><tr><td>Date of Joint Fundraising Event (if applicable)</td><td>Type of Shared Expense (if applicable)</td></tr></table> | Committee Name | Payment Date                            | Street Address                        |  | City | State | ZIP |  | Date of Joint Fundraising Event (if applicable) | Type of Shared Expense (if applicable) | N/A | N/A | N/A |
| Committee Name                                                                                                          | Payment Date                                                                                                                                                                                                                                                                                          |                |                                         |                                       |  |      |       |     |  |                                                 |                                        |     |     |     |
| Street Address                                                                                                          |                                                                                                                                                                                                                                                                                                       |                |                                         |                                       |  |      |       |     |  |                                                 |                                        |     |     |     |
| City                                                                                                                    | State                                                                                                                                                                                                                                                                                                 |                |                                         |                                       |  |      |       |     |  |                                                 |                                        |     |     |     |
| ZIP                                                                                                                     |                                                                                                                                                                                                                                                                                                       |                |                                         |                                       |  |      |       |     |  |                                                 |                                        |     |     |     |
| Date of Joint Fundraising Event (if applicable)                                                                         | Type of Shared Expense (if applicable)                                                                                                                                                                                                                                                                |                |                                         |                                       |  |      |       |     |  |                                                 |                                        |     |     |     |
| 5                                                                                                                       | <table><tr><td>Committee Name</td><td>Payment Date</td></tr><tr><td colspan="2">Street Address</td></tr><tr><td>City</td><td>State</td></tr><tr><td colspan="2">ZIP</td></tr><tr><td>Date of Joint Fundraising Event (if applicable)</td><td>Type of Shared Expense (if applicable)</td></tr></table> | Committee Name | Payment Date                            | Street Address                        |  | City | State | ZIP |  | Date of Joint Fundraising Event (if applicable) | Type of Shared Expense (if applicable) | N/A | N/A | N/A |
| Committee Name                                                                                                          | Payment Date                                                                                                                                                                                                                                                                                          |                |                                         |                                       |  |      |       |     |  |                                                 |                                        |     |     |     |
| Street Address                                                                                                          |                                                                                                                                                                                                                                                                                                       |                |                                         |                                       |  |      |       |     |  |                                                 |                                        |     |     |     |
| City                                                                                                                    | State                                                                                                                                                                                                                                                                                                 |                |                                         |                                       |  |      |       |     |  |                                                 |                                        |     |     |     |
| ZIP                                                                                                                     |                                                                                                                                                                                                                                                                                                       |                |                                         |                                       |  |      |       |     |  |                                                 |                                        |     |     |     |
| Date of Joint Fundraising Event (if applicable)                                                                         | Type of Shared Expense (if applicable)                                                                                                                                                                                                                                                                |                |                                         |                                       |  |      |       |     |  |                                                 |                                        |     |     |     |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 8) |                                                                                                                                                                                                                                                                                                       |                | \$100.00                                | \$100.00                              |  |      |       |     |  |                                                 |                                        |     |     |     |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAW 26-65

PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

| Payor Information                                                                                                       |                             |       |              | Payment Amount | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------|--------------|----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                       | Name                        |       |              | N/A            | N/A                                     | N/A                                   |
|                                                                                                                         | Street Address              |       |              |                |                                         |                                       |
|                                                                                                                         | City                        | State | ZIP          |                |                                         |                                       |
|                                                                                                                         | Services or Goods Purchased |       | Payment Date |                |                                         |                                       |
| 2                                                                                                                       | Name                        |       |              | N/A            | N/A                                     | N/A                                   |
|                                                                                                                         | Street Address              |       |              |                |                                         |                                       |
|                                                                                                                         | City                        | State | ZIP          |                |                                         |                                       |
|                                                                                                                         | Services or Goods Purchased |       | Payment Date |                |                                         |                                       |
| 3                                                                                                                       | Name                        |       |              | N/A            | N/A                                     | N/A                                   |
|                                                                                                                         | Street Address              |       |              |                |                                         |                                       |
|                                                                                                                         | City                        | State | ZIP          |                |                                         |                                       |
|                                                                                                                         | Services or Goods Purchased |       | Payment Date |                |                                         |                                       |
| 4                                                                                                                       | Name                        |       |              | N/A            | N/A                                     | N/A                                   |
|                                                                                                                         | Street Address              |       |              |                |                                         |                                       |
|                                                                                                                         | City                        | State | ZIP          |                |                                         |                                       |
|                                                                                                                         | Services or Goods Purchased |       | Payment Date |                |                                         |                                       |
| 5                                                                                                                       | Name                        |       |              | N/A            | N/A                                     | N/A                                   |
|                                                                                                                         | Street Address              |       |              |                |                                         |                                       |
|                                                                                                                         | City                        | State | ZIP          |                |                                         |                                       |
|                                                                                                                         | Services or Goods Purchased |       | Payment Date |                |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 9) |                             |       |              | \$00.00        | \$00.00                                 |                                       |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 2605

OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 26-05

TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CA02605

MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

|                                                                                                                          | Source Information                                                    | Amount  | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                        | Name<br>Street Address<br>City State ZIP<br>Receipt Type Receipt Date | N/A     | N/A                                     | N/A                                   |
| 2                                                                                                                        | Name<br>Street Address<br>City State ZIP<br>Receipt Type Receipt Date | N/A     | N/A                                     | N/A                                   |
| 3                                                                                                                        | Name<br>Street Address<br>City State ZIP<br>Receipt Type Receipt Date | N/A     | N/A                                     | N/A                                   |
| 4                                                                                                                        | Name<br>Street Address<br>City State ZIP<br>Receipt Type Receipt Date | N/A     | N/A                                     | N/A                                   |
| 5                                                                                                                        | Name<br>Street Address<br>City State ZIP<br>Receipt Type Receipt Date | N/A     | N/A                                     | N/A                                   |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 12) |                                                                       | \$16.00 | \$10.00                                 |                                       |

Schedule A(12), page 35 of 69



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAW 26-05

DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

|                                                                                                                               | Recipient Information                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Amount Paid                                                                 | Cumulative Amount this Reporting Period                  | Cumulative Amount this Election Cycle |                   |              |                |                    |  |  |  |      |               |       |    |           |                                |                     |  |                                                          |                          |       |       |       |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------|-------------------|--------------|----------------|--------------------|--|--|--|------|---------------|-------|----|-----------|--------------------------------|---------------------|--|----------------------------------------------------------|--------------------------|-------|-------|-------|
| 1                                                                                                                             | <table><tr><td>Name</td><td colspan="2">Microsoft</td><td>Disbursement Date</td><td>May 6, 2026</td></tr><tr><td>Street Address</td><td colspan="4">1 Microsoft Way</td></tr><tr><td>City</td><td>Redmond</td><td>State</td><td>WA</td><td>ZIP 98052</td></tr><tr><td>Type of Operating Expense Paid</td><td colspan="2">Software</td><td>Non-Electoral Purpose? (PACs and Political Parties Only)</td><td><input type="checkbox"/></td></tr></table>                 | Name                                                                        | Microsoft                                                |                                       | Disbursement Date | May 6, 2026  | Street Address | 1 Microsoft Way    |  |  |  | City | Redmond       | State | WA | ZIP 98052 | Type of Operating Expense Paid | Software            |  | Non-Electoral Purpose? (PACs and Political Parties Only) | <input type="checkbox"/> | 14.18 | 28.36 | 28.36 |
| Name                                                                                                                          | Microsoft                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             | Disbursement Date                                        | May 6, 2026                           |                   |              |                |                    |  |  |  |      |               |       |    |           |                                |                     |  |                                                          |                          |       |       |       |
| Street Address                                                                                                                | 1 Microsoft Way                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                                                          |                                       |                   |              |                |                    |  |  |  |      |               |       |    |           |                                |                     |  |                                                          |                          |       |       |       |
| City                                                                                                                          | Redmond                                                                                                                                                                                                                                                                                                                                                                                                                                                               | State                                                                       | WA                                                       | ZIP 98052                             |                   |              |                |                    |  |  |  |      |               |       |    |           |                                |                     |  |                                                          |                          |       |       |       |
| Type of Operating Expense Paid                                                                                                | Software                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             | Non-Electoral Purpose? (PACs and Political Parties Only) | <input type="checkbox"/>              |                   |              |                |                    |  |  |  |      |               |       |    |           |                                |                     |  |                                                          |                          |       |       |       |
|                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                                          |                                       |                   |              |                |                    |  |  |  |      |               |       |    |           |                                |                     |  |                                                          |                          |       |       |       |
| 2                                                                                                                             | <table><tr><td>Name</td><td colspan="2">Wells Fargo</td><td>Disbursement Date</td><td></td></tr><tr><td>Street Address</td><td colspan="4">333 Market Street</td></tr><tr><td>City</td><td>San Francisco</td><td>State</td><td>CA</td><td>ZIP 94105</td></tr><tr><td>Type of Operating Expense Paid</td><td colspan="2">Account Service Fee</td><td>Non-Electoral Purpose? (PACs and Political Parties Only)</td><td><input type="checkbox"/></td></tr></table>       | Name                                                                        | Wells Fargo                                              |                                       | Disbursement Date |              | Street Address | 333 Market Street  |  |  |  | City | San Francisco | State | CA | ZIP 94105 | Type of Operating Expense Paid | Account Service Fee |  | Non-Electoral Purpose? (PACs and Political Parties Only) | <input type="checkbox"/> | 15.00 | 15.00 | 15.00 |
| Name                                                                                                                          | Wells Fargo                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             | Disbursement Date                                        |                                       |                   |              |                |                    |  |  |  |      |               |       |    |           |                                |                     |  |                                                          |                          |       |       |       |
| Street Address                                                                                                                | 333 Market Street                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             |                                                          |                                       |                   |              |                |                    |  |  |  |      |               |       |    |           |                                |                     |  |                                                          |                          |       |       |       |
| City                                                                                                                          | San Francisco                                                                                                                                                                                                                                                                                                                                                                                                                                                         | State                                                                       | CA                                                       | ZIP 94105                             |                   |              |                |                    |  |  |  |      |               |       |    |           |                                |                     |  |                                                          |                          |       |       |       |
| Type of Operating Expense Paid                                                                                                | Account Service Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             | Non-Electoral Purpose? (PACs and Political Parties Only) | <input type="checkbox"/>              |                   |              |                |                    |  |  |  |      |               |       |    |           |                                |                     |  |                                                          |                          |       |       |       |
|                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                                          |                                       |                   |              |                |                    |  |  |  |      |               |       |    |           |                                |                     |  |                                                          |                          |       |       |       |
| 3                                                                                                                             | <table><tr><td>Name</td><td colspan="2">Slack</td><td>Disbursement Date</td><td>May 26, 2026</td></tr><tr><td>Street Address</td><td colspan="4">415 Mission Street</td></tr><tr><td>City</td><td>San Francisco</td><td>State</td><td>CA</td><td>ZIP 94105</td></tr><tr><td>Type of Operating Expense Paid</td><td colspan="2">Social Media/Slack</td><td>Non-Electoral Purpose? (PACs and Political Parties Only)</td><td><input type="checkbox"/></td></tr></table> | Name                                                                        | Slack                                                    |                                       | Disbursement Date | May 26, 2026 | Street Address | 415 Mission Street |  |  |  | City | San Francisco | State | CA | ZIP 94105 | Type of Operating Expense Paid | Social Media/Slack  |  | Non-Electoral Purpose? (PACs and Political Parties Only) | <input type="checkbox"/> | 9.51  | 19.02 | 19.02 |
| Name                                                                                                                          | Slack                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             | Disbursement Date                                        | May 26, 2026                          |                   |              |                |                    |  |  |  |      |               |       |    |           |                                |                     |  |                                                          |                          |       |       |       |
| Street Address                                                                                                                | 415 Mission Street                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             |                                                          |                                       |                   |              |                |                    |  |  |  |      |               |       |    |           |                                |                     |  |                                                          |                          |       |       |       |
| City                                                                                                                          | San Francisco                                                                                                                                                                                                                                                                                                                                                                                                                                                         | State                                                                       | CA                                                       | ZIP 94105                             |                   |              |                |                    |  |  |  |      |               |       |    |           |                                |                     |  |                                                          |                          |       |       |       |
| Type of Operating Expense Paid                                                                                                | Social Media/Slack                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             | Non-Electoral Purpose? (PACs and Political Parties Only) | <input type="checkbox"/>              |                   |              |                |                    |  |  |  |      |               |       |    |           |                                |                     |  |                                                          |                          |       |       |       |
|                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                                          |                                       |                   |              |                |                    |  |  |  |      |               |       |    |           |                                |                     |  |                                                          |                          |       |       |       |
| 4                                                                                                                             | <table><tr><td>Name</td><td colspan="2">N/A</td><td>Disbursement Date</td><td></td></tr><tr><td>Street Address</td><td colspan="4">N/A</td></tr><tr><td>City</td><td></td><td>State</td><td></td><td>ZIP</td></tr><tr><td>Type of Operating Expense Paid</td><td colspan="2"></td><td>Non-Electoral Purpose? (PACs and Political Parties Only)</td><td><input type="checkbox"/></td></tr></table>                                                                     | Name                                                                        | N/A                                                      |                                       | Disbursement Date |              | Street Address | N/A                |  |  |  | City |               | State |    | ZIP       | Type of Operating Expense Paid |                     |  | Non-Electoral Purpose? (PACs and Political Parties Only) | <input type="checkbox"/> | N/A   | N/A   | N/A   |
| Name                                                                                                                          | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             | Disbursement Date                                        |                                       |                   |              |                |                    |  |  |  |      |               |       |    |           |                                |                     |  |                                                          |                          |       |       |       |
| Street Address                                                                                                                | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                                          |                                       |                   |              |                |                    |  |  |  |      |               |       |    |           |                                |                     |  |                                                          |                          |       |       |       |
| City                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | State                                                                       |                                                          | ZIP                                   |                   |              |                |                    |  |  |  |      |               |       |    |           |                                |                     |  |                                                          |                          |       |       |       |
| Type of Operating Expense Paid                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             | Non-Electoral Purpose? (PACs and Political Parties Only) | <input type="checkbox"/>              |                   |              |                |                    |  |  |  |      |               |       |    |           |                                |                     |  |                                                          |                          |       |       |       |
|                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> Cash<br><input type="checkbox"/> Credit |                                                          |                                       |                   |              |                |                    |  |  |  |      |               |       |    |           |                                |                     |  |                                                          |                          |       |       |       |
| 5                                                                                                                             | <table><tr><td>Name</td><td colspan="2">N/A</td><td>Disbursement Date</td><td></td></tr><tr><td>Street Address</td><td colspan="4">N/A</td></tr><tr><td>City</td><td></td><td>State</td><td></td><td>ZIP</td></tr><tr><td>Type of Operating Expense Paid</td><td colspan="2"></td><td>Non-Electoral Purpose? (PACs and Political Parties Only)</td><td><input type="checkbox"/></td></tr></table>                                                                     | Name                                                                        | N/A                                                      |                                       | Disbursement Date |              | Street Address | N/A                |  |  |  | City |               | State |    | ZIP       | Type of Operating Expense Paid |                     |  | Non-Electoral Purpose? (PACs and Political Parties Only) | <input type="checkbox"/> | N/A   | N/A   | N/A   |
| Name                                                                                                                          | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             | Disbursement Date                                        |                                       |                   |              |                |                    |  |  |  |      |               |       |    |           |                                |                     |  |                                                          |                          |       |       |       |
| Street Address                                                                                                                | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                                          |                                       |                   |              |                |                    |  |  |  |      |               |       |    |           |                                |                     |  |                                                          |                          |       |       |       |
| City                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | State                                                                       |                                                          | ZIP                                   |                   |              |                |                    |  |  |  |      |               |       |    |           |                                |                     |  |                                                          |                          |       |       |       |
| Type of Operating Expense Paid                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             | Non-Electoral Purpose? (PACs and Political Parties Only) | <input type="checkbox"/>              |                   |              |                |                    |  |  |  |      |               |       |    |           |                                |                     |  |                                                          |                          |       |       |       |
|                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit            |                                                          |                                       |                   |              |                |                    |  |  |  |      |               |       |    |           |                                |                     |  |                                                          |                          |       |       |       |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 1) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             | 62.38                                                    | 62.38                                 |                   |              |                |                    |  |  |  |      |               |       |    |           |                                |                     |  |                                                          |                          |       |       |       |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER  
**CW 2605**

MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

| Candidate Committee Recipient Information                                                                                        |                     |                        |     | Amount Contributed                                                      | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------|-----|-------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                                | Committee Name      |                        |     | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address      |                        |     |                                                                         |                                         |                                       |
|                                                                                                                                  | City                | State                  | ZIP |                                                                         |                                         |                                       |
|                                                                                                                                  | Committee ID Number | Date Contribution Made |     |                                                                         |                                         |                                       |
| 2                                                                                                                                | Committee Name      |                        |     | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address      |                        |     |                                                                         |                                         |                                       |
|                                                                                                                                  | City                | State                  | ZIP |                                                                         |                                         |                                       |
|                                                                                                                                  | Committee ID Number | Date Contribution Made |     |                                                                         |                                         |                                       |
| 3                                                                                                                                | Committee Name      |                        |     | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address      |                        |     |                                                                         |                                         |                                       |
|                                                                                                                                  | City                | State                  | ZIP |                                                                         |                                         |                                       |
|                                                                                                                                  | Committee ID Number | Date Contribution Made |     |                                                                         |                                         |                                       |
| 4                                                                                                                                | Committee Name      |                        |     | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address      |                        |     |                                                                         |                                         |                                       |
|                                                                                                                                  | City                | State                  | ZIP |                                                                         |                                         |                                       |
|                                                                                                                                  | Committee ID Number | Date Contribution Made |     |                                                                         |                                         |                                       |
| 5                                                                                                                                | Committee Name      |                        |     | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address      |                        |     |                                                                         |                                         |                                       |
|                                                                                                                                  | City                | State                  | ZIP |                                                                         |                                         |                                       |
|                                                                                                                                  | Committee ID Number | Date Contribution Made |     |                                                                         |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 2(a)) |                     |                        |     |                                                                         | \$0.00                                  | \$0.00                                |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAW 26-05

MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

| Political Action Committee Recipient Information                                                                                 |                     |       |                        | Amount Contributed                                                      | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------|-------|------------------------|-------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                                | Committee Name      |       |                        | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address      |       |                        |                                                                         |                                         |                                       |
|                                                                                                                                  | City                | State | ZIP                    |                                                                         |                                         |                                       |
|                                                                                                                                  | Committee ID Number |       | Date Contribution Made |                                                                         |                                         |                                       |
| 2                                                                                                                                | Committee Name      |       |                        | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address      |       |                        |                                                                         |                                         |                                       |
|                                                                                                                                  | City                | State | ZIP                    |                                                                         |                                         |                                       |
|                                                                                                                                  | Committee ID Number |       | Date Contribution Made |                                                                         |                                         |                                       |
| 3                                                                                                                                | Committee Name      |       |                        | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address      |       |                        |                                                                         |                                         |                                       |
|                                                                                                                                  | City                | State | ZIP                    |                                                                         |                                         |                                       |
|                                                                                                                                  | Committee ID Number |       | Date Contribution Made |                                                                         |                                         |                                       |
| 4                                                                                                                                | Committee Name      |       |                        | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address      |       |                        |                                                                         |                                         |                                       |
|                                                                                                                                  | City                | State | ZIP                    |                                                                         |                                         |                                       |
|                                                                                                                                  | Committee ID Number |       | Date Contribution Made |                                                                         |                                         |                                       |
| 5                                                                                                                                | Committee Name      |       |                        | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address      |       |                        |                                                                         |                                         |                                       |
|                                                                                                                                  | City                | State | ZIP                    |                                                                         |                                         |                                       |
|                                                                                                                                  | Committee ID Number |       | Date Contribution Made |                                                                         |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 2(b)) |                     |       |                        |                                                                         | \$100.00                                | \$100.00                              |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAW 26-05

MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

|                                                                                                                                  | Political Party Recipient Information                                                                                                                                                                                                   | Amount Contributed     | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------|---------------------------------------|----------------|--|--|------|-------|-----|---------------------|--|------------------------|-------------------------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------|-----|-----|
| 1                                                                                                                                | <table><tr><td colspan="3">Committee Name</td></tr><tr><td colspan="3">Street Address</td></tr><tr><td>City</td><td>State</td><td>ZIP</td></tr><tr><td colspan="2">Committee ID Number</td><td>Date Contribution Made</td></tr></table> | Committee Name         |                                         |                                       | Street Address |  |  | City | State | ZIP | Committee ID Number |  | Date Contribution Made | <table><tr><td>N/A</td></tr><tr><td><input type="checkbox"/> Cash<br/><input type="checkbox"/> Credit</td></tr></table> | N/A | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A | N/A |
| Committee Name                                                                                                                   |                                                                                                                                                                                                                                         |                        |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| Street Address                                                                                                                   |                                                                                                                                                                                                                                         |                        |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| City                                                                                                                             | State                                                                                                                                                                                                                                   | ZIP                    |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| Committee ID Number                                                                                                              |                                                                                                                                                                                                                                         | Date Contribution Made |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| N/A                                                                                                                              |                                                                                                                                                                                                                                         |                        |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit                                                                 |                                                                                                                                                                                                                                         |                        |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| 2                                                                                                                                | <table><tr><td colspan="3">Committee Name</td></tr><tr><td colspan="3">Street Address</td></tr><tr><td>City</td><td>State</td><td>ZIP</td></tr><tr><td colspan="2">Committee ID Number</td><td>Date Contribution Made</td></tr></table> | Committee Name         |                                         |                                       | Street Address |  |  | City | State | ZIP | Committee ID Number |  | Date Contribution Made | <table><tr><td>N/A</td></tr><tr><td><input type="checkbox"/> Cash<br/><input type="checkbox"/> Credit</td></tr></table> | N/A | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A | N/A |
| Committee Name                                                                                                                   |                                                                                                                                                                                                                                         |                        |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| Street Address                                                                                                                   |                                                                                                                                                                                                                                         |                        |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| City                                                                                                                             | State                                                                                                                                                                                                                                   | ZIP                    |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| Committee ID Number                                                                                                              |                                                                                                                                                                                                                                         | Date Contribution Made |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| N/A                                                                                                                              |                                                                                                                                                                                                                                         |                        |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit                                                                 |                                                                                                                                                                                                                                         |                        |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| 3                                                                                                                                | <table><tr><td colspan="3">Committee Name</td></tr><tr><td colspan="3">Street Address</td></tr><tr><td>City</td><td>State</td><td>ZIP</td></tr><tr><td colspan="2">Committee ID Number</td><td>Date Contribution Made</td></tr></table> | Committee Name         |                                         |                                       | Street Address |  |  | City | State | ZIP | Committee ID Number |  | Date Contribution Made | <table><tr><td>N/A</td></tr><tr><td><input type="checkbox"/> Cash<br/><input type="checkbox"/> Credit</td></tr></table> | N/A | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A | N/A |
| Committee Name                                                                                                                   |                                                                                                                                                                                                                                         |                        |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| Street Address                                                                                                                   |                                                                                                                                                                                                                                         |                        |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| City                                                                                                                             | State                                                                                                                                                                                                                                   | ZIP                    |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| Committee ID Number                                                                                                              |                                                                                                                                                                                                                                         | Date Contribution Made |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| N/A                                                                                                                              |                                                                                                                                                                                                                                         |                        |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit                                                                 |                                                                                                                                                                                                                                         |                        |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| 4                                                                                                                                | <table><tr><td colspan="3">Committee Name</td></tr><tr><td colspan="3">Street Address</td></tr><tr><td>City</td><td>State</td><td>ZIP</td></tr><tr><td colspan="2">Committee ID Number</td><td>Date Contribution Made</td></tr></table> | Committee Name         |                                         |                                       | Street Address |  |  | City | State | ZIP | Committee ID Number |  | Date Contribution Made | <table><tr><td>N/A</td></tr><tr><td><input type="checkbox"/> Cash<br/><input type="checkbox"/> Credit</td></tr></table> | N/A | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A | N/A |
| Committee Name                                                                                                                   |                                                                                                                                                                                                                                         |                        |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| Street Address                                                                                                                   |                                                                                                                                                                                                                                         |                        |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| City                                                                                                                             | State                                                                                                                                                                                                                                   | ZIP                    |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| Committee ID Number                                                                                                              |                                                                                                                                                                                                                                         | Date Contribution Made |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| N/A                                                                                                                              |                                                                                                                                                                                                                                         |                        |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit                                                                 |                                                                                                                                                                                                                                         |                        |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| 5                                                                                                                                | <table><tr><td colspan="3">Committee Name</td></tr><tr><td colspan="3">Street Address</td></tr><tr><td>City</td><td>State</td><td>ZIP</td></tr><tr><td colspan="2">Committee ID Number</td><td>Date Contribution Made</td></tr></table> | Committee Name         |                                         |                                       | Street Address |  |  | City | State | ZIP | Committee ID Number |  | Date Contribution Made | <table><tr><td>N/A</td></tr><tr><td><input type="checkbox"/> Cash<br/><input type="checkbox"/> Credit</td></tr></table> | N/A | <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A | N/A |
| Committee Name                                                                                                                   |                                                                                                                                                                                                                                         |                        |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| Street Address                                                                                                                   |                                                                                                                                                                                                                                         |                        |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| City                                                                                                                             | State                                                                                                                                                                                                                                   | ZIP                    |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| Committee ID Number                                                                                                              |                                                                                                                                                                                                                                         | Date Contribution Made |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| N/A                                                                                                                              |                                                                                                                                                                                                                                         |                        |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit                                                                 |                                                                                                                                                                                                                                         |                        |                                         |                                       |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 2(c)) |                                                                                                                                                                                                                                         |                        | \$100.00                                | \$500.00                              |                |  |  |      |       |     |                     |  |                        |                                                                                                                         |     |                                                                  |     |     |

Schedule B(2)(c), page 35 of 61



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 26-05

MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

| Partnership Recipient Information                                                                                                |                                    |                        |     | Amount Contributed                                                      | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------|-----|-------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                                | Partnership Name                   |                        |     | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address                     |                        |     |                                                                         |                                         |                                       |
|                                                                                                                                  | City                               | State                  | ZIP |                                                                         |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date Contribution Made |     |                                                                         |                                         |                                       |
| 2                                                                                                                                | Partnership Name                   |                        |     | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address                     |                        |     |                                                                         |                                         |                                       |
|                                                                                                                                  | City                               | State                  | ZIP |                                                                         |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date Contribution Made |     |                                                                         |                                         |                                       |
| 3                                                                                                                                | Partnership Name                   |                        |     | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address                     |                        |     |                                                                         |                                         |                                       |
|                                                                                                                                  | City                               | State                  | ZIP |                                                                         |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date Contribution Made |     |                                                                         |                                         |                                       |
| 4                                                                                                                                | Partnership Name                   |                        |     | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address                     |                        |     |                                                                         |                                         |                                       |
|                                                                                                                                  | City                               | State                  | ZIP |                                                                         |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date Contribution Made |     |                                                                         |                                         |                                       |
| 5                                                                                                                                | Partnership Name                   |                        |     | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address                     |                        |     |                                                                         |                                         |                                       |
|                                                                                                                                  | City                               | State                  | ZIP |                                                                         |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date Contribution Made |     |                                                                         |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 2(d)) |                                    |                        |     |                                                                         | \$00.00                                 | \$00.00                               |

Schedule B(2)(d), page 40 of 69



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CA02605

MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

| Corporation / LLC Recipient Information                                                                                          |                                    |       |                        | Amount Contributed                                                      | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------|------------------------|-------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                                | Corporation/LLC Name               |       |                        | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address                     |       |                        |                                                                         |                                         |                                       |
|                                                                                                                                  | City                               | State | ZIP                    |                                                                         |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number |       | Date Contribution Made |                                                                         |                                         |                                       |
| 2                                                                                                                                | Corporation/LLC Name               |       |                        | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address                     |       |                        |                                                                         |                                         |                                       |
|                                                                                                                                  | City                               | State | ZIP                    |                                                                         |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number |       | Date Contribution Made |                                                                         |                                         |                                       |
| 3                                                                                                                                | Corporation/LLC Name               |       |                        | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address                     |       |                        |                                                                         |                                         |                                       |
|                                                                                                                                  | City                               | State | ZIP                    |                                                                         |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number |       | Date Contribution Made |                                                                         |                                         |                                       |
| 4                                                                                                                                | Corporation/LLC Name               |       |                        | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address                     |       |                        |                                                                         |                                         |                                       |
|                                                                                                                                  | City                               | State | ZIP                    |                                                                         |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number |       | Date Contribution Made |                                                                         |                                         |                                       |
| 5                                                                                                                                | Corporation/LLC Name               |       |                        | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address                     |       |                        |                                                                         |                                         |                                       |
|                                                                                                                                  | City                               | State | ZIP                    |                                                                         |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number |       | Date Contribution Made |                                                                         |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 2(e)) |                                    |       |                        |                                                                         | \$60.00                                 | \$600.00                              |

Schedule B(2)(e), page 41 of 69



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAJ 26-05

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 26-05

CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

| Contributor Information                                                                                                          |                                    |                                            |  | Amount Refunded | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|--|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                                | Committee Name<br>LINDA VAN OESDOL | Date Refund Received<br>6-29-2026          |  | \$111.00        | \$111.00                                | \$111.00                              |
| Street Address<br>41700 W Caliente Drive                                                                                         |                                    |                                            |  |                 |                                         |                                       |
| City<br>Maricopa                                                                                                                 | State<br>AZ                        | ZIP<br>85138                               |  |                 |                                         |                                       |
| Committee ID Number<br>CAN 26-05                                                                                                 |                                    | Date of Original Contribution<br>5-08-2026 |  |                 |                                         |                                       |
|                                                                                                                                  |                                    |                                            |  |                 |                                         |                                       |
| 2                                                                                                                                | Committee Name                     | Date Refund Received                       |  | N/A             | N/A                                     | N/A                                   |
| Street Address                                                                                                                   |                                    |                                            |  |                 |                                         |                                       |
| City                                                                                                                             | State                              | ZIP                                        |  |                 |                                         |                                       |
| Committee ID Number                                                                                                              |                                    | Date of Original Contribution              |  |                 |                                         |                                       |
|                                                                                                                                  |                                    |                                            |  |                 |                                         |                                       |
| 3                                                                                                                                | Committee Name                     | Date Refund Received                       |  | N/A             | N/A                                     | N/A                                   |
| Street Address                                                                                                                   |                                    |                                            |  |                 |                                         |                                       |
| City                                                                                                                             | State                              | ZIP                                        |  |                 |                                         |                                       |
| Committee ID Number                                                                                                              |                                    | Date of Original Contribution              |  |                 |                                         |                                       |
|                                                                                                                                  |                                    |                                            |  |                 |                                         |                                       |
| 4                                                                                                                                | Committee Name                     | Date Refund Received                       |  | N/A             | N/A                                     | N/A                                   |
| Street Address                                                                                                                   |                                    |                                            |  |                 |                                         |                                       |
| City                                                                                                                             | State                              | ZIP                                        |  |                 |                                         |                                       |
| Committee ID Number                                                                                                              |                                    | Date of Original Contribution              |  |                 |                                         |                                       |
|                                                                                                                                  |                                    |                                            |  |                 |                                         |                                       |
| 5                                                                                                                                | Committee Name                     | Date Refund Received                       |  | N/A             | N/A                                     | N/A                                   |
| Street Address                                                                                                                   |                                    |                                            |  |                 |                                         |                                       |
| City                                                                                                                             | State                              | ZIP                                        |  |                 |                                         |                                       |
| Committee ID Number                                                                                                              |                                    | Date of Original Contribution              |  |                 |                                         |                                       |
|                                                                                                                                  |                                    |                                            |  |                 |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 2(h)) |                                    |                                            |  | \$111.00        | \$111.00                                |                                       |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 26-05

LOANS MADE:

SCHEDULE B(3)(a)

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 26-05

LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAW 26-05

FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

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

Schedule B(3)(c), page 46 of 65



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAW 26-05

REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 26 05

ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

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

Schedule B(3)(e), page 48 of 69



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAW 26-05

REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

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

Schedule B(4), page 49 of 69



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 26-05

IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

| Candidate Committee Recipient Information                                                                                        |                     |       |                                | Amount Contributed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------|-------|--------------------------------|--------------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                                | Committee Name      |       |                                | N/A                | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address      |       |                                |                    |                                         |                                       |
|                                                                                                                                  | City                | State | ZIP                            |                    |                                         |                                       |
|                                                                                                                                  | Committee ID Number |       | Date In-Kind Contribution Made |                    |                                         |                                       |
| 2                                                                                                                                | Committee Name      |       |                                | N/A                | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address      |       |                                |                    |                                         |                                       |
|                                                                                                                                  | City                | State | ZIP                            |                    |                                         |                                       |
|                                                                                                                                  | Committee ID Number |       | Date In-Kind Contribution Made |                    |                                         |                                       |
| 3                                                                                                                                | Committee Name      |       |                                | N/A                | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address      |       |                                |                    |                                         |                                       |
|                                                                                                                                  | City                | State | ZIP                            |                    |                                         |                                       |
|                                                                                                                                  | Committee ID Number |       | Date In-Kind Contribution Made |                    |                                         |                                       |
| 4                                                                                                                                | Committee Name      |       |                                | N/A                | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address      |       |                                |                    |                                         |                                       |
|                                                                                                                                  | City                | State | ZIP                            |                    |                                         |                                       |
|                                                                                                                                  | Committee ID Number |       | Date In-Kind Contribution Made |                    |                                         |                                       |
| 5                                                                                                                                | Committee Name      |       |                                | N/A                | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address      |       |                                |                    |                                         |                                       |
|                                                                                                                                  | City                | State | ZIP                            |                    |                                         |                                       |
|                                                                                                                                  | Committee ID Number |       | Date In-Kind Contribution Made |                    |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 5(a)) |                     |       |                                | 460.00             | 460.00                                  |                                       |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAW 26-05

IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

| Political Action Committee Recipient Information                                                                                 |                     |       |                                | Amount<br>Contributed | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------|-------|--------------------------------|-----------------------|-----------------------------------------------|---------------------------------------------|
| 1                                                                                                                                | Committee Name      |       |                                | N/A                   | N/A                                           | N/A                                         |
|                                                                                                                                  | Street Address      |       |                                |                       |                                               |                                             |
|                                                                                                                                  | City                | State | ZIP                            |                       |                                               |                                             |
|                                                                                                                                  | Committee ID Number |       | Date In-Kind Contribution Made |                       |                                               |                                             |
| 2                                                                                                                                | Committee Name      |       |                                | N/A                   | N/A                                           | N/A                                         |
|                                                                                                                                  | Street Address      |       |                                |                       |                                               |                                             |
|                                                                                                                                  | City                | State | ZIP                            |                       |                                               |                                             |
|                                                                                                                                  | Committee ID Number |       | Date In-Kind Contribution Made |                       |                                               |                                             |
| 3                                                                                                                                | Committee Name      |       |                                | N/A                   | N/A                                           | N/A                                         |
|                                                                                                                                  | Street Address      |       |                                |                       |                                               |                                             |
|                                                                                                                                  | City                | State | ZIP                            |                       |                                               |                                             |
|                                                                                                                                  | Committee ID Number |       | Date In-Kind Contribution Made |                       |                                               |                                             |
| 4                                                                                                                                | Committee Name      |       |                                | N/A                   | N/A                                           | N/A                                         |
|                                                                                                                                  | Street Address      |       |                                |                       |                                               |                                             |
|                                                                                                                                  | City                | State | ZIP                            |                       |                                               |                                             |
|                                                                                                                                  | Committee ID Number |       | Date In-Kind Contribution Made |                       |                                               |                                             |
| 5                                                                                                                                | Committee Name      |       |                                | N/A                   | N/A                                           | N/A                                         |
|                                                                                                                                  | Street Address      |       |                                |                       |                                               |                                             |
|                                                                                                                                  | City                | State | ZIP                            |                       |                                               |                                             |
|                                                                                                                                  | Committee ID Number |       | Date In-Kind Contribution Made |                       |                                               |                                             |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 5(b)) |                     |       |                                | \$00.00               | \$00.00                                       |                                             |

Schedule B(5)(b), page 51 of 69



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 26-05

IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

| Political Party Recipient Information                                                                                            |                     |       |                                | Amount<br>Contributed | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------|-------|--------------------------------|-----------------------|-----------------------------------------------|---------------------------------------------|
| 1                                                                                                                                | Committee Name      |       |                                | N/A                   | N/A                                           | N/A                                         |
|                                                                                                                                  | Street Address      |       |                                |                       |                                               |                                             |
|                                                                                                                                  | City                | State | ZIP                            |                       |                                               |                                             |
|                                                                                                                                  | Committee ID Number |       | Date In-Kind Contribution Made |                       |                                               |                                             |
| 2                                                                                                                                | Committee Name      |       |                                | N/A                   | N/A                                           | N/A                                         |
|                                                                                                                                  | Street Address      |       |                                |                       |                                               |                                             |
|                                                                                                                                  | City                | State | ZIP                            |                       |                                               |                                             |
|                                                                                                                                  | Committee ID Number |       | Date In-Kind Contribution Made |                       |                                               |                                             |
| 3                                                                                                                                | Committee Name      |       |                                | N/A                   | N/A                                           | N/A                                         |
|                                                                                                                                  | Street Address      |       |                                |                       |                                               |                                             |
|                                                                                                                                  | City                | State | ZIP                            |                       |                                               |                                             |
|                                                                                                                                  | Committee ID Number |       | Date In-Kind Contribution Made |                       |                                               |                                             |
| 4                                                                                                                                | Committee Name      |       |                                | N/A                   | N/A                                           | N/A                                         |
|                                                                                                                                  | Street Address      |       |                                |                       |                                               |                                             |
|                                                                                                                                  | City                | State | ZIP                            |                       |                                               |                                             |
|                                                                                                                                  | Committee ID Number |       | Date In-Kind Contribution Made |                       |                                               |                                             |
| 5                                                                                                                                | Committee Name      |       |                                | N/A                   | N/A                                           | N/A                                         |
|                                                                                                                                  | Street Address      |       |                                |                       |                                               |                                             |
|                                                                                                                                  | City                | State | ZIP                            |                       |                                               |                                             |
|                                                                                                                                  | Committee ID Number |       | Date In-Kind Contribution Made |                       |                                               |                                             |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 5(c)) |                     |       |                                | \$60.00               | \$100.00                                      |                                             |

Schedule B(5)(c), page 52 of 69



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 2605

IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

| Partnership Recipient Information                                                                                                |                                    |       |                                | Amount Contributed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------|--------------------------------|--------------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                                | Partnership Name                   |       |                                | N/A                | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address                     |       |                                |                    |                                         |                                       |
|                                                                                                                                  | City                               | State | ZIP                            |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number |       | Date In-Kind Contribution Made |                    |                                         |                                       |
| 2                                                                                                                                | Partnership Name                   |       |                                | N/A                | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address                     |       |                                |                    |                                         |                                       |
|                                                                                                                                  | City                               | State | ZIP                            |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number |       | Date In-Kind Contribution Made |                    |                                         |                                       |
| 3                                                                                                                                | Partnership Name                   |       |                                | N/A                | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address                     |       |                                |                    |                                         |                                       |
|                                                                                                                                  | City                               | State | ZIP                            |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number |       | Date In-Kind Contribution Made |                    |                                         |                                       |
| 4                                                                                                                                | Partnership Name                   |       |                                | N/A                | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address                     |       |                                |                    |                                         |                                       |
|                                                                                                                                  | City                               | State | ZIP                            |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number |       | Date In-Kind Contribution Made |                    |                                         |                                       |
| 5                                                                                                                                | Partnership Name                   |       |                                | N/A                | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address                     |       |                                |                    |                                         |                                       |
|                                                                                                                                  | City                               | State | ZIP                            |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number |       | Date In-Kind Contribution Made |                    |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 5(d)) |                                    |       |                                | 400.00             | 400.00                                  |                                       |

Schedule B(5)(d), page 53 of 69



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAO 26-05

IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

| Corporation / LLC Recipient Information                                                                                          |                                    |                                |     | Amount Contributed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------|-----|--------------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                                | Corporation/LLC Name               | N/A                            |     | N/A                | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address                     |                                |     |                    |                                         |                                       |
|                                                                                                                                  | City                               | State                          | ZIP |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date In-Kind Contribution Made |     |                    |                                         |                                       |
| 2                                                                                                                                | Corporation/LLC Name               | N/A                            |     | N/A                | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address                     |                                |     |                    |                                         |                                       |
|                                                                                                                                  | City                               | State                          | ZIP |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date In-Kind Contribution Made |     |                    |                                         |                                       |
| 3                                                                                                                                | Corporation/LLC Name               | N/A                            |     | N/A                | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address                     |                                |     |                    |                                         |                                       |
|                                                                                                                                  | City                               | State                          | ZIP |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date In-Kind Contribution Made |     |                    |                                         |                                       |
| 4                                                                                                                                | Corporation/LLC Name               | N/A                            |     | N/A                | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address                     |                                |     |                    |                                         |                                       |
|                                                                                                                                  | City                               | State                          | ZIP |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date In-Kind Contribution Made |     |                    |                                         |                                       |
| 5                                                                                                                                | Corporation/LLC Name               | N/A                            |     | N/A                | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address                     |                                |     |                    |                                         |                                       |
|                                                                                                                                  | City                               | State                          | ZIP |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number | Date In-Kind Contribution Made |     |                    |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 5(e)) |                                    |                                |     | \$0.00             | \$0.00                                  |                                       |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CW 2605

IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

| Labor Organization Recipient Information                                                                                         |                                    |       |                                | Amount Contributed | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------|--------------------------------|--------------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                                | Labor Organization Name            |       |                                | N/A                | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address                     |       |                                |                    |                                         |                                       |
|                                                                                                                                  | City                               | State | ZIP                            |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number |       | Date In-Kind Contribution Made |                    |                                         |                                       |
| 2                                                                                                                                | Labor Organization Name            |       |                                | N/A                | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address                     |       |                                |                    |                                         |                                       |
|                                                                                                                                  | City                               | State | ZIP                            |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number |       | Date In-Kind Contribution Made |                    |                                         |                                       |
| 3                                                                                                                                | Labor Organization Name            |       |                                | N/A                | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address                     |       |                                |                    |                                         |                                       |
|                                                                                                                                  | City                               | State | ZIP                            |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number |       | Date In-Kind Contribution Made |                    |                                         |                                       |
| 4                                                                                                                                | Labor Organization Name            |       |                                | N/A                | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address                     |       |                                |                    |                                         |                                       |
|                                                                                                                                  | City                               | State | ZIP                            |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number |       | Date In-Kind Contribution Made |                    |                                         |                                       |
| 5                                                                                                                                | Labor Organization Name            |       |                                | N/A                | N/A                                     | N/A                                   |
|                                                                                                                                  | Street Address                     |       |                                |                    |                                         |                                       |
|                                                                                                                                  | City                               | State | ZIP                            |                    |                                         |                                       |
|                                                                                                                                  | Corporation Commission File Number |       | Date In-Kind Contribution Made |                    |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 5(f)) |                                    |       |                                | \$00.00            | \$00.00                                 |                                       |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAW 26-05

INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

| Expenditure Recipient Information                                                                                             |                                                            |                     |                                            | Expenditure Amount                                                          | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |  |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------|--------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|--|
| 1                                                                                                                             | Recipient Name                                             |                     | Mode of Advertising (TV, mail, etc)        | N/A<br><br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |  |
|                                                                                                                               | Street Address                                             |                     |                                            |                                                                             |                                         |                                       |  |
|                                                                                                                               | City                                                       | State               | ZIP                                        |                                                                             |                                         |                                       |  |
|                                                                                                                               | Candidate(s) Supported (including % supported)             |                     | Candidate(s) Opposed (including % opposed) |                                                                             |                                         |                                       |  |
|                                                                                                                               | Date of First Publication, Display, Delivery, or Broadcast | Election Month/Year | Office Sought                              |                                                                             |                                         |                                       |  |
| 2                                                                                                                             | Recipient Name                                             |                     | Mode of Advertising (TV, mail, etc)        | N/A<br><br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |  |
|                                                                                                                               | Street Address                                             |                     |                                            |                                                                             |                                         |                                       |  |
|                                                                                                                               | City                                                       | State               | ZIP                                        |                                                                             |                                         |                                       |  |
|                                                                                                                               | Candidate(s) Supported (including % supported)             |                     | Candidate(s) Opposed (including % opposed) |                                                                             |                                         |                                       |  |
|                                                                                                                               | Date of First Publication, Display, Delivery, or Broadcast | Election Month/Year | Office Sought                              |                                                                             |                                         |                                       |  |
| 3                                                                                                                             | Recipient Name                                             |                     | Mode of Advertising (TV, mail, etc)        | N/A<br><br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |  |
|                                                                                                                               | Street Address                                             |                     |                                            |                                                                             |                                         |                                       |  |
|                                                                                                                               | City                                                       | State               | ZIP                                        |                                                                             |                                         |                                       |  |
|                                                                                                                               | Candidate(s) Supported (including % supported)             |                     | Candidate(s) Opposed (including % opposed) |                                                                             |                                         |                                       |  |
|                                                                                                                               | Date of First Publication, Display, Delivery, or Broadcast | Election Month/Year | Office Sought                              |                                                                             |                                         |                                       |  |
| 4                                                                                                                             | Recipient Name                                             |                     | Mode of Advertising (TV, mail, etc)        | N/A<br><br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |  |
|                                                                                                                               | Street Address                                             |                     |                                            |                                                                             |                                         |                                       |  |
|                                                                                                                               | City                                                       | State               | ZIP                                        |                                                                             |                                         |                                       |  |
|                                                                                                                               | Candidate(s) Supported (including % supported)             |                     | Candidate(s) Opposed (including % opposed) |                                                                             |                                         |                                       |  |
|                                                                                                                               | Date of First Publication, Display, Delivery, or Broadcast | Election Month/Year | Office Sought                              |                                                                             |                                         |                                       |  |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 6) |                                                            |                     |                                            | \$00.00                                                                     | \$00.00                                 |                                       |  |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAW 26-05

BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

| Expenditure Recipient Information                                                                                             |                                                            |       |                                                 | Expenditure Amount | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |     |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------|-------------------------------------------------|--------------------|-----------------------------------------|---------------------------------------|-----|
| 1                                                                                                                             | Recipient Name                                             |       | Mode of Advertising (TV, mail, etc)             |                    | N/A                                     | N/A                                   | N/A |
|                                                                                                                               | Street Address                                             |       |                                                 |                    |                                         |                                       |     |
|                                                                                                                               | City                                                       | State | ZIP                                             |                    |                                         |                                       |     |
|                                                                                                                               | Ballot Measure(s) Supported (including % supported)        |       | Ballot Measure(s) Opposed (including % opposed) |                    |                                         |                                       |     |
|                                                                                                                               | Date of First Publication, Display, Delivery, or Broadcast |       | Election Month/Year                             |                    |                                         |                                       |     |
|                                                                                                                               |                                                            |       |                                                 |                    |                                         |                                       |     |
| 2                                                                                                                             | Recipient Name                                             |       | Mode of Advertising (TV, mail, etc)             |                    | N/A                                     | N/A                                   | N/A |
|                                                                                                                               | Street Address                                             |       |                                                 |                    |                                         |                                       |     |
|                                                                                                                               | City                                                       | State | ZIP                                             |                    |                                         |                                       |     |
|                                                                                                                               | Ballot Measure(s) Supported (including % supported)        |       | Ballot Measure(s) Opposed (including % opposed) |                    |                                         |                                       |     |
|                                                                                                                               | Date of First Publication, Display, Delivery, or Broadcast |       | Election Month/Year                             |                    |                                         |                                       |     |
|                                                                                                                               |                                                            |       |                                                 |                    |                                         |                                       |     |
| 3                                                                                                                             | Recipient Name                                             |       | Mode of Advertising (TV, mail, etc)             |                    | N/A                                     | N/A                                   | N/A |
|                                                                                                                               | Street Address                                             |       |                                                 |                    |                                         |                                       |     |
|                                                                                                                               | City                                                       | State | ZIP                                             |                    |                                         |                                       |     |
|                                                                                                                               | Ballot Measure(s) Supported (including % supported)        |       | Ballot Measure(s) Opposed (including % opposed) |                    |                                         |                                       |     |
|                                                                                                                               | Date of First Publication, Display, Delivery, or Broadcast |       | Election Month/Year                             |                    |                                         |                                       |     |
|                                                                                                                               |                                                            |       |                                                 |                    |                                         |                                       |     |
| 4                                                                                                                             | Recipient Name                                             |       | Mode of Advertising (TV, mail, etc)             |                    | N/A                                     | N/A                                   | N/A |
|                                                                                                                               | Street Address                                             |       |                                                 |                    |                                         |                                       |     |
|                                                                                                                               | City                                                       | State | ZIP                                             |                    |                                         |                                       |     |
|                                                                                                                               | Ballot Measure(s) Supported (including % supported)        |       | Ballot Measure(s) Opposed (including % opposed) |                    |                                         |                                       |     |
|                                                                                                                               | Date of First Publication, Display, Delivery, or Broadcast |       | Election Month/Year                             |                    |                                         |                                       |     |
|                                                                                                                               |                                                            |       |                                                 |                    |                                         |                                       |     |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 7) |                                                            |       |                                                 |                    | \$0.00                                  | \$0.00                                |     |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAW 26-05

RECALL EXPENDITURES MADE:

SCHEDULE B(8)

| Expenditure Recipient Information                                                                                             |                                                            |                                 |                                     | Expenditure Amount | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------|-------------------------------------|--------------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                             | Recipient Name                                             |                                 | Mode of Advertising (TV, mail, etc) | N/A                | N/A                                     | N/A                                   |
|                                                                                                                               | Street Address                                             |                                 |                                     |                    |                                         |                                       |
|                                                                                                                               | City                                                       | State                           | ZIP                                 |                    |                                         |                                       |
|                                                                                                                               | Supporting or Opposing Issuance of Recall Order?           | Candidate Sought to be Recalled |                                     |                    |                                         |                                       |
|                                                                                                                               | Date of First Publication, Display, Delivery, or Broadcast | Office Held                     |                                     |                    |                                         |                                       |
| 2                                                                                                                             | Recipient Name                                             |                                 | Mode of Advertising (TV, mail, etc) | N/A                | N/A                                     | N/A                                   |
|                                                                                                                               | Street Address                                             |                                 |                                     |                    |                                         |                                       |
|                                                                                                                               | City                                                       | State                           | ZIP                                 |                    |                                         |                                       |
|                                                                                                                               | Supporting or Opposing Issuance of Recall Order?           | Candidate Sought to be Recalled |                                     |                    |                                         |                                       |
|                                                                                                                               | Date of First Publication, Display, Delivery, or Broadcast | Office Held                     |                                     |                    |                                         |                                       |
| 3                                                                                                                             | Recipient Name                                             |                                 | Mode of Advertising (TV, mail, etc) | N/A                | N/A                                     | N/A                                   |
|                                                                                                                               | Street Address                                             |                                 |                                     |                    |                                         |                                       |
|                                                                                                                               | City                                                       | State                           | ZIP                                 |                    |                                         |                                       |
|                                                                                                                               | Supporting or Opposing Issuance of Recall Order?           | Candidate Sought to be Recalled |                                     |                    |                                         |                                       |
|                                                                                                                               | Date of First Publication, Display, Delivery, or Broadcast | Office Held                     |                                     |                    |                                         |                                       |
| 4                                                                                                                             | Recipient Name                                             |                                 | Mode of Advertising (TV, mail, etc) | N/A                | N/A                                     | N/A                                   |
|                                                                                                                               | Street Address                                             |                                 |                                     |                    |                                         |                                       |
|                                                                                                                               | City                                                       | State                           | ZIP                                 |                    |                                         |                                       |
|                                                                                                                               | Supporting or Opposing Issuance of Recall Order?           | Candidate Sought to be Recalled |                                     |                    |                                         |                                       |
|                                                                                                                               | Date of First Publication, Display, Delivery, or Broadcast | Office Held                     |                                     |                    |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 8) |                                                            |                                 |                                     | \$10.00            | \$10.00                                 |                                       |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 26-05

SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

|                                                                                                                               | Benefitted Candidate                                                                                                                                                                                                                                                                     | Amount         | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |  |      |       |     |  |                          |  |        |  |     |     |     |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------|---------------------------------------|--|------|-------|-----|--|--------------------------|--|--------|--|-----|-----|-----|
| 1                                                                                                                             | <table><tr><td>Candidate Name</td><td>Date Benefit Provided</td></tr><tr><td colspan="2">Street Address</td></tr><tr><td>City</td><td>State</td></tr><tr><td colspan="2">ZIP</td></tr><tr><td colspan="2">Type of Benefit Provided</td></tr><tr><td colspan="2">Notes:</td></tr></table> | Candidate Name | Date Benefit Provided                   | Street Address                        |  | City | State | ZIP |  | Type of Benefit Provided |  | Notes: |  | N/A | N/A | N/A |
| Candidate Name                                                                                                                | Date Benefit Provided                                                                                                                                                                                                                                                                    |                |                                         |                                       |  |      |       |     |  |                          |  |        |  |     |     |     |
| Street Address                                                                                                                |                                                                                                                                                                                                                                                                                          |                |                                         |                                       |  |      |       |     |  |                          |  |        |  |     |     |     |
| City                                                                                                                          | State                                                                                                                                                                                                                                                                                    |                |                                         |                                       |  |      |       |     |  |                          |  |        |  |     |     |     |
| ZIP                                                                                                                           |                                                                                                                                                                                                                                                                                          |                |                                         |                                       |  |      |       |     |  |                          |  |        |  |     |     |     |
| Type of Benefit Provided                                                                                                      |                                                                                                                                                                                                                                                                                          |                |                                         |                                       |  |      |       |     |  |                          |  |        |  |     |     |     |
| Notes:                                                                                                                        |                                                                                                                                                                                                                                                                                          |                |                                         |                                       |  |      |       |     |  |                          |  |        |  |     |     |     |
| 2                                                                                                                             | <table><tr><td>Candidate Name</td><td>Date Benefit Provided</td></tr><tr><td colspan="2">Street Address</td></tr><tr><td>City</td><td>State</td></tr><tr><td colspan="2">ZIP</td></tr><tr><td colspan="2">Type of Benefit Provided</td></tr><tr><td colspan="2">Notes:</td></tr></table> | Candidate Name | Date Benefit Provided                   | Street Address                        |  | City | State | ZIP |  | Type of Benefit Provided |  | Notes: |  | N/A | N/A | N/A |
| Candidate Name                                                                                                                | Date Benefit Provided                                                                                                                                                                                                                                                                    |                |                                         |                                       |  |      |       |     |  |                          |  |        |  |     |     |     |
| Street Address                                                                                                                |                                                                                                                                                                                                                                                                                          |                |                                         |                                       |  |      |       |     |  |                          |  |        |  |     |     |     |
| City                                                                                                                          | State                                                                                                                                                                                                                                                                                    |                |                                         |                                       |  |      |       |     |  |                          |  |        |  |     |     |     |
| ZIP                                                                                                                           |                                                                                                                                                                                                                                                                                          |                |                                         |                                       |  |      |       |     |  |                          |  |        |  |     |     |     |
| Type of Benefit Provided                                                                                                      |                                                                                                                                                                                                                                                                                          |                |                                         |                                       |  |      |       |     |  |                          |  |        |  |     |     |     |
| Notes:                                                                                                                        |                                                                                                                                                                                                                                                                                          |                |                                         |                                       |  |      |       |     |  |                          |  |        |  |     |     |     |
| 3                                                                                                                             | <table><tr><td>Candidate Name</td><td>Date Benefit Provided</td></tr><tr><td colspan="2">Street Address</td></tr><tr><td>City</td><td>State</td></tr><tr><td colspan="2">ZIP</td></tr><tr><td colspan="2">Type of Benefit Provided</td></tr><tr><td colspan="2">Notes:</td></tr></table> | Candidate Name | Date Benefit Provided                   | Street Address                        |  | City | State | ZIP |  | Type of Benefit Provided |  | Notes: |  | N/A | N/A | N/A |
| Candidate Name                                                                                                                | Date Benefit Provided                                                                                                                                                                                                                                                                    |                |                                         |                                       |  |      |       |     |  |                          |  |        |  |     |     |     |
| Street Address                                                                                                                |                                                                                                                                                                                                                                                                                          |                |                                         |                                       |  |      |       |     |  |                          |  |        |  |     |     |     |
| City                                                                                                                          | State                                                                                                                                                                                                                                                                                    |                |                                         |                                       |  |      |       |     |  |                          |  |        |  |     |     |     |
| ZIP                                                                                                                           |                                                                                                                                                                                                                                                                                          |                |                                         |                                       |  |      |       |     |  |                          |  |        |  |     |     |     |
| Type of Benefit Provided                                                                                                      |                                                                                                                                                                                                                                                                                          |                |                                         |                                       |  |      |       |     |  |                          |  |        |  |     |     |     |
| Notes:                                                                                                                        |                                                                                                                                                                                                                                                                                          |                |                                         |                                       |  |      |       |     |  |                          |  |        |  |     |     |     |
| 4                                                                                                                             | <table><tr><td>Candidate Name</td><td>Date Benefit Provided</td></tr><tr><td colspan="2">Street Address</td></tr><tr><td>City</td><td>State</td></tr><tr><td colspan="2">ZIP</td></tr><tr><td colspan="2">Type of Benefit Provided</td></tr><tr><td colspan="2">Notes:</td></tr></table> | Candidate Name | Date Benefit Provided                   | Street Address                        |  | City | State | ZIP |  | Type of Benefit Provided |  | Notes: |  | N/A | N/A | N/A |
| Candidate Name                                                                                                                | Date Benefit Provided                                                                                                                                                                                                                                                                    |                |                                         |                                       |  |      |       |     |  |                          |  |        |  |     |     |     |
| Street Address                                                                                                                |                                                                                                                                                                                                                                                                                          |                |                                         |                                       |  |      |       |     |  |                          |  |        |  |     |     |     |
| City                                                                                                                          | State                                                                                                                                                                                                                                                                                    |                |                                         |                                       |  |      |       |     |  |                          |  |        |  |     |     |     |
| ZIP                                                                                                                           |                                                                                                                                                                                                                                                                                          |                |                                         |                                       |  |      |       |     |  |                          |  |        |  |     |     |     |
| Type of Benefit Provided                                                                                                      |                                                                                                                                                                                                                                                                                          |                |                                         |                                       |  |      |       |     |  |                          |  |        |  |     |     |     |
| Notes:                                                                                                                        |                                                                                                                                                                                                                                                                                          |                |                                         |                                       |  |      |       |     |  |                          |  |        |  |     |     |     |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 9) |                                                                                                                                                                                                                                                                                          | \$10.00        | \$0.00                                  |                                       |  |      |       |     |  |                          |  |        |  |     |     |     |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAD 26-05

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

| Recipient Committee Information                                                                                                |                                                 |              |                                        | Payment Amount                                                          | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------|----------------------------------------|-------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                              | Committee Name                                  | Payment Date |                                        | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |
|                                                                                                                                | Street Address                                  |              |                                        |                                                                         |                                         |                                       |
|                                                                                                                                | City                                            | State        | ZIP                                    |                                                                         |                                         |                                       |
|                                                                                                                                | Date of Joint Fundraising Event (if applicable) |              | Type of Shared Expense (if applicable) |                                                                         |                                         |                                       |
| 2                                                                                                                              | Committee Name                                  | Payment Date |                                        | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |
|                                                                                                                                | Street Address                                  |              |                                        |                                                                         |                                         |                                       |
|                                                                                                                                | City                                            | State        | ZIP                                    |                                                                         |                                         |                                       |
|                                                                                                                                | Date of Joint Fundraising Event (if applicable) |              | Type of Shared Expense (if applicable) |                                                                         |                                         |                                       |
| 3                                                                                                                              | Committee Name                                  | Payment Date |                                        | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |
|                                                                                                                                | Street Address                                  |              |                                        |                                                                         |                                         |                                       |
|                                                                                                                                | City                                            | State        | ZIP                                    |                                                                         |                                         |                                       |
|                                                                                                                                | Date of Joint Fundraising Event (if applicable) |              | Type of Shared Expense (if applicable) |                                                                         |                                         |                                       |
| 4                                                                                                                              | Committee Name                                  | Payment Date |                                        | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |
|                                                                                                                                | Street Address                                  |              |                                        |                                                                         |                                         |                                       |
|                                                                                                                                | City                                            | State        | ZIP                                    |                                                                         |                                         |                                       |
|                                                                                                                                | Date of Joint Fundraising Event (if applicable) |              | Type of Shared Expense (if applicable) |                                                                         |                                         |                                       |
| 5                                                                                                                              | Committee Name                                  | Payment Date |                                        | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | N/A                                     | N/A                                   |
|                                                                                                                                | Street Address                                  |              |                                        |                                                                         |                                         |                                       |
|                                                                                                                                | City                                            | State        | ZIP                                    |                                                                         |                                         |                                       |
|                                                                                                                                | Date of Joint Fundraising Event (if applicable) |              | Type of Shared Expense (if applicable) |                                                                         |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 10) |                                                 |              |                                        |                                                                         | \$100.00                                | \$00.00                               |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CA 26-05

REIMBURSEMENTS MADE:

SCHEDULE B(11)

|                                                                                                                                | Recipient Information                                                                                                                                                                                            | Reimbursement Amount                                                                  | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                              | Name<br>Linda Van Orsdol<br>Street Address<br>41700 W CALIENTE DRIVE<br>City<br>Maricopa<br>State<br>AZ<br>ZIP<br>85138<br>Services or Goods Reimbursed<br>HOSTING AN EVENT<br>Reimbursement Date<br>MAY 8, 2026 | 111.00<br><input checked="" type="checkbox"/> Cash<br><input type="checkbox"/> Credit | 111.00                                  | 111.00                                |
| 2                                                                                                                              | Name<br>Street Address<br>City<br>State<br>ZIP<br>Services or Goods Reimbursed<br>Reimbursement Date                                                                                                             | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit               | N/A                                     | N/A                                   |
| 3                                                                                                                              | Name<br>Street Address<br>City<br>State<br>ZIP<br>Services or Goods Reimbursed<br>Reimbursement Date                                                                                                             | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit               | N/A                                     | N/A                                   |
| 4                                                                                                                              | Name<br>Street Address<br>City<br>State<br>ZIP<br>Services or Goods Reimbursed<br>Reimbursement Date                                                                                                             | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit               | N/A                                     | N/A                                   |
| 5                                                                                                                              | Name<br>Street Address<br>City<br>State<br>ZIP<br>Services or Goods Reimbursed<br>Reimbursement Date                                                                                                             | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit               | N/A                                     | N/A                                   |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 11) |                                                                                                                                                                                                                  |                                                                                       | \$111.00                                | \$111.00                              |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CA 26-05

OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

| Debt Information                                                                                                         |                                      |       |                        | Amount | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------|------------------------|--------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                        | Name                                 |       |                        | N/A    | N/A                                     | N/A                                   |
|                                                                                                                          | Street Address                       |       |                        |        |                                         |                                       |
|                                                                                                                          | City                                 | State | ZIP                    |        |                                         |                                       |
|                                                                                                                          | Type of Account Payable or Debt Owed |       | Date that Debt Accrued |        |                                         |                                       |
| 2                                                                                                                        | Name                                 |       |                        | N/A    | N/A                                     | N/A                                   |
|                                                                                                                          | Street Address                       |       |                        |        |                                         |                                       |
|                                                                                                                          | City                                 | State | ZIP                    |        |                                         |                                       |
|                                                                                                                          | Type of Account Payable or Debt Owed |       | Date that Debt Accrued |        |                                         |                                       |
| 3                                                                                                                        | Name                                 |       |                        | N/A    | N/A                                     | N/A                                   |
|                                                                                                                          | Street Address                       |       |                        |        |                                         |                                       |
|                                                                                                                          | City                                 | State | ZIP                    |        |                                         |                                       |
|                                                                                                                          | Type of Account Payable or Debt Owed |       | Date that Debt Accrued |        |                                         |                                       |
| 4                                                                                                                        | Name                                 |       |                        | N/A    | N/A                                     | N/A                                   |
|                                                                                                                          | Street Address                       |       |                        |        |                                         |                                       |
|                                                                                                                          | City                                 | State | ZIP                    |        |                                         |                                       |
|                                                                                                                          | Type of Account Payable or Debt Owed |       | Date that Debt Accrued |        |                                         |                                       |
| 5                                                                                                                        | Name                                 |       |                        | N/A    | N/A                                     | N/A                                   |
|                                                                                                                          | Street Address                       |       |                        |        |                                         |                                       |
|                                                                                                                          | City                                 | State | ZIP                    |        |                                         |                                       |
|                                                                                                                          | Type of Account Payable or Debt Owed |       | Date that Debt Accrued |        |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 12) |                                      |       |                        |        | \$ 00.00                                | \$ 00.00                              |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 26-05

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<br>N/A                            | N/A                                     | N/A                                   |
| Recipient of Surplus Monies / Source of Transferred Debt<br>N/A                            | N/A                                     | N/A                                   |
| Recipient of Surplus Monies / Source of Transferred Debt<br>N/A                            | N/A                                     | N/A                                   |
| Recipient of Surplus Monies / Source of Transferred Debt<br>N/A                            | N/A                                     | N/A                                   |
| Recipient of Surplus Monies / Source of Transferred Debt<br>N/A                            | N/A                                     | N/A                                   |
| Total<br>(transfer the total disbursed this period to "Summary of Disbursements," line 13) | \$00.00                                 | \$00.00                               |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAW 26-05

MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

|                                                                                                                                | Recipient Information                                                                                                                                                                                      | Amount                                                                       | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                              | Name<br>JANAE KLOX<br>Street Address<br>40943 W SHAVER DRIVE<br>City<br>MARICOPA<br>State<br>AZ<br>ZIP<br>Disbursement Type<br>Payment to staff member<br>Disbursement Date<br>May 8, 2026                 | \$200.00<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit | \$200.00                                | \$200.00                              |
| 2                                                                                                                              | Name<br>Shannon Hughes<br>Street Address<br>35225 W SAN PEDRO DRIVE<br>City<br>MARICOPA<br>State<br>AZ<br>ZIP<br>85138<br>Disbursement Type<br>Payment for services<br>Disbursement Date<br>April 15, 2026 | \$50.00<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit  | \$50.00                                 | \$50.00                               |
| 3                                                                                                                              | Name<br>Street Address<br>City<br>State<br>ZIP<br>Disbursement Type<br>Disbursement Date                                                                                                                   | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit      | N/A                                     | N/A                                   |
| 4                                                                                                                              | Name<br>Street Address<br>City<br>State<br>ZIP<br>Disbursement Type<br>Disbursement Date                                                                                                                   | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit      | N/A                                     | N/A                                   |
| 5                                                                                                                              | Name<br>Street Address<br>City<br>State<br>ZIP<br>Disbursement Type<br>Disbursement Date                                                                                                                   | N/A<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit      | N/A                                     | N/A                                   |
| Enter total only if last page of schedule<br>(transfer the total disbursed this period to "Summary of Disbursements," line 14) |                                                                                                                                                                                                            |                                                                              | \$250.00                                | \$250.00                              |



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

CAN 2605

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                                                                                   | 2381.63                                 | 2381.63                               |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Disbursements," line 15) |                                         |                                       |