CITY OF TUCSON
POLITICAL ACTION
COMMITTEE CAMPAIGN
FINANCE REPORT

COMMITTEE ID NUMBER

COMMITTEE INFORMATION (required):

Committee Information: Committee Name: _____

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

Office Sought: ☐ Mayor ☐ Council Member, Ward : ____

REPORTING PERIOD (check one):

	REPORTING PERIOD	REPORT DUE
☐	2020 1st Quarter Report: January 1, 2020 to March 31, 2020	April 15, 2020
☐	2020 2nd Quarter Report: April 1, 2020 to June 30, 2020	July 15, 2020
☐	2020 3rd Quarter Report: July 1, 2020 to September 30, 2020	October 15, 2020
☐	2020 4th Quarter Report: October 1, 2020 to December 31, 2020	January 15, 2021
☐		
☐		
☐		
☐		
☐	Final Campaign Finance Report Prior to Committee Termination (From the date of the previous report through termination of Committee)	
☐	Other Report: For Period of _____ through _____	

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)		
(b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)	$ 0.00	
(c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)	$ 0.00	
(d) = Balance at close of reporting period	$ 0.00	
☐ Check here if no financial activity during the reporting period. Lines (a)-(d) still must be completed, but only this cover page need be filed.		

Committees with financial activity must file:

- the cover page,
- summary of receipts,
- summary of disbursements, and
- any schedules that contain financial activity.

Signature indicating certification by the committee treasurer, issued under penalty of perjury, that the contents of the report are true and correct:

_____ Treasurer Signature

_____ Date

All reports are deemed to be filed under penalty of perjury by the committee treasurer (all committees) and candidate (candidate committees only).

COMMITTEE ID NUMBER

SUMMARY OF RECEIPTS (Schedule A):

Receipts	Cash	Equity
1. Monetary Contributions Received		
(a) Individuals - More than $50		
(b) Individuals - $50 or Less (Aggregate)		
(c) Candidate Committees		
(d) Political Action Committees		
(e) Political Parties		
(f) Partnerships		
(g) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
(h) Labor Organizations (PACs & Political Parties Only)		
(i) Candidate's Personal Monies (Candidate Committees Only)		
(j) Monetary Contributions Subtotal (add 1(a) through 1(i))	$ 0.00	
(k) Refunds Given Back to Contributors		
(l) Net Monetary Contributions (subtract 1(k) from 1(j))	$ 0.00	
2. Loans		
(a) Loans Received		
(b) Forgiveness on Loans Received		
(c) Repayment on Loans Made		
(d) Interest Accrued on Loans Made		
(e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))	$ 0.00	
3. Rebates and Refunds Received		
4. Interest Accrued on Committee Monies		
5. In-Kind Contributions Received		
(a) Individuals - More than $50		
(b) Individuals - $50 or Less (Aggregate)		
(c) Candidate Committees		
(d) Political Action Committees		
(e) Political Parties		
(f) Partnerships		
(g) Corporations & Limited Liability Companies (PACs & Political Parties Only)		
(h) Labor Organizations (PACs & Political Parties Only)		
(i) Candidate's Personal Assets or Property (Candidate Committees Only)		
(j) In-Kind Contributions Subtotal (equity: add 5(a) through 5(i))		$ 0.00
6. In-Kind Donations Received (Non-Contributions) (Political Parties Only)		
7. Extensions of Credit		
(a) Extensions of Credit Received		
(b) Payments on Extensions of Credit Received		
(c) Net Extensions of Credit (subtract 7(b) from 7(a))		$ 0.00
8. Joint Fundraising / Shared Expense Payments Received		
9. Payments Received for Goods / Services		
10. Outstanding Accounts Receivable / Debts Owed to Committee		
11. Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)		
12. Miscellaneous Receipts		
13. Total Receipts (cash: add 1(l), 2(e), 3-4, 8-9, 11-12; equity: add 2(b), 5(j), 6-7, 10-12)	$ 0.00	

COMMITTEE ID NUMBER

SUMMARY OF DISBURSEMENTS (Schedule B):

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

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS RECEIVED FROM INDIVIDUALS - MORE THAN $50 DURING ELECTION CYCLE:* SCHEDULE A(1)(a)

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

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

Schedule A(1)(a), page ___ of ____

COMMITTEE ID NUMBER

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

SCHEDULE A(1)(b)

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

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

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(c)

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

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

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(d)

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

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

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(e)

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

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

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(f)

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

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

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs: SCHEDULE A(1)(g)

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

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

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS: SCHEDULE A(1)(h)

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

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

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(i)

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

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

COMMITTEE ID NUMBER

REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(j)

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

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

COMMITTEE ID NUMBER

LOANS RECEIVED:

SCHEDULE A(2)(a)

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

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

COMMITTEE ID NUMBER

FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

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

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

COMMITTEE ID NUMBER

REPAYMENT ON LOANS MADE:

SCHEDULE A(2)(c)

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

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

COMMITTEE ID NUMBER

INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

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

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

COMMITTEE ID NUMBER

REBATES AND REFUNDS RECEIVED:

SCHEDULE A(3)

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

Schedule A(3), page ___ of

COMMITTEE ID NUMBER

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

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

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS RECEIVED FROM INDIVIDUALS - MORE THAN $50 DURING ELECTION CYCLE:* SCHEDULE A(5)(a)

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

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

Schedule A(5), page ___ of

COMMITTEE ID NUMBER

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

SCHEDULE A(5)(b)

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

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

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(c)

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

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

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(d)

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

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

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(e)

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

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

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(f)

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

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

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs: SCHEDULE A(5)(g)

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

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

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS: SCHEDULE A(5)(h)

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

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

COMMITTEE ID NUMBER

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

SCHEDULE A(5)(i)

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

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

COMMITTEE ID NUMBER

IN-KIND DONATIONS RECEIVED (NON-CONTRIBUTIONS) (PACs AND POLITICAL PARTIES ONLY): SCHEDULE A(6)

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

Schedule A(6), page ___ of ___

COMMITTEE ID NUMBER

EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(a)

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

Schedule A(7)(a), page ___ of ___

COMMITTEE ID NUMBER

PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

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

Schedule A(7)(b), page ___ of ___

COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

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

Schedule A(8), page ___ of ___

COMMITTEE ID NUMBER

PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

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

Schedule A(9), page ___ of ___

COMMITTEE ID NUMBER

OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

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

Schedule A(10), page ___ of ___

COMMITTEE ID NUMBER

TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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

COMMITTEE ID NUMBER

MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

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

Schedule A(12), page ___ of ___

COMMITTEE ID NUMBER

DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

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

Schedule B(1), page ___ of ___

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES: SCHEDULE B(2)(a)

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

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

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES: SCHEDULE B(2)(b)

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

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

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

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

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

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO PARTNERSHIPS: SCHEDULE B(2)(d)

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

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

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs: SCHEDULE B(2)(e)

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

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

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS: SCHEDULE B(2)(f)

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

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

COMMITTEE ID NUMBER

CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

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

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

COMMITTEE ID NUMBER

LOANS MADE:

SCHEDULE B(3)(a)

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

Schedule B(3)(a), page ___ of ____

COMMITTEE ID NUMBER

LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

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

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

COMMITTEE ID NUMBER

FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

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

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

COMMITTEE ID NUMBER

REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

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

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

COMMITTEE ID NUMBER

INTEREST ACCRUED ON LOANS RECEIVED:

SCHEDULE B(3)(e)

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

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

COMMITTEE ID NUMBER

REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

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

Schedule B(4), page ___ of

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

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

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

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

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

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

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

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

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

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

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

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

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

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

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

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS: SCHEDULE B(5)(f)

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

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

COMMITTEE ID NUMBER

INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

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

Schedule B(6), page ___ of ___

COMMITTEE ID NUMBER

BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

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

Schedule B(7), page ___ of ___

COMMITTEE ID NUMBER

RECALL EXPENDITURES MADE:

SCHEDULE B(8)

	Expenditure Recipient Information			Expenditure Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Recipient Name		Mode of Advertising (TV, mail, etc)	☐ Cash ☐ Credit		
	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)	☐ Cash ☐ Credit		
	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)	☐ Cash ☐ Credit		
	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)	☐ Cash ☐ Credit		
	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 (transfer the total disbursed this period to "Summary of Disbursements," line 8)					

Schedule B(8), page ___ of ___

COMMITTEE ID NUMBER

SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

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

Schedule B(9), page ___ of ___

COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

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

Schedule B(10), page ___ of ___

COMMITTEE ID NUMBER

REIMBURSEMENTS MADE:

SCHEDULE B(11)

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

Schedule B(11), page ___ of ___

COMMITTEE ID NUMBER

OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

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

Schedule B(12), page ___ of ___

COMMITTEE ID NUMBER

TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

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

COMMITTEE ID NUMBER

MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

	Recipient Information			Amount	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
1	Name			☐ Cash ☐ Credit		
	Street Address					
	City	State	ZIP			
	Disbursement Type		Disbursement Date			
2	Name			☐ Cash ☐ Credit		
	Street Address					
	City	State	ZIP			
	Disbursement Type		Disbursement Date			
3	Name			☐ Cash ☐ Credit		
	Street Address					
	City	State	ZIP			
	Disbursement Type		Disbursement Date			
4	Name			☐ Cash ☐ Credit		
	Street Address					
	City	State	ZIP			
	Disbursement Type		Disbursement Date			
5	Name			☐ Cash ☐ Credit		
	Street Address					
	City	State	ZIP			
	Disbursement Type		Disbursement Date			
	Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disbursements," line 14)					

Schedule B(14), page ___ of ___