# **CANDIDATE ELECTION PACKET**



# MAYOR/COUNCIL FALL ELECTION 2020

|  |   | 1   |
|--|---|-----|
| CANDIDATE FILING                           |   |     |
|  | CANDIDATE COVER PAGE                      | 2   |
|  | GENERAL INFORMATION                       | 3   |
|  | CANDIDATE QUALIFICATIONS                  | 6   |
|  | STATEMENT OF INTEREST                     | 7   |
| PETITIONS                                  |   |     |
|  | NONPARTISAN NOMINATION PAPER              | 9   |
|  | NOMINATION PETITIONS                      | 10  |
| FINANCIAL & POLITICAL COMMITTEE STATEMENTS |   |     |
|  | CANDIDATE FINANCIAL DISCLOSURE FORM       | 13  |
|  | COMMITTEE CAMPAIGN FINANCE FORM           | 28  |
|  | STATEMENT OF ORGANIZATION                 | 94  |
|  | COMMITTEE TERMINATION STATEMENT           | 96  |
| WRITE-IN CANDIDATES                        |   |     |
|  | NOMINATION PAPER WRITE-IN                 | 97  |
| CAMPAIGNING                                |   |     |
|  | CAMP VERDE POLITICAL SIGNS                | 98  |
|  | ARS 16-1019 – POLITICAL SIGNS             | 99  |
| MAYOR/COUNCIL INFORMATION                  |   |     |
|  | CAMP VERDE POLICIES, RULES AND PROCEDURES | 101 |
|  | · ·                                       |     |



#### **CANDIDATE COVERPAGE**

The attached materials are provided in an effort to assist you in the preparation of your endeavor. The Office of the Town Clerk has attempted to provide you with current materials. Please note that the Clerk is responsible only for the conduction of elections. Since statutes and cases are subject to constant change and interpretation, we highly recommend that you review the material with your attorney to ensure compliance with current legal requirements. *Town staff is not permitted under any circumstances to provide legal advice. You are urged to thoroughly review the enclosed material and related election statutes.* 

Please note that failure to <u>strictly comply</u> with statutes could result in the rejection of your petitions and/or further civil or criminal action. You may find the most current statutory election information (Titles 16 and 19) on the Secretary of State's website at <a href="http://www.azsos.gov">http://www.azsos.gov</a> (select elections).

A candidate for election or retention shall register as a candidate committee if the candidate receives contributions or makes expenditures, in any combination, of at least one thousand, one-hundred dollars in connection with that candidacy (For additional requirements and restrictions refer to ARS 16-905-908)

The following checked items appear in your packet:

Statement of Interest

| ☐ Candidate Checklist                                   |               |
|---|---------------|
| Non Partisan Nomination Paper                           | .IV           |
| ☐ Non-Partisan Nomination PETITIONS. (2 side            | a)            |
| ☐ Financial Disclosure Statement Form. I                | - Farm        |
| ☐ Political Committee Statement of Organization         | n Form        |
| ☐ Campaign Finance Report Forms                         |               |
| ☐ Political Action Committee Termination Stater         | nent          |
| ☐ Nomination Paper Write-In                             |               |
| Other Documents included as links for your convenience: |               |
| Camp Verde Town Code. Visit our website at www.camp     | overde.az.gov |
| Secretary of State Publications can be accessed at      |               |

#### GENERAL INFORMATION

# 2020 PRIMARY ELECTION – TUESDAY, AUGUST 4, 2020 2020 GENERAL ELECTION – TUESDAY NOVEMBER 3, 2020

Deadline for filing nominating petitions is April 6, 2020, at 5:00 P.M. (A.R.S. §16-311).

#### Positions to be filled in 2020 Election:

- 1 Mayor (2-year term)
- 3 Council seats (4-year terms)

(Per Camp Verde Town Code Section 2-1 Council):

The elected officers of the Town shall be a Mayor and six Council members. The Mayor and Council members shall constitute the Council and shall continue in office until assumption of duties of office by their duly elected successors.

The Term of office of the Mayor shall be two years.

Council shall serve four-year staggered terms as provided by ARS 9-232-02, as may be amended, with three (3) members in each class. [Section 2-1-1 Elected Officers]

The corporate powers of the Town shall be vested in the Council and shall be exercised only as directed or authorized by law. All powers of the Council shall be exercised by ordinance, resolution, order or motion. [Section 2-1-2 Corporate Powers]

Members of the Council shall assume the duties of office after the official canvass is certified and approved, following the date of the general election at which the Council members were elected. If a Council candidate, including Mayor, receives a majority of all votes cast at a primary election, then pursuant to ARS 9-821.01, as may be amended, such candidate shall be declared elected to the office, but effective as of the date of the general election, to be seated as set forth herein. [Section 2-1-3 Assumption of Office]

Immediately before assumption of the duties of office, the Mayor and each Council member shall, in public, take and subscribe to the oath of office. [Section 2-1-5 Oath of Office]

# **Petition Circulators**

Persons circulating nomination petitions are not required to be a resident of Arizona but must otherwise be qualified to register to vote in Arizona at all times during circulation of the petition(s). Out of state and paid circulators must register with the Secretary of State. Each petition must be signed on the back by the circulator of that petition.

A.R.S. §16-321 (A): Each signer of a nomination petition shall sign only one petition for the same office unless more than one candidate is to be elected to such office, and in that case, not more than the number of nomination petitions equal to the number of candidates to be elected to the office. A signature shall not be counted on a nomination

petition unless the signature is on a sheet bearing the form described by (A.R.S.) section 16-314.

A.R.S. §16-321 (D): A circulator shall verify that each of the names on the petition was signed in his presence on the date indicated, and that in his belief each signer was a qualified elector who resides at the address given as the signer's residence on the date indicated. The way the name appears on the petition shall be the name used in determining the validity of the name for any legal purpose pursuant to the election laws of this state. Signature and handwriting comparisons may be made.

#### **CAMPAIGN EXPENSES**

NOTE: STATE LAW REQUIRES CANDIDATES TO ACCOUNT FOR ALL MONIES OR THINGS OF VALUE RECEIVED AND EXPENDED BY THEM, THEIR CAMPAIGN COMMITTEE, OR INDIVIDUALS ON BEHALF OF A PERSON'S CANDIDACY FOR PUBLIC OFFICE.

Please refer to the Arizona Secretary of State's Campaign Finance & Reporting page at <a href="https://www.azsos.gov/elections/campaign-finance-reporting">https://www.azsos.gov/elections/campaign-finance-reporting</a>, Forms & Resources "Campaign Finance Handbook – Candidate Committees (PDF)" found also at this direct link

#### **VOTER REGISTRATION**

Citizens may call the Yavapai County Elections Department, 928-771-3248, between 8 a.m. and 5 p.m., Monday through Friday, concerning voter registration. The Web site is <a href="https://www.yavapai.us/electionsvr/">www.yavapai.us/electionsvr/</a>. They may register in person at:

Yavapai County Elections Office 1015 Fair Street Prescott. AZ 86305

Yavapai County Cottonwood Annex (County Administration Building) 10 South 6<sup>th</sup> Street Cottonwood, AZ 86326

All Motor Vehicle Division Offices

Every person who is applying for a driver license or renewal, and who is otherwise qualified to register to vote, shall at the same time and place, be permitted to register to vote by completing an affidavit for registration form (A.R.S. §16-152).

Mail in registration forms are available at:

Town of Camp Verde Town Hall 473 S. Main Street, Suite 102 Camp Verde, AZ 86322 Camp Verde Community Library 130 Black Bridge Road Camp Verde, AZ 86322

# **Change of Name**

To register under a new name, the voter must submit a new affidavit for registration form.

# **Change of Residence within the Town of Camp Verde**

**DURING OPEN REGISTRATION** (up to 29 days before the date of the election), a registered elector who moves from one precinct to another during the 29-day period preceding either a primary, general or runoff election, is deemed to be a resident and registered elector of the precinct from which he moved until the day after the primary, general or runoff election, whichever applies (A.R.S. §16-135).

AFTER THE CLOSE OF REGISTRATION (29 days before the election), an elector who moves from the address at which he is registered to another address within the same county and who fails to notify the county recorder of the change of address before the date of an election, shall be permitted to correct the voter registration records at the appropriate polling place for the voter's new address. The voter shall present a form of identification that includes the voter's given name and surname and the voter's complete residence address that is located within the precinct for the voter's new residence address. The voter shall affirm in writing the new residence address and shall be permitted to vote a "new residence ballot" (A.R.S. §16-125 and A.R.S. §16-135).

#### **CLOSE OF REGISTRATION**

Registration must be accomplished prior to midnight of the twenty-ninth (29<sup>th</sup>) day preceding the date of the election (A.R.S. §16-120).

Primary Election voter registration cut-off date is July 6, 2020 General Election voter registration cut-off date is October 5, 2020

#### **COUNCIL MEETING DATES**

The Council's regular meeting dates are the first and third Wednesday of each month at 6:30 p.m. at Town Hall. The Council's work sessions are held the second Wednesday of each month at 5:30 p.m. at Town Hall. Other meetings can be scheduled as needed.

#### CANDIDATE QUALIFICATIONS

A candidate shall not run for more than one office at the same election.

#### Arizona Revised Statutes:

#### 9-232. Council; qualifications of members; oath; selection of mayor; vacancy

A. A person shall not be a member of a city or town council unless, at the time of the election, the person is eighteen years old, is a qualified elector residing within the city or town and has resided in the city or town for at least one year next preceding the election, or if an area has been annexed to the city or town for a period of less than one year next preceding the election has resided in such area for at least one year next preceding the election. If an annexed area is subject to the provisions of this subsection, a person may meet the residency requirements if the person has resided within the existing limits of the city or town for the one-year period.

#### 16-121. Qualified elector; definition

A. A person who is qualified to register to vote pursuant to section 16-101 and who is properly registered to vote shall, if he is at least eighteen years of age on or before the date of the election, be deemed a qualified elector for any purpose for which such qualification is required by law, except as provided in section 16-126. A person continues to be a qualified elector until that person's registration is canceled pursuant to section 16-165 or until that person does not qualify as a resident as prescribed by section 16-101, subsection B.

#### 16-101. Qualifications of registrant; definition

A. Every resident of the state is qualified to register to vote if he:

- 1. Is a citizen of the United States.
- 2. Will be eighteen years of age or more on or before the date of the regular general election next following his registration.
- 3. Will have been a resident of the state twenty-nine days next preceding the election, except as provided in section 16-126.
- 4. Is able to write his name or make his mark, unless prevented from so doing by physical disability.
- 5. Has not been convicted of treason or a felony, unless restored to civil rights.
- Has not been adjudicated an incapacitated person as defined in section 14-5101.
- B. For purposes of this title, "resident" means an individual who has actual physical presence in this state, or for purposes of a political subdivision actual physical presence in the political subdivision, combined with an intent to remain. A temporary absence does not result in a loss of residence if the individual has an intent to return following his absence. An individual has only one residence for purposes of this title.

| candidate for the office of   | for   | District  | (if applicable)                                       |
|---|---|---|---|
| in the [City/Town] of   | at the [r   | egular/speci  | al] Election to be                                    |
| held on Tuesday,,,  | , 20 I am seeking   | the nomina  | tion of the   |
| Party (if applicable  | e).   |   |   |
| <u>Candidate Information</u> (Print your in   | nformation.)  |   |   |
| Name:   |   | First   |   |
| Residence Address:  |   |   |   |
|   | Street  |   |   |
| City  | State   | Zip C   | ode   |
| Mailing Address:  | Street  |   |   |
| City  | State   | Zip C   | ode   |
| Primary Phone: (  | Type of Phone: Home   | Work  | Cell  |
| Alternate Phone: ( ) -  | Type of Phone: Home   | Work  | Cell  |
| Primary Email:  |   |   |   |
| Alternate Email:  |   |   |   |
| By submitting this document, I underst the date of this Statement of Interest are § 16-351, unless signatures were colle was filed by January 2, 2020. I uncandidacy and that filing of the nomunicipal office. | e invalid and may be subject to<br>ected before August 27, 2019<br>derstand this Statement is | o challenge <sub>j</sub><br>and this Sta<br><b>not a form</b> | pursuant to A.R.S tement of Interes al declaration of |
| Candidate Signature   |   | Date  |   |

| postularme como un candidato par  | ra el puesto de   | para el  |
|---|---|--|
| Distrito (si corresponde), er   | n la/el [Ciudad/Pueblo] de  |  |
| en la Elección regular/especial (po   | onga un círculo alrededor de uno) que   | se llevará a cabo  |
| el martes,,   | de 20 Busco la nominación   | n del Partido  |
| (si correspond  | le).  |  |
| Información del Candidato (Imp  | orima su información.)  |  |
|   |   |  |
| Nombre: Apellido  | Nom   | bre  |
| Dirección del domicilio:  | Calle   |  |
| Ciudad  | Estado  | Código postal  |
| Dirección postal:   |   |  |
| •   | Calle   |  |
| Ciudad  | Estado  | Código postal  |
| Teléfono principal: ( ) -   | Tipo de teléfono: Hogar _   | Trabajo _Celular   |
| Teléfono alterno: ( ) -   | Tipo de teléfono: Hogar _   | Trabajo _Celular   |
| Correo electrónico principal:   |   |  |
| Correo electrónico alterno:   |   |  |
| antes de la fecha de esta Declaraci<br>conformidad con A.R.S. § 16-35<br>agosto de 2019 y que esta Declara<br>2020. <b>Entiendo que esta Declar</b> | endo que cualquier firma de petición don de Interés no es válida y puede esta, a menos que las firmas fueran reación de Interés fuera presentada a nación no es una declaración forma nominación es la notificación forma | car sujeta a impugnación de colectadas antes del 27 de nás tardar el 2 de enero de la decandidatura y que la company que la co |
| Firma del candidato   |   | Fecha  |



#### **STATE OF ARIZONA**

# Nonpartisan NOMINATION PAPER DECLARATION OF QUALIFICATION A.R.S. § 16-311

FOR OFFICE USE ONLY

| You are hereby notified that I, the undersigne                           | d, a qualified elector, am a cand    | idate for the office      |
|--|--------------------------------------|---------------------------|
| ofat the election  | on to be held on _August 4, 2020_    | ·                         |
| I will have been a citizen of the United States                          | for years before my e                | election and will have    |
| been a citizen of Arizona for years before                               | my election and will meet the ag     | e requirement for the     |
| office I seek and have resided in  | County for                           | years, in precinct        |
| Town of Camp Verde for years before                                      | my election, and I currently resid   | e in the city or town I   |
| propose to represent.  |                                      |                           |
| Actual residence address or description of place of residence (required) | City or town                         | Zip                       |
| Post office address (if applicable)                                      | City or town                         | Zip                       |
| Print or type your name on the followish it to appear on the             |                                      | <b>⁄o</b> u               |
| LAST NAME  | FIRST NAME                           |                           |
| I declare, under penalty of perjury, that the in                         | formation in this Nomination Pap     | er and Declaration of     |
| Qualification is true and correct, and that at the time of               | f filing I am a resident of the coun | ty, city, town, district, |
| ward, or precinct which I propose to represent, that I h                 | nave no final, outstanding judgme    | ents against me of an     |
| aggregate of \$1,000 or more that arose from failure to                  | comply with or enforcement of c      | ampaign finance law,      |
| and as to all other qualifications, I will be qualified at the           | time of election to hold the office  | that I seek.              |
| CANDIDATE SIGNATURE  | DATE                                 | <del></del>               |

# PRINTING INSTRUCTIONS

- 1. Print the Petition form on 8½ X 11inch paper.
- 2. The second page (instructions for circulator) must be copied on the reverse side of the petition

Instructions to print the PDF document:

NOTE: The following document represents what the Petition form should look like. Errors can be made when printing the document, so it is important to make sure you follow certain guidelines when printing.

- 1. Click "print" icon from the Adobe Product, not your browser
- 2. Check the printer "properties"
- 3. Orientation Select "landscape"
- 4. Make sure that "fit to page" is **NOT** checked

#### **Nonpartisan Nomination Petition**

| Put optional | photo |
|--------------|-------|
| here         |       |

I, the undersigned, a qualified elector of the county of \_\_\_\_\_\_\_, state of Arizona, and of \_\_\_\_\_\_\_\_(here name political division or district from which the nomination is sought) hereby nominate \_\_\_\_\_\_\_ who resides at \_\_\_\_\_\_ in the county of \_\_\_\_\_\_ for the office of \_\_\_\_\_\_ to be voted at the \_\_\_\_\_\_ election to be held \_\_\_\_\_\_\_, and hereby declare that I am qualified to vote for this office and that I have not signed and will not sign any nomination petitions for more persons than the number of candidates necessary to fill such office at the next ensuing election. I further declare that if I choose to use a post office box address on this petition, my residence address has not changed since I last reported it to the county recorder for purposes of updating my voter registration file.

| Signature | Printed name | Actual residence address, description of place of residence, or Arizona post office box address, city or town | Date of signing |
|-----------|--------------|---|-----------------|
| 1.        |              |   |                 |
| 2.        |              |   |                 |
| 3.        |              |   |                 |
| 4.        |              |   |                 |
| 5.        |              |   |                 |
| 6.        |              |   |                 |
| 7.        |              |   |                 |
| 8.        |              |   |                 |
| 9.        |              |   |                 |
| 10.       |              |   |                 |

#### **Instructions for Circulators**

- 1. All petitions shall be signed by circulator.
- 2. Circulator is not required to be a resident of this state but otherwise must be qualified to register to vote in this state and, if not a resident of this state, shall register as a circulator with the secretary of state.
- 3. Circulator's name shall be typed or printed under the circulator's signature.
- 4. Circulator's actual residence address or, if no street address, a description of residence location shall be included on the petition.

| I,  | a person who is not required to be a resident of this state but who is otherwise                |
|---|---|
| (Printed Name)  |   |
| qualified to register to vote in the county of              | , in the state of Arizona, hereby verify that each of the names on the                          |
| petition was signed in my presence on the date indicated; t | that in my belief each signer was a qualified elector who resides at the address given as their |
| residence on the date indicated.                            |   |
|   |   |
|   |   |
|   | Signature of Circulator   |
|   |   |
|   | Typed or Printed Name of Circulator   |
|   |   |
|   | Circulator's Actual Residence Address   |
|   | (If no street address, a description of residence location shall be included on the petition)   |
|   |   |
|   | City or Town and Zip Code   |

#### PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT

|                | VERIFICATION   |
|----------------|--|
|                | candidate for a public office, and am filing this Financial Disclosure Statement covering the 12 months preceding the date of attement, from the month of  |
|                | public officer who has served in the last full year of my final term, which expires less than thirty-one days into calendar year his is my final Financial Disclosure Statement covering the last 12 months plus the final days of my term for the current year. |
|                | been <b>appointed</b> to fill a vacancy in a public office within the last 60 days and am filing this Financial Disclosure Statement covering the oth period ending with the last full month prior to the date I took office.                                    |
| I am a         | public officer filing this Financial Disclosure Statement covering the 12 months of calendar year 2020.  |
| Please che     | ck the appropriate box that reflects your service for this filing year:  |
| District / Div | ision Number (if applicable):  |
| Public Office  | e Held or Sought:  |
| Address: (P    | lease note: this address is public information and not subject to redaction)   |
|                |  |
| Name of Pu     | blic Officer or Candidate:   |

Signature of Public Officer or Candidate (Digital and Typewritten signatures accepted)

By signing, I verify under penalty of perjury that the information provided in this Financial Disclosure Statement is true and correct.

#### A. PERSONAL FINANCIAL INTERESTS

This section requires disclosure of your financial interests and/or the financial interests of the member(s) of your household.<sup>1</sup>

#### 1. Identification of Household Members and Business Interests

What to disclose: If you are married, is your spouse a member of your household? Yes No N/A (If not married/widowed, select N/A)

Are any minor children² members of your household? Yes (if yes, disclose how many ) No N/A (If no children, select N/A)

For the remaining questions in this Financial Disclosure Statement, the term "member of your household" or "household member" will be defined as the person(s) who correspond to your "yes" answers above.

You are not required to disclose the names of your spouse or minor children when answering the questions below. Thus, you may identify your household members as "spouse," "minor child 1", "minor child 2," etc. Please note that if you choose to identify your spouse or minor children by name, the Secretary of State's Office or other local filing officer are not expected to redact that information when posting this Financial Disclosure Statement on the internet or providing it in response to a public records request.

# 2. Sources of Personal Compensation

What to disclose: In subsection (2)(a), provide the name and address of each employer who paid you or any member of your household more than \$1,000 in salary, wages, commissions, tips or other forms of compensation (other than "gifts") during the period covered by this report. Describe the nature of each employer's business and the type of services for which you or a member of your household were compensated.

In subsection (2)(b), if applicable, list anything of value that any other person (outside your household) received for your or a member of your household's use or benefit. For example, if a person was paid by a third-party to be your personal housekeeper, identify that person, describe the nature of that person's services that benefited you, and provide information about the third-party who paid for the services on your behalf.

You need not disclose income of a business, including money you or any member of your household received that constitutes income paid to a business that you or your household member owns or does business as. This type of business income will be disclosed in Question 12 below.

If additional space is needed to report information on this Financial Disclosure Statement, please attach additional information as numbered exhibits.

<sup>&</sup>lt;sup>2</sup> Minor children include children 18 years old and younger over whom you have joint or sole legal custody.

# Subsection (2)(a):

| Public Officer or Household<br>Member <sup>3</sup> Benefitted | NAME AND ADDRESS OF EMPLOYER WHO PROVIDED COMPENSATION > \$1,000 | NATURE OF EMPLOYER'S<br>BUSINESS | NATURE OF SERVICES PROVIDED BY PUBLIC OFFICER OR HOUSEHOLD MEMBER FOR EMPLOYER |
|---|--|----------------------------------|--|
|   |  |                                  |  |
|   |  |                                  |  |
|   |  |                                  |  |
|   |  |                                  |  |

#### Subsection (2)(b) (if applicable):

| PUBLIC OFFICER OR HOUSEHOLD  MEMBER <sup>3</sup> BENEFITTED | Name and Address of Person Who<br>Provided Services Valued Over \$1,000<br>For Your or Your Household Member's<br>Use or Benefit | NATURE OF SERVICES PROVIDED BY PERSON FOR YOUR OR YOUR HOUSEHOLD MEMBER'S USE OR BENEFIT | NAME AND ADDRESS OF THIRD PARTY WHO PAID FOR<br>PERSON'S SERVICES ON YOUR OR YOUR HOUSEHOLD<br>MEMBER'S BEHALF |
|---|--|--|--|
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |

# 3. Professional, Occupational and Business Licenses

What to disclose: List all professional, occupational or business licenses held by you or any member of your household at any time during the period covered by this Financial Disclosure Statement.

This includes licenses in which you or a member of your household had an "interest," which includes (but is not limited to) any business license held by a "controlled" or "dependent" business as defined in Question 12 below.

<sup>&</sup>lt;sup>3</sup> You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1", "minor child 2," etc.

| PUBLIC OFFICER OR HOUSEHOLD MEMBER <sup>4</sup> AFFECTED | TYPE OF LICENSE | PERSON OR ENTITY HOLDING THE LICENSE | JURISDICTION OR ENTITY THAT ISSUED LICENSE |
|--|-----------------|--------------------------------------|--|
|  |                 |                                      |  |
|  |                 |                                      |  |
|  |                 |                                      |  |

#### 4. Personal Creditors

What to disclose: The name and address of each creditor to whom you or a member of your household owed a qualifying personal debt⁵ over \$1,000 during any point during the period covered by this Financial Disclosure Statement.

Additionally, if the qualifying personal debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the applicable box to indicate whether it was incurred or discharged. Otherwise, check the box for "N/A" if the debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

# You need not disclose the following, which do not qualify as "personal debt":

- Debts resulting from the ordinary conduct of a business (these will be disclosed in Section B below);
- Debts on any personal residence or recreational property;
- Debts on motor vehicles used primarily for personal purposes (not commercial purposes);
- Debts secured by cash values on life insurance;
- Debts owed to relatives;
- Personal credit card transactions or the value of any retail installment contracts you or your household member entered into.

<sup>&</sup>lt;sup>4</sup> You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1", "minor child 2," etc.

<sup>&</sup>lt;sup>5</sup> A "qualifying" debt is a personal debt *other than* the types of debts in the bullet point list above.

| PUBLIC OFFICER OR HOUSEHOLD MEMBER <sup>4</sup> OWING THE DEBT | NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE) | IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX |
|--|--|---|
|  |  | Date:   |
|  |  | Incurred Discharged N/A   |
|  |  | Date:   |
|  |  | Incurred Discharged N/A   |
|  |  | Date:   |
|  |  | Incurred Discharged N/A   |

#### 5. Personal Debtors

What to disclose: The name of each debtor who owed you or a member of your household a debt over \$1,000 at any time during the period covered by this Financial Disclosure Statement, along with the approximate value of the debt by financial category.

Additionally, if the debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the box to indicate whether it was incurred or discharged. Otherwise, check "N/A" (for "not applicable") after the word "Date" if the debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

| PUBLIC OFFICER OR<br>HOUSEHOLD MEMBER <sup>6</sup> OWED<br>THE DEBT | NAME OF DEBTOR | APPROXIMATE VALUE OF DEBT                                 | IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX |
|---|----------------|---|---|
|   |                | \$1,000 - \$25,000<br>\$25,001 - \$100,000<br>\$100,001 + | Date: Incurred Discharged N/A   |
|   |                | \$1,000 - \$25,000<br>\$25,001 - \$100,000<br>\$100,001 + | Date: Incurred Discharged N/A   |
|   |                | \$1,000 - \$25,000<br>\$25,001 - \$100,000<br>\$100,001 + | Date: Incurred Discharged N/A   |

<sup>&</sup>lt;sup>6</sup> You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1", "minor child 2," etc.

#### 6. Gifts

What to disclose: The name of the donor who gave you or a member of your household a single gift or an accumulation of gifts during the preceding calendar year with a cumulative value over \$500, subject to the exceptions listed in the below "You need <u>not</u> disclose" paragraph. A "gift" means a gratuity (tip), special discount, favor, hospitality, service, economic opportunity, loan or other benefit received without adequate consideration (reciprocal value) and not provided to members of the public at large (in other words, a personal benefit you or your household member received without providing an equivalent benefit in return).

<u>Please note</u>: the concept of a "gift" for purposes of this Financial Disclosure Statement is separate and distinct from the gift restrictions outlined in Arizona's lobbying statutes. Thus, disclosure in a lobbying report does not relieve you or a member of your household's duty to disclose gifts in this Financial Disclosure Statement.

# You need not disclose the following, which do not qualify as "gifts":

- Gifts received by will;
- Gift received by intestate succession (in other words, gifts distributed to you or a household member according to Arizona's intestate succession laws, not by will);
- Gift distributed from an inter vivos (living) or testamentary (by will) trust established by a spouse or family member;
- Gifts received from any other member of the household;
- · Gifts received by parents, grandparents, siblings, children and grandchildren; or
- Political campaign contributions reported on campaign finance reports.

| PUBLIC OFFICER OR HOUSEHOLD MEMBER <sup>7</sup> WHO RECEIVED GIFT(S) OVER \$500 | NAME OF GIFT DONOR |
|---|--------------------|
|   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |

You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1", "minor child 2," etc.

### 7. Office, Position or Fiduciary Relationship in Businesses, Nonprofit Organizations or Trusts

**What to disclose**: The name and address of each business, organization, trust or nonprofit organization or association in which you or any member of your household held any office, position, or fiduciary relationship during the period covered by this Financial Disclosure Statement, including a description of the office, position or relationship.

| PUBLIC OFFICER OR HOUSEHOLD MEMBER <sup>7</sup> HAVING THE REPORTABLE RELATIONSHIP | Name and Address of Business, Organization, Trust, or Nonprofit Organization or Association | DESCRIPTION OF OFFICE, POSITION OR FIDUCIARY RELATIONSHIP HELD BY THE PUBLIC OFFICER OR HOUSEHOLD MEMBER |
|--|---|--|
|  |   |  |
|  |   |  |
|  |   |  |

# 8. Ownership or Financial Interests in Businesses, Trusts or Investment Funds

**What to disclose**: The name and address of each business, trust, or investment fund in which you or any member of your household had an ownership or beneficial interest of over \$1,000 during the period covered by this Financial Disclosure Statement. This includes stocks, annuities, mutual funds, or retirement funds. It also includes any financial interest in a limited liability company, partnership, joint venture, or sole proprietorship. Also, check the box to indicate the value of the interest.

| Public Officer or Household Member <sup>8</sup> | Name and Address of Business, Trust or | DESCRIPTION OF THE BUSINESS, TRUST OR | APPROXIMATE EQUITY    |
|---|--|---------------------------------------|-----------------------|
| HAVING THE INTEREST                             | INVESTMENT FUND                        | INVESTMENT FUND                       | VALUE OF THE INTEREST |
|   |  |                                       | \$1,000 - \$25,000    |
|   |  |                                       | \$25,001 - \$100,000  |
|   |  |                                       | \$100,001 +           |
|   |  |                                       | \$1,000 - \$25,000    |
|   |  |                                       | \$25,001 - \$100,000  |
|   |  |                                       | \$100,001 +           |
|   |  |                                       | \$1,000 - \$25,000    |
|   |  |                                       | \$25,001 - \$100,000  |
|   |  |                                       | \$100,001 +           |

<sup>&</sup>lt;sup>8</sup> You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1", "minor child 2," etc.

#### 9. Ownership of Bonds

What to disclose: Bonds issued by a state or local government agency worth more than \$1,000 that you or a member of your household held during the period covered by this Financial Disclosure Statement. Also, check the box to indicate the approximate value of the bonds.

Additionally, if the bonds were either acquired for the first time or completely divested (sold in full) during this period, list the date and check the box whether the bonds were acquired or divested. Otherwise, check "N/A" (for "not applicable") after the word "Date" if the bonds were not first acquired or fully divested during the period covered by this Financial Disclosure Statement.

| PUBLIC OFFICER OR<br>HOUSEHOLD MEMBER <sup>8</sup> ISSUED<br>BONDS | ISSUING STATE OR LOCAL GOVERNMENT AGENCY | APPROXIMATE VALUE OF BONDS                                | IF THE BONDS WERE FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX |
|--|--|---|---|
|  |  | \$1,000 - \$25,000<br>\$25,001 - \$100,000<br>\$100,001 + | Date: Acquired Divested N/A   |
|  |  | \$1,000 - \$25,000<br>\$25,001 - \$100,000<br>\$100,001 + | Date: Acquired Divested N/A   |
|  |  | \$1,000 - \$25,000<br>\$25,001 - \$100,000<br>\$100,001 + | Date: Acquired Divested N/A   |

# 10. Real Property Ownership

What to disclose: Arizona real property (land) and improvements which was owned by you or a member of your household during the period covered by this Financial Disclosure Statement, other than your primary residence or property you use for personal recreation. Also describe the property's location (city and state) and approximate size (acreage or square footage), and check the box to indicate the approximate value of the land.

Additionally, if the land was either acquired for the first time or completely divested (sold in full) during this period, list the date and check the box to indicate whether the land was acquired or divested. Otherwise, check "N/A" (for "not applicable") if the land was not first acquired or fully divested during the period covered by this Financial Disclosure Statement.

You need not disclose: Your primary residence or property you use for personal recreation.

| PUBLIC OFFICER OR<br>HOUSEHOLD MEMBER <sup>9</sup> THAT<br>OWNS LAND | LOCATION AND APPROXIMATE SIZE | APPROXIMATE VALUE OF LAND                                 | IF THE LAND WAS FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX |
|--|-------------------------------|---|---|
|  |                               | \$1,000 - \$25,000<br>\$25,001 - \$100,000<br>\$100,001 + | Date: Acquired Divested N/A   |
|  |                               | \$1,000 - \$25,000<br>\$25,001 - \$100,000<br>\$100,001 + | Date: Acquired Divested N/A   |
|  |                               | \$1,000 - \$25,000<br>\$25,001 - \$100,000<br>\$100,001 + | Date: Acquired Divested N/A   |

### 11. Travel Expenses

What to disclose: Each meeting, conference or other event during the period covered in this Financial Disclosure Statement where you participated in your official capacity and travel-related expenses of \$1,000 or more were paid on your behalf (or which you were reimbursed) for that meeting, conference, or other event. "Travel-related expenses" include, but are not limited to, the value of transportation, meals, and lodging to attend the meeting, conference, or other event.

**You need not disclose:** Any meeting, conference, or other event where paid or reimbursed travel-related expenses were less than \$1,000 or your personal monies were expended related to the travel.

| NAME OF MEETING, CONFERENCE, OR EVENT ATTENDED IN OFFICIAL CAPACITY AS PUBLIC OFFICER | LOCATION | AMOUNT OR VALUE OF TRAVEL COSTS                           |
|---|----------|---|
|   |          | \$1,000 - \$25,000<br>\$25,001 - \$100,000<br>\$100,001 + |
|   |          | \$1,000 - \$25,000<br>\$25,001 - \$100,000<br>\$100,001 + |
|   |          | \$1,000 - \$25,000<br>\$25,001 - \$100,000<br>\$100,001 + |

<sup>&</sup>lt;sup>9</sup> You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1", "minor child 2," etc.

#### **B. BUSINESS FINANCIAL INTERESTS**

This section requires disclosure of any financial interests of a business owned by you or a member of your household.

#### 12. Business Names

What to disclose: The name of any business under which you or any member of your household owns or did business under (in other words, if you or your household member were self-employed) during the period covered by this Financial Disclosure Statement, which include any corporations, limited liability companies, partnerships, sole proprietorships or any other type of business conducted under a trade name.

Also disclose if the named business is controlled or dependent. A business is "controlled" if you or any member of your household (individually or combined) had an ownership interest that amounts to more than 50%. A business is classified as "dependent," on the other hand, if: (1) you or any household member (individually or combined) had an ownership interest that amounts more than 10%; and (2) the business received more than \$10,000 from a single source during the period covered by this Financial Disclosure Statement, which amounted to more than 50% of the business' gross income for the period.

<u>Please note:</u> If the business was either controlled or dependent, check the box to indicate whether it was controlled or dependent in the last column below. If the business was both controlled *and* dependent during the period covered by this Financial Disclosure Statement, check *both* boxes. Otherwise, leave the boxes in the last column below blank.

| PUBLIC OFFICER OR HOUSEHOLD MEMBER <sup>10</sup> OWNING THE BUSINESS | Name and Address of Business | CHECK THE APPROPRIATE BOX IF THE BUSINESS IS "CONTROLLED"<br>BY OR "DEPENDENT" ON YOU OR A HOUSEHOLD MEMBER |
|--|------------------------------|---|
|  |                              | Controlled Dependent  |
|  |                              | Controlled Dependent  |
|  |                              | Controlled Dependent  |

<u>Please note</u>: If a business listed in the foregoing Question 12 was neither "controlled" nor "dependent" during the period covered by this Financial Disclosure Statement, you need not complete the remainder of this Financial Disclosure Statement with respect to that business. If none of the businesses listed in Question 12 were "controlled" or "dependent," you need not complete the remainder of this Financial Disclosure Statement.

<sup>10</sup> You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1", "minor child 2," etc.

#### 13. Controlled Business Information

What to disclose: The name of each controlled business listed in Question 12 above, and the goods or services provided by the business.

If a single client or customer (whether a person or business) accounts for more than \$10,000 and 25% of the business' gross income during the period covered by this Financial Disclosure Statement, the client or customer is deemed a "major client" and therefore you must describe what your business provided to this major client in the third column below. Also, if the major client is a business, please describe the client's type of business activities in the final column below (but if the major client is an individual, write "N/A" for "not applicable" in the final column below).

If the business does not have a major client, write "N/A" for "not applicable" in the last two columns below.

You need not disclose: The name of any major client, or the activities of any major client that is an individual.

If you or your household member does not own a business, or if your or your household member's business is not a controlled business, you may leave this question blank.

| NAME OF YOUR OR YOUR HOUSEHOLD<br>MEMBER'S CONTROLLED BUSINESS | GOODS OR SERVICES PROVIDED BY THE CONTROLLED BUSINESS | DESCRIBE WHAT YOUR BUSINESS PROVIDES TO ITS MAJOR CLIENT | Type of Business Activities of the Major Client (if a Business) |
|--|---|--|---|
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |

#### 14. Dependent Business Information

What to disclose: The name of each dependent business listed in Question 12 above, and the goods or services provided by the business.

If a single client or customer (whether a person or business) accounts for more than \$10,000 and 25% of the business' gross income during the period covered by this Financial Disclosure Statement, the client or customer is deemed a "major client" and therefore you must describe what your business provided to this major client in the third column below. Also, if the major client is a business, please describe the client's type of business activities in the final column below (but if the major client is an individual, write "N/A" for "not applicable" in the final column below).

If the business does not have a major client, write "N/A" for "not applicable" in the last two columns below. Likewise, if the dependent business is also a controlled business, disclose the business only in Question 13 above and leave this question blank.

You need not disclose: The name of any major client, or the activities of any major client that is an individual.

If you or your household member does not own a business, or if your or your household member's business is not a dependent business, you may leave this question blank.

| NAME OF YOUR OR YOUR HOUSEHOLD MEMBER'S DEPENDENT BUSINESS | GOODS OR SERVICES PROVIDED BY THE DEPENDENT BUSINESS | DESCRIBE WHAT YOUR BUSINESS PROVIDES TO ITS MAJOR CUSTOMER | Type of Business Activities of the Major Customer (if a Business) |
|--|--|--|---|
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |

# 15. Real Property Owned by a Controlled or Dependent Business

What to disclose: Arizona real property (land) and improvements which was owned by a controlled or dependent business during the period covered by this Financial Disclosure Statement. Also describe the property's location (city and state) and approximate size (acreage or square footage), and check the box to indicate the approximate value of the land. If the business is one that deals in real property and improvements, check the box that corresponds to the aggregate value of all parcels held by the business during the period covered by this Financial Disclosure Statement.

Additionally, if the land was either acquired for the first time or completely divested (sold in full) during this period, list the date and check whether the land was acquired or divested. Otherwise, check "N/A" (for "not applicable") if the land was not first acquired or fully divested during the period covered by this Financial Disclosure Statement.

**You need not disclose:** If you or your household member does not own a business, or if your or your household member's business is not a dependent business, you may leave this question blank.

| Name of Controlled or<br>Dependent Business That<br>Owns Land | LOCATION AND APPROXIMATE SIZE | APPROXIMATE VALUE OF LAND                                 | IF THE LAND WAS FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX |
|---|-------------------------------|---|---|
|   |                               | \$1,000 - \$25,000<br>\$25,001 - \$100,000<br>\$100,001 + | Date: Acquired Divested N/A   |
|   |                               | \$1,000 - \$25,000<br>\$25,001 - \$100,000<br>\$100,001 + | Date: Acquired Divested N/A   |
|   |                               | \$1,000 - \$25,000<br>\$25,001 - \$100,000<br>\$100,001 + | Date: Acquired Divested N/A   |

# 16. Controlled or Dependent Business' Creditors

What to disclose: The name and address of each creditor to which a controlled or dependent business owed more than \$10,000, if that amount was also more than 30% of the business' total indebtedness at any time during the period covered by this Financial Disclosure Statement ("qualifying business debt").

Additionally, if the qualifying business debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the box to indicate whether it was incurred or discharged. Otherwise, check "N/A" (for "not applicable") after the word "Date" if the business debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

**You need not disclose:** If you or your household member does not own a business, or if your or your household member's business is not a controlled or dependent business, you may leave this question blank.

| NAME OF CONTROLLED OR DEPENDENT BUSINESS OWING THE QUALIFYING DEBT | Name and Address of Creditor (or Person to Whom Payments are Made) | IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX |  |  |
|--|--|---|--|--|
|  |  | Date:   |  |  |
|  |  | Incurred Discharged N/A   |  |  |
|  |  | Date:   |  |  |
|  |  | Incurred Discharged N/A   |  |  |
|  |  | Date:   |  |  |
|  |  | Incurred Discharged N/A   |  |  |

#### 17. Controlled or Dependent Business' Debtors

**What to disclose**: The name of each debtor who owed more than \$10,000 to a controlled or dependent business, if that amount was also more than 30% of the total indebtedness owed to the controlled or dependent business at any time during the period covered by this Financial Disclosure Statement ("qualifying business debt"). Also check the box to indicate the approximate value of the debt by financial category.

Additionally, if the qualifying business debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the box to indicatewhether it was incurred or discharged. Otherwise, check "N/A" (for "not applicable") if the business debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

You need not disclose: If you or your household member does not own a business, or if your or your household member's business is not a controlled or dependent business, you may leave this question blank.

| PUBLIC OFFICER OR HOUSEHOLD MEMBER <sup>11</sup> OWED THE DEBT | NAME OF DEBTOR | APPROXIMATE VALUE OF DEBT                                 | IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGE DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX |  |  |
|--|----------------|---|--|--|--|
|  |                | \$1,000 - \$25,000<br>\$25,001 - \$100,000<br>\$100,001 + | Date: Incurred Discharged N/A  |  |  |
|  |                | \$1,000 - \$25,000<br>\$25,001 - \$100,000<br>\$100,001 + | Date: Incurred Discharged N/A  |  |  |
|  |                | \$1,000 - \$25,000<br>\$25,001 - \$100,000<br>\$100,001 + | Date: Incurred Discharged N/A  |  |  |

<sup>11</sup> You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1", "minor child 2," etc.

| COMMIT | TFF | INFOR    | MATION | (required) | ١. |
|--------|-----|----------|--------|------------|----|
|        |     | IIVI OIV |        | (Tequileu  | 1. |

|     | Committee Information:            | Committee Name:         |   |       |
|-----|-----------------------------------|-------------------------|---|-------|
| CAN | DIDATE INFORMATION (only if filin | g as a candidate com    | mittee):  |       |
|     | Office Sought:                    | ☐ Statewide Office:     | State Legislature:  |       |
|     |                                   | ☐ County Office:        |   |       |
|     | Cumulative Report:                |                         |   |       |
|     | ☐ Check here if this is the car   | ndidate committee's fir | rst, cumulative report for the election cycle. Also select appropriate Reporting Period b | elow. |
|     | Cumulative reporting period s     | tart date (which super  | sedes the start date for the Reporting Period selected below):                            |       |
|     |                                   |                         |   |       |

### REPORTING PERIOD (check one):

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

\*Reporting deadline extended to next business day. A.R.S. §§ 1-243(A) and 1-303.

# FINANCIAL SUMMARY (required):

| Activity   | Cash Activity This<br>Reporting Period | Election Cycle to<br>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)                     |  |                           |
| (c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting p                 | period)                                |                           |
| (d) = Balance at close of reporting period   |  |                           |
| ☐ Check here if no financial activity during the reporting period. Lines (a)-(d) still mus                             | st be completed, but only this co      | ver page need be filed.   |



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

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

| Printed Name of Committee Treasurer | Signature of Committee Treasurer | Date |
|-------------------------------------|----------------------------------|------|

# STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

SUMMARY OF RECEIPTS (Schedule A):

| ,        |  |      |        |
|----------|--|------|--------|
|          | Receipts   | Cash | Equity |
| <u> </u> | 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))                                |      |        |
|          | (k) Refunds Given Back to Contributors   |      |        |
|          | (I) Net Monetary Contributions (subtract 1(k) from 1(j))                                   |      |        |
| 2.       | Loans  |      |        |
|          | (a) Loans Received   |      |        |
|          | (b) Forgiveness on Loans Received  |      |        |
|          | (c) Repayment on Loans Made  |      |        |
|          | (d) Interest Accrued on Loans Made   |      |        |
|          | (e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))   |      |        |
| 3.       | Rebates and Refunds Received   |      |        |
| 4.       | Interest Accrued on Committee Monies   |      |        |
| 5.       | In-Kind Contributions Received   |      |        |
|          | (a) Individuals - More than \$50   |      |        |
|          | (b) Individuals - \$50 or Less (Aggregate) (c) Candidate Committees                        |      |        |
|          | (c) Candidate Committees (d) Political Action Committees                                   |      |        |
|          | (e) Political Parties  |      |        |
|          | (f) Partnerships   |      |        |
|          | (g) Corporations & Limited Liability Companies (PACs & Political Parties Only)             |      |        |
|          | (h) Labor Organizations (PACs & Political Parties Only)                                    |      |        |
|          | (i) Candidate's Personal Assets or Property (Candidate Committees Only)                    |      |        |
|          | (j) In-Kind Contributions Subtotal (equity: add 5(a) through 5(i))                         |      |        |
| 6.       | In-Kind Donations Received (Non-Contributions) (Political Parties Only)                    |      |        |
| 7.       | Extensions of Credit   |      |        |
|          | (a) Extensions of Credit Received  |      |        |
|          | (b) Payments on Extensions of Credit Received  |      |        |
|          | (c) Net Extensions of Credit (subtract 7(b) from 7(a))                                     |      |        |
| 8.       | Joint Fundraising / Shared Expense Payments Received                                       |      |        |
| 9.       | Payments Received for Goods / Services   |      |        |
| 10.      | Outstanding Accounts Receivable / Debts Owed to Committee                                  |      |        |
| 11.      | Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)      |      |        |
| 12.      | Miscellaneous Receipts   |      |        |
| 13.      | Total Receipts (cash: add 1(l), 2(e), 3-4, 8-9, 11-12; equity: add 2(b), 5(j), 6-7, 10-12) |      |        |
| \        | E ((-)) = (-)) = -, -, -1 odanh, and =(0)) and =(0)  | I .  |        |

# STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

SUMMARY OF DISBURSEMENTS (Schedule B):

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

### STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

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

SCHEDULE A(1)(a)

| / | Indiv          | idual Contributor Inform | nation                     | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|----------------|--------------------------|----------------------------|-----------------|---|---|
|   | Name           |                          | Date Contribution Received |                 | ·   |   |
|   | Street Address |                          | L                          |                 |   |   |
| 1 | City           | State                    | ZIP                        |                 |   |   |
|   | Occupation     | Employer                 |                            |                 |   |   |
|   | Name           |                          | Date Contribution Received |                 |   |   |
|   | Street Address |                          |                            |                 |   |   |
| 2 | City           | State                    | ZIP                        |                 |   |   |
|   | Occupation     | Employer                 |                            |                 |   |   |
|   | Name           |                          | Date Contribution Received |                 |   |   |
|   | Street Address |                          |                            |                 |   |   |
|   |                |                          |                            |                 |   |   |
|   | City           | State                    | ZIP                        |                 |   |   |
|   | Occupation     | Employer                 |                            |                 |   |   |
|   | Name           |                          | Date Contribution Received |                 |   |   |
|   | Street Address |                          | 1                          |                 |   |   |
| 1 | City           | State                    | ZIP                        |                 |   |   |
|   | Occupation     | Employer                 |                            |                 |   |   |
|   | Name           |                          | Date Contribution Received |                 |   |   |
|   | Street Address |                          |                            |                 |   |   |
|   | City           | State                    | ZIP                        |                 |   |   |
|   | Occupation     | Employer                 |                            |                 |   |   |
|   |                |                          |                            |                 |   |   |

 $^{\star}$ 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)) |   |                                       |

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



MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(c)

|   | Candidate Committee  | Contributor Infor         | mation  | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|---------------------------|---------|-----------------|---|---|
|   | Committee Name   |                           |         |                 |   |   |
|   | Street Address   |                           |         |                 |   |   |
| 1 | City   | State                     | ZIP     |                 |   |   |
|   | Committee ID Number  | Date Contribution Receive | ed      |                 |   |   |
|   | Committee Name   |                           |         |                 |   |   |
|   |  |                           |         |                 |   |   |
|   | Street Address   |                           |         |                 |   |   |
| 2 | City   | State                     | ZIP     |                 |   |   |
|   | Committee ID Number  | Date Contribution Receive | I<br>ed |                 |   |   |
|   | Committee Name   |                           |         |                 |   |   |
|   | Street Address   |                           |         |                 |   |   |
| 3 | City   | State                     | ZIP     |                 |   |   |
|   | Committee ID Number  | Date Contribution Receive | I<br>ed |                 |   |   |
|   | Committee Name   |                           |         |                 |   |   |
|   | Street Address   |                           |         |                 |   |   |
| 4 | City   | State                     | ZIP     |                 |   |   |
|   | Committee ID Number  | Date Contribution Receive | l<br>ed |                 |   |   |
|   | Committee Name   | l                         |         |                 |   |   |
|   | Street Address   |                           |         |                 |   |   |
| 5 | City   | State                     | ZIP     |                 |   |   |
|   | Committee ID Number  | Date Contribution Receive | ed      |                 |   |   |
|   | Enter total only if last page of schedule                          |                           |         |                 |   |   |
|   | (transfer the total received this period to "Summary of Receipts," | iinė 1(C))                |         |                 | <u>l</u>                                      | <u> </u>                                    |

Schedule A(1)(c), page \_\_\_\_ of \_\_\_\_



MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(d)

|   | Political Action Committ                  | ee Contributor In         | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |  |
|---|---|---------------------------|-----------------|---|---|--|
|   | Committee Name                            |                           |                 |   |   |  |
|   | Street Address                            |                           |                 |   |   |  |
| 1 | City                                      | State                     | ZIP             |   |   |  |
|   | Committee ID Number                       | Date Contribution Receive | d               |   |   |  |
|   | Committee Name                            |                           |                 |   |   |  |
|   | Street Address                            |                           |                 |   |   |  |
| 2 | City                                      | State                     | ZIP             |   |   |  |
|   | Committee ID Number                       | Date Contribution Receive | ed              | -   |   |  |
|   | Committee Name                            |                           |                 |   |   |  |
|   | Street Address                            |                           |                 |   |   |  |
| 3 | City                                      | State                     | ZIP             |   |   |  |
|   | Committee ID Number                       | Date Contribution Receive | ed              |   |   |  |
|   | Committee Name                            |                           |                 |   |   |  |
| 4 | Street Address                            |                           |                 |   |   |  |
|   | City                                      | State                     | ZIP             |   |   |  |
|   | Committee ID Number                       | Date Contribution Receive | ed              |   |   |  |
|   | Committee Name                            |                           |                 |   |   |  |
|   | Street Address                            |                           |                 |   |   |  |
| 5 | City                                      | State                     | ZIP             |   |   |  |
|   | Committee ID Number                       | Date Contribution Receive | l<br>ed         |   |   |  |
|   | Enter total only if last page of schedule |                           |                 |   |   |  |
|   |   |                           |                 |   |   |  |

Schedule A(1)(d), page \_\_\_\_ of \_\_\_\_



MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(e)

| /   |  |                           |          |                 |   |   |  |
|---|--|---------------------------|----------|-----------------|---|---|--|
|   | Political Party Co                             | ontributor Informat       | ion      | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |  |
|   | Committee Name                                 |                           |          |                 |   |   |  |
| 1   | Street Address                                 |                           |          |                 |   |   |  |
|   | City   | State                     | ZIP      |                 |   |   |  |
|   | Committee ID Number Date Contribution Received |                           |          |                 |   |   |  |
| 2   | Committee Name                                 |                           |          |                 |   |   |  |
|   | Street Address                                 |                           |          |                 |   |   |  |
|   | City   | State                     | ZIP      |                 |   |   |  |
|   | Committee ID Number                            | Date Contribution Receive | <u>l</u> | -               |   |   |  |
| 3   | Committee Name                                 |                           |          |                 |   |   |  |
|   | Street Address                                 |                           |          |                 |   |   |  |
|   | City   | State                     | ZIP      |                 |   |   |  |
|   | Committee ID Number                            | Date Contribution Receive | ed       |                 |   |   |  |
| 4   | Committee Name                                 |                           |          |                 |   |   |  |
|   | Street Address                                 |                           |          |                 |   |   |  |
|   | City   | State                     | ZIP      |                 |   |   |  |
|   | Committee ID Number                            | Date Contribution Receive | ed       | -               |   |   |  |
| 5   | Committee Name                                 |                           |          |                 |   |   |  |
|   | Street Address                                 |                           |          |                 |   |   |  |
|   | City   | State                     | ZIP      |                 |   |   |  |
|   | Committee ID Number                            | Date Contribution Receive | ed       |                 |   |   |  |
|   | 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 \_\_\_\_



MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(1)(f)

| Partnership Contributor Information Amount Received Amount this Reporting Period Elect    Partnership Name   Street Address   | / |   |   |      |                 |             |   |
|--|---|---|---|------|-----------------|-------------|---|
| The factor of the Number of State      Partners of the Number  | / | Partnership Con                           | tributor Informatio                       | on   | Amount Received | Amount this | Cumulative<br>Amount this<br>Election Cycle |
| Total Coly State (Commission File Number Date Contribution Received   Partnership Name  Steet Address  City State ZIP  Corporation Commission File Number Date Contribution Received   Partnership Name  Steet Address  City State ZIP  Corporation Commission File Number Date Contribution Received   Partnership Name  Steet Address  City State ZIP  Corporation Commission File Number Date Contribution Received   Partnership Name  Steet Address  Date Contribution Received   Partnership Name  Steet Address  Steet Address  Steet Address  Date Contribution Received   D |   | Partnership Name                          |   |      |                 | - 3         | ,   |
| Corporation Commission File Number  Date Contribution Received  Particurarily Name  Street Address  City State 23P  Corporation Commission File Number  Date Contribution Received  Particurarily Name  Street Address  City State 23P  Corporation Commission File Number  Date Contribution Received  Particurarily Name  Street Address  City State 23P  Corporation Commission File Number  Date Contribution Received  Particurarily Name  Street Address  Storet Address  State 23P  Corporation Commission File Number  Date Contribution Received  Date Contribution Received  | • | Street Address                            |   |      | -               |             |   |
| Partnershy Name  Street Address  City State  | 1 | City                                      | State                                     | ZIP  | -               |             |   |
| Street Address   ZIP   | • | Corporation Commission File Number        | Date Contribution Receive                 | I ed | -               |             |   |
| 2 City State ZIP Corporation Commission File Number Date Contribution Received  Frantheredip Name Street Address  City State ZIP Corporation Commission File Number Date Contribution Received  Partheredip Name Street Address  4 City State ZIP Corporation Commission File Number Date Contribution Received  Partheredip Name  Street Address  4 City State ZIP Corporation Commission File Number Date Contribution Received  Partheredip Name  Street Address  5 City State ZIP Corporation Commission File Number Date Contribution Received  |   | Partnership Name                          |   |      |                 |             |   |
| City State   California Commission File Number   Date Contribution Received    Partnership Name   Street Address    City   State   ZiP    Corporation Commission File Number   Date Contribution Received    Partnership Name   Street Address    City   State   ZiP    Corporation Commission File Number   Date Contribution Received    Partnership Name   Street Address    City   State   ZiP    Corporation Commission File Number   Date Contribution Received    Partnership Name   Street Address   Street Address   State   ZiP    Corporation Commission File Number   Date Contribution Received    Partnership Name   Street Address   State   ZiP    Corporation Commission File Number   Date Contribution Received   | • | Street Address                            |   |      | -               |             |   |
| Partnership Name  Street Address  City State ZIP  Corporation Commission File Number Use Contribution Received  Partnership Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received  Partnership Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received  Street Address  5 City State ZIP  Corporation Commission File Number Date Contribution Received  | 2 | City                                      | State                                     | ZIP  | -               |             |   |
| Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received  Partnership Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received  Partnership Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received   |   | Corporation Commission File Number        | Date Contribution Receive                 | ed   | -               |             |   |
| City State ZIP  Corporation Commission File Number Date Contribution Received  Partnership Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received  Partnership Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received  |   | Partnership Name                          |   |      |                 |             |   |
| City State ZIP  Corporation Commission File Number Date Contribution Received  Partnership Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received  Partnership Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received  | • | Street Address                            |   |      | -               |             |   |
| Partnership Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received  Partnership Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received   | 3 | City                                      | State                                     | ZIP  | -               |             |   |
| Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received  Partnership Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received   | • | Corporation Commission File Number        | on File Number Date Contribution Received |      | -               |             |   |
| 4 City State ZIP  Corporation Commission File Number Date Contribution Received  Partnership Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received   |   | Partnership Name                          |   |      |                 |             |   |
| City State ZIP  Corporation Commission File Number Date Contribution Received  Partnership Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received   | • | Street Address                            |   |      | -               |             |   |
| Partnership Name  Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received  | 4 | City                                      | State                                     | ZIP  | _               |             |   |
| Street Address  City State ZIP  Corporation Commission File Number Date Contribution Received  |   | Corporation Commission File Number        | Date Contribution Received                |      | _               |             |   |
| 5 City State ZIP Corporation Commission File Number Date Contribution Received   |   | Partnership Name                          |   |      |                 |             |   |
| Corporation Commission File Number  Date Contribution Received   |   | Street Address                            |   |      | _               |             |   |
|  | 5 | City                                      | State                                     | ZIP  | -               |             |   |
| Enter total only if last page of schedule  | • | Corporation Commission File Number        | Date Contribution Receive                 | ed   | -               |             |   |
|  |   | Enter total only if last page of schedule |   |      |                 |             |   |

Schedule A(1)(f), page \_\_\_\_ of \_\_\_\_



MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(g)

|   | Corporation / LLC  | Contributor Inform        | nation | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|---------------------------|--------|-----------------|---|---|
|   | Corporation/LLC Name   |                           |        |                 |   |   |
|   | Street Address   |                           |        |                 |   |   |
| 1 | City   | State                     | ZIP    |                 |   |   |
|   | Corporation Commission File Number                               | Date Contribution Receive | ed     |                 |   |   |
|   | Corporation/LLC Name   |                           |        |                 |   |   |
|   | Street Address   |                           |        |                 |   |   |
| 2 | City   | State                     | ZIP    |                 |   |   |
|   | Corporation Commission File Number                               | Date Contribution Receiv  | red    |                 |   |   |
|   |  |                           |        |                 |   |   |
|   | Corporation/LLC Name   |                           |        |                 |   |   |
|   | Street Address   |                           |        |                 |   |   |
| 3 | City   | State                     | ZIP    |                 |   |   |
|   | Corporation Commission File Number                               | Date Contribution Receiv  | red    |                 |   |   |
|   | Corporation/LLC Name   |                           |        |                 |   |   |
|   | Street Address   |                           |        |                 |   |   |
| 4 | City   | State                     | ZIP    |                 |   |   |
|   | Corporation Commission File Number                               | Date Contribution Receiv  | red    |                 |   |   |
|   | Corporation/LLC Name   |                           |        |                 |   |   |
|   |  |                           |        |                 |   |   |
| _ | Street Address   |                           |        |                 |   |   |
| 5 | City   | State                     | ZIP    |                 |   |   |
|   | Corporation Commission File Number                               | Date Contribution Receiv  | red    |                 |   |   |
|   | Enter total only if last page of schedule                        |                           |        | I               |   |   |
| ╙ | (transfer the total received this period to "Summary of Receipts | s," line 1(g))            |        |                 |   |   |



MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(h)

|   | Labor Organization   | Contributor Inform        | nation | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|---------------------------|--------|-----------------|---|---|
|   | Labor Organization Name  |                           |        |                 |   |   |
|   | Street Address   |                           |        |                 |   |   |
| 1 | City   | State                     | ZIP    |                 |   |   |
|   | Corporation Commission File Number   | Date Contribution Receive | ed     |                 |   |   |
|   | Labor Organization Name  |                           |        |                 |   |   |
|   | Street Address   |                           |        |                 |   |   |
| 2 | City   | State                     | ZIP    |                 |   |   |
|   | Corporation Commission File Number   | Date Contribution Receiv  | ed     |                 |   |   |
|   | Labor Organization Name  |                           |        |                 |   |   |
|   | Street Address   |                           |        |                 |   |   |
| 3 | City   | State                     | ZIP    |                 |   |   |
|   | Corporation Commission File Number   | Date Contribution Receiv  | ed     | -               |   |   |
|   | Labor Organization Name  |                           |        |                 |   |   |
|   | Street Address   |                           |        |                 |   |   |
| 4 | City   | State                     | ZIP    |                 |   |   |
|   | Corporation Commission File Number   | Date Contribution Receiv  | ed     |                 |   |   |
|   | Labor Organization Name  |                           |        |                 |   |   |
|   | Street Address   |                           |        |                 |   |   |
| 5 | City   | State ZIP                 |        |                 |   |   |
|   | Corporation Commission File Number   | Date Contribution Receiv  | ed     | _               |   |   |
|   |  |                           |        |                 |   |   |
|   | Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts |                           |        |                 |   |   |

Schedule A(1)(h), page \_\_\_\_ of \_\_\_



MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(i)

|   | Candidate  | Information |                            | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|-------------|----------------------------|-----------------|---|---|
|   | Name   |             | Date Contribution Received |                 |   |   |
|   | Street Address   |             | l                          |                 |   |   |
| 1 | City   | State       | ZIP                        |                 |   |   |
|   | Occupation   | Employer    | <u> </u>                   |                 |   |   |
|   | Name   |             | Date Contribution Received |                 |   |   |
|   | Street Address   |             |                            |                 |   |   |
| 2 | City   | State       | ZIP                        |                 |   |   |
|   | Occupation   | Employer    |                            |                 |   |   |
|   | Name   |             | Date Contribution Received |                 |   |   |
|   | Street Address   |             |                            |                 |   |   |
| 3 | City   | State       | ZIP                        |                 |   |   |
|   | Occupation   | Employer    |                            |                 |   |   |
|   | Name   |             | Date Contribution Received |                 |   |   |
|   | Street Address   |             |                            |                 |   |   |
| 4 |  | T           | T                          |                 |   |   |
|   | City   | State       | ZIP                        |                 |   |   |
|   | Occupation   | Employer    |                            |                 |   |   |
|   | Name   |             | Date Contribution Received |                 |   |   |
| _ | Street Address   |             |                            |                 |   |   |
| 5 | 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))  |                            | 1               |   |   |
| _ | 1 /  |             |                            |                 |   |   |



REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(k)

|   | Contributo   | r Information |                               | Amount Refunded | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|---------------|-------------------------------|-----------------|---|---|
|   | Name   |               | Date Contribution Refunded    |                 |   |   |
|   | Street Address   |               | 1                             | -               |   |   |
| 1 | City   | State         | ZIP                           | -               |   |   |
|   | ID Number (if applicable)  |               | Date of Original Contribution | -               |   |   |
|   | Name   |               | Date Contribution Refunded    |                 |   |   |
|   | Street Address   |               |                               | _               |   |   |
| 2 | City   | State         | ZIP                           |                 |   |   |
|   | ID Number (if applicable)  |               | Date of Original Contribution | -               |   |   |
|   | Name   |               | Date Contribution Refunded    |                 |   |   |
|   | Street Address   |               | _                             |                 |   |   |
| 3 | City   | State         | ZIP                           | <u> </u><br>    |   |   |
|   | ID Number (if applicable)  |               | Date of Original Contribution | <u> </u>        |   |   |
|   | Name   |               | Date Contribution Refunded    |                 |   |   |
|   | Street Address   |               |                               | -               |   |   |
| 4 |  | T             |                               |                 |   |   |
| 7 | City   | State         | ZIP                           |                 |   |   |
|   | ID Number (if applicable)  |               | Date of Original Contribution |                 |   |   |
|   | Name   |               | Date Contribution Refunded    |                 |   |   |
|   | Street Address   |               | 1                             | 1               |   |   |
| 5 | City   | State         | ZIP                           | 1               |   |   |
|   | ID Number (if applicable)  | I             | Date of Original Contribution | -               |   |   |
|   | Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts," | For 400       |                               | 1               |   |   |

Schedule A(1)(k), page \_\_\_\_ of



LOANS RECEIVED: SCHEDULE A(2)(a)

|   | Lender I   | nformation   |                                   | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|--|-----------------------------------|-----------------|---|---|
|   | Lender Name  | Date Loan Received                                       |                                   |                 |   | -   |
|   | Street Address   |  |                                   | _               |   |   |
| 1 | City   | State  | ZIP                               |                 |   |   |
|   | Guarantor/Endorser Name  | Non-Electoral Purpose?                                   | (PACs and Political Parties Only) |                 |   |   |
|   | Lender Name  | Date Loan Received                                       |                                   |                 |   |   |
|   | Street Address   | <u> </u>   |                                   | -               |   |   |
| 2 | City   | State  | ZIP                               | _               |   |   |
|   | Guarantor/Endorser Name  | Non-Electoral Purpose?                                   | PACs and Political Parties Only)  | _               |   |   |
|   | Lender Name  | Date Loan Received                                       |                                   |                 |   |   |
|   | Street Address   |  |                                   |                 |   |   |
| 3 | City   | State  | ZIP                               | _               |   |   |
|   | Guarantor/Endorser Name  | Non-Electoral Purpose? (PACs and Political Parties Only) |                                   |                 |   |   |
|   | Lender Name  | Date Loan Received                                       |                                   |                 |   |   |
|   | Street Address   |  |                                   |                 |   |   |
| 4 | City   | State  | ZIP                               |                 |   |   |
|   | Guarantor/Endorser Name  | Non-Electoral Purpose? (PACs and Political Parties Only) |                                   |                 |   |   |
|   | Lender Name  | Date Loan Received                                       |                                   |                 |   |   |
|   | Street Address   |  |                                   | -               |   |   |
| 5 | 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," | I  |                                   |                 |   |   |

Schedule A(2)(a), page \_\_\_\_ of \_\_\_\_



FORGIVENESS ON LOANS RECEIVED: SCHEDULE A(2)(b)

|   |  | nformation               |                           | Amount Forgiven | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|--------------------------|---------------------------|-----------------|---|---|
|   | Lender Name  |                          | Date Forgiveness Received |                 |   |   |
|   | Street Address   |                          |                           |                 |   |   |
| 1 | City   | State                    | ZIP                       |                 |   |   |
|   | Original Amount of Loan  | Amount Still Outstanding |                           |                 |   |   |
|   | Lender Name  |                          | Date Forgiveness Received |                 |   |   |
|   | Street Address   |                          |                           |                 |   |   |
| 2 | City   | State                    | ZIP                       |                 |   |   |
|   | Original Amount of Loan  | Amount Still Outstanding |                           |                 |   |   |
|   | Lender Name  |                          | Date Forgiveness Received |                 |   |   |
|   | Street Address   |                          |                           |                 |   |   |
| 3 | City   | State                    | ZIP                       |                 |   |   |
|   | Original Amount of Loan  | Amount Still Outstanding |                           |                 |   |   |
|   | Lender Name Date Forgiveness Re  |                          | Date Forgiveness Received |                 |   |   |
|   | Street Address   |                          |                           |                 |   |   |
| 4 | City   | State                    | ZIP                       |                 |   |   |
|   | Original Amount of Loan  | Amount Still Outstanding |                           |                 |   |   |
|   | Lender Name  |                          | Date Forgiveness Received |                 |   |   |
|   | Street Address   |                          | •                         |                 |   |   |
| 5 | City   | State                    | ZIP                       |                 |   |   |
|   | Original Amount of Loan  | Amount Still Outstanding | 1                         |                 |   |   |
|   | 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 \_\_\_\_



REPAYMENT ON LOANS MADE: SCHEDULE A(2)(c)

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

Schedule A(2)(c), page \_\_\_\_ of



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

Schedule A(2)(d), page \_\_\_\_ of

REBATES AND REFUNDS RECEIVED:

SCHEDULE A(3)

| _ |  | nformation               | Amount Rebated or Refunded  | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |  |
|---|--|--------------------------|-----------------------------|---|---|--|
|   | Payor Name   |                          | Date Rebate/Refund Received |   |   |  |
|   | Street Address   |                          |                             |   |   |  |
| 1 | City   | State                    | ZIP                         |   |   |  |
|   | Original Purchase Amount   | Reason for Refund/Rebate | 9                           |   |   |  |
|   | Payor Name   | I                        | Date Rebate/Refund Received |   |   |  |
|   | Street Address   |                          |                             |   |   |  |
| 2 | City   | State                    | ZIP                         |   |   |  |
|   | Original Purchase Amount   | Reason for Refund/Rebate | <u> </u>                    |   |   |  |
|   | Payor Name   |                          | Date Rebate/Refund Received |   |   |  |
|   | Street Address   |                          |                             |   |   |  |
| 3 | City   | State                    | ZIP                         |   |   |  |
|   | Original Purchase Amount   | Reason for Refund/Rebate | 2                           |   |   |  |
|   | Payor Name C   |                          | Date Rebate/Refund Received |   |   |  |
|   | Street Address   |                          | 1                           |   |   |  |
| 4 | City   | State                    | ZIP                         |   |   |  |
|   | Original Purchase Amount Reason for Refund/Rebate                  |                          | <u> </u>                    |   |   |  |
|   | Payor Name   | <u> </u>                 | Date Rebate/Refund Received |   |   |  |
|   | Street Address   |                          |                             |   |   |  |
| 5 | City   | State                    | ZIP                         |   |   |  |
|   | Original Purchase Amount   | Reason for Refund/Rebate | <u> </u>                    |   |   |  |
|   | Enter total only if last page of schedule                          | <u> </u>                 | <u> </u>                    |   |   |  |
|   | (transfer the total received this period to "Summary of Receipts." |                          |                             |   |   |  |

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

Schedule A(4), page \_\_\_\_ of \_\_\_\_



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

SCHEDULE A(5)(a)

|   | Individual Conti   | ributor Informatio | n                                  | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|--------------------|------------------------------------|-----------------|---|---|
|   | Name   |                    | Date In-Kind Contribution Received |                 |   |   |
|   | Street Address   |                    | L                                  | -               |   |   |
| 1 | City   | State              | ZIP                                |                 |   |   |
|   | Occupation   | Employer           |                                    | -               |   |   |
|   | Name   |                    | Date In-Kind Contribution Received |                 |   |   |
|   | Street Address   |                    |                                    | -               |   |   |
| 2 | City   | State              | ZIP                                | -               |   |   |
|   | Occupation   | Employer           |                                    |                 |   |   |
|   | Name   |                    | Date In-Kind Contribution Received |                 |   |   |
|   | Street Address   |                    |                                    | _               |   |   |
| 3 | City   | State              | ZIP                                |                 |   |   |
|   | Occupation   | Employer           |                                    |                 |   |   |
|   | Name   |                    | Date In-Kind Contribution Received |                 |   |   |
|   | Street Address   |                    |                                    | _               |   |   |
| 4 | City   | State              | ZIP                                |                 |   |   |
|   | Occupation   | Employer           |                                    | -               |   |   |
|   | Name   |                    | Date In-Kind Contribution Received |                 |   |   |
|   | Street Address   |                    |                                    | _               |   |   |
| 5 | 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<br>Period | Cumulative Amount this Election<br>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)) |  |  |

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

IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(c)

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

Schedule A(5)(c), page \_\_\_\_ of \_\_\_\_



IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(d)

| /   | Political Action    | n Committee Contributor | Information   | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|-----|---------------------|-------------------------|---------------|-----------------|---|---|
|     | Committee Name      |                         |               |                 |   |   |
|     | Street Address      |                         |               |                 |   |   |
| 1   | City                | State                   | ZIP           |                 |   |   |
|     | Committee ID Number | Date In-Kind Contribut  | ion Received  |                 |   |   |
|     | Committee Name      |                         |               |                 |   |   |
|     | Street Address      |                         |               |                 |   |   |
| 2   | City                | State                   | ZIP           |                 |   |   |
|     | Committee ID Number | Date In-Kind Contribu   | tion Received |                 |   |   |
|     | Committee Name      |                         |               |                 |   |   |
| 3 - | Street Address      |                         |               |                 |   |   |
|     | City                | State                   | ZIP           |                 |   |   |
|     | Committee ID Number | Date In-Kind Contribu   | tion Received |                 |   |   |
|     | Committee Name      |                         |               |                 |   |   |
|     | Street Address      |                         |               |                 |   |   |
| 1   | City                | State                   | ZIP           |                 |   |   |
|     | Committee ID Number | Date In-Kind Contribu   | tion Received |                 |   |   |
|     | Committee Name      |                         |               |                 |   |   |
|     | Street Address      |                         |               |                 |   |   |
| •   | City                | State                   | ZIP           |                 |   |   |
|     |                     |                         |               |                 |   |   |

Schedule A(5)(d), page \_\_\_\_ of \_\_\_\_



IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(e)

|   | Political Party Co  | ntributor Informat        | ion           | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|---------------------|---------------------------|---------------|-----------------|---|---|
|   | Committee Name      |                           |               |                 |   |   |
|   | Street Address      |                           |               | -               |   |   |
| 1 | City                | State                     | ZIP           | -               |   |   |
|   | Committee ID Number | Date In-Kind Contribution | I<br>Received | -               |   |   |
|   | Committee Name      |                           |               |                 |   |   |
|   | Street Address      |                           |               | _               |   |   |
| 2 | City                | State                     | ZIP           | 1               |   |   |
|   | Committee ID Number | Date In-Kind Contribution | Received      | _               |   |   |
|   | Committee Name      |                           |               |                 |   |   |
|   | Street Address      | 1                         |               |                 |   |   |
| 3 | City                | State                     | ZIP           | -               |   |   |
|   | Committee ID Number | Date In-Kind Contribution | Received      | -               |   |   |
|   | Committee Name      |                           |               |                 |   |   |
|   | Street Address      |                           |               | -               |   |   |
| 4 | City                | State                     | ZIP           | <u> </u><br> -  |   |   |
|   | Committee ID Number | Date In-Kind Contribution | Received      | 1               |   |   |
|   | Committee Name      |                           |               |                 |   |   |
|   |                     |                           |               | -               |   |   |
| 5 | Street Address      |                           |               |                 |   |   |
|   | City                | State                     | ZIP           |                 |   |   |
|   | Committee ID Number | Date In-Kind Contribution | Received      |                 |   |   |

Schedule A(5)(e), page \_\_\_\_ of \_\_\_\_



IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(f)

|   | Partnership Con  | tributor Informatio       | on       | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|---------------------------|----------|-----------------|---|---|
|   | Partnership Name   |                           |          |                 |   |   |
|   | Street Address   |                           |          | -               |   |   |
| 1 | City   | State                     | ZIP      | _               |   |   |
|   | Corporation Commission File Number   | Date In-Kind Contribution | Received | -               |   |   |
|   | Partnership Name   |                           |          |                 |   |   |
|   | Street Address   |                           |          |                 |   |   |
| 2 | City   | State                     | ZIP      |                 |   |   |
|   | Corporation Commission File Number   | Date In-Kind Contribution | Received |                 |   |   |
|   | Partnership Name   | l                         |          |                 |   |   |
|   | Street Address   | -                         |          |                 |   |   |
| 3 | City   | State                     | ZIP      | -               |   |   |
|   | Corporation Commission File Number   | Date In-Kind Contribution | Received | -               |   |   |
|   | Partnership Name   |                           |          |                 |   |   |
|   | Street Address   |                           |          |                 |   |   |
| 4 | City   | State                     | ZIP      |                 |   |   |
|   | Corporation Commission File Number   | Date In-Kind Contribution | Received |                 |   |   |
|   | Partnership Name   | I                         |          |                 |   |   |
|   | Street Address   |                           |          |                 |   |   |
| 5 | City   | State                     | ZIP      |                 |   |   |
|   | Corporation Commission File Number   | Date In-Kind Contribution | Received |                 |   |   |
|   | Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts." | line 5(f))                |          | ı               |   |   |

Schedule A(5)(f), page \_\_\_\_ of \_\_\_\_



IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(g)

|   | Corporation /                      | LLC Contributor Info   | rmation       | Amount Received |                  | Cumulative<br>Amount this |
|---|------------------------------------|------------------------|---------------|-----------------|------------------|---------------------------|
|   | Corporation/LLC Name               |                        |               |                 | Reporting Period | Election Cycle            |
|   | Street Address                     |                        |               |                 |                  |                           |
| 1 | City                               | State                  | ZIP           |                 |                  |                           |
| - | Corporation Commission File Number | Date In-Kind Contribut | ion Received  |                 |                  |                           |
|   | Corporation/LLC Name               |                        |               |                 |                  |                           |
|   | Street Address                     |                        |               |                 |                  |                           |
|   | City                               | State                  | ZIP           |                 |                  |                           |
|   | Corporation Commission File Number | Date In-Kind Contribut | tion Received |                 |                  |                           |
|   | Corporation/LLC Name               |                        |               |                 |                  |                           |
|   | Street Address                     |                        |               |                 |                  |                           |
| 3 | City                               | State                  | ZIP           |                 |                  |                           |
|   | Corporation Commission File Number | Date In-Kind Contribut | tion Received |                 |                  |                           |
|   | Corporation/LLC Name               |                        |               |                 |                  |                           |
|   | Street Address                     |                        |               |                 |                  |                           |
| ļ | City                               | State                  | ZIP           |                 |                  |                           |
|   | Corporation Commission File Number | Date In-Kind Contribut | tion Received |                 |                  |                           |
|   | Corporation/LLC Name               |                        |               |                 |                  |                           |
|   | Street Address                     |                        |               |                 |                  |                           |
| 5 | City                               | State                  | ZIP           |                 |                  |                           |
|   | Corporation Commission File Number | Date In-Kind Contribut | tion Received |                 |                  |                           |



IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(h)

| Labor Organization Contributor Information Amount Received Amount this Amou  |                                     |                 |                |                           |  |   |  |
|--|-------------------------------------|-----------------|----------------|---------------------------|--|---|--|
| Street Address   | nt Received Amount this Amount this | Amount Received | nation         | Contributor Inforn        | Labor Organization                       |   |  |
| Total Composation Commission Pile Number  Labor Organization Name  Store Address  City State ZIP  Corporation Commission Pile Number  Labor Organization Name  Street Address  City State ZIP  Corporation Commission Pile Number  Date in-Kind Contribution Received  Labor Organization Name  Street Address  Labor Organization Name   | , , ,                               |                 |                |                           | bor Organization Name                    |   |  |
| Corporation Commission File Number  Libor Organization Name  Street Address  2 City State ZIP  Corporation Commission File Number  Date in Kind Contribution Reserved  Labor Organization Name  Street Address  3 City State ZIP  Corporation Commission File Number  Date in Kind Contribution Reserved  Labor Organization Name  Street Address  4 City State ZIP  Corporation Commission File Number  Date in Kind Contribution Reserved  Labor Organization Name  Street Address  4 City State ZIP  Corporation Commission File Number  Date in Kind Contribution Reserved  Labor Organization Name  Street Address  5 City State ZIP  Corporation Commission File Number  Date in Kind Contribution Reserved  |                                     |                 |                |                           | reet Address                             | - |  |
| Labor Organization Nume  Street Address  2 City State 2IP Corporation Commission File Number Date In-Kind Contribution Received  Labor Organization Name  Street Address  3 City State ZIP Corporation Commission File Number Date In-Kind Contribution Received  Labor Organization Name  Street Address  4 City State ZIP Corporation Commission File Number Date In-Kind Contribution Received  Labor Organization Name  Street Address  4 City State ZIP Corporation Commission File Number Date In-Kind Contribution Received  Library Street Address  5 City State ZIP  Street Address  5 City State ZIP   |                                     |                 | ZIP            | State                     | у  | 1 |  |
| 2 City State   ZIP   Corporation Commission File Number   Date In-Kind Contribution Received    Labor Organization Name   Street Address   ZIP   Corporation Commission File Number   Date In-Kind Contribution Received    Labor Organization Name   Street Address   ZIP   Corporation Commission File Number   Date In-Kind Contribution Received    Labor Organization Name   Street Address   ZIP   Corporation Commission File Number   Date In-Kind Contribution Received    Labor Organization Name   Street Address   ZIP   Corporation Commission File Number   Date In-Kind Contribution Received    Labor Organization Name   Street Address   ZIP   Corporation Commission File Number   Date In-Kind Contribution Received    Labor Organization Name   Street Address   ZIP   Corporation Commission File Number   Date In-Kind Contribution Received    Labor Organization Name   Street Address   ZIP   Corporation Commission File Number   Date In-Kind Contribution Received |                                     |                 | Received       | Date In-Kind Contribution | rporation Commission File Number         |   |  |
| 2 City State ZIP Corporation Commission File Number Date In-Kind Contribution Received  Labor Organization Name  Street Address  3 City State ZIP Corporation Commission File Number Date In-Kind Contribution Received  Labor Organization Name  Street Address  4 City State ZIP Corporation Commission File Number Date In-Kind Contribution Received  Labor Organization Name  Street Address  4 City State ZIP Corporation Commission File Number Date In-Kind Contribution Received  Labor Organization Name  Street Address  5 City State ZIP   |                                     |                 |                |                           | bor Organization Name                    |   |  |
| Corporation Commission File Number  Date In-Kind Contribution Received  Labor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date In-Kind Contribution Received  Labor Organization Name  Street Address  4 City State ZIP  Corporation Commission File Number Date In-Kind Contribution Received  Labor Organization Name  Street Address  4 City State ZIP  Corporation Commission File Number Date In-Kind Contribution Received  Labor Organization Name  Street Address  5 City State ZIP  |                                     |                 |                |                           | reet Address                             |   |  |
| Labor Organization Name  Street Address  Gity State ZIP  Corporation Commission File Number Date In-Kind Contribution Received  Labor Organization Name  Street Address  Gity State ZIP  Corporation Commission File Number Date In-Kind Contribution Received  Labor Organization Name  Street Address  Labor Organization Name  Street Address  Labor Organization Name  Street Address  Street Address  |                                     |                 | ZIP            | State                     | у  | 2 |  |
| Street Address  City State ZIP  Corporation Commission File Number Date In-Kind Contribution Received  Labor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date In-Kind Contribution Received  Labor Organization Name  Street Address  Labor Organization Name  Street Address  Labor Organization Name  Street Address  Street Address  Street Address  Street Address   |                                     |                 | Received       | Date In-Kind Contribution | rporation Commission File Number         |   |  |
| City   State   ZIP   |                                     |                 |                |                           | bor Organization Name                    |   |  |
| City State ZIP  Corporation Commission File Number Date In-Kind Contribution Received  Labor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date In-Kind Contribution Received  Labor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date In-Kind Contribution Received  |                                     |                 | Street Address |                           |  |   |  |
| Labor Organization Name  Street Address  City State ZIP  Corporation Commission File Number Date In-Kind Contribution Received  Labor Organization Name  Street Address  Tity State ZIP  |                                     |                 | ZIP            | State                     | у  | 3 |  |
| Street Address  City State ZIP  Corporation Commission File Number Date In-Kind Contribution Received  Labor Organization Name  Street Address  City State ZIP   |                                     |                 | Received       | Date In-Kind Contribution | rporation Commission File Number         |   |  |
| City State ZIP  Corporation Commission File Number Date In-Kind Contribution Received  Labor Organization Name  Street Address  City State ZIP   |                                     |                 |                |                           | bor Organization Name                    |   |  |
| City State ZIP  Corporation Commission File Number  Date In-Kind Contribution Received  Labor Organization Name  Street Address  City State ZIP  |                                     |                 |                |                           | reet Address                             | - |  |
| Labor Organization Name  Street Address  City State ZIP  |                                     |                 | ZIP            | State                     | у  | 4 |  |
| Street Address  City State ZIP   |                                     |                 | Received       | Date In-Kind Contribution | rporation Commission File Number         | - |  |
| 5 City State ZIP   |                                     |                 |                |                           | bor Organization Name                    |   |  |
| City State ZIP   |                                     |                 | Street Address |                           |  |   |  |
| Corporation Commission File Number  Date In-Kind Contribution Received   |                                     |                 | ZIP            | State                     | у  | 5 |  |
|  |                                     |                 | Received       | Date In-Kind Contribution | rporation Commission File Number         |   |  |
| Enter total only if last page of schedule  |                                     |                 |                |                           | nter total only if last page of schedule | _ |  |

Schedule A(5)(h), page \_\_\_\_ of \_\_\_



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

SCHEDULE A(5)(i)

|   | Candidate  | Information |                                    | Amount Received | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|-------------|------------------------------------|-----------------|---|---|
|   | Name   |             | Date In-Kind Contribution Received |                 | . 0   | ,   |
|   | Street Address   |             |                                    |                 |   |   |
| 1 | City   | State       | ZIP                                |                 |   |   |
|   | Asset or Property Contributed  |             |                                    | -               |   |   |
|   | Name   |             | Date In-Kind Contribution Received |                 |   |   |
|   | Street Address   |             |                                    |                 |   |   |
| 2 | City   | State       | ZIP                                | -               |   |   |
|   | Asset or Property Contributed  |             |                                    | _               |   |   |
|   | Name   |             | Date In-Kind Contribution Received |                 |   |   |
|   | Street Address   |             |                                    | _               |   |   |
| 3 | City   | State       | ZIP                                | _               |   |   |
|   | Asset or Property Contributed  |             |                                    |                 |   |   |
|   | Name   |             | Date In-Kind Contribution Received |                 |   |   |
| 1 | Street Address   |             |                                    |                 |   |   |
| 4 | City   | State       | ZIP                                | -               |   |   |
|   | Asset or Property Contributed  |             |                                    | -               |   |   |
|   | Name   |             | Date In-Kind Contribution Received |                 |   |   |
|   | Street Address   |             | _                                  |                 |   |   |
| 5 | City   | State       | ZIP                                | _               |   |   |
|   | Asset or Property Contributed  |             |                                    | -               |   |   |
|   | Enter total only if lost wass of each adda   |             |                                    |                 |   | _   |
|   | 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 \_\_\_\_



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

SCHEDULE A(6)

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



EXTENSIONS OF CREDIT RECEIVED: SCHEDULE A(7)(a)

| Creditor                             | Information  |  | Amount of Credit<br>Extended   | Cumulative<br>Amount this<br>Reporting Period  | Cumulative<br>Amount this<br>Election Cycle   |
|--------------------------------------|--|--|--|--|---|
| Name                                 |  |  |  |  | _   |
| Street Address                       |  |  | _  |  |   |
| City                                 | State  | ZIP  |  |  |   |
| Services or Goods Provided on Credit | Services or Goods Provided on Credit   |  |  |  |   |
| Name                                 |  |  |  |  |   |
| Street Address                       |  |  |  |  |   |
| City                                 | State  | ZIP  | _  |  |   |
| Services or Goods Provided on Credit |  | Date of Extension of Credit  | _  |  |   |
| Name                                 |  |  |  |  |   |
| Street Address                       |  |  |  |  |   |
| City                                 | State  | ZIP  |  |  |   |
| Services or Goods Provided on Credit |  | Date of Extension of Credit  |  |  |   |
| Name                                 |  |  |  |  |   |
| Street Address                       |  |  |  |  |   |
| City                                 | State  | ZIP  |  |  |   |
| Services or Goods Provided on Credit |  | Date of Extension of Credit  | _  |  |   |
| Name                                 |  |  |  |  |   |
| Street Address                       |  | _  |  |  |   |
| City State                           |  | ZIP  | _  |  |   |
| Services or Goods Provided on Credit | Date of Extension of Credit  |  |  |  |   |
|                                      | Street Address  City  Services or Goods Provided on Credit  Name  Street Address  City  Services or Goods Provided on Credit  Name  Street Address  City  Services or Goods Provided on Credit  Name  Street Address  City  Services or Goods Provided on Credit  Name  Street Address  City  Services or Goods Provided on Credit  Name  Street Address  City  Services or Goods Provided on Credit  Name  Street Address  City  Services or Goods Provided on Credit  Name | Name  Street Address  City State  Services or Goods Provided on Credit  Name  Street Address  City State  Services or Goods Provided on Credit  Name  Street Address  City State  Services or Goods Provided on Credit  Name  Street Address  City State  Services or Goods Provided on Credit  Name  Street Address  City State  Services or Goods Provided on Credit  Name  Street Address  City State  Services or Goods Provided on Credit  Name  Street Address  City State | Street Address  City State ZIP  Services or Goods Provided on Credit Date of Extension of Credit  Name  Street Address  City State ZIP  Services or Goods Provided on Credit Date of Extension of Credit  Name  Street Address  City State ZIP  Services or Goods Provided on Credit Date of Extension of Credit  Name  Street Address  City State ZIP  Services or Goods Provided on Credit Date of Extension of Credit  Name  Street Address  City State ZIP  Services or Goods Provided on Credit Date of Extension of Credit  Name  Street Address  City State ZIP  Services or Goods Provided on Credit Date of Extension of Credit  Name  Street Address | Name Street Address City State ZIP Services or Goods Provided on Credit Date of Extension of Credit Date of Extens | Reporting Period  Nerrice  Street Addresse  City State  State |



PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

| Creditor  | Creditor Information  |  |  |   | Cumulative<br>Amount this<br>Election Cycle   |
|---|---|--|--|---|---|
| Name  |   |  |  |   | •   |
| Street Address                                  |   |  |  |   |   |
| City  | State   | ZIP  |  |   |   |
| Services or Goods Originally Provided on Credit |   | Date of Original Extension of Credit   |  |   |   |
| Name  |   |  |  |   |   |
| Street Address                                  |   |  |  |   |   |
| City  | State   | ZIP  |  |   |   |
| Services or Goods Originally Provided on Credit |   | Date of Original Extension of Credit   |  |   |   |
| Name  |   |  |  |   |   |
| Street Address                                  |   |  |  |   |   |
| City  | State   | ZIP  |  |   |   |
|   |   |  |  |   |   |
|   |   | Sub-Si-Signia Extension of Signi   |  |   |   |
|   |   |  |  |   |   |
| Street Address                                  |   |  |  |   |   |
| City  | State   | ZIP  |  |   |   |
| Services or Goods Originally Provided on Credit |   | Date of Original Extension of Credit   |  |   |   |
| Name  |   |  |  |   |   |
| Street Address                                  |   |  |  |   |   |
| City State                                      |   | ZIP  |  |   |   |
| Services or Goods Originally Provided on Credit | <u> </u>  | Date of Original Extension of Credit   |  |   |   |
| Enter total only if last page of schedule       |   |  |  |   |   |
|   | Street Address  City  Services or Goods Originally Provided on Credit  Name  Street Address  City  Services or Goods Originally Provided on Credit  Name  Street Address  City  Services or Goods Originally Provided on Credit  Name  Street Address  City  Services or Goods Originally Provided on Credit  Name  Street Address  City  Services or Goods Originally Provided on Credit  Name  Street Address  City  Services or Goods Originally Provided on Credit  Name  Street Address  City  Services or Goods Originally Provided on Credit | Name  Street Address  City State  Services or Goods Originally Provided on Credit  Name  Street Address  City State  Services or Goods Originally Provided on Credit  Name  Street Address  City State  Street Address  City State  Services or Goods Originally Provided on Credit  Name  Street Address  City State  Services or Goods Originally Provided on Credit  Name  Street Address  City State  Services or Goods Originally Provided on Credit  Name  Street Address  City State  Services or Goods Originally Provided on Credit  Name | Street Address  City State ZIP  Services or Goods Originally Provided on Credit Date of Original Extension of Credit  Name  Street Address  City State ZIP  Services or Goods Originally Provided on Credit Date of Original Extension of Credit  Name  Street Address  City State ZIP  Services or Goods Originally Provided on Credit Date of Original Extension of Credit  Name  Street Address  City State ZIP  Services or Goods Originally Provided on Credit Date of Original Extension of Credit  Name  Street Address  City State ZIP  Services or Goods Originally Provided on Credit Date of Original Extension of Credit  Name  Street Address  City State ZIP  Services or Goods Originally Provided on Credit Date of Original Extension of Credit  Name  Street Address  City State ZIP  Services or Goods Originally Provided on Credit Date of Original Extension of Credit  Date of Original Extension of Credit  Date of Original Extension of Credit  Date of Original Extension of Credit  Date of Original Extension of Credit | Name   Street Address   State   ZIP   State   State | Sized Address  Sized Address  City State  Sized |



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

|   | Payor Com   | mittee Information     |                 | Payment Amount | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|---|------------------------|-----------------|----------------|---|---|
|   | Committee Name  |                        | Payment Date    |                |   |   |
|   | Street Address  |                        |                 |                |   |   |
| 1 | City  | State                  | ZIP             |                |   |   |
|   | Date of Joint Fundraising Event (if applicable)               | Type of Shared Expense | (if applicable) |                |   |   |
|   | Committee Name  |                        | Payment Date    |                |   |   |
|   | Street Address  |                        |                 |                |   |   |
| 2 | City  | State                  | ZIP             |                |   |   |
|   | Date of Joint Fundraising Event (if applicable)               | Type of Shared Expense | (if applicable) |                |   |   |
|   | Committee Name  |                        | Payment Date    |                |   |   |
|   | Street Address  |                        |                 |                |   |   |
| 3 | City  | State                  | ZIP             | _              |   |   |
|   | Date of Joint Fundraising Event (if applicable)               | Type of Shared Expense | (if applicable) | _              |   |   |
|   | Committee Name  |                        | Payment Date    |                |   |   |
|   | Street Address  |                        |                 | _              |   |   |
| 4 | City  | State                  | ZIP             |                |   |   |
|   | Date of Joint Fundraising Event (if applicable)               | Type of Shared Expense | (if applicable) |                |   |   |
|   | Committee Name  |                        | Payment Date    |                |   |   |
|   | Street Address  |                        |                 | _              |   |   |
| 5 | City  | State                  | ZIP             | _              |   |   |
|   | Date of Joint Fundraising Event (if applicable)               | Type of Shared Expense | (if applicable) | _              |   |   |
| - | Enter total only if last page of schedul                      | <u> </u><br>e          |                 |                |   |   |
|   | (transfer the total received this period to "Summary of Recei |                        |                 |                |   |   |

Schedule A(8), page \_\_\_ of \_\_\_



PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

| _ | Payor Ir   | nformation       |              | Payment Amount | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|------------------|--------------|----------------|---|---|
|   | Name   |                  |              |                |   |   |
|   | Street Address   |                  |              |                |   |   |
| 1 | City   | State            | ZIP          |                |   |   |
|   | Services or Goods Purchased  |                  | Payment Date |                |   |   |
| H | Name   |                  |              |                |   |   |
|   | Street Address   |                  |              |                |   |   |
| 2 | City   | State            | ZIP          |                |   |   |
|   | Services or Goods Purchased  |                  | Payment Date |                |   |   |
| F | Name   |                  |              |                |   |   |
|   | Street Address   |                  |              |                |   |   |
| 3 |  | T <sub>aux</sub> |              |                |   |   |
|   | City   | State            | ZIP          |                |   |   |
|   | Services or Goods Purchased  |                  | Payment Date |                |   |   |
|   | Name   |                  |              |                |   |   |
|   | Street Address   |                  |              |                |   |   |
| 4 | City   | State            | ZIP          |                |   |   |
|   | Services or Goods Purchased  |                  | Payment Date |                |   |   |
|   | Name   |                  | ı            |                |   |   |
|   | Street Address   | Street Address   |              |                |   |   |
| 5 | City   | State            | ZIP          |                |   |   |
|   | Services or Goods Purchased  | l                | Payment Date |                |   |   |
|   | Enter total only if last page of schedule                          |                  | <u> </u>     | <u> </u>       |   |   |
|   | (transfer the total received this period to "Summary of Receipts." | line 9)          |              |                |   |   |

Schedule A(9), page \_\_\_\_ of \_\_\_



## OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

| / | Infor  | mation  |                        | Amount | Cumulative<br>Amount this | Cumulative<br>Amount this |
|---|--|---|------------------------|--------|---------------------------|---------------------------|
|   | Name   |   |                        |        | Reporting Period          | Election Cycle            |
|   | Street Address   |   |                        |        |                           |                           |
| 1 | City   | State   | ZIP                    |        |                           |                           |
|   | Type of Account Receivable or Debt Owed  |   | Date that Debt Accrued |        |                           |                           |
|   | Name   |   |                        |        |                           |                           |
| ^ | Street Address   |   |                        |        |                           |                           |
| 2 | City   | State   | ZIP                    |        |                           |                           |
|   | Type of Account Receivable or Debt Owed  |   | Date that Debt Accrued |        |                           |                           |
|   | Name   |   |                        |        |                           |                           |
| 2 | Street Address   | treet Address   |                        |        |                           |                           |
| 3 | City   | State   | ZIP                    |        |                           |                           |
|   | ype of Account Receivable or Debt Owed  Date that Debt Accrued   |   |                        |        |                           |                           |
|   | Name   |   |                        |        |                           |                           |
| 4 | Street Address   | reet Address  |                        |        |                           |                           |
| • | City   | State   | ZIP                    |        |                           |                           |
|   | Type of Account Receivable or Debt Owed  | rpe of Account Receivable or Debt Owed Date that Debt Accrued |                        |        |                           |                           |
|   | Name   | ame   |                        |        |                           |                           |
| 5 | Street Address   | treet Address   |                        |        |                           |                           |
| J | 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." |   |                        |        |                           |                           |

Schedule A(10), page \_\_\_\_ of \_\_\_



TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

COMMITTEE ID NUMBER

|   | 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) |   |                                       |



MISCELLANEOUS RECEIPTS: SCHEDULE A(12)

|   | Source I   | nformation |              | Amount | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|------------|--------------|--------|---|---|
|   | Name   |            |              |        |   |   |
|   | Street Address   |            |              | -      |   |   |
| 1 | City   | State      | ZIP          | -      |   |   |
|   | Receipt Type   | l          | Receipt Date |        |   |   |
|   | Name   |            | l            |        |   |   |
|   | Street Address   |            |              | -      |   |   |
| 2 | City   | State      | ZIP          | -      |   |   |
|   | Receipt Type   | <u> </u>   | Receipt Date | -      |   |   |
|   | Name   |            |              |        |   |   |
|   | Street Address   |            |              | -      |   |   |
| 3 | City   | State      | ZIP          | -      |   |   |
|   | Receipt Type   | <u> </u>   | Receipt Date | -      |   |   |
|   | Name   |            |              |        |   |   |
|   | Street Address   |            |              | -      |   |   |
| 4 | City   | State      | ZIP          | -      |   |   |
|   | Receipt Type   | l          | Receipt Date | -      |   |   |
|   | Name   |            | <u>I</u>     |        |   |   |
|   | Street Address   |            |              | 1      |   |   |
| 5 | City   | State      | ZIP          | -      |   |   |
|   | Receipt Type   | <u>I</u>   | Receipt Date | 1      |   |   |
|   | Enter total only if last page of schedule (transfer the total received this period to "Summary of Receipts." | line 12)   |              | I      |   |   |
| Ь | parameter are total received this period to continuary of Receipts,  | mio 12)    |              |        | 1   | /   |

Schedule A(12), page \_\_\_\_ of \_\_\_



DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

|   | F                              | Recipient Information |  | Amount Paid     | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--------------------------------|-----------------------|--|-----------------|---|---|
|   | Name                           | Disbursement Date     | 9  |                 |   |   |
|   | Street Address                 |                       |  |                 |   |   |
| 1 | City                           | State                 | ZIP  |                 |   |   |
|   | Type of Operating Expense Paid | Non-Electoral Purpo   | ose? (PACs and Political Parties Only)                   | □ Cash □ Credit |   |   |
|   |                                |                       |  |                 |   |   |
|   | Name                           | Disbursement Date     |  |                 |   |   |
|   | Street Address                 |                       |  |                 |   |   |
| 2 | City                           | State                 | ZIP  |                 |   |   |
|   | Type of Operating Expense Paid | Non-Electoral Purpo   | Non-Electoral Purpose? (PACs and Political Parties Only) |                 |   |   |
|   | Name                           | Disbursement Date     | 3  |                 |   |   |
| ; | Street Address                 |                       |  | _               |   |   |
| 3 | City                           | State                 | ZIP  |                 |   |   |
|   | Type of Operating Expense Paid | Non-Electoral Purpo   | Non-Electoral Purpose? (PACs and Political Parties Only) |                 |   |   |
|   | Name                           | Disbursement Date     | 2  |                 |   |   |
|   | Street Address                 |                       |  |                 |   |   |
| 4 | City                           | State                 | ZIP  |                 |   |   |
|   | Type of Operating Expense Paid | Non-Electoral Purpo   | ose? (PACs and Political Parties Only)                   | ☐ Cash☐ Credit  |   |   |
|   | Type - Operating Expenses Full |                       |  |                 |   |   |
|   | Name                           | Disbursement Date     | •  |                 |   |   |
|   | Street Address                 |                       |  |                 |   |   |
| 5 | City                           | State                 | ZIP  | □ Cash          |   |   |
|   | Type of Operating Expense Paid | Non-Electoral Purpo   | ose? (PACs and Political Parties Only)                   | □ Credit        |   |   |

Schedule B(1), page \_\_\_\_ of \_\_\_



MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

| / | Candidate (                         | Committee Recipient Inf | ormation               | Amount<br>Contributed | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|-------------------------------------|-------------------------|------------------------|-----------------------|---|---|
|   | Committee Name                      |                         |                        |                       |   |   |
|   | Street Address                      |                         |                        |                       |   |   |
| 1 | City                                | State                   | ZIP                    | □ Cook                |   |   |
|   | Committee ID Number                 | Date Contribution Mad   | de                     | □ Cash<br>□ Credit    |   |   |
|   | Committee Name                      |                         |                        |                       |   |   |
|   | Street Address                      |                         |                        |                       |   |   |
| 2 | City                                | State                   | ZIP                    |                       |   |   |
|   | Committee ID Number                 | Date Contribution Ma    | de                     | □ Cash □ Credit       |   |   |
|   | Committee Name                      |                         |                        |                       |   |   |
| - | Street Address                      |                         |                        |                       |   |   |
| 3 | City                                | State                   | ZIP                    |                       |   |   |
|   | Committee ID Number                 | Date Contribution Ma    | de                     | □ Cash □ Credit       |   |   |
|   | Committee Name                      |                         |                        |                       |   |   |
|   | Street Address                      |                         |                        |                       |   |   |
| 4 | City                                | State                   | ZIP                    |                       |   |   |
|   | Committee ID Number                 | Date Contribution Ma    | Date Contribution Made |                       |   |   |
|   | Committee Name                      |                         |                        |                       |   |   |
|   | Street Address                      |                         |                        |                       |   |   |
| 5 | City                                | State                   | ZIP                    |                       |   |   |
|   | Committee ID Number                 | Date Contribution Ma    | de                     | ☐ Cash☐ Credit        |   |   |
|   | Enter total only if last page of so |                         |                        |                       |   |   |

Schedule B(2)(a), page \_\_\_\_ of \_\_\_\_



MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

|                     |   |  | İ  | Ī   |  |
|---------------------|---|--|--|---|--|
| Political Action    | on Committee Recipier   | nt Information   | Amount<br>Contributed  | Amount this   | Cumulative Amount this Election Cycle  |
| Committee Name      |   |  |  |   |  |
| Street Address      |   |  |  |   |  |
| City                | State   | ZIP  |  |   |  |
| Committee ID Number | Date Contribution   | Made   | ⊔ Cash<br>□ Credit   |   |  |
| Committee Name      |   |  |  |   |  |
| Street Address      |   |  |  |   |  |
| City                | State   | ZIP  |  |   |  |
| Committee ID Number | Date Contribution   | Made   | □ Cash □ Credit  |   |  |
| Committee Name      |   |  |  |   |  |
| Street Address      |   |  |  |   |  |
| City                | State   | ZIP  |  |   |  |
| Committee ID Number | Date Contribution   | Made   | □ Cash □ Credit  |   |  |
| Committee Name      |   |  |  |   |  |
| Street Address      |   |  |  |   |  |
| City                | State   | ZIP  |  |   |  |
| Committee ID Number | Date Contribution   | Made   | □ Cash □ Credit  |   |  |
| Committee Name      |   |  |  |   |  |
| Street Address      |   |  |  |   |  |
| City                | City State ZIP  |  |  |   |  |
| Committee ID Number | Date Contribution   |  | ☐ Cash☐ Credit   |   |  |
|                     | Committee Name  Street Address  City  Committee ID Number  Committee Name  Street Address  City  Committee Name  Street Address  City  Committee ID Number  Committee ID Number  City  Committee ID Number  Committee ID Number  Committee ID Number  Committee ID Number  Committee Name  Street Address  City  Committee Name  Street Address | Street Address  City State  Committee ID Number Date Contribution  Committee Name  Street Address  City State  Committee ID Number Date Contribution  Committee Name  Street Address  City State  Committee Name  Street Address  City State  Committee ID Number Date Contribution  Street Address  City State  Committee ID Number Date Contribution  Committee Name  Street Address  City State  Committee Name  Street Address  City Date Contribution  Committee Name  Street Address | Street Address  City State ZIP  Committee ID Number Date Contribution Made  Committee Name  Street Address  City State ZIP  Committee ID Number Date Contribution Made  Committee ID Number Date Contribution Made  Committee ID Number Date Contribution Made  Street Address  City State ZIP  Committee ID Number Date Contribution Made  Committee ID Number Date Contribution Made  Committee ID Number Date Contribution Made  Committee Name  Street Address  City State ZIP  Committee ID Number Date Contribution Made | Contributed Committee Name  Sitest Address  City State ZIP  Committee ID Number Date Contribution Made  City State ZIP  Committee Name  Sheet Address  City State ZIP  Committee ID Number Date Contribution Made  Committee Name  Sitest Address  City State ZIP  Committee Name  Sitest Address  City State ZIP  Committee ID Number Date Contribution Made  City State ZIP  Committee Name  Sitest Address  City State ZIP  Committee ID Number Date Contribution Made  Committee Name  Sitest Address  City State ZIP | Political Action Committee Recipient Information Contributed Reporting Period Committee Name  Street Address  City  State Committee ID Number  Date Contribution Maste  City State Committee ID Number  Date Contribution Maste  Committee ID Number  Date Contribution Maste  Committee ID Number  Date Contribution Maste  Committee ID Number  Committee ID Number  Date Contribution Maste  Committee ID Number  Date Contribution Maste  Committee ID Number  Date Contribution Maste  Committee ID Number  Committee ID Number  Date Contribution Maste  Committee ID Number  Committee ID Number  Date Contribution Maste  City State  ZiP  Committee ID Number  Committee ID Number  Committee ID Number  Date Contribution Maste  City State ZiP  Committee ID Number  Committee ID Number  Committee ID Number  Date Contribution Maste  City State ZiP  Committee ID Number  Committee ID Number  Committee ID Number  Date Contribution Maste  City Committee ID Number  Committee ID Number  Date Contribution Maste  City Committee ID Number  Committee ID Number  Date Contribution Maste  City Committee ID Number  Committee ID Number  Date Contribution Maste  City Committee ID Number  Committee ID Number  Date Contribution Maste  City Committee ID Number  Committee ID Number  Date Contribution Maste  City Committee ID Number  Co |

Schedule B(2)(b), page \_\_\_\_ of \_\_\_\_



MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

|   | Political Party F   | Recipient Informat     | ion | Amount<br>Contributed | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|---------------------|------------------------|-----|-----------------------|---|---|
|   | Committee Name      |                        |     |                       |   |   |
|   | Street Address      |                        |     |                       |   |   |
| 1 | City                | State                  | ZIP | □ Cash                |   |   |
|   | Committee ID Number | Date Contribution Made |     | ☐ Credit              |   |   |
|   | Committee Name      |                        |     |                       |   |   |
|   | Street Address      |                        |     |                       |   |   |
| 2 | City                | State                  | ZIP | □ Cash                |   |   |
|   | Committee ID Number | □ Credit               |     |                       |   |   |
|   | Committee Name      |                        |     |                       |   |   |
|   | Street Address      |                        |     |                       |   |   |
| - | City                | State                  | ZIP | □ Cash                |   |   |
|   | Committee ID Number | Date Contribution Made |     | ☐ Casii               |   |   |
|   | Committee Name      |                        |     |                       |   |   |
|   | Street Address      |                        |     |                       |   |   |
| ļ | City                | State                  | ZIP | П Ch                  |   |   |
|   | Committee ID Number | Date Contribution Made |     | □ Cash □ Credit       |   |   |
|   | Committee Name      |                        |     |                       |   |   |
|   | Street Address      |                        |     |                       |   |   |
|   | City                | State                  | ZIP |                       |   |   |
|   | Committee ID Number | Date Contribution Made |     | ☐ Cash☐ Credit        |   |   |



MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

|     | Partner                             | ship Recipient Informa | ation | Amount<br>Contributed | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|-----|-------------------------------------|------------------------|-------|-----------------------|---|---|
|     | Partnership Name                    |                        |       |                       |   |   |
|     | Street Address                      | treet Address          |       |                       |   |   |
| 1   | City                                | State                  | ZIP   | ☐ Cash                |   |   |
|     | Corporation Commission File Number  | Date Contribution Ma   | ade   | □ Credit              |   |   |
|     | Partnership Name                    |                        |       |                       |   |   |
|     | Street Address                      |                        |       |                       |   |   |
|     | City                                | State                  | ZIP   | □ Cash                |   |   |
|     | Corporation Commission File Number  | Date Contribution M    | lade  | □ Credit              |   |   |
|     | Partnership Name                    | <b>,</b>               |       |                       |   |   |
| 3 - | Street Address                      | Street Address         |       |                       |   |   |
|     | City                                | State                  | ZIP   | □ Cook                |   |   |
|     | Corporation Commission File Number  | Date Contribution M    | lade  | ☐ Cash☐ Credit        |   |   |
|     | Partnership Name                    |                        |       |                       |   |   |
|     | Street Address                      |                        |       |                       |   |   |
| 1   | City                                | State                  | ZIP   |                       |   |   |
|     | Corporation Commission File Number  | Date Contribution M    | lade  | □ Cash □ Credit       |   |   |
|     | Partnership Name                    |                        |       |                       |   |   |
|     | Street Address                      |                        |       |                       |   |   |
| 5   | City                                | State                  | ZIP   |                       |   |   |
|     | Corporation Commission File Number  | Date Contribution M    | lade  | □ Cash □ Credit       |   |   |
|     | Enter total only if last page of sc | hedule                 |       |                       |   |   |



MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(2)(e)

|       |   |                        |       | Amount                | Cumulative                   | Cumulative                                       |
|-------|---|------------------------|-------|-----------------------|------------------------------|--|
|       | Corporation / LLC   | Recipient Informa      | ation | Amount<br>Contributed | Amount this Reporting Period | Amount this                                      |
| C     | Corporation/LLC Name                                      |                        |       |                       |                              |  |
| 5     | Street Address  |                        |       |                       |                              |  |
| 1 0   | City  | State                  | ZIP   |                       |                              |  |
| C     | Corporation Commission File Number                        | Date Contribution Made |       | ☐ Cash☐ Credit        |                              |  |
| C     | Corporation/LLC Name                                      |                        |       |                       |                              |  |
|       | Street Address  |                        |       |                       |                              |  |
| , _   | Street Address  |                        |       |                       |                              |  |
| -   0 | Dity  | State                  | ZIP   | □ Cash                |                              |  |
| C     | Corporation Commission File Number                        | ☐ Credit               |       |                       |                              |  |
| C     | Corporation/LLC Name                                      |                        |       |                       |                              |  |
| S     | Street Address  |                        |       |                       |                              |  |
| 3 -   | City  | State                  | ZIP   |                       |                              |  |
| C     | Corporation Commission File Number                        | Date Contribution Made |       | ☐ Cash☐ Credit        |                              |  |
| C     | Corporation/LLC Name                                      |                        |       |                       |                              |  |
| S     | Street Address  |                        |       |                       |                              |  |
| 4 -   | City  | State                  | ZIP   |                       |                              |  |
| _     |   | Date Contribution Made |       | ☐ Cash☐ Credit        |                              |  |
|       | Corporation Commission File Number Date Contribution Made |                        |       |                       |                              |  |
| C     | Corporation/LLC Name                                      |                        |       |                       |                              |  |
|       | Street Address  |                        |       |                       |                              |  |
| 5     | City  | State                  | ZIP   | □ Coch                |                              |  |
| C     | Corporation Commission File Number                        | Date Contribution Made | 1     | □ Cash □ Credit       |                              |  |
| +     | Enter total only if last page of schedule                 | l                      |       |                       |                              | <del>                                     </del> |



MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

| /   |                                    |   |        |                       | Cumulative                   | Cumulativo                                  |
|-----|------------------------------------|---|--------|-----------------------|------------------------------|---|
|     | Labor Organiz                      | zation Recipient Inforr                         | mation | Amount<br>Contributor | Amount this Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|     | Labor Organization Name            |   |        |                       |                              |   |
|     | Street Address                     |   |        |                       |                              |   |
|     | City                               | State   | ZIP    |                       |                              |   |
|     | Corporation Commission File Number | Date Contribution Made                          |        | ☐ Cash☐ Credit        |                              |   |
|     |                                    |   |        |                       |                              |   |
|     | Labor Organization Name            |   |        |                       |                              |   |
|     | Street Address                     |   |        |                       |                              |   |
| 2   | City                               | State   | ZIP    |                       |                              |   |
|     | Corporation Commission File Number | 1 Commission File Number Date Contribution Made |        | □ Cash □ Credit       |                              |   |
|     | Labor Organization Name            |   |        |                       |                              |   |
| 3 - | Street Address                     |   |        |                       |                              |   |
|     |                                    |   |        |                       |                              |   |
|     | City                               | State   | ZIP    | □ Cash                |                              |   |
|     | Corporation Commission File Number | Date Contribution Made                          | 9      | ☐ Credit              |                              |   |
|     | Labor Organization Name            | •   |        |                       |                              |   |
|     | Street Address                     |   |        |                       |                              |   |
| 4   | City                               | State   | ZIP    |                       |                              |   |
|     | Corporation Commission File Number | Date Contribution Made                          | •      | ☐ Cash☐ Credit        |                              |   |
|     | Labor Organization Name            |   |        |                       |                              |   |
|     | Labor Organization Name            |   |        |                       |                              |   |
|     | Street Address                     |   |        |                       |                              |   |
| 5   | City                               | State   | ZIP    | □ Cash                |                              |   |
|     | Corporation Commission File Number | Date Contribution Made                          | 3      | ☐ Cash                |                              |   |
|     |                                    |   |        |                       |                              |   |



CONTRIBUTION REFUNDS RECEIVED: SCHEDULE B(2)(h)

|   | Contributo  | r Information        |                               | Amount Refunded | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|---|----------------------|-------------------------------|-----------------|---|---|
|   | Committee Name  | Date Refund Received |                               |                 |   |   |
|   | Street Address  | Street Address       |                               |                 |   |   |
| 1 | City  | State                | ZIP                           |                 |   |   |
|   | Committee ID Number   | <u> </u>             | Date of Original Contribution |                 |   |   |
|   | Committee Name  |                      | Date Refund Received          |                 |   |   |
|   | Street Address  |                      |                               |                 |   |   |
| 2 | City  | State                | ZIP                           |                 |   |   |
|   | Committee ID Number   |                      | Date of Original Contribution |                 |   |   |
|   | Committee Name  |                      | Date Refund Received          |                 |   |   |
|   | Street Address  |                      |                               |                 |   |   |
| 3 | City  | State                | ZIP                           |                 |   |   |
|   | Committee ID Number   |                      | Date of Original Contribution |                 |   |   |
|   | Committee Name  | Date Refund Received |                               |                 |   |   |
|   | Street Address  |                      |                               |                 |   |   |
| 4 | City  | State                | ZIP                           |                 |   |   |
|   | Committee ID Number   |                      | Date of Original Contribution |                 |   |   |
|   | Committee Name  |                      | Date Refund Received          |                 |   |   |
|   | Street Address  |                      |                               |                 |   |   |
| 5 | 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 Disburse |                      |                               |                 |   |   |

Schedule B(2)(h), page \_\_\_\_ of



LOANS MADE: SCHEDULE B(3)(a)

|   | Borrower                                  | Information    |     | Amount Loaned | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|---|----------------|-----|---------------|---|---|
|   | 3orrower Name                             |                |     |               | , 5   | ,   |
|   | Street Address                            |                |     |               |   |   |
| 1 | City                                      | State          | ZIP |               |   |   |
|   | Guarantor/Endorser Name                   | Date Loan Made |     |               |   |   |
|   | Borrower Name                             |                |     |               |   |   |
|   | Street Address                            |                |     |               |   |   |
| 2 | City                                      | State          | ZIP |               |   |   |
|   | Guarantor/Endorser Name                   | Date Loan Made |     |               |   |   |
|   | Borrower Name                             |                |     |               |   |   |
|   | Street Address                            |                |     |               |   |   |
| 3 | City                                      | State          | ZIP |               |   |   |
|   | Guarantor/Endorser Name                   | Date Loan Made |     |               |   |   |
|   | Borrower Name                             |                |     |               |   |   |
|   | Street Address                            |                |     |               |   |   |
| 4 | City                                      | State          | ZIP |               |   |   |
|   | Guarantor/Endorser Name                   | Date Loan Made |     |               |   |   |
|   | Borrower Name                             | ı              |     |               |   |   |
|   | Street Address                            |                |     |               |   |   |
| 5 | City                                      | State          | ZIP |               |   |   |
|   | Guarantor/Endorser Name                   | Date Loan Made | •   |               |   |   |
|   | Enter total only if last page of schedule | line 3)        |     |               |   |   |

Schedule B(3)(a), page \_\_\_\_ of \_\_\_\_



LOAN GUARANTEES MADE: SCHEDULE B(3)(b)

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

Schedule B(3)(b), page \_\_\_\_ of \_\_\_\_



FORGIVENESS ON LOANS MADE: SCHEDULE B(3)(c)

| / | Parrausa  | Information                                      |                       | Amazaumt Famaiana | Cumulative                   | Cumulative                 |
|---|---|--|-----------------------|-------------------|------------------------------|----------------------------|
|   | Borrower Name   | Information                                      | Date Forgiveness Made | Amount Forgiven   | Amount this Reporting Period | Amount this Election Cycle |
|   | Street Address  | Street Address                                   |                       |                   |                              |                            |
| 1 | City  | State  | ZIP                   |                   |                              |                            |
|   | Original Amount of Loan   | Amount Still Outstanding                         |                       |                   |                              |                            |
|   | Borrower Name   |  | Date Forgiveness Made |                   |                              |                            |
|   | Street Address  |  |                       |                   |                              |                            |
| 2 | City  | State  | ZIP                   |                   |                              |                            |
|   | Original Amount of Loan   | Amount Still Outstanding                         | ,                     |                   |                              |                            |
|   | Borrower Name   |  | Date Forgiveness Made |                   |                              |                            |
|   | Street Address  |  |                       |                   |                              |                            |
| 3 | City  | State  | ZIP                   |                   |                              |                            |
|   | Original Amount of Loan   | Amount Still Outstanding                         |                       |                   |                              |                            |
|   | Borrower Name   |  | Date Forgiveness Made |                   |                              |                            |
| 4 | Street Address  |  |                       |                   |                              |                            |
| 7 | City  | State  | ZIP                   |                   |                              |                            |
|   | Original Amount of Loan   | Amount Still Outstanding                         | Date Forgiveness Made |                   |                              |                            |
|   | Borrower Name   | Borrower Name                                    |                       |                   |                              |                            |
| 5 |   | 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 Disburse | ments," line 3(c))                               |                       |                   |                              |                            |

Schedule B(3)(c), page \_\_\_\_ of \_\_\_\_



REPAYMENT ON LOANS RECEIVED: SCHEDULE B(3)(d)

| , |   |                                      |                     |               |   |   |
|---|---|--------------------------------------|---------------------|---------------|---|---|
|   | Lender I  | nformation                           |                     | Amount Repaid | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|   | Lender Name   |                                      | Date Repayment Made |               |   |   |
|   | Street Address  |                                      |                     |               |   |   |
| 1 | City  | State                                | ZIP                 |               |   |   |
|   | City  | State                                | 2.11                |               |   |   |
|   | Original Amount Borrowed  | Amount Still Outstanding             | <u> </u>            |               |   |   |
|   | Lender Name   |                                      | Date Repayment Made |               |   |   |
|   |   |                                      |                     |               |   |   |
|   | Street Address  |                                      |                     |               |   |   |
| 2 | City  | State                                | ZIP                 |               |   |   |
|   | Original Amount Borrowed  | Amount Still Outstanding             |                     |               |   |   |
|   | Lender Name   |                                      | Date Repayment Made |               |   |   |
|   | Street Address  |                                      |                     |               |   |   |
| 3 | City  | State                                | ZIP                 |               |   |   |
|   | Original Amount Borrowed  | Amount Still Outstanding             | <u> </u>            |               |   |   |
|   | Lender Name   |                                      | Date Repayment Made |               |   |   |
|   | Street Address  |                                      |                     |               |   |   |
| 4 | City  | State                                | ZIP                 |               |   |   |
|   |   |                                      |                     |               |   |   |
|   | Original Amount Borrowed  | nt Borrowed Amount Still Outstanding |                     |               |   |   |
|   | Lender Name   |                                      | Date Repayment Made |               |   |   |
|   | Street Address  | <u> </u>                             |                     |               |   |   |
| 5 | City  | State                                | ZIP                 |               |   |   |
|   | Original Amount Borrowed  | Amount Still Outstanding             | l                   |               |   |   |
|   | Enter total only if last page of schedule (transfer the total disbursed this period to "Summary of Disburse | ments " line 3/d\\                   |                     |               |   |   |
|   | and the state of the state of the period to community of Disburse   |                                      |                     |               |   |   |

Schedule B(3)(d), page \_\_\_\_ of



INTEREST ACCRUED ON LOANS RECEIVED:

SCHEDULE B(3)(e)

| / |   |                          |                               | İ                               | Cumulative                 | Cumulative |
|---|---|--------------------------|-------------------------------|---------------------------------|----------------------------|------------|
|   | Lender I                                  |                          | Amount of Interest<br>Accrued | Amount this<br>Reporting Period | Amount this Election Cycle |            |
|   | Lender Name                               |                          | Date Interest Accrued         |                                 |                            |            |
|   | Street Address                            |                          |                               | 1                               |                            |            |
| 1 | City                                      | State                    | ZIP                           | 1                               |                            |            |
|   | Original Amount Borrowed                  | Amount Still Outstanding |                               | -                               |                            |            |
|   | Lender Name                               |                          | Date Interest Accrued         |                                 |                            |            |
|   | Street Address                            |                          | -                             |                                 |                            |            |
| 2 | City                                      | State                    | ZIP                           | -                               |                            |            |
|   | Original Amount Borrowed                  | Amount Still Outstanding |                               | _                               |                            |            |
|   | Lender Name                               |                          | Date Interest Accrued         |                                 |                            |            |
|   | Street Address                            |                          |                               | 1                               |                            |            |
| 3 | City                                      | State                    | ZIP                           | -                               |                            |            |
|   | Original Amount Borrowed                  | Amount Still Outstanding |                               | 1                               |                            |            |
|   | Lender Name                               |                          | Date Interest Accrued         |                                 |                            |            |
|   | Street Address                            |                          |                               | -                               |                            |            |
| 4 | City                                      | State                    | ZIP                           | -                               |                            |            |
|   | Original Amount Borrowed                  | Amount Still Outstanding |                               | _                               |                            |            |
|   | Lender Name                               |                          | Date Interest Accrued         |                                 |                            |            |
|   | Street Address                            |                          |                               | 1                               |                            |            |
| 5 | City                                      | City State               |                               | -                               |                            |            |
|   | Original Amount Borrowed                  | Amount Still Outstanding |                               | _                               |                            |            |
|   | Enter total only if last page of schedule |                          |                               |                                 |                            |            |

Schedule B(3)(e), page \_\_\_\_ of



REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

| / | Red  | cipient Information     |                          | Amount Rebated /<br>Refunded | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|-------------------------|--------------------------|------------------------------|---|---|
|   | Name of Original Payor                                   | Date Rebate/Refund Made |                          |                              |   |   |
|   | Street Address   |                         |                          |                              |   |   |
| 1 | City   | State                   | ZIP                      |                              |   |   |
|   | Corporation Commission File Number (if applicable)       | Original Payment Amount | Date of Original Payment |                              |   |   |
|   | Name of Original Payor                                   |                         | Date Rebate/Refund Made  |                              |   |   |
|   | Street Address   |                         |                          |                              |   |   |
| 2 | City   | State                   | ZIP                      |                              |   |   |
|   | Corporation Commission File Number (if applicable)       | Original Payment Amount | Date of Original Payment |                              |   |   |
|   | Name of Original Payor                                   |                         | Date Rebate/Refund Made  |                              |   |   |
|   | Street Address   |                         |                          |                              |   |   |
| 3 | City   | State                   | ZIP                      |                              |   |   |
|   | Corporation Commission File Number (if applicable)       | Original Payment Amount | Date of Original Payment |                              |   |   |
|   | Name of Original Payor                                   |                         | Date Rebate/Refund Made  |                              |   |   |
|   | Street Address   |                         |                          |                              |   |   |
| 4 | City   | State                   | ZIP                      |                              |   |   |
|   | Corporation Commission File Number (if applicable)       | Original Payment Amount | Date of Original Payment |                              |   |   |
|   | Name of Original Payor                                   |                         | Date Rebate/Refund Made  |                              |   |   |
|   | Street Address   |                         |                          |                              |   |   |
| 5 | 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



IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

| /        |   |                           |           | ·                     |   |   |
|----------|---|---------------------------|-----------|-----------------------|---|---|
|          | Candidate Committe                        | e Recipient Inform        | mation    | Amount<br>Contributed | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|          | Committee Name                            |                           |           |                       |   |   |
| =        | Street Address                            |                           |           |                       |   |   |
| 1        | City                                      | State                     | ZIP       |                       |   |   |
| _        | Committee ID Number                       | Date In-Kind Contribution | I<br>Made |                       |   |   |
|          | Committee Name                            |                           |           |                       |   |   |
| =        | Street Address                            |                           |           |                       |   |   |
| 2        | City                                      | State                     | ZIP       |                       |   |   |
| =        | Committee ID Number                       | Date In-Kind Contribution | Made      |                       |   |   |
|          | Committee Name                            |                           |           |                       |   |   |
| =        | Street Address                            |                           |           |                       |   |   |
| 3        | City                                      | State                     | ZIP       |                       |   |   |
| -        | Committee ID Number                       | Date In-Kind Contribution | Made      |                       |   |   |
|          | Committee Name                            |                           |           |                       |   |   |
| =        | Street Address                            |                           |           |                       |   |   |
| 4        | City                                      | State                     | ZIP       |                       |   |   |
| =        | Committee ID Number                       | Date In-Kind Contribution | Made      |                       |   |   |
| _        | Committee Name                            |                           |           |                       |   |   |
| =        | Street Address                            |                           |           |                       |   |   |
| 5        | City State ZIP                            |                           |           |                       |   |   |
| -        | Committee ID Number                       | Date In-Kind Contribution | Made      |                       |   |   |
| $\dashv$ | Enter total only if last page of schedule |                           |           |                       |   |   |

Schedule B(5)(a), page \_\_\_ of \_\_\_



IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

| Political Action Commi | ttee Recipient Info   | ormation   | Amount<br>Contributed  | Cumulative<br>Amount this<br>Reporting Period   | Cumulative<br>Amount this<br>Election Cycle   |
|------------------------|---|--|--|---|---|
| Committee Name         |   |  |  | •   |   |
| Street Address         |   |  |  |   |   |
| City                   | State   | ZIP  |  |   |   |
| Committee ID Number    | Date In-Kind Contribution I   | <br>Made   |  |   |   |
| Committee Name         |   |  |  |   |   |
| Street Address         |   |  |  |   |   |
| City                   | State   | ZIP  |  |   |   |
| Committee ID Number    | Date In-Kind Contribution   | Made   |  |   |   |
| Committee Name         |   |  |  |   |   |
| Street Address         |   |  |  |   |   |
| City                   | State   | ZIP  |  |   |   |
| Committee ID Number    | Date In-Kind Contribution   | Made   |  |   |   |
| Committee Name         |   |  |  |   |   |
| Street Address         |   |  |  |   |   |
| City                   | State   | ZIP  |  |   |   |
| Committee ID Number    | Date In-Kind Contribution   | Made   |  |   |   |
| Committee Name         |   |  |  |   |   |
| Street Address         |   |  |  |   |   |
| City                   | State   | ZIP  |  |   |   |
|                        |   |  |  |   |   |
|                        | Committee Name  Street Address  City  Committee ID Number  Street Address  City  Committee ID Number  Committee Name  Street Address  City  Committee Name  Street Address  City  Committee ID Number  Committee ID Number  Street Address  City  Committee ID Number  Street Address  Street Address  City  Committee Name  Street Address | Committee Name  Street Address  City State  Committee ID Number Date In-Kind Contribution  Street Address  City State  Committee ID Number Date In-Kind Contribution  Committee ID Number Date In-Kind Contribution  Committee Name  Street Address  City State  Committee ID Number Date In-Kind Contribution   Street Address  City State ZIP  Committee ID Number Date In-Kind Contribution Made  Street Address  City State ZIP  Committee ID Number Date In-Kind Contribution Made  Committee ID Number Date In-Kind Contribution Made  Committee Name  Street Address  City State ZIP  Committee ID Number Date In-Kind Contribution Made   Committee Name  Street Address  City State  Committee ID Number Date In-Kind Contribution Made  Committee ID Number  Date In-Kind Contribution Made  Committee ID Number Date In-Kind Contribution Made  Committee ID Number Date In-Kind Contribution Made  Committee ID Number Date In-Kind Contribution Made  Committee Name  Street Address  City State ZIP  Committee ID Number Date In-Kind Contribution Made   Political Action Committee Recipient Information  Amount this Reporting Period  Committee Name  Sized Address  Committee ID Number  Date In Kind Contribution Made  

Schedule B(5)(b), page \_\_\_ of \_\_\_



IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

| / |  |                            |                                |                       |   |   |
|---|--|----------------------------|--------------------------------|-----------------------|---|---|
|   | Political Pa   | arty Recipient Informa     | ation                          | Amount<br>Contributed | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|   | Committee Name   |                            |                                |                       |   |   |
|   | Street Address   |                            |                                |                       |   |   |
| 1 | City   | State                      | ZIP                            |                       |   |   |
|   | Committee ID Number                                      | Date In-Kind Contributi    | on Made                        |                       |   |   |
|   | Committee Name   |                            |                                |                       |   |   |
|   | Street Address   |                            |                                |                       |   |   |
| 2 | City   | State                      | ZIP                            |                       |   |   |
|   | Committee ID Number                                      | Date In-Kind Contribut     | ion Made                       |                       |   |   |
|   | Committee Name   |                            |                                |                       |   |   |
|   | Street Address   |                            |                                |                       |   |   |
| 3 | City   | State                      | ZIP                            |                       |   |   |
|   | Committee ID Number                                      | Date In-Kind Contribut     | ion Made                       |                       |   |   |
|   | Committee Name   |                            |                                |                       |   |   |
|   | Street Address   |                            |                                |                       |   |   |
| 4 | City   | State                      | ZIP                            |                       |   |   |
|   | Committee ID Number                                      | Date In-Kind Contribut     | Date In-Kind Contribution Made |                       |   |   |
|   | Committee Name   |                            |                                |                       |   |   |
|   | Street Address   | Street Address             |                                |                       |   |   |
| 5 | City   | State                      | ZIP                            |                       |   |   |
|   | Committee ID Number                                      | Date In-Kind Contribut     | ion 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 \_\_\_\_



IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

|   | Partnership Re                            | cipient Informatio             | n                | Amount<br>Contributed | Cumulative<br>Amount this | Cumulative<br>Amount this |
|---|---|--------------------------------|------------------|-----------------------|---------------------------|---------------------------|
|   | Partnership Name                          |                                | Reporting Period | Election Cycle        |                           |                           |
|   | Street Address                            |                                |                  |                       |                           |                           |
| 1 | City                                      | State                          | ZIP              |                       |                           |                           |
|   | Corporation Commission File Number        | Date In-Kind Contribution      | Made             |                       |                           |                           |
|   | Partnership Name                          |                                |                  |                       |                           |                           |
|   | Street Address                            |                                |                  |                       |                           |                           |
| 2 | City                                      | State                          | ZIP              |                       |                           |                           |
|   | Corporation Commission File Number        | Date In-Kind Contribution      | Made             |                       |                           |                           |
|   | Partnership Name                          |                                |                  |                       |                           |                           |
|   | Street Address                            |                                |                  |                       |                           |                           |
| 3 | City                                      | State                          | ZIP              |                       |                           |                           |
|   | Corporation Commission File Number        | Date In-Kind Contribution      | Made Made        |                       |                           |                           |
|   | Partnership Name                          |                                |                  |                       |                           |                           |
|   | Street Address                            |                                |                  |                       |                           |                           |
| 4 | City                                      | State                          | ZIP              |                       |                           |                           |
|   | Corporation Commission File Number        | Date In-Kind Contribution Made |                  |                       |                           |                           |
|   | Partnership Name                          |                                |                  |                       |                           |                           |
|   | Street Address                            |                                |                  |                       |                           |                           |
| 5 | City                                      | State                          | ZIP              |                       |                           |                           |
|   | Corporation Commission File Number        | Date In-Kind Contribution      | Made             |                       |                           |                           |
|   | Enter total only if last page of schedule |                                |                  |                       |                           |                           |

Schedule B(5)(d), page \_\_\_\_ of \_\_\_\_

IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

|   | Corporation / I  | LC Recipient Inform            | ation                          | Amount<br>Contributed | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|--------------------------------|--------------------------------|-----------------------|---|---|
|   | Corporation/LLC Name                                       |                                |                                |                       | . 0   | ·   |
|   | Street Address   |                                |                                |                       |   |   |
| 1 | City   | State                          | ZIP                            |                       |   |   |
|   | Corporation Commission File Number                         | Date In-Kind Contribution      | n Made                         | _                     |   |   |
|   | Corporation/LLC Name                                       |                                |                                |                       |   |   |
|   | Street Address   |                                |                                |                       |   |   |
| 2 | City   | State                          | ZIP                            |                       |   |   |
|   | Corporation Commission File Number                         | Date In-Kind Contributio       | n Made                         |                       |   |   |
|   | Corporation/LLC Name                                       |                                |                                |                       |   |   |
|   | Street Address   |                                |                                |                       |   |   |
| 3 | City   | State                          | ZIP                            |                       |   |   |
|   | Corporation Commission File Number                         | Date In-Kind Contribution Made |                                |                       |   |   |
|   | Corporation/LLC Name                                       |                                |                                |                       |   |   |
|   | Street Address   |                                |                                |                       |   |   |
| 4 | City   | State                          | ZIP                            | -                     |   |   |
|   | Corporation Commission File Number                         | Date In-Kind Contributio       | Date In-Kind Contribution Made |                       |   |   |
|   | Corporation/LLC Name                                       |                                |                                |                       |   |   |
|   | Street Address   | Street Address                 |                                |                       |   |   |
| 5 | City   | State                          | ZIP                            | _                     |   |   |
|   | Corporation Commission File Number                         | Date In-Kind Contributio       | n Made                         | _                     |   |   |
|   | Enter total only if last page of sched                     | ule                            |                                |                       |   |   |
|   | (transfer the total disbursed this period to "Summary of D |                                |                                |                       |   |   |

Schedule B(5)(e), page \_\_\_\_ of \_\_\_



IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

| / |   |                                |                                 |                            | Cumulative | Cumulative |
|---|---|--------------------------------|---------------------------------|----------------------------|------------|------------|
|   | Labor Organization                        | Amount<br>Contributed          | Amount this<br>Reporting Period | Amount this Election Cycle |            |            |
|   | Labor Organization Name                   |                                |                                 |                            |            |            |
|   | Street Address                            |                                |                                 |                            |            |            |
| 1 | City                                      | State                          | ZIP                             |                            |            |            |
|   | Corporation Commission File Number        | Date In-Kind Contribution      | Made                            |                            |            |            |
|   | Labor Organization Name                   |                                |                                 |                            |            |            |
|   | Street Address                            |                                |                                 |                            |            |            |
| 2 | City                                      | State                          | ZIP                             |                            |            |            |
|   | Corporation Commission File Number        | Date In-Kind Contribution      | Made                            | -                          |            |            |
|   | Labor Organization Name                   |                                |                                 |                            |            |            |
|   | Street Address                            |                                |                                 |                            |            |            |
| 3 | City                                      | State                          | ZIP                             |                            |            |            |
|   | Corporation Commission File Number        | Date In-Kind Contribution      | Made                            |                            |            |            |
|   | Labor Organization Name                   |                                |                                 |                            |            |            |
|   | Street Address                            |                                |                                 |                            |            |            |
| 4 | <b>a</b> :                                | Tarr                           | I                               |                            |            |            |
|   | City                                      | State                          | ZIP                             |                            |            |            |
|   | Corporation Commission File Number        | Date In-Kind Contribution Made |                                 |                            |            |            |
|   | Labor Organization Name                   | 1                              |                                 |                            |            |            |
|   | Street Address                            |                                |                                 |                            |            |            |
| 5 | City                                      | State                          | ZIP                             |                            |            |            |
|   | Corporation Commission File Number        | Date In-Kind Contribution      | Made                            |                            |            |            |
|   | Enter total only if last page of schedule |                                |                                 |                            |            |            |



INDEPENDENT EXPENDITURES MADE: SCHEDULE B(6)

| / | Expenditure  | Recipient Informa        | ition                               | Expenditure<br>Amount | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|--------------------------|-------------------------------------|-----------------------|---|---|
|   | Recipient Name   |                          | Mode of Advertising (TV, mail, etc) |                       |   |   |
|   | Street Address   |                          |                                     |                       |   |   |
| 1 | City   | State                    | ZIP                                 |                       |   |   |
|   | Candidate(s) Supported (including % supported)             | Candidate(s) Opposed (ir | ncluding % opposed)                 | _<br>□ Cash           |   |   |
|   | Date of First Publication, Display, Delivery, or Broadcast | Election Month/Year      | Office Sought                       | _ □ Credit            |   |   |
|   | Recipient Name   |                          | Mode of Advertising (TV, mail, etc) |                       |   |   |
|   | Street Address   |                          |                                     |                       |   |   |
| 2 | City   | State                    | ZIP                                 |                       |   |   |
|   | Candidate(s) Supported (including % supported)             | Candidate(s) Opposed (in | ncluding % opposed)                 | _<br>□ Cash           |   |   |
|   | Date of First Publication, Display, Delivery, or Broadcast | Election Month/Year      | Office Sought                       | □ Credit              |   |   |
|   | Recipient Name   |                          | Mode of Advertising (TV, mail, etc) |                       |   |   |
|   | Street Address   |                          |                                     |                       |   |   |
| 3 | City   | State                    | ZIP                                 |                       |   |   |
|   | Candidate(s) Supported (including % supported)             | Candidate(s) Opposed (in | ncluding % opposed)                 | _<br>□ Cash           |   |   |
|   | Date of First Publication, Display, Delivery, or Broadcast | Election Month/Year      | Office Sought                       | _ □ Credit            |   |   |
|   | Recipient Name   |                          | Mode of Advertising (TV, mail, etc) |                       |   |   |
|   | Street Address   |                          |                                     | _                     |   |   |
| 4 | City   | State                    | ZIP                                 |                       |   |   |
| • | Candidate(s) Supported (including % supported)             | Candidate(s) Opposed (in | ncluding % opposed)                 | _<br>□ Cash           |   |   |
|   |  |                          |                                     | ☐ Credit              |   |   |

Schedule B(6), page \_\_\_\_ of \_\_\_\_



BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

| / | Expenditure   | Recipient Informati       | on                                  | Expenditure<br>Amount | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|---|---------------------------|-------------------------------------|-----------------------|---|---|
|   | Recipient Name  |                           | Mode of Advertising (TV, mail, etc) |                       |   |   |
|   | Street Address  |                           |                                     | _                     |   |   |
| 1 | City  | State                     | ZIP                                 |                       |   |   |
|   | Ballot Measure(s) Supported (including % supported)           | Ballot Measure(s) Opposed | d (including % opposed)             | <br>□ Cash            |   |   |
|   | Date of First Publication, Display, Delivery, or Broadcast    | Election Month/Year       |                                     | - □ Credit            |   |   |
|   | Recipient Name  |                           | Mode of Advertising (TV, mail, etc) |                       |   |   |
|   | Street Address  |                           |                                     | 1                     |   |   |
| 2 | City  | State                     | ZIP                                 |                       |   |   |
|   | Ballot Measure(s) Supported (including % supported)           | Ballot Measure(s) Opposed | d (including % opposed)             | _<br>□ Cash           |   |   |
|   | Date of First Publication, Display, Delivery, or Broadcast    | Election Month/Year       |                                     | □ Credit              |   |   |
|   | Recipient Name  |                           | Mode of Advertising (TV, mail, etc) |                       |   |   |
|   | Street Address  |                           |                                     | 1                     |   |   |
| 3 | City  | State                     | ZIP                                 |                       |   |   |
|   | Ballot Measure(s) Supported (including % supported)           | Ballot Measure(s) Opposed | d (including % opposed)             | □ Cash                |   |   |
|   | Date of First Publication, Display, Delivery, or Broadcast    | Election Month/Year       |                                     | _ □ Credit            |   |   |
|   | Recipient Name  |                           | Mode of Advertising (TV, mail, etc) |                       |   |   |
|   | Street Address  |                           | 1                                   | 1                     |   |   |
| 4 | City  | State                     | ZIP                                 | 1                     |   |   |
|   | Ballot Measure(s) Supported (including % supported)           | Ballot Measure(s) Opposed | I<br>d (including % opposed)        | □ Cash                |   |   |
|   | Date of First Publication, Display, Delivery, or Broadcast    | Election Month/Year       |                                     | □ Credit              |   |   |
|   | Enter total only if last page of schedu                       | le                        |                                     |                       |   |   |
| l | (transfer the total disbursed this period to "Summary of Disb | oursements," line 7)      |                                     |                       |   |   |

Schedule B(7), page \_\_\_\_ of \_\_\_\_



RECALL EXPENDITURES MADE: SCHEDULE B(8)

| Expenditure I   | Recipient Informatio  | on                                       | Expenditure<br>Amount  | Cumulative<br>Amount this<br>Reporting Period  | Cumulative<br>Amount this<br>Election Cycle   |
|---|---|--|--|--|---|
| pient Name  |   | Mode of Advertising (TV, mail, etc)      |  |  |   |
| et Address  |   |  |  |  |   |
|   | State   | ZIP                                      |  |  |   |
| porting or Opposing Issuance of Recall Order?         | Candidate Sought to be Rec  | alled                                    | _<br>□ Cash  |  |   |
| of First Publication, Display, Delivery, or Broadcast | Office Held   |  | - □ Credit   |  |   |
| pient Name  | 1   | Mode of Advertising (TV, mail, etc)      |  |  |   |
| et Address  |   |  | -  |  |   |
|   | State   | ZIP                                      |  |  |   |
| porting or Opposing Issuance of Recall Order?         | Candidate Sought to be Rec  | alled                                    | ☐ Cash   |  |   |
| of First Publication, Display, Delivery, or Broadcast | Office Held   |  | _ □ Credit   |  |   |
| pient Name  |   | Mode of Advertising (TV, mail, etc)      |  |  |   |
| et Address  |   |  | -  |  |   |
|   | State   | ZIP                                      |  |  |   |
| porting or Opposing Issuance of Recall Order?         | Candidate Sought to be Rec  | alled                                    | ☐ Cash   |  |   |
| of First Publication, Display, Delivery, or Broadcast | Office Held   |  | _ □ Credit   |  |   |
| pient Name  |   | Mode of Advertising (TV, mail, etc)      |  |  |   |
| et Address  |   |  | _  |  |   |
|   | State   | ZIP                                      |  |  |   |
| porting or Opposing Issuance of Recall Order?         | Candidate Sought to be Rec  | alled                                    | ☐ Cash   |  |   |
| of First Publication, Display, Delivery, or Broadcast | Office Held   |  | _ □ Credit   |  |   |
| po<br>te  | rting or Opposing Issuance of Recall Order?  f First Publication, Display, Delivery, or Broadcast  r total only if last page of schedul | State  State  Candidate Sought to be Rec | State ZIP  rting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled  f First Publication, Display, Delivery, or Broadcast Office Held  or total only if last page of schedule | rting or Opposing Issuance of Recall Order?  Candidate Sought to be Recalled  Cash Credit  First Publication, Display, Delivery, or Broadcast  Office Held | State ZIP  rting or Opposing Issuance of Recall Order? Candidate Sought to be Recalled    Cash   Credit |



SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

|   | Benefitt   | ed Candidate |                       | Amount | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|--|--------------|-----------------------|--------|---|---|
|   | Candidate Name   |              | Date Benefit Provided |        |   |   |
|   | Street Address   |              | 1                     |        |   |   |
| 1 | City   | State        | ZIP                   |        |   |   |
|   | Type of Benefit Provided                                       |              |                       |        |   |   |
|   | Notes:   |              |                       |        |   |   |
|   | Candidate Name   |              | Date Benefit Provided |        |   |   |
|   | Street Address   |              | <u> </u>              |        |   |   |
| 2 | City   | State        | ZIP                   |        |   |   |
|   | Type of Benefit Provided                                       |              | <u> </u>              |        |   |   |
|   | Notes:   |              |                       |        |   |   |
|   | Candidate Name   |              | Date Benefit Provided |        |   |   |
|   | Street Address   |              |                       |        |   |   |
| 3 | City   | State        | ZIP                   |        |   |   |
|   | Type of Benefit Provided                                       |              |                       |        |   |   |
|   | Notes:   |              |                       |        |   |   |
|   | Candidate Name   |              | Date Benefit Provided |        |   |   |
|   | Street Address   |              |                       |        |   |   |
| 4 | 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 Disbu |              |                       |        |   |   |

Schedule B(9), page \_\_\_\_ of \_\_\_\_



JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

|   | Recipient                                       | Committee Inforn  | nation                 | Payment Amount  | Cumulative<br>Amount this<br>Reporting Period | Cumulative Amount this Election Cycle |
|---|---|-------------------|------------------------|-----------------|---|---------------------------------------|
|   | Committee Name                                  |                   | Payment Date           |                 |   |                                       |
|   | Street Address                                  |                   | <b>-</b>               |                 |   |                                       |
| 1 | City  | State             | ZIP                    | □ Cash          |   |                                       |
|   | Date of Joint Fundraising Event (if applicable) | Type of Shared Ex | xpense (if applicable) | □ Credit        |   |                                       |
|   | Committee Name                                  | L                 | Payment Date           |                 |   |                                       |
|   | Street Address                                  |                   |                        |                 |   |                                       |
| 2 | City  | State             | ZIP                    | II Cook         |   |                                       |
|   | Date of Joint Fundraising Event (if applicable) | Type of Shared Ex | xpense (if applicable) | □ Cash □ Credit |   |                                       |
|   | Committee Name                                  |                   | Payment Date           |                 |   |                                       |
|   | Street Address                                  |                   |                        |                 |   |                                       |
| 3 | City  | State             | ZIP                    |                 |   |                                       |
|   | Date of Joint Fundraising Event (if applicable) | Type of Shared E  | xpense (if applicable) | □ Cash □ Credit |   |                                       |
|   | Committee Name                                  | I                 | Payment Date           |                 |   |                                       |
|   | Street Address                                  |                   |                        |                 |   |                                       |
| 4 | City  | State             | ZIP                    | T 0 l           |   |                                       |
|   | Date of Joint Fundraising Event (if applicable) | Type of Shared E  | xpense (if applicable) | □ Cash □ Credit |   |                                       |
|   | Committee Name                                  |                   | Payment Date           |                 |   |                                       |
|   | Street Address                                  |                   |                        |                 |   |                                       |
| 5 | City  | State             | ZIP                    | II 01-          |   |                                       |
| J | 1   |                   |                        | ☐ Cash☐ Credit  |   | l                                     |

Schedule B(10), page \_\_\_\_ of \_\_\_



REIMBURSEMENTS MADE: SCHEDULE B(11)

| _ | Recipient   | Information      |                    | Reimbursement<br>Amount | Cumulative<br>Amount this<br>Reporting Period | Cumulative<br>Amount this<br>Election Cycle |
|---|---|------------------|--------------------|-------------------------|---|---|
|   | Name  |                  |                    |                         |   |   |
|   | Street Address  |                  | -                  |                         |   |   |
| 1 | City  | State            | ZIP                | _<br>_ □ Cash           |   |   |
|   | Services or Goods Reimbursed                                      |                  | Reimbursement Date | ☐ Credit                |   |   |
|   | Name  |                  |                    |                         |   |   |
|   | Street Address  |                  |                    |                         |   |   |
| 2 | City  | State            | ZIP                | □ Cash                  |   |   |
|   | Services or Goods Reimbursed                                      |                  | Reimbursement Date | □ Credit                |   |   |
|   | Name  | ı                |                    |                         |   |   |
|   | Street Address  |                  |                    | _                       |   |   |
| 3 | City  | State            | ZIP                | _<br>□ Cash             |   |   |
|   | Services or Goods Reimbursed                                      | L                | Reimbursement Date | ☐ Cash                  |   |   |
|   | Name  | <u>1</u>         |                    |                         |   |   |
|   | Street Address  |                  |                    |                         |   |   |
| 4 | City  | State            | ZIP                | _<br>□ Cash             |   |   |
|   | Services or Goods Reimbursed                                      |                  | Reimbursement Date | ☐ Casii                 |   |   |
|   | Name  |                  |                    |                         |   |   |
|   | Street Address  |                  |                    | 1                       |   |   |
| 5 | City  | State            | ZIP                | -                       |   |   |
|   | Services or Goods Reimbursed                                      |                  | Reimbursement Date | □ Cash □ Credit         |   |   |
|   | Enter total only if last page of schedule                         |                  | 1                  |                         |   |   |
|   | (transfer the total disbursed this period to "Summary of Disburse | ments," line 11) |                    |                         |   |   |



OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

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



TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

|   | Cumulative Amount this Reporting Period | Cumulative Amount this Election<br>Cycle |
|---|---|--|
| Recipient of Surplus Monies / Source of Transferred Debt                                |   |  |
| Recipient of Surplus Monies / Source of Transferred Debt                                |   |  |
| Recipient of Surplus Monies / Source of Transferred Debt                                |   |  |
| Recipient of Surplus Monies / Source of Transferred Debt                                |   |  |
| Recipient of Surplus Monies / Source of Transferred Debt                                |   |  |
| Total (transfer the total disbursed this period to "Summary of Disbursements," line 14) |   |  |

Schedule A(13), page \_\_\_\_ of \_\_\_\_



MISCELLANEOUS DISBURSEMENTS: SCHEDULE B(14)

| reet Address  ty  sbursement Type | Information  | ZIP  | Amount   | Cumulative<br>Amount this<br>Reporting Period  | Cumulative<br>Amount this<br>Election Cycle  |
|-----------------------------------|--|--|--|--|--|
| ty sbursement Type                |  |  |  |  |  |
| ty<br>sbursement Type<br>nme      |  |  |  |  |  |
| bursement Type                    |  |  |  |  | l  |
| nme                               |  |  | □ Cash   |  | 1  |
|                                   |  | Disbursement Date  | □ Credit   |  | 1  |
| nest Address                      |  | l  |  |  |  |
| reet Address                      |  |  |  |  | 1  |
| ty                                |  | ZIP  | □ Cook   |  | 1  |
| bursement Type                    |  | Disbursement Date  | □ Casn<br>□ Credit   |  | 1  |
| nme                               |  |  |  |  | <u>.                                    </u>   |
| reet Address                      |  |  |  |  | İ  |
| ty                                |  | ZIP  |  |  | 1  |
| sbursement Type                   |  | Disbursement Date  | ⊔ Cash<br>□ Credit   |  | 1  |
| nme                               |  |  |  |  |  |
| reet Address                      |  |  |  |  | İ  |
| ty                                |  | ZIP  |  |  | 1  |
| sbursement Type                   |  | Disbursement Date  | □ Cash □ Credit  |  | İ  |
| ame                               |  |  |  |  |  |
| Street Address                    |  |  |  |  | 1  |
| ty                                | State  | ZIP  |  |  | l  |
| sbursement Type                   |  | Disbursement Date  | ☐ Cash☐ Credit   |  | 1  |
|                                   | sbursement Type  Inter total only if last page of schedule | ame  treet Address  tty  sbursement Type  ame  treet Address  tty  sbursement Type  ame  treet Address  tty  sbursement Type  ame  treet Address  tty  State | ame  treet Address  Ity ZIP  Disbursement Date  Disbursement Date  Treet Address  Ity ZIP  Disbursement Date  Disbursement Date  Disbursement Date  Disbursement Date  Disbursement Date  Disbursement Date  Treet Address  Ity Disbursement Date  Disbursement Date  Disbursement Date  Disbursement Date | ame  treet Address  ty  ZIP  Cash Credit  treet Address  ty  ZIP  Insbursement Date  Credit  ZIP  Cash Credit  Treet Address  ty  ZIP  Cash Credit  ZIP  Cash Credit  Credit  Credit | Disbursement Type  Disbursement Date  Credit  Credit  Credit  Credit  Credit  Credit  Credit  Credit  Credit  Credit  Credit  Credit  Credit  Credit  Credit  Credit  Credit |

Schedule B(12), page \_\_\_\_ of \_\_\_

| ☐ Initial Application                   |  |
|---|--|
| <ul> <li>Amended Application</li> </ul> |  |
| Date:                                   |  |



COMMITTEE ID NUMBER (office use only)

COMMITTEE TYPE (choose one):

| ☐ Candidate  |  |
|--|--|
| Committee Name (required): First or last name & office)  |  |
| Candidate Information:   | Candidate's Name (required):   |
|  | Candidate's mailing address (required):  |
|  | Candidate's email address (required):  |
|  | Candidate's phone number (required):   |
|  | Candidate's website (if any):  |
| Office Sought (choose one):  | □ Governor     □ Secretary of State     □ Attorney General     □ State Treasurer       □ Superintendent of Public Instruction     □ State Mine Inspector     □ Corporation Commissioner  |
|  | ☐ State Senate ☐ State House of Representatives ☐ District (required):   |
|  | ☐ County Office: ☐ District (if applicable): ☐   |
|  | ☐ City/Town Office: ☐ District (if applicable):  |
| Election Cycle for Office Soug   | ght (year the election will take place) (required):  |
| Party Affiliation:<br>(required for partisan offices)  | □ Democrat □ Green □ Libertarian □ Republican □ Other:   |
| (if sponsored, must include  |  |
| (if sponsored, must include sponsor's name)  |  |
| (if sponsored, must include  | ☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures   |
| If sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)   | ☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures   |
| (If sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information:  | □ Contributions □ Candidate-Related Independent Expenditures   |
| (If sponsored, must include sponsor's name)  Political Function (optional):  | □ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required): □ Sponsor's mailing address (required): □ Sponsor's email address (required):   |
| (If sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information:  | □ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required): □ Sponsor's mailing address (required): □ Sponsor's email address (required): □ Sponsor's phone number (if any):  |
| (If sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information:  | □ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required): □ Sponsor's mailing address (required): □ Sponsor's email address (required):   |
| If sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information: (if applicable)   | □ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required):  Sponsor's mailing address (required):  Sponsor's email address (required):  Sponsor's phone number (if any):  Sponsor's website (if any):  |
| (If sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information:  | □ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required): □ Sponsor's mailing address (required): □ Sponsor's email address (required): □ Sponsor's phone number (if any):  |
| (If sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information: (if applicable)  Special Status  | □ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required): □ Sponsor's mailing address (required): □ Sponsor's email address (required): □ Sponsor's phone number (if any): □ Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union  |
| (If sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information: (if applicable)  Special Status (if applicable)  | □ Contributions □ Candidate-Related Independent Expenditures   □ Ballot Measure Expenditures □ Recall Expenditures   Sponsor's name or nickname (required):  Sponsor's mailing address (required):  Sponsor's email address (required):  Sponsor's phone number (if any):  Sponsor's website (if any):  Sponsor's website (if any):  □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union  □ Standing Committee (must also complete separate standing committee registration)   |
| If sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information: (if applicable)  Special Status (if applicable)   | □ Contributions □ Candidate-Related Independent Expenditures   □ Ballot Measure Expenditures □ Recall Expenditures   Sponsor's name or nickname (required):  Sponsor's mailing address (required):  Sponsor's email address (required):  Sponsor's phone number (if any):  Sponsor's website (if any):  Sponsor's website (if any):  □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union  □ Standing Committee (must also complete separate standing committee registration)   |
| (If sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information: (if applicable)  Special Status (if applicable)  | □ Contributions □ Candidate-Related Independent Expenditures   □ Ballot Measure Expenditures □ Recall Expenditures    Sponsor's name or nickname (required):  Sponsor's mailing address (required):  Sponsor's email address (required):  Sponsor's phone number (if any):  Sponsor's website (if any):  □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union  □ Standing Committee (must also complete separate standing committee registration)  □ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)   |
| If sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information: (if applicable)  Special Status (if applicable)  Political Party  Committee Name (required):                                  | □ Contributions □ Candidate-Related Independent Expenditures   □ Ballot Measure Expenditures □ Recall Expenditures    Sponsor's name or nickname (required):  Sponsor's mailing address (required):  Sponsor's email address (required):  Sponsor's phone number (if any):  Sponsor's website (if any):  □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union  □ Standing Committee (must also complete separate standing committee registration)  □ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)   |
| If sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information: (if applicable)  Special Status (if applicable)  Political Party  Committee Name (required): (must include party affiliation) | Contributions Candidate-Related Independent Expenditures Ballot Measure Expenditures Recall Expenditures  Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): Sponsor's website (if any):  Sponsor's website (if any):  Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)  State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) |
| If sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information: (if applicable)  Special Status (if applicable)  Political Party  Committee Name (required): (must include party affiliation) | Contributions Candidate-Related Independent Expenditures    Ballot Measure Expenditures   Recall Expenditures    Sponsor's name or nickname (required):  |
| If sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information: (if applicable)  Special Status (if applicable)  Political Party  Committee Name (required): (must include party affiliation) | Contributions Candidate-Related Independent Expenditures Ballot Measure Expenditures Recall Expenditures  Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): Sponsor's website (if any):  Sponsor's website (if any):  Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)  State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) |

| ☐ Initial Application |
|-----------------------|
| ☐ Amended Application |
| Date:                 |
|                       |



COMMITTEE ID NUMBER (office use only)

#### COMMITTEE INFORMATION:

| I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.  Chairperson's signature:  Date:  Date:  | Contact Information:  | Committee's mailing address (required):   | ` |
|--|---|---|---|
| Committee's website (if any):  Chairperson's Information:  Chairperson's physical address (required): Chairperson's malling address (if different): Chairperson's email address (required): Chairperson's email address (required): Chairperson's email address (required): Chairperson's employer (required): Chairperson's employer (required): Chairperson's occupation (required): Treasurer's Information: Treasurer's physical address (required): Treasurer's physical address (required): Treasurer's malling address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's employer (required): Treasurer's employer (required): Treasurer's employer (required): Additional bank name (required): Additional bank name (fapplicable): Additional bank name (if applicable): CATION AND SIGNATURES:  I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-393; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.  Chairperson's signature:  Date:  Treasurer's signature:  Date:  |   | Committee's email address (required):   |   |
| Chairperson's Information:  Chairperson's mame (required): Chairperson's malling address (fidifferent): Chairperson's email address (required): Chairperson's email address (required): Chairperson's email address (required): Chairperson's employer (required): Chairperson's cocupation (required): Treasurer's Information:  Treasurer's name (required): Treasurer's mailing address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's occupation (required): Treasurer's occupation (required): Additional bank name (fapplicable): Additional bank name (if applicable): Additional bank name (if applicable):  Lideclare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and under the secretary of State's campaign finance and reporting guide; (4) agree to comply with Artizon election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.  Chairperson's signature:  Date:  Treasurer's signature:  Date:   |   | Committee's phone number (if any):  |   |
| Chairperson's physical address (required): Chairperson's mailing address (if different): Chairperson's email address (required): Chairperson's phone number (required): Chairperson's phone number (required): Chairperson's occupation (required): Treasurer's Information: Treasurer's name (required): Treasurer's mailing address (required): Treasurer's mailing address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's phone number (required): Treasurer's employer (required): Treasurer's employer (required): Additional bank name (ifapplicable): Additional bank name (ifapplicable): Additional bank name (ifapplicable): Additional bank name (ifapplicable): Additional bank name (ifapplicable): Committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance law cooffied at A.R.S. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.  Chairperson's signature:  Date:  Treasurer's signature:  Date:  |   | Committee's website (if any):   |   |
| Chairperson's mailing address (if different):  Chairperson's email address (required):  Chairperson's phone number (required):  Chairperson's employer (required):  Chairperson's occupation (required):  Treasurer's Information:  Treasurer's name (required):  Treasurer's mailing address (required):  Treasurer's mailing address (if different):  Treasurer's mailing address (required):  Treasurer's email address (required):  Treasurer's email address (required):  Treasurer's email address (required):  Treasurer's email address (required):  Treasurer's employer (required):  Treasurer's occupation (required):  Additional bank name (ifapplicable):  Additional bank name (ifapplicable):  Additional bank name (if applicable):  Additional bank name (if applicable):  (a) not list acct numbers  Additional bank name (if applicable):  Additi | Chairperson's Information:  | Chairperson's name (required):  |   |
| Chairperson's email address (required):  Chairperson's phone number (required):  Chairperson's employer (required):  Chairperson's cocupation (required):  Treasurer's information:  Treasurer's name (required):  Treasurer's mailing address (required):  Treasurer's mailing address (required):  Treasurer's email address (required):  Treasurer's email address (required):  Treasurer's email address (required):  Treasurer's email address (required):  Treasurer's employer (required):  Treasurer's employer (required):  Treasurer's employer (required):  Additional bank name (required):  Additional bank name (ifapplicable):  Additional bank name (if applicable):  Additional bank name (if applicable):  I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.  Chairperson's signature:  Date:  Treasurer's signature:  Date:   |   | Chairperson's physical address (required):  |   |
| Chairperson's phone number (required): Chairperson's employer (required): Chairperson's occupation (required): Treasurer's Information: Treasurer's name (required): Treasurer's mailing address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's phone number (required): Treasurer's phone number (required): Treasurer's employer (required): Treasurer's occupation (required): Treasurer's occupation (required): Additional bank name (fequired): Additional bank name (ifapplicable): Additional bank name (if applicable): Additional bank name (if applicable):  I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.  Chairperson's signature:  Date:  Treasurer's signature:  Date:   |   | Chairperson's mailing address (if different):   |   |
| Chairperson's employer (required):   |   | Chairperson's email address (required):   |   |
| Chairperson's employer (required):   |   | Chairperson's phone number (required):  |   |
| Chairperson's occupation (required):   |   |   |   |
| Treasurer's physical address (required): Treasurer's mailing address (if different): Treasurer's employer (required): Treasurer's employer (required): Treasurer's employer (required): Treasurer's occupation (required): Bank or Financial Institution: (do not list acct numbers) Additional bank name (ifapplicable): Additional bank name (ifapplicable): Additional bank name (if applicable): Additional bank name (if applicable):  I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to accept all notifications and legal service of process for campaign finance laws codified at A.R.S. \$\frac{8}{15-901} to 16-938, and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.  Chairperson's signature:  Date:  Treasurer's signature:  Date:   |   |   |   |
| Treasurer's mailing address (if different):  | Treasurer's Information:  | Treasurer's name (required):  |   |
| Treasurer's email address (required):  |   | Treasurer's physical address (required):  |   |
| Treasurer's phone number (required):   |   | Treasurer's mailing address (if different):   |   |
| Treasurer's phone number (required):   |   | Treasurer's email address (required):   |   |
| Treasurer's employer (required):   |   | Treasurer's phone number (required):  |   |
| Bank or Financial Institution:  (do not list acct numbers)  Additional bank name (ifapplicable):  Additional bank name (if applicable):  Additional bank name (if applicable):  Additional bank name (if applicable):  I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.  Chairperson's signature:  Date:  Treasurer's signature:  Date:  Date:  |   |   |   |
| Bank or Financial Institution:  (do not list acct numbers)  Additional bank name (ifapplicable):  Additional bank name (if applicable):  Additional bank name (if applicable):  Additional bank name (if applicable):  I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.  Chairperson's signature:  Date:  Treasurer's signature:  Date:  Date:  |   | Treasurer's occupation (required):  |   |
| Additional bank name (if applicable):  | Bank or Financial Institution:  |   |   |
| I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.  Chairperson's signature:  Date:  Date:  Date:   | (do not list acct numbers)  | Additional bank name (ifapplicable):  |   |
| I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.  Chairperson's signature:  Date:  Date:  Date:   |   | Additional bank name (if applicable):   |   |
| Treasurer's signature: Date:   | I declare under penalty of per<br>chairperson or treasurer of th<br>committee and authorize it to<br>campaign finance and reporti<br>§§ 16-901 to 16-938; and (5) | ie committee named herein, if applicable; (2) designate the above-named committee as my official candidate receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State ing guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. | s |
|  |   |   |   |
| Candidate's signature (if applicable):   | Treasurer's signature:  | Date:   |   |
| /  | Candidate's signature (if app   | licable): Date:   |   |

COMMITTEE ID NUMBER

| Date: |  |
|-------|--|
|-------|--|



## COMMITTEE INFORMATION:

| Committee name:  |   |
|--|---|
| Mailing address:   |   |
| Email address:   |   |
| Phone number:  |   |
| Website:   |   |
| Chairperson name:  |   |
| Treasurer:   |   |
|  |   |
| DECLARATION AND SIGNATURES:  |   |
| receive any contributions or make any disbursements; (2) the outstanding debts or obligations that are all more than five ye and obligations and have agreed to the termination of the contribution. | on is true and correct. I further declare that: (1) the committee will no longer committee either (a) has no outstanding debts or obligations, or (b) has ars old, and the committee's creditors have agreed to discharge the debts nmittee; (3) any surplus monies have been disposed of and that the expenditures have been reported, including any disposal of surplus monies. |
| Chairperson's signature:   | Date:   |
| Treasurer's signature:   | Date:   |
|  |   |

## **STATE OF ARIZONA**



# Write-in Candidate NOMINATION PAPER DECLARATION OF QUALIFICATION A.R.S. §§ 16-311, 16-312

FOR OFFICE USE ONLY

| You are hereby notified that I,                                       | the undersigned, a qualified                             | d elector, am a can     | didate for the office of    |
|---|--|-------------------------|-----------------------------|
|   | for the  |                         | Party (if                   |
| applicable) to be voted on at the PRIM                                | MARY or GENERAL (circle                                  | one) election to be     | e held on day of            |
| , 20  |  |                         |                             |
| I will have been a citizen of the                                     | e United States for                                      | years before my         | election and will have      |
| peen a citizen of Arizona for   | years before my election. I                              | am years o              | ld and my date of birth     |
| s,  | , and I have resid                                       | led in                  | County for                  |
| years, in precinct  | fo   | r years be              | fore my election, and I     |
| currently reside in the city or town I prop                           | ose to represent.  |                         |                             |
| Actual residence address<br>or description of place of residence (req | uired)   | City or town            | Zip                         |
| Post office address (if applicable)                                   |  | City or town            | Zip                         |
|   | nme on the following line in Notice of Official Write-In |                         |                             |
| LAST NAME   | ,  | FIRST NAME              |                             |
| I declare, under penalty of perj                                      | jury, that the information in                            | this Nomination Pap     | per and Declaration of      |
| Qualification is true and correct, and that                           | at at the time of filing I am a                          | a resident of the cou   | inty, city, town, district, |
| ward, or precinct which I propose to re                               | _  |                         |                             |
|   |  |                         | -                           |
| aggregate of \$1,000 or more that arose                               |  |                         | , -                         |
| and as to all other qualifications, I will be                         | equalified at the time of elec                           | tion to hold the office | e that I seek.              |
| CANDIDATE SIGNATURE   |  | DATE                    | <del></del>                 |

# **Town of Camp Verde**

#### **POLITICAL SIGNS**

- ❖ Town of Camp Verde prohibits signs in the Public Right of Way.
- ❖ Political/Election temporary signs are allowed on private property with property owners permission.
- Political signs are prohibited on any State highway right-of-way.
- ❖ Sign size/area is 16 SF or less
- ❖ Soonest Political signs can go up: **June 05, 2020** (60 days PTE)
- ❖ Latest signs can be up (if not advancing to general election) August 19,2020
   (15 days after primary election)
- ❖ Latest signs can be up (if a candidate general election) November 15, 2020 (15 days after general election)

# Planning and Zoning Ordinance:

# Section 404 - Signs

# (B) Applicability, Exemptions and Prohibitions

- 4) Prohibitions: it is unlawful for any person to erect or place any sign prohibited by this section, or for any person to maintain, keep, or allow to remain, on property owned or occupied by him, any sign prohibited in the Town of Camp Verde as follows:
  - b. Signs located within, on or projecting over any public right-of-way except for businesses immediately adjacent and fronting the right-of-way of Main Street from Arnold Street to General Crook Trail."

For further questions regarding the <u>Town's</u> signage laws contact Cliff Bryson at 928-554-0075.

Please refer to the following page for Arizona Revised Statute 16-1019 details

#### Arizona Revised Statute

# 16-1019. Political signs; printed materials; tampering; classification

- A. It is a class 2 misdemeanor for any person to knowingly remove, alter, deface or cover any political sign of any candidate for public office or knowingly remove, alter or deface any political mailers, handouts, flyers or other printed materials of a candidate that are delivered by hand to a residence for the period commencing forty-five days before a primary election and ending seven days after the general election.
- B. This section does not apply to the removal, alteration, defacing or covering of a political sign or other printed materials by the candidate or the authorized agent of the candidate in support of whose election the sign or materials were placed, by the owner or authorized agent of the owner of private property on which such signs or printed materials are placed with or without permission of the owner or placed in violation of state law or county, city or town ordinance or regulation.
- C. Notwithstanding any other statute, ordinance or regulation, a city, town or county of this state shall not remove, alter, deface or cover any political sign if the following conditions are met:
- 1. The sign is placed in a public right-of-way that is owned or controlled by that jurisdiction.
- 2. The sign supports or opposes a candidate for public office or it supports or opposes a ballot measure.
- 3. The sign is not placed in a location that is hazardous to public safety, obstructs clear vision in the area or interferes with the requirements of the Americans with disabilities act (42 United States Code sections 12101 through 12213 and 47 United States Code sections 225 and 611).
- 4. The sign has a maximum area of sixteen square feet, if the sign is located in an area zoned for residential use, or a maximum area of thirty-two square feet if the sign is located in any other area.
- 5. The sign contains the name and telephone number or website address of the candidate or campaign committee contact person.
- D. If the city, town or county deems that the placement of a political sign constitutes an emergency, the jurisdiction may immediately relocate the sign. The jurisdiction shall notify the candidate or campaign committee that placed the sign within twenty-four hours after the relocation. If a sign is placed in violation of subsection C and the placement is not deemed to constitute an emergency, the city, town or county may notify the candidate or campaign committee that placed the sign of the violation. If the sign remains in violation at least twenty-four hours after the jurisdiction notified the candidate or campaign committee, the jurisdiction may remove the sign. The jurisdiction shall contact the candidate or campaign committee contact and shall retain the sign for at least ten business days to allow the candidate or campaign committee to retrieve the sign without penalty.

- E. A city, town or county employee acting within the scope of the employee's employment is not liable for an injury caused by the failure to remove a sign pursuant to subsection D unless the employee intended to cause injury or was grossly negligent.
- F. Subsection C does not apply to commercial tourism, commercial resort and hotel sign free zones as those zones are designated by municipalities. The total area of those zones shall not be larger than three square miles, and each zone shall be identified as a specific contiguous area where, by resolution of the municipal governing body, the municipality has determined that based on a predominance of commercial tourism, resort and hotel uses within the zone the placement of political signs within the rights-of-way in the zone will detract from the scenic and aesthetic appeal of the area within the zone and deter its appeal to tourists. Not more than two zones may be identified within a municipality.
- G. A city, town or county may prohibit the installation of a sign on any structure owned by the jurisdiction.
- H. Subsection C applies only during the period commencing sixty days before a primary election and ending fifteen days after the general election, except that for a sign for a candidate in a primary election who does not advance to the general election, the period ends fifteen days after the primary election.
- I. This section does not apply to state highways or routes, or overpasses over those state highways or routes.



# **RESOLUTION 2017-973**

A RESOLUTION OF THE MAYOR AND COMMON COUNCIL OF THE TOWN OF CAMP VERDE, YAVAPAI COUNTY, ARIZONA, SUPERSEDING RESOLUTIONS 98-403, 99-426, 99-432, 2000-447, 02-538, 03-568, 08-745, 08-751, AND 2009-766 ESTABLISHING TOWN COUNCIL POLICIES, RULES, AND PROCEDURES FOR COUNCIL AND ALL TOWN BOARDS, COMMISSIONS AND COMMITTEES

WHEREAS, the Legislature made substantial modifications to the Open Meeting Law (OML), ARS Sections 38-431 through 38-431.09, effective July 18, 2000; and

**WHEREAS**, changes in the law concerning executive sessions, meetings, open calls to the public, and enforcement has been adopted by the Council as a policy and procedural directive to staff; and

WHEREAS, it is in the best interest of the Town to adopt Rules, Policies and Procedures, and place these into one document for the benefit of all parties; and

**WHEREAS**, it is in the best interest of the Town to adopt policies and procedures for meetings and conduct applicable not only to the Council but also to its boards, commissions, and committees, collectively named "public bodies" herein,

NOW THEREFORE, the Mayor and Common Council of the Town of Camp Verde hereby resolve to approve and adopt the "Town of Camp Verde Town Council Policies, Rules, and Procedures" for all elected and appointed officials.

ADOPTED AND APPROVED by a majority vote of the Common Council at the regular meeting of April 5, 2017.

**Exhibit A attached** 



#### **RESOLUTION 2017-973**

# A RESOLUTION OF THE MAYOR AND COMMON COUNCIL OF THE TOWN OF CAMP VERDE, YAVAPAI COUNTY, ARIZONA, SUPERSEDING RESOLUTIONS 98-403, 99-426, 99-432, 2000-447, 02-538, 03-568, 08-745, 08-751, AND 2009-766 ESTABLISHING TOWN COUNCIL POLICIES, RULES, AND PROCEDURES FOR COUNCIL AND ALL TOWN BOARDS, COMMISSIONS AND COMMITTEES

**WHEREAS,** the Legislature made substantial modifications to the Open Meeting Law (OML), ARS Sections 38-431 through 38-431.09, effective July 18, 2000; and

**WHEREAS**, changes in the law concerning executive sessions, meetings, open calls to the public, and enforcement has been adopted by the Council as a policy and procedural directive to staff; and

**WHEREAS,** it is in the best interest of the Town to adopt Rules, Policies and Procedures, and place these into one document for the benefit of all parties; and

**WHEREAS**, it is in the best interest of the Town to adopt policies and procedures for meetings and conduct applicable not only to the Council but also to its boards, commissions, and committees, collectively named "public bodies" herein,

NOW THEREFORE, the Mayor and Common Council of the Town of Camp Verde hereby resolve to approve and adopt the "Town of Camp Verde Town Council Policies, Rules, and Procedures" for all elected and appointed officials.

ADOPTED AND APPROVED by a majority vote of the Common Council at the regular meeting of April 5, 2017.

| /s/ Charles German        | Approved as to form: |  |  |
|---------------------------|----------------------|--|--|
| Mayor Charles German      |                      |  |  |
| Attest:                   |                      |  |  |
| /s/ Virginia Jones        | /s/ William Sims     |  |  |
| Town Clerk Virginia Jones | Town Attorney        |  |  |
|                           |                      |  |  |
|                           |                      |  |  |
|                           |                      |  |  |

**Exhibit A attached** 

# EXHIBIT A Resolution 2017-973

# TOWN OF CAMP VERDE TOWN COUNCIL POLICIES, RULES, AND PROCEDURES

# **TABLE OF CONTENTS**

| Section 1 | Rules         | of Procedure/Authority   |
|-----------|---------------|--|
|           | 1.1           | Procedures   |
|           | 1.2           | Parliamentarian  |
|           | 1.3           | Points of Order  |
|           | 1.4           | Quorum   |
| Section 2 |               | ling Officer for Meetings  |
|           | 2.1           | Mayor as Presiding Officer   |
|           | 2.2           | Chairperson as Presiding Officer   |
| Section 3 | Meetir        | ngs of Town Council and Boards, Commissions and Committees               |
|           | 3.1           | Regular Meetings   |
|           | 3.2           | Special Meetings   |
|           | 3.3           | Executive Sessions   |
|           | 3.4           | Work Sessions  |
|           | 3.5           | Emergency Meetings   |
|           | 3.6           | Adjourned Meetings   |
|           | 3.7           | Meetings to be Open to the Public  |
|           | 3.8           | Conduct and Decorum  |
| Section 4 | <u>Meetir</u> | ng Agendas and Notices   |
|           | 4.1           | Agenda Item Submittal for Regular and Special Meetings and Work Sessions |
|           | 4.2           | Agenda Item Submittal for Executive Sessions                             |
|           | 4.3           | Council Packets  |
|           | 4.4           | Preparation of Agenda  |
|           | 4.5           | Amended Agendas  |
|           | 4.6           | Preparation and Posting of Meeting Notices                               |
|           | 4.7           | Distribution of Agendas and Notices                                      |
| Section 5 | <u>Order</u>  | of Business for Town Council and Commission Meetings                     |
|           | 5.1           | Order of Business  |
|           | 5.2           | Regular Meetings   |
|           | 5.3           | Special Meetings   |
|           | 5.4           | Work Session Meetings  |
|           | 5.5           | Executive Sessions   |
|           | 5.6           | Items Considered in Order  |
|           | 5.7           | Mayor and Council Members Reports on Current Events                      |
|           | 5.8           | Manager/Staff Report on Current Events                                   |
|           | 5.9           | Presentations  |
|           | 5.10          | Consent Agenda   |
|           | 5.11          | Business   |
|           | 5.12          | Adjournment  |

| Section 6  | <u>Proce</u>  | dures for Conducting the Meeting  |
|------------|---------------|---|
|            | 6.1           | Call to Order   |
|            | 6.2           | Participation of Presiding Officer  |
|            | 6.3           | Introduction/Explanation of Agenda Items                                    |
|            | 6.4           | Maintenance of Order  |
| Section 7  | <u>Motio</u>  | <u>ns</u>   |
|            | 7.1           | Motion Procedure  |
|            | 7.2           | Motion to Approve or Adopt  |
|            | 7.3           | Motion to Deny or Disapprove  |
|            | 7.4           | Motion to Postpone  |
|            | 7.5           | Motion to Table   |
|            | 7.6           | Motion to Close, Limit, or to Extend Discussion                             |
|            | 7.7           | Motion to Amend   |
|            | 7.8           | Motion to Continue  |
|            | 7.9           | Division of Question  |
| Section 8  | Voting        | g Procedure   |
|            | 8.1           | Casting a Vote  |
|            | 8.2           | Abstention and Recusal  |
|            | 8.3           | Tie Votes   |
|            | 8.4           | Reconsideration   |
|            | 8.5           | Appointments by the Town Council of Board, Commission and Committee Members |
| Section 9  | Meeti         | ng Records; Minutes   |
|            | 9.1           | Meeting Records   |
|            | 9.2           | Minutes   |
| Section 10 | <u>Confli</u> | ict of Interest   |
|            | 10.1          | Arizona Conflict of Interest Law – Introduction                             |
|            | 10.2          | Purpose of Conflict of Interest Laws  |
|            | 10.3          | Applicability of Arizona Conflict of Interest Law                           |
|            | 10.4          | Disclosure of Interest  |
|            | 10.5          | Withdrawal from Participation   |
|            | 10.6          | Rule of Impossibility   |
|            | 10.7          | Improper Use of Office for Personal Gain                                    |
|            | 10.8          | Sanctions for Violations  |
|            | 10.9          | Non-Statutory Conflicts of Interest   |
| Section 11 |               | ls, Commissions, and Committees   |
|            | 11.1          | Boards, Commissions, and Committees   |
|            | 11.2          | Selection of Board, Commission, and Committee Members                       |
|            | 11.3          | Qualifications for Appointment  |
|            | 11.4          | Terms, Vacancies, and Removal   |
|            | 11.5          | Applicability of Arizona's Open Meeting Law and Conflict of Interest Law    |
| Section 12 | Coun          | cil and Candidate Relations with Town Staff                                 |
|            | 12.1          | Use of Town Staff   |
|            | 12.2          | Information Provided to All Candidates                                      |
|            | 12.3          | Staff Communications through Town Manager                                   |
|            | 12.4          | Staff Communications through Town Clerk                                     |
|            | 12.5          | Prohibition against Using Town Resources for Election                       |

| Section 13 |   | condence Policies, Use of Personal Computers and Personal Electronic Devices  vn Business  Definitions  Public Access and Storage of E-Mail  Correspondence Policies   |
|------------|---|--|
| Section 14 | <u>Counci</u><br>14.1<br>14.2   | I Budget Adoption of Town Council Budget Use of Budgeted Funds; Procedures   |
| Section 15 | Counci<br>15.1<br>15.2<br>15.3<br>15.4<br>15.5<br>15.6<br>15.7<br>15.8<br>15.9<br>15.10<br>15.11<br>15.12 | Summary Overview of Responsibilities Policies & Protocol Related to Conduct Council Conduct with One Another Council Conduct with Town Staff Council Conduct with the Public Council Conduct with Other Public Commissions Council Conduct with Boards and Commissions Council Conduct with the Media Enforcement of the Ethics Policy Sanctions Principles of Proper Conduct Checklist for Monitoring Conduct |
| Section 16 | Summa<br>16.1<br>16.2<br>16.3<br>16.4<br>16.5<br>16.6<br>16.7<br>16.8                                     | Summary and Notice of Statutory Authority The Public's Property Public Money Public Procurements Conflicts of Interest Compensation Favoritism Public Records  |

#### Section 1 Rules of Procedure/Authority

#### 1.1 Procedures

All meetings of the Town Council and its appointed Boards, Commissions, and Committees shall be governed by these procedures, as applicable. In addition, such meetings shall be governed by the following:

- A. Applicable provisions of the Arizona Revised Statutes ("A.R.S."), including, but not limited to, the Arizona Open Meeting Law (A.R.S. §§ 38-431 *et seq.*, as amended) and the Arizona Conflict of Interest Law (A.R.S. §§ 38-501 *et seq.*, as amended); and
- B. The Town of Camp Verde Town Code.
- C. Where not inconsistent with these rules and procedures, the Arizona Revised Statutes and the Town of Camp Verde Town Code, and *the current version of Robert's Rules of Order* will be used as a supplementary guideline.
- D. As used herein, the term "Member" shall refer to either a member of the Town Council or Board, Commission or Committee, as applicable. The term "Meeting" shall refer to a meeting of the Town Council, Board, Commission or Committee, as applicable.

#### 1.2 Parliamentarian

- A. The Town Clerk shall serve as Parliamentarian for all Town Council meetings. The Deputy Clerk shall serve as Parliamentarian in the absence of the Town Clerk.
- B. The Town Clerk shall also serve as Parliamentarian for those Board, Commission, and Committee meetings that he or she attends.
- C. The Chairperson of a Commission or Committee shall serve as Parliamentarian for each respective Board, Commission, or Committee meeting. The Vice-Chairperson shall serve as Parliamentarian in the absence of the Chairperson. The Chairperson Pro Tem shall serve in the absence of the Chairperson and the Vice-Chairperson. In the event that there is a lack of agreement to a parliamentary procedure, the Town Clerk shall serve as the resource for a final procedural determination.

#### 1.3 Points of Order

The Presiding Officer shall, after consultation with the Parliamentarian, determine all Points of Order, subject to the right of any member to appeal to the entire Town Council or any Board, Commission or Committee. In which event, following a second, a majority vote shall govern, and conclusively determine such question of order.

#### 1.4 Quorum

Four or more Council members shall constitute a quorum for transacting business, but a lesser number may adjourn from time to time and compel the attendance of absent members. In any meeting where a quorum is present, it shall take a majority vote of the entire Council, or a minimum of four (4) votes, to enact any measure, resolution, ordinance, or other business on the agenda.

# Section 2 <u>Presiding Officer for Meetings</u>

## 2.1 Mayor as Presiding Officer

The Mayor is the Presiding Officer of all meetings of the Town Council. In the Mayor's absence, the Vice-Mayor shall serve as the Presiding Officer. In the absence or disability of both the Mayor and the Vice-Mayor, the meeting shall be called to order by the Town Clerk, whereupon the Town Clerk shall immediately call for the selection of a Presiding Officer Pro Tem. The Council members present shall, by majority vote, select a Presiding Officer Pro Tem for that meeting.

# 2.2 Chairperson as Presiding Officer

The Chairperson is the Presiding Officer of all meetings of the Board, Commission or Committee. In the Chairperson's absence, the Vice-Chair shall serve as the Presiding Officer. In the absence or disability of both the Chairperson and the Vice-Chair, the meeting shall be called to order by the Town Clerk or principal Town staff present, whereupon the Town Clerk or Town staff shall immediately call for the selection of a Presiding Officer Pro Tem. The Members present shall, by majority vote, select a Presiding Officer Pro Tem for that meeting.

#### Section 3 Meetings of Town Council and Boards, Commissions and Committees

# 3.1 Regular Meetings

- A. The Council shall establish regular meeting dates, times, meeting place by Resolution in January of each year for Town Council and all Boards, Commissions, and Committee meetings.
- B. When the day for a Regular Meeting falls on a legal holiday, no meeting shall be held on such holiday. The meeting shall be cancelled and be convened at the time and the location as designated by the Town Council or Board, Commission, or Committee.

#### 3.2 Special Meetings

- A. The Mayor, after a public vote of the Council may schedule a special session within the jurisdiction of the Town and shall direct staff to schedule a special session; or the Mayor and Manager may jointly schedule a special session to be held in appropriate facilities within Town limits, to begin at the time and place as designated in the motion.
- B. Special and emergency meetings, as permitted by law, shall be called and posted in the same manner as regular meetings by the Mayor or the Town Clerk, after confirmation of the availability of a quorum.
- C. Notices and agendas will be posted for the special sessions as required by law and additionally posted at the alternate site if applicable.
- D. Special sessions herein will not be scheduled away from Town Hall if the agenda involves public hearings on controversial topics likely to interest citizens of the Town in general rather than a particular neighborhood.
- E. A Board, Commission, or Committee may, upon majority vote and approval of the Town Manager, set a special meeting or work session.

#### 3.3 Executive Sessions

- A. The Town Council may hold an Executive Session pursuant to A.R.S. §§ 38-431.01. Boards, commissions, and committees may also hold Executive Sessions pursuant to A.R.S. §§ 38-431.01 with prior Council authorization.
- B. All information distributed and all discussions during an executive session shall remain confidential indefinitely and are not to be divulged or provided to or discussed with persons who were not parties to the executive session or members of the Council or Board, Commission or Committee, except as permitted or required by A.R.S. § 38-431.03 or a court order.

#### 3.4 Work Sessions

The Town Council or Board, Commission or Committee may schedule work or study sessions for the purpose of presentations and discussions on such issues that require more in-depth consideration by the Town Council or Board, Commission or Committee than may be possible at a Regular Meeting. No formal action may be taken by the Town Council or Board, Commission or Committee at such meetings, other than a general consensus or conveying direction to Town Staff for further action.

## 3.5 Emergency Meetings

As provided for in ARS § 38-431.02(D) and (E), Special Emergency Meetings, including a Special Emergency Executive Sessions, may be called to discuss or take action on an unforeseen issue where time is of the essence and there is not sufficient time for posting of a meeting notice 24-hours or more before the meeting. In such event, the meeting shall be held upon such notice as is appropriate or practicable to the circumstances. A Notice of an Emergency Meeting will be posted within 24-hours following the holding of an Emergency Meeting. The Notice will include the Agenda and a brief and complete description of the nature of the emergency.

#### 3.6 Adjourned Meetings

Any meeting may be adjourned to a time, place, and date certain, but not beyond the next Regular Meeting. Once adjourned, the meeting may not be reconvened except at the time, date, and place provided for in the motion.

#### 3.7 Meetings to be Open to the Public

- A. Pursuant to the Arizona Open Meeting Law, with the exception of Executive Sessions, all Regular Meetings, Special Meetings, Work Sessions, and Emergency Meetings shall be open to the public.
- B. All public meetings may be recorded or photographed by means of audio, video, or photographic equipment; provided however, that there is no interference with the orderly conduct of the meeting and the equipment is placed in non-hazardous locations as designated by Town Staff.

#### 3.8 Conduct and Decorum

#### A. Members:

 Any Member desiring to speak shall address the Presiding Officer and upon recognition by the Presiding Officer, may speak. The Presiding Officer shall not unreasonably withhold such recognition. However, the Presiding Officer may call for a vote as to whether to continue a repetitive discussion or motion.

- 2. When two or more Members wish to speak, the Presiding Officer shall determine the order of speaking and recognize the first speaker.
- 3. While a Member is speaking, no other Member shall interrupt except to make a point of order or point of personal privilege. A point of order is raised when a Member raises a question of whether there has been a breach of the procedures. A point of privilege is raised when a disturbance occurs or when anything affecting the rights of the Members occurs and a Member states the problem; the Presiding Officer decides the question.
- 4. When a motion is made and seconded, the Presiding Officer shall ensure that the debate is confined to the motion.
- 6. The Town Council will not tolerate harassment, personal attacks, or discrimination against each other or by members of appointed Boards, Commissions, or Committees. Any Town Council appointee who violates this provision will be subject to removal by a majority vote. Elected Officials who violate this section may be subject to the provisions of Section 15.11 Sanctions.
- 7. If a Member acts in violation of these rules, the Presiding Officer shall, or any Member may, call that Member to order. The Member so called shall immediately cease speaking, but may appeal to the Town Council or Board, Commission or Committee, as applicable. Any such appeal shall be decided by a majority vote without debate. See Section 1.3.

# B. Town Staff:

Town Staff and employees of the Town shall observe the same rules of procedure and decorum as the members of the Town Council.

### C. Public:

Members of the public attending meetings shall observe the same rules of order and decorum applicable to the Town Council. Unauthorized remarks or demonstrations from the audience, such as applause, stamping of feet, whistles, boos, yells, and/or other demonstrations shall not be permitted. The Presiding Officer, or the Council or Board, Commission or Committee as applicable, by majority vote may, after issuing a verbal warning to persons causing such disturbances, direct a police officer to remove such offender(s) from the meeting.

### Section 4 Meeting Agendas and Notices

### 4.1 Agenda Item Submittal for Council Regular and Special Meetings and Work Sessions

- A. Items may be placed on a Regular, Special, Emergency Meeting Agenda, or Work Session Agenda for Town Council discussion and possible action by any Council member and Town staff.
- B. Contracts, ordinances, resolutions and other documents requiring review by the Town Attorney shall be provided to the Town Attorney prior to placing the item on the Agenda and in sufficient time for legal review.
- C. Any item placed on an agenda must be accompanied by supporting documents and an Agenda Action Form that contains, at a minimum, the following information:
  - 1. Background information on the item;
  - 2. Financial impact if approved; and
  - 3. Proposed action.

The documents and Agenda Action Form must be submitted to the Clerk's Office sufficiently in advance to be included in the council packet, but no later than noon on the Wednesday prior to the regularly scheduled meetings. If the agenda item is requested by a Council member, it will be noted on the agenda and the requesting member should sign an Agenda Action Form.

# 4.2 Agenda Item Submittal for Executive Sessions

Items may be placed on the Agenda for a Town Council Executive Session for discussion if in compliance with the Town Code, these Rules of Procedure, and applicable provisions of the Arizona Revised Statutes, by the following process:

- A. Items may be placed on an Agenda for Executive Session discussion by Council members, Town Staff, and the Town Attorney.
- B. The Town Attorney may review items submitted for Executive Session discussion prior to placement on the Agenda to ensure that the item is legally permissible to be discussed in Executive Session pursuant to A.R.S. § 38-431.03.

#### 4.3 Council Packets

- A. Town Council packets contain the Agenda, unapproved Minutes of previous Town Council Meetings, Town Council communications, and any ordinances, agreements, or resolutions to be acted upon including Agenda Action Forms, and other documentation that may be attached to support items contained on a Town Council Agenda for all noticed meetings of the Town Council.
- B. Full packets for all noticed Town Council Meetings (except Executive Session documentation) are placed in the Council member's box. Every effort will be made to distribute full packets by the Friday prior to each Regular Town Council Meeting and not less than 24 hours prior to any Special Session.
- C. Material that is not received in a timely manner to include in the Council packets will be distributed to Council members with a bright green sheet attached, noting the agenda item number to which the document applies. These green sheets are used only in connection with agenda items to alert Council members that there is additional meeting information.

# 4.4 Preparation of Agenda

- A. An Agenda is the formal description of items to be considered by the Town Council at a noticed meeting of the Town Council. Complete agenda items, the Agenda Action Form, and all supporting documentation must be submitted to the Clerk's Office no later than noon the Wednesday before the meeting. Incomplete agenda requests and/or late agenda items will be returned to the submitting department.
- B. The Town Clerk shall prepare the agendas for all meetings of the Town Council based on the Agenda Action Forms that are submitted to the Clerk's Office. The Town Clerk may prepare an addendum to the Agenda for items that have emerged after the Agenda has already been distributed with the approval of the Town Manager AND the Mayor.
  - Addenda will be prepared on bright-green colored paper to catch the attention of Council members. Bright-green colored paper is reserved for agenda matters only and shall not be used by other Town staff.
- C. Agenda Meetings are held no later than the Wednesday before the Council meetings at a time set by the Mayor and Manager. Agenda Meetings are attended by the Mayor, Manager, Town Clerk, and no more than two (2) interested Council members for the purpose of reviewing the agenda for appropriateness,

comprehensiveness, and order only. The Agenda Meeting will not be used for discussion or deliberation of the proposed agenda items. **Note: to avoid potential violations of Open Meeting Laws, no more than two Council members, in addition to the Mayor, may attend Agenda Meetings.** To avoid a possible quorum in attendance at an Agenda Meeting, interested members must notify the Town Clerk prior to an Agenda Meeting that he or she plans to attend.

Incomplete or inaccurate items and/or the timeliness of items shall cause them be removed from the agenda and returned to the appropriate department with a request to resubmit the item(s) upon resolution of the issue.

Special Session agendas are usually reviewed by the Manager and the Mayor only.

D. The final Agenda must be posted by Friday at noon prior to the Town Council's regular meetings. To meet this requirement, the packets are prepared no later than 10:00 a.m. on Friday mornings. Special, Executive, and Work Session agendas must be posted no later than 24-hours prior to the meeting.

# 4.5 Amended Agendas

The Town Clerk may amend a published Agenda, but not less than twenty-four (24) hours prior to the designated Meeting and only upon approval from the Mayor and the Town Manager. The Town Clerk may amend the agenda to correct minor errors upon notification to the Manager and/or Mayor. Subsequent amended Agendas will indicate the sequential number of the amendment and the date amended.

## 4.6 Preparation and Posting of Meeting Notices

Council Agendas are posted at each of the following locations at least 24 hours before each meeting:

- 1. The bulletin board on the wall outside Town Hall
- 3. The bulletin board at Basha's
- 3. on the Town's Website.

Commission agendas are posted at the Town Hall Bulletin Board and on the Town's webpage.

## 4.7 Distribution of Agendas and Notices

- A. The Town Clerk shall ensure that the Mayor and Town Council members receive copies of all Town Council Meeting Notices and Agendas, and any documentation provided for said Meeting, not less than twenty-four (24) hours prior to the Meeting.
- B. The Town Clerk shall ensure that the Town Council Meeting Notices, Agendas, and documentation, as deemed necessary, are distributed to the Town Manager and the Town Attorney and necessary Town Staff.

# Section 5 Order of Business for Town Council Meetings

#### 5.1 Order of Business

The Order of Business of each meeting of the Town Council shall be as contained in the Agenda as prepared by the Town Clerk and approved by the Mayor and Manager. The Agenda shall be sequentially numbered by topic and list each item included under each agenda category followed by a brief description, including a dollar amount where appropriate.

# 5.2 Regular Meetings

The general form of the Agenda shall be as follows and may be changed as necessary:

#### **AGENDA**

Members of the Camp Verde Town Council may attend either in person or by telephone conference call.

- 1. Call to Order
- 2. Pledge of Allegiance
- 3. Roll Call
- 4. Consent Agenda
- 5. Call to the Public for Items Not on the Agenda
- 6. Business
- 7. Call to the Public for items not on the agenda
- 8. Council Information Reports
- 9. Manager/Staff Report
- 10. Adjournment

Presentations to the Town Council will be limited to 10 minutes, unless otherwise designated by a majority vote. Responses from the audience shall be limited to 3 minutes per speaker. 38-431.01 Meetings shall be open to the public.

A. All meetings of any public body shall be public meetings and all persons so desiring shall be permitted to attend and listen to the deliberations and proceedings. All legal action of public bodies shall occur during a public meeting. Public input on items other than the Call to the Public for items not on the agenda is at the discretion of the Council; however, public input is usually encouraged on non-administrative vis the 'Request to Speak' card.

All Agendas shall have the following statement placed at the bottom of the Agenda: Persons with special accessibility needs should contact the Town Hall, 928-554-0023 at least 24-hours prior to the meeting.

### 5.3 Special Meetings

A. For Special Meetings, the Agenda will generally be prepared in the following order:

#### **AGENDA**

- I. Call to Order
- II. Roll Call
- III. Pledge of Allegiance
- IV. Business
- V. Executive Session (optional)
- VI. Adjournment

# 5.4 Work Session Meetings

Questions may be directed by the Town Council to a member of the public or another interested party, or in appropriate circumstances, a brief presentation may be permitted by a member of the public or another interested party on an Agenda item or a particular question related to an Agenda item. Presentations to the Town Council will be limited to 10 minutes for the presentation and discussion period, unless otherwise designated by a majority vote. Citizens may attend work-study sessions, but can speak only after an open Call for Public Input and completion of the 'Request to Speak' card prior to that item. Speakers will be limited to 3 minutes per speaker.

The Agenda generally will be prepared in the following order:

### **AGENDA**

- 1. Call to Order
- 2. Pledge of Allegiance
- 3. Roll Call
- 4. Agenda Items for Discussion (Items numbered for order). Normally, work session items listed are for discussion only. No Action will be taken unless the item(s) is properly agendized for action.
- 5. Adjournment

### 5.5 Executive Sessions

The Agenda for an executive session generally will be prepared in the following order:

- 1. Call to Order
- 2. Agenda Items for Discussion
- 3. Adjournment

#### 5.6 Items Considered in Order

- A. The Presiding Officer, or the Town Council by a majority vote, may consider items out of sequence from the printed Agenda for the meeting.
- B. Action may be taken on all items listed for action on the Agenda. In the event of an emergency, action may be taken on items not listed on the Agenda. However, the action must subsequently be noticed in accordance with A.R.S. §38-431.02, as amended.

# 5.7 Mayor and Council Members Report on Current Events

This is the time that Council members may present a brief summary on current events. Attendance at meetings and other important information shall be listed on the agenda or shall not be otherwise stated. Open Meeting Laws prohibit the Town Council from proposing, discussing, deliberating, or taking any legal action on the information presented unless the specific item is listed on the Agenda.

### 5.8 Manager/Staff Report on Current Events

The purpose of this section of the Agenda is to afford the Town Manager and/or staff an opportunity to provide the Town Council and the public with status reports or updates on Town projects and to alert them to upcoming Town events or regional events of potential interest. The topic of these reports shall be listed on the agenda. No discussion or action may be taken unless the specific item is listed on the Agenda.

# 5.9 Call to the Public for items not on the agenda.

A. Presentation of petitions or public comments on Non-Agenda items are heard under "Call to the PUBLIC for items not on the Agenda." All citizens and interested parties will be limited to a maximum of three (3) minutes to address the Town Council on a non-agenda item. However, the time limit may be waived by vote of the Town Council. you must complete a 'request to speak' card prior to that item.

- B. At the conclusion of all citizen comments, the Mayor or any Councilmember may take any or all of the following actions:
  - 1. Ask Town Staff to review the matter.
  - 2. Ask that the matter be put on a future Agenda.
  - Thank the citizens for their comments.

If a citizen has criticized one or more members of the Council, the Council may respond to such criticism, but only at the conclusion of the Call to the Public.

#### 5.10 Presentations

This section of the Agenda is for allowing the Mayor, Council members, Town Staff, and invited interested parties to make informational presentations to the Town Council and the public. Presentations are limited to no more than ten minutes for the presentation and discussion. Such informational items may only be discussed if specifically listed on the Agenda. No action may be taken on Presentation items unless properly agendized. The Mayor or the Chair will monitor this.

# 5.11 Consent Agenda

- A. The Consent Agenda includes items that (i) are of such a nature that discussion may not be needed or required or (ii) have been previously studied by the Town Council. These items may be adopted by a single motion, second, and affirmative vote of a majority (4) Council members. All routine, administrative-type items, such as contract awards and approvals, etc. shall be placed on the Consent Agenda.
- B. Consent Agenda items will be read aloud, to enter into the electronic record.
- C. There is no discussion on items listed under the Consent Agenda beyond asking questions for simple clarification, unless a Council member requests that an item be removed for discussion.
- D. If an item is pulled from the Consent Agenda for discussion, public input may be allowed on that item.

#### 5.12 Business

- A. The Presiding Officer will introduce each Business item by reading its title or description from the Agenda. Consent Agenda items will be read aloud.
- B. If a public hearing is required for a business item, the following sequence of events will generally be followed: Appropriate Town Staff will present its report and recommendation (if any). Council members will then have an opportunity to question Town Staff. The Presiding Officer will then open the public hearing. The first speaker will be the applicant (if any), who will have an opportunity to present comments, testimony, or arguments to the Town Council. The Presiding Officer will then ask for public comment. The applicant will then be afforded an opportunity for rebuttal and concluding comments. The public hearing will then close and no further public comments will be taken. The Town Council will then deliberate and take action.
- C. Those speaking before the Town Council, other than the applicant, will be allowed three (3) minutes to address the Town Council, but time limits may be waived upon consensus of the Town Council.

### 5.13 Adjournment

The open public meeting of the Town Council may be adjourned by a motion, a second, and an affirmative majority vote or by the Presiding Officer with voicing 'without objection' to Council Members. If there is 'objection', adjournment is delayed until objection is cleared. Process would be repeated for adjournment to occur."

### Section 6 Procedures for Conducting the Meeting

Where practicable, executive sessions will be held prior to the regular business meetings, as opposed to during a meeting and/or following a meeting. Meetings will conclude at 10:00 p.m. unless a majority of Council votes to continue the meeting to a later time. Council member discussion may be limited by a majority vote if the agenda is large and the meeting is expected to last past 10:00 p.m. A break will be scheduled as close to 8:00 p.m. as possible.

#### 6.1 Call to Order

All meetings shall be called to order by the Presiding Officer.

## 6.2 Participation of Presiding Officer

The Presiding Officer shall conduct the meeting. The Presiding Officer may debate and vote, subject only to such limitations of debate as are imposed on all Members.

## 6.3 Introduction/Explanation of Agenda Items

Consent Agenda Items: The Presiding Officer shall read the title and description. For other agenda items the Presiding Officer shall introduce those items by reading its full title and description, if any, and may provide additional information he or she deems necessary or reasonable.

### 6.4 Maintenance of Order

The Presiding Officer is responsible for the maintenance of order and decorum at all times. All questions and remarks shall be addressed to the Presiding Officer.

### Section 7 Motions

#### 7.1 Motion Procedure

- A. When a motion is made and seconded, it shall be stated by the Presiding Officer before debate.
- B. The maker of the motion has the right to modify his or her motion or to withdraw it entirely. If the motion is modified, the Member who has seconded it has the right to withdraw or affirm his or her second.
- C. If a modification to a motion made by another Member is accepted by the maker of the motion, the Member who seconded the unmodified motion shall be requested to reaffirm his or her second after modification. If the Member refused to reaffirm the second, the second is presumed made by the Member suggesting the modification.
- D. In the case of a tie in votes on any motion, the motion shall be considered defeated.

# 7.2 Motion to Approve or Adopt

A motion to approve or to adopt shall be to approve the Agenda item as proposed or as proposed with an amendment(s) or stipulation(s). After the motion is made and seconded, it shall require an affirmative majority vote (4 votes) to pass, unless the matter is subject to a super majority vote (two-thirds or three-quarters majority). If the motion fails, the Agenda item shall be deemed defeated, unless a new motion is introduced and seconded.

## 7.3 Motion to Deny or Disapprove

A motion to deny or to disapprove shall be to reject the Agenda item as proposed. After the motion is made and seconded, it shall require an affirmative majority vote (4 votes) to defeat the item. If the motion fails, the Agenda item will not be deemed approved, unless a separate motion to approve or adopt is made and seconded and passes by the requisite majority vote.

# 7.4 Motion to Postpone

A motion "to postpone" is used to postpone an item on the Agenda until a definite time or indefinitely. This motion is debatable, and because it can be applied only to the main question, it can, therefore, only be made while the main question is immediately pending (a motion and second is on the floor). This motion is commonly used to postpone an item until a more appropriate time.

### 7.5 Motion to Table

Motions to table or more properly, to "lay on the table" is a proposal to suspend consideration of the pending motion. Under Robert's Rules of Order, a motion to table is properly used only when it is necessary to suspend consideration of a main motion in order to deal with another matter that has unexpectedly arisen and which must be dealt with before the pending motion can be properly addressed. Tabling a motion can be very useful to an assembly when 1) a presenter has been delayed or 2) timely information is not available, and staff needs to leave to retrieve or copy the information. Using the Motion to Lay on the Table enables Council to move on. When the delayed person arrives or the information is available, Council can then "take the item from the table" and resume discussion.

The use of a motion "to table" in order to 'kill' a motion is improper. A Member that seeks to avoid a direct vote on a main motion while cutting off debate should make a motion that requires a 2/3 vote, such as an "objection to consideration of the question" which is in order before debate has begun or a motion to "postpone indefinitely" (in order at any time with a simple majority), followed by an immediate motion for the "previous question" (2/3 vote required).

Although the motion is undebatable, the Chair can ask the maker of the motion to state his or her reason in order to establish the urgency and legitimate intent of the motion or the maker can state it on his or her own initiative.

# 7.6 Motion to Close, Limit, or to Extend Discussion

Commonly referred to as "Calling the Question," this motion is used to limit or close debate on, or further amend, the main motion. This motion cuts off debate. The Presiding Officer shall immediately ask the Members to vote on whether to call for a vote on the main motion. The next vote will be on the main motion, which the Chair must state.

#### 7.7 Motion to Amend

- A. A motion to amend shall be debatable only as to the amendment. A motion to amend an amendment shall be in order, but a motion to amend an amendment to the amendment shall not be in order.
- B. Amendments shall be voted on first, then the main motion as amended.

#### 7.8 Motion to Continue

Motions to continue shall be to a definite time. Such motions shall be amendable and debatable only as to the propriety of postponement and the time set.

### 7.9 Division of Question

If the question or motion contains two or more propositions that could be divided, the Presiding Officer may, upon his or her own initiative or upon the request of a Member, divide the question or motion into multiple questions or motions for separate consideration and action.

# Section 8 Voting Procedure

# 8.1 Casting a Vote

- A. In acting upon every motion, the vote shall be taken by casting an affirmative ("yes" or "aye") or negative ("no" or "nay") voice, roll call, or other vote method as determined by the Presiding Officer from which the vote of each Member *can be clearly ascertained*.
- B. The vote on each motion shall be entered into the Record by number of and the names of Members casting votes for and against, if called for by voice, roll call, or other method.
- C. If a Member has declared a Conflict of Interest and is absent during the roll call vote, the Town Clerk shall include "Absent for the vote due to declared conflict of interest" in the Official Minutes as part of the results of the vote.

#### 8.2 Abstention and Recusal

- A. If a Member has a conflict of interest on a matter before the Council or Board, Commission or Committee, he or she shall declare a conflict of interest pursuant to Section 10 and recuse him or her from voting on a particular Agenda item on grounds of a declared conflict of interest.
- B. Sometimes a Member may have a reason other than a statutory or non-statutory conflict of interest that he or she believes hinders, compromises, or impairs his or her ability to cast a vote for or against a particular Agenda item. In such event, the Member may abstain from voting.

#### 8.3 Tie Votes

When there is a tie vote on a motion requiring a majority vote (4 votes) for adoption or approval, the motion shall be deemed defeated.

## 8.4 Reconsideration

Any Member who voted with the majority may, at the same meeting, move for reconsideration of any action taken at that meeting. A request may be made at a subsequent meeting to have the item be placed on the next available Agenda for reconsideration and action. Thus, reconsideration provides ample opportunity for staff and Council to further research the matter.

After a motion for reconsideration has been acted upon, no other motion for reconsideration thereof shall be made without the unanimous consent of the Town Council or Board, Commission or Committee.

# 8.5 Appointments by the Town Council of Board, Commission and Committee Members

A nomination that does not receive a second fails. Four votes are required for appointment of Board and Commission members.

# Section 9 Meeting Records; Minutes

## 9.1 Meeting Records

The official record of each Town Council Meeting shall consist of any legal actions formally adopted or approved by the Town Council during the Meeting, including any attachments or exhibits thereto, and the final approved Minutes of the Meeting. The record shall also include any documents or other tangible matter submitted to the Town Council, Board, Commission or Committee or the Town Clerk for inclusion in the record by persons addressing the Council or Board, Commission or Committee in connection with agenda items during the Meeting. These records shall be maintained and preserved by the Town Clerk as the official custodian of records for the Town.

#### 9.2 Minutes

- A. The Town Clerk's office shall provide staff support at all Council meetings to include Regular, Special, and Emergency Meetings and Work and Executive Sessions for the purpose of taking notes and/or audio recordation of the Meeting or Session, as appropriate.
- B. For Regular, Special, and Emergency Meetings, written action Minutes instead of verbatim Minutes shall be taken so that a brief accounting of the issues discussed and actions taken is compiled and entered into the permanent Minute Book of the Town and kept on file and of record in the Office of the Town Clerk. The Minutes shall reflect Member attendance for the entire meeting (including notations indicating when a Member arrives late or leaves early). Audio or video recordings of meetings will be retained 90 days after being transcribed or in accordance with the current State of Arizona approved Records Retention and Disposition Schedules.
- C. Executive Session Minutes shall be confidential. Executive Session Minutes shall be taken in summary form and shall be restricted to indicating the topic discussed, the speakers, and a brief summary of what was said by each speaker. Executive Session Minutes shall be kept in a separate secure confidential file in the Office of the Town Clerk. Executive Session Minutes may be accessed only as provided by the Arizona Revised Statutes or court order.
- D. All Minutes of Meetings are Public Records under the Arizona Public Records Law (A.R.S. §§ 39-121 *et seq.*, as amended), with the exception of Executive Session Minutes. Audiotapes and videotapes of public Meetings are also Public Records.

## Section 10 Conflict of Interest

## 10.1 Arizona Conflict of Interest Law -- Introduction

Sometimes a member of the Town Council or Board, Commission or Committee may face a situation which requires that Member not to participate in a discussion and voting on an agenda item. This situation exists when the member has a pecuniary or proprietary interest in the outcome of the vote. (*This results in a "conflict of interest" as defined by the Arizona conflict of interest law,* A.R.S. §§ 38-501, *et seq.*) This law establishes minimum standards for the conduct of public officers and employees who, in their official capacity, are, or may become involved with, a decision that may unduly affect their personal interests or those of their close relatives.

# 10.2 Purpose of Conflict of Interest Laws

The purpose of Arizona's conflict of interest law is to prevent self-dealing by public officials and to remove or limit any improper influence, direct or indirect, that may bear on an official's decision, as well as to discourage deliberate dishonesty.

## 10.3 Applicability of Arizona Conflict of Interest Law

The Arizona conflict of interest law, as now in effect and as it may be amended in the future, applies to all matters considered by and all actions taken by the Town Council or Boards, Commissions and Committees.

#### 10.4 Disclosure of Interest

Any Member who believes he may have a conflict of interest should seek the opinion of the Town Attorney as to whether a conflict exists under the Arizona conflict of interest law. Any Member who has a conflict of interest in any agenda item or other matter discussed by the Council or Board, Commission or Committee must disclose that interest. The Member must file a signed written disclosure statement fully disclosing the interest, and declare the existence of the conflict and the reasons therefore at a Town Council or Board, Commission or Committee meeting. The Disclosure of the conflict shall include a statement that the Member withdraws from further participation regarding the matter. The Town Clerk shall maintain for public inspection all documents necessary to memorialize all disclosures of a conflict of interest by a Member.

## 10.5 Withdrawal from Participation

Having disclosed the conflict of interest and withdrawn from the matter, the Member must not participate in the decision-making process of the Council or Board, Commission or Committee. Further, the Councilmember should remove himself/herself from the room while the matter is being considered and decided.

## 10.6 Rule of Impossibility

In the unlikely situation that a majority (4) of the Members have a conflict of interest on a matter such that the Town Council or Board, Commission or Committee is unable to act in its official capacity, less than a quorum may act on the matter upon approval of the Town Attorney.

#### 10.7 Improper Use of Office for Personal Gain

Public officers and employees are prohibited from using or attempting to use their official positions to secure valuable things or benefits for themselves, unless such benefits are part of the compensation they would normally be entitled to for performing their duties.

#### 10.8 Sanctions for Violations

Violations of the conflict of interest provisions set forth herein shall be punished as provided for by state law.

### 10.9 Non-Statutory Conflicts of Interest

The Council is committed to an open and transparent government and as such, endeavors to avoid all *appearances* of impropriety. As such, if a Member feels ethically constrained from participating in the discussion and voting on an agenda item, even though the circumstances may not technically amount to a conflict of interest under the Arizona conflict of interest law. Such conflicts may not violate the state law, but may create an appearance of impropriety. Under such circumstances, the Member should consider disclosing the conflict on the record, formally recusing himself, and stepping down from the dais until the Town Council or Board, Commission or Committee has concluded the public hearing and its discussion and voting upon the item.

## Section 11 Boards, Commissions, and Committees

The Town Council may create such Boards, Commissions, and Committees, as it deems necessary to assist in the conduct of the operation of Town government.

#### 11.1 Boards, Commission, and Committees

- A. All Boards, Commissions, and Committees of the Town shall be classified as a regularly scheduled or unscheduled Board, Commission, or Committee. Regularly scheduled Boards, Commissions, and Committees are those that meet on a regularly scheduled basis or may be quasi-judicial in nature. Unscheduled Boards, Commissions, and Committees meet on an as called basis. All Boards, Commissions and Committees serve at the pleasure of the Council.
- B. The Town's regularly scheduled Boards, Commissions, and Committees are:
  - 1. Planning and Zoning Commission2.
- C. The Town's unscheduled Boards, Commissions, and Committees are:
  - 1. Board of Adjustment and Appeals
- D. Any Board, Commission, or Committee the Town creates shall cease to exist upon the accomplishment of the special purpose for which it was created, or when abolished by the Town Council.

# 11.2 Selection of Board, Commission, and Committee Members

- A. The Town Council generally makes appointments to the Town's Boards, Commissions, and Committees in January of each year and on an as-needed basis. The Town continually accepts applications from Camp Verde residents interested in serving on a Board, Commission, or Committee. The application form is available from the Town Clerk or on the Town's web site. Completed applications are kept on file for consideration when vacancies occur.
- B. A call for applications to fill vacant seats shall be published via media public service announcements, advertising where budget permits, posting, web site, and other means available to the Town.
- C. Persons applying for the vacant seats must fill out and submit the Town application form to the Town Clerk.
- D. After reviewing the completed applications, the Town Clerk shall place selection of the new Board, Commission, or Committee members on the next available Regular Meeting Agenda. The Council Packet for the meeting shall include copies of all applications received for the vacant seats.
- E. All applicants shall be notified of the time and date of the public meeting for selection of the new Board, Commission, or Committee members and shall be invited to attend so that they may answer questions by the Town Council. The public will not be able to ask questions of the applicants.
- F. At the conclusion of the question and answer session, the Council members shall vote to fill each vacancy by casting a vote in favor of one of the applicants.
  - The applicant receiving the lowest number of votes will be dropped, and the Council will continue to vote until one applicant receives a majority of four (4) votes.
- G. Each vacancy will be voted on separately or together if applicable.

# 11.3 Qualifications for Appointment

- A. All members of Boards, Commissions, and Committees shall meet the following minimum qualifications upon their appointment, unless the Town Council by a majority vote waives or alters the requirement:
  - 1. At least eighteen years of age.

- 2. A full-time resident of the Town of Camp Verde for at least one year. Residency will be determined in the same manner as residency is determined for purposes of voting in Town elections.
- B. Town employees or appointed officers shall not be eligible for appointment to any Board, Commission, or Committee, but may be requested to provide support thereto. Council members may serve on Committees or as a liaison to a Board or Commission, unless provided otherwise.

# 11.4 Term, Vacancies, and Removal

- A. All members of the Town's Boards, Commissions, and Committees shall serve at the pleasure of the Council and any Board, Commission, or Committee member may be removed by the Town Council.
- B. A vacancy on a Board, Commission, or Committee shall be deemed to have occurred upon the following:
  - 1. Death or resignation of a member of a Board, Commission, or Committee.
  - 2. A member ceasing to be a Town of Camp Verde resident.
  - 3. Three consecutive unexcused absences by a member from Board, Commission, or Committee meetings.

# 11.5 Applicability of Arizona's Open Meeting Law and Conflict of Interest Law

All Boards, Commissions, and Committees are subject to the Arizona Open Meeting Law and Conflict of Interest Law.

# Section 12 Council and Candidate Relations with Town Staff

#### 12.1 Use of Town Staff

No Councilmember shall request any staff project without first seeking approval of the Town Manager.

Section 3-2-1.E of the Town Code: <u>Council to Act through Manager</u>: Except for the purpose of inquiry, the council and its members shall deal with the administrative branch solely through the manager, and neither the council nor any member thereof shall give orders or instructions to any subordinate of the manager either publicly or privately. The Town Manager shall take his orders and instructions from the Council only when sitting in a duly convened meeting of the Council and no individual Council member shall give orders or instructions to the Town Manager.

#### 12.2 Information Provided to All Candidates

- A. For purposes of these Rules of Procedure, Town Council "candidates" shall be those who qualify as candidates when the nominating period closes. For purposes of these Rules of Procedure, the time period between when nominations close and the final election shall be known as the "Campaign Period."
- B. Once the candidates, including incumbents running for re-election, have been identified, all candidates shall receive Council Packets for each Town Council Meeting that is scheduled during the Campaign Period.
- C. During the Campaign Period, when one candidate submits a public information request to the Town, and is provided information, all candidates will receive the same information.

# 12.3 Staff Communications through Town Manager

At all times, all formal communications by Town Council members to Town Staff shall be made through the Town Manager or the appropriate department head.

# 12.4 Staff Communications through Town Clerk

During the Campaign Period, all communications to Town staff regarding the pending election by Town Council members running for re-election and candidates to Town Staff shall be made through the Town Clerk, and the Clerk shall notify all other candidates of each communication. This provision shall not preclude a Councilmember speaking directly to the Town Manager regarding any matter related to Town business.

## 12.5 Prohibition against Using Town Resources for Election

Pursuant to A.R.S. § 9-500.14, no Town Council member or other representative of the Town may use Town personnel, equipment, materials, buildings or other resources for the purpose of influencing the outcome of an election. In addition, copies of candidate filings will not be provided free of charge. This rule applies to all candidates, including incumbents.

# Section 13 <u>Correspondence Policies and Use of Personal Computers and Personal Electronic Devices</u> for Town Business

#### 13.1 Definitions

- A. Personal Computers (PCs) means: home, business, and lap top computers not owned by the Town.
- B. Personal Electronic Devices or (PEDs) means cell phones, palm pilots, and any other equipment capable of sending or receiving electronic messages.
- C. E-Mail means messages and communications sent to or received by others through any type of technological device concerning Town business and/or matters that are or could be a future agenda item.
- D. Legal Opinion means a written opinion given by the Attorney.
- E. Incidental Correspondence means routine items that do not set policy.
- F. Policy Correspondence means that which purports to set or explain official Town policy.
- G. Implementation Correspondence means that which implements a policy or a position that is already established by Council.
- H. Citizen Complaint Correspondence means a written complaint form that has been signed and filed by a citizen. An unsigned citizen complaint will be accepted only if deemed that the complainant could become at risk for life safety reasons.
- I. Mail Distribution means incoming mail that is distributed by Clerk's Office staff to the appropriate party.

# 13.2 Public Access and Storage of E-Mail

A. The Town cannot guarantee that PCs and PEDs used by Town Council members in conducting Town business will be protected from public access. All public records are subject to public records requests. In addition, e-mails, and other documents related to Town business not otherwise classified as public records may be subject to discovery orders in litigation. Thus, all e-mails or other correspondence received or sent by a Council member Shall be copied to the Town Clerk for the public record.

- B. Town Council members who send or receive e-mails related to Town business from PCs or PEDs shall copy the e-mail to the Town Clerk at the <a href="mailto:townclerk@cvaz.org">townclerk@cvaz.org</a> e-mail address each time an e-mail is sent or received. The copies will be distributed either electronically or hard copied to all Council members.
- C. The Town shall maintain a repository for all e-mails that are received or sent by Town Council members for the time prescribed by law. The repository will be subject to public records, discovery, and other lawful requests. The Town does not have resources to delete personal comments from e-mails. Town Council members shall have no expectation of privacy with respect to the contents of e-mails copied to or forwarded to the repository.
- D. E-mails and documents related to Town business shall be retained on PCs and PEDs only for such time as needed and may be deleted from PCs and PEDs after they have been copied to or forwarded to the Camp Verde e-mail address.

## 13.3 Correspondence

- A. Incidental Correspondence are routine items that do not set policy for the Town, such as acknowledging receipt of documents, public relations responses, letters of appreciation, and congratulations for special activities and events. Incidental correspondence may be answered by the Mayor or other Council members. Note cards with the Town logo are available for Council use. Individual Council members may review the correspondence and comment to the Mayor or a Council member on a particular response or request a review by the full Council.
- B. **Policy Correspondence** is that which purports to set or explain official policy of the Town, such as letters of support, expressions of position or opinion, or assertions of intent. It must first receive approval of a majority (4) of the Council at public meeting and will then be signed by the Mayor or other such member authorized by Council on behalf of the Council.
  - At the first meeting in January of each year, Council shall adopt a Policy Statement that authorizes the Mayor, as the Town's Chief Elected Official, to support or oppose bills introduced during Legislative Sessions when they adversely affect the Town's interests and require an immediate response.
- C. Implementation Correspondence is that which implements a policy or position already established by the Council, such as continuing letters of support on legislation, positions on actions by other governmental agencies, responding to public information requests, and other administrative steps identified in the initial representation of the issue and approved by the Council. It will be signed by the Mayor and/or other such members authorized by Council.
- D. **Public Inspection** each type of correspondence will be kept chronologically in a separate binder available for public inspection.
- E. **Citizen Complaints** is that correspondence that is addressed to the Town, the Mayor, and/or any other Council member and that is signed or otherwise verified and identified to be a citizen complaint concerning any issue(s) relating to official Town business or responsibility as authorized by statute or other legal authority shall be directed to the Town Manager upon receipt to assign appropriately for resolution. Appropriate tracking measures shall be established in order for resolution to be reported back to the Town Manager, complainant, and the Town Council. An unsigned citizen complaint will be accepted only if deemed that the complainant could become at risk for life safety reasons.
- F. **Mail Distribution** takes place upon receipt of mail addressed to the Town of Camp Verde, the Council as a whole, or to a particular staff member or department. Mail addressed to the Mayor and/or Council will be opened, date stamped, and copied to the entire Council. Documents will only be maintained as confidential if permitted under the Arizona Public Records Act. Thus, all mail marked "Personal and

confidential" or "Confidential" will be opened and placed in the appropriate Council member's box. Should the Mayor or individual Council member determine that a citizen is making a complaint or citizens, the correspondence shall be immediately referred to the Town Manager in order for the appropriate assignments to be made and allowing for the resolution process to be started. Note: all personnel matters MUST be kept confidential unless the attorney advises otherwise.

Staff and department mail will not be opened; however, the envelopes will be date-stamped and placed in the appropriate box.

Personal mail becomes business mail if delivered to the business.

# Section 14 Council Budget

## 14.1 Adoption of Town Council Budget

The annual budget for the Town adopted by the Council will contain a line item designated for Council members' expenditures. This line item shall be the maximum amount that may be reimbursed to or expended by individual Council members pursuant to this section. This line item is a part of the approved Town Council Budget.

## 14.2 Use of Budgeted Funds; Procedures

- A. The Council budget may be used only for expenses incurred by individual Council members for participation in business activities and events at which a Council member is representing the Town in the Councilmember's official capacity.
- B. In order to receive reimbursement for amounts expended for participation in activities or events described in Paragraph A, a Councilmember shall submit a receipt(s) to the Finance Director showing the amount expended and the purpose of the expenditure. If no receipt was received for the expenditure, reimbursement may be given if satisfactory evidence of the expenditure is submitted to the Finance Director. If there is uncertainty regarding whether the expenditure is an expense for which the Council member may be reimbursed pursuant to this section, the Finance Director shall obtain approval from the Town Manager prior to providing reimbursement to the Councilmember.

## Section 15 Code of Conduct for Elected and Appointed Officials

## 15.1 Summary

The Three Rs of Camp Verde Government Leadership: Roles, Responsibilities and Respect

The Town Code provides information on the roles and responsibilities of Council Members, the Vice Mayor and the Mayor. This is a Code of Conduct for the Town of Camp Verde's elected officials.

This Code of Conduct is designed to describe the manner in which Council Members and appointed officials of the Town (collectively, "Public Officials") should treat one another, Town staff, constituents, and others they come into contact with in representing the Town of Camp Verde. It reflects the work of defining more clearly the behavior, manners and courtesies that are suitable for various occasions. This is designed to make the public meetings and the process of governance run more smoothly.

The content of this Code of Conduct includes:

- Overview of Roles and Responsibilities
- Policies and Protocol Related to Conduct

- Council Conduct with One Another
- Council Conduct with Town Staff
- Council Conduct with the Public
- Council Conduct with Other Public Agencies
- Council Conduct with Boards and Commissions
- Council Conduct with the Media
- Sanctions
- Principles of Proper Conduct
- Checklist for Monitoring Conduct

The constant and consistent theme through all of the conduct guidelines is "respect." Public Officials experience significant workloads and tremendous stress in making decisions that could impact thousands of lives. Despite these pressures, Public Officials are called upon to exhibit appropriate behavior at all times. Demonstrating respect for each individual through words and actions is the touchstone that can help guide Public Officials to do the right thing in even the most difficult situations.

# 15.2 Overview of Roles and Responsibilities

Other resources that are helpful in defining the roles and responsibilities of Public Officials can be found in the Town of Camp Verde Code and in the Elected Officials Guide published by the League of Arizona Cities & Towns.

## Mayor

- Is directly elected by the people pursuant to ARS §9-232.03. (Town Code, Section 2-2-1)
- Acts as the official head of the Town for all ceremonial purposes
- Chairs Council meetings (Town Code, Section 2-2-4)
- Calls for special meetings (Town Code, Section 2-3-2)
- Recognized as spokesperson for the Town of Camp Verde
- Makes judgment calls on proclamations, agendas, etc.
- Recommends subcommittees as appropriate for Council approval
- Leads the Council into an effective, cohesive working team
- Sign documents on behalf of the Town of Camp Verde

# Vice Mayor

- Serves at the pleasure of the Council (Town Code, Section 2-2-2)
- Performs the duties of the Mayor if the Mayor is absent (Town Code, Section 2-2-2)
- Chairs Council meetings in the absence of the Mayor
- Represents the Town at ceremonial functions at the request of the Mayor

## **All Council Members**

All members of the Town Council, including those serving as Mayor and Vice Mayor, have equal votes. No Council Member has more authority than any other Council Member, and all should be treated with equal respect.

#### All Council Members should:

- Fully participate in Town Council meetings and other public forums while demonstrating kindness, consideration, and courtesy to others.
- Prepare in advance of Council meetings and be familiar with issues on the agenda.
- Represent the Town at ceremonial functions at the request of the Mayor or at the request of the Council.
- Be respectful of other people's time. Stay focused and act efficiently during public meetings.

- Serve as a model of leadership and civility to the community
- Inspire public confidence in Camp Verde government
- Provide contact information with the Town Clerk in case of an emergency or urgent situation arises while the Council Member is out of Town
- Demonstrate honesty and integrity in every action and statement
- Participate in scheduled activities to increase team effectiveness and review Council procedures, such as this Code of Conduct

# **Meeting Chair**

The Mayor will chair official meetings of the Town Council, unless the Vice Mayor or another Council Member is designated as Chair of a specific meeting.

- Maintains order, decorum, and the fair and equitable treatment of all speakers
- Keeps discussion and questions focused on specific agenda items under consideration
- Makes parliamentary rulings. Chair rulings may be overturned if a Council Member makes a motion as an individual and the majority of the Council votes to overrule the Chair.

#### **Former Council Members**

Former members of the Town Council who speak to the current Town Council about a pending issue should disclose for whom they are speaking.

### 15.3 Policies and Protocol Related to Conduct

#### A. Ceremonial Events

Requests for a Town representative at ceremonial events will be handled by Town staff. The Mayor will serve as the designated Town representative. If the Mayor is unavailable, then Town staff will determine if event organizers would like another representative from the Council. If yes, then the Mayor will recommend which Council Member should be asked to serve as a substitute. Invitations received at Town Hall are presumed to be for official Town representation. Invitations addressed to Council members at their homes are presumed to be for unofficial, personal consideration.

# B. Correspondence Signatures

Council Members do not need to acknowledge the receipt of correspondence, or copies of correspondence, during Council meetings. The Town Clerk will prepare official letters in response to public inquiries and concerns. These letters will carry the signature of the Mayor unless the Mayor requests that they be signed by another Council Member or the Town Clerk.

If correspondence is addressed only to one Council Member, then that Council Member may check with staff on the best way to respond to the sender.

#### C. Endorsement of Candidates

Council Members have the right to endorse candidates for all Council seats or other elected offices. It is inappropriate to mention endorsements during Council meetings or other official Town meetings.

#### D. Public Announcements in Council Meetings

Council Members who want to speak during the Call to the Public or Council Members Report portion of the Council meeting should notify the Chair in advance. Council Members, like members of the public who use this portion of the agenda to recognize achievements or promote an event, will be limited to three minutes each, and should keep the focus on matters of community-wide interest. Matters that may require Council action or direction should not be discussed and those items on the agenda should not be used for any form of campaigning.

## E. Public Hearing Protocol

The applicant shall have the right to speak first. The Chair will determine the length of time allowed for this presentation. Speakers representing either pro or con points of view will be allowed to follow. All speakers should be heard. All statements should be made to and through the Chair. The applicant will be allowed to make closing comments. The Chair has the responsibility to run an efficient public meeting and has the discretion to modify the public hearing process in order to make the meeting run smoothly.

Council Members should not express opinions during the public hearing portion of the meeting, except to ask pertinent questions of the speaker or staff. All Council Member comments or questions should be directed to the Chair. "I think" and "I feel" comments by Council Members are not appropriate until after the close of the public hearing. Council Members should refrain from arguing or debating with the public during a public hearing and shall always show respect for different points of view.

Main motions may be followed by amendments, followed by substitute motions. Any Council Member can call for the question or a point of order. Only Council Members, who voted on the prevailing side, may make motions to reconsider. Motions to reconsider must be made prior to adjourning the meeting.

## F. Travel Expenses

The policies and procedures related to the reimbursement of travel expenses for official Town business by Council Members is according to the Town of Camp Verde Financial Operations Guide, as may be amended. All Council travel in excess of the allowed budget, in which the Council Member expects to officially represent the Town and/or be reimbursed by the Town for travel costs, must be approved in advance by the Council. In addition, all out of state travel for which the Council Member expects to officially represent the Town and/or be reimbursed by the Town for related travel costs, must be approved by the entire Council PRIOR to taking the trip. The travel policy and budget for Council should be reviewed at each annual budget cycle.

### 15.4 Council Conduct with One Another

Councils are composed of individuals with a wide variety of backgrounds, personalities, values, opinions, and goals. Despite this diversity, all have chosen to serve in public office in order to preserve and protect the present and the future of the community. In all cases, this common goal should be acknowledged even as Council may "agree to disagree" on contentious issues.

#### A. IN PUBLIC MEETINGS

### 1. Practice civility and decorum in discussions and debate

Difficult questions, tough challenges to a particular point of view, and criticism of ideas and information are legitimate elements of a free democracy in action. This does not allow, however, Council Members to make belligerent, personal, impertinent, slanderous, threatening, abusive, or disparaging comments. No shouting or physical actions that could be construed as threatening will be tolerated.

# 2. Honor the role of the Chair in maintaining order

It is the responsibility of the Chair to keep the comments of Council Members on track during public meetings. Council Members should honor efforts by the Chair to focus discussion on current agenda items. If there is disagreement about the agenda or the Chair's actions, those objections should be voiced politely and with reason, following procedures outlines in parliamentary procedure.

#### 3. Avoid personal comments that could offend other Council Members

If a Council Member is personally offended by the remarks of another Council Member, the offended Council Member should make notes of the actual words used and call for a "point of personal privilege" that

challenges the other Council Member to justify or apologize for the language used. The Chair will maintain control of this discussion.

# 4. Demonstrate effective problem-solving approaches

Council Members have a public stage to show how individuals with disparate points of view can find common ground and seek a compromise that benefits the community as a whole.

#### B. IN PRIVATE ENCOUNTERS

#### 1. Continue respectful behavior in private

The same level of respect and consideration of differing points of view that is deemed appropriate for public discussions should be maintained in private conversations.

# 2. Be aware of the lack of security of written notes, voicemail messages, and e-mail

Technology allows words written or said without much forethought to be distributed wide and far. Would you feel comfortable to have this note faxed to others? How would you feel if this voicemail message were played on a speakerphone in a full office? What would happen if this e-mail message were forwarded to others? Written notes, voicemail messages and e-mail should be treated as potentially "public" communication.

# 3. Even private conversations can have a public presence

Elected officials are always on display – their actions, mannerisms, and language are monitored by people around them that they may not know. Lunch table conversations will be eavesdropped upon, parking lot debates will be watched, and casual comments between individuals before and after public meetings noted. Remember the open meeting law prohibits conversations of four or more council members or the "linking" together through a common source of four or more individual conversations.

### 4. Other Town Public Officials

The foregoing guidelines concerning "Conduct with One Another" shall be followed not only by Council Members but also by other Town Public Officials.

#### 15.5 Council Conduct with Town Staff

Governance of a Town relies on the cooperative efforts of elected officials, who set policy, and Town staff, who implements and administers the Council's policies. Therefore, every effort should be made to be cooperative and show mutual respect for the contributions made by each individual for the good of the community.

# A. Treat all staff as professionals

Clear, honest communication that respects the abilities, experience, and dignity of each individual is expected. Inappropriate behavior towards staff is not acceptable.

#### B. Limit contact to specific Town staff

Consequently, remember Town staff is accountable to their supervisors. Tasks performed by staff that comes from outside the normal chain of supervision could cause staff confusion, inadequate work product and inefficient performance. Questions of Town staff and/or requests for additional background information should be directed only to the Town Manager, Town Clerk or Department Heads, or the Department Head's designee. The Office of the Town Manager should be copied on any request. In accordance with Town Code Section 3-2-1-E, no Council Member shall give orders or instructions to any subordinate of the Town Manager other than instructions for the purpose of inquiry without the consent of the Town Manager.

Requests for follow-up questions to staff should be made only through or with the consent of the Town Manager. When in doubt about what staff contact is appropriate, Council Members should ask the Town Manager for direction. Materials supplied to a Council Member in response to a request will be made available to all members of the Council so that all have equal access to information.

### C. Do not disrupt Town staff from their jobs

Council Members should not disrupt Town staff while they are in meetings, on the phone, or engrossed in performing their job functions in order to have their individual needs met.

# D. Never publicly criticize an individual employee

Council should never express concerns about the performance of a Town employee in public, to the employee directly, or to the employee's manager. Misdirected comments could violate the Town's personnel rules and limit the Town's ability to deal fairly and efficiently with personnel matters. Comments about staff performance should only be made to the Town Manager through private correspondence or conversation.

# E. Do not get involved in administrative functions

Council Members must not attempt to influence Town staff on the making of appointments, awarding of contracts, selecting of consultants, processing of development applications, or granting of Town licenses and permits.

# F. Check with Town staff on correspondence before taking action

Before sending correspondence, Council Members should check with the Town Manager to see if an official Town response has already been sent or is in progress.

# G. Do not attend meetings with Town staff unless requested by staff.

Even if the Council Member does not say anything, the Council Member's presence implies support, shows partiality, intimidates staff, and hampers staff's ability to do their job objectively.

### H. Limit request for staff support

Routine secretarial support will be provided to all Council Members by Clerk's Office staff. Routine secretarial support consists of simple requests that consume minimum staff time, such as an occasional letter or note, travel arrangements for Council-approved events, or providing copies of requested material. Secretarial support does not include making phone calls or other support for non-Council-sanctioned events and/or maintaining an appointment calendar.

The Clerk's Office staff will prepare and/or process all correspondence and documents that have been approved in a duly convened Council meeting by a majority of the members. All requests for secretarial support must be made through the Town Clerk.

Requests for additional staff support – even in high priority or emergency situations – should be made through the Town Manager who is responsible for allocating Town resources in order to maintain a professional, well-run Town government.

The Clerk's Office opens all mail for Council Members and distributes per the Correspondence policy. Mail delivered to Town Hall and marked 'confidential' will not be treated as confidential unless permitted under the Arizona Public Records Act, but will be distributed according to the Correspondence policy.

#### l. Do not solicit political support from staff

Council Members should not solicit any type of political support (financial contributions, display of posters or lawn signs, name on support list, etc.) from Town staff; to do so could violate the law. Town staff may, as private citizens with constitutional rights, support political candidates for other government entities but all such activities must be done away from the workplace.

### J. Other Town Public Officials

The foregoing guidelines concerning "Conduct with Town Staff" shall be followed not only by Council Members but also by other Town Public Officials.

#### 15.6 Council Conduct with the Public

#### A. IN PUBLIC MEETINGS

1. **Making the Public Feel Welcome** is an important part of the democratic process. No signs of partiality, prejudice or disrespect should be evident on the part of individual council Members toward an individual participating in a public forum. Every effort should be made to be fair and impartial in listening to public testimony.

Be welcoming to speakers and treat them with respect

Be fair and equitable in allocating public hearing time to individual speakers

Generally, each speaker will be allocated three minutes. If many speakers are anticipated, the Mayor may shorten the time limit and/or ask speakers to limit themselves to new information and points of view not already covered by previous speakers.

No speaker will be turned away unless he/she exhibits inappropriate behavior. After the close of the public hearing, no more public testimony will be accepted.

# 2. Give the appearance of active listening

It is disconcerting to speakers to have Council Members not look at them when they are speaking. It is fine to look down at documents or to make notes, but reading for a long period of time or gazing around the room gives the appearance of disinterest. Be aware of facial expressions, especially those that could be interpreted as "smirking," disbelief, anger or boredom.

### 3. Ask for clarification, but avoid debate and argument with the public

Only the Mayor, no individual Council Members, can interrupt a speaker during a presentation. However, a Council Member can ask the Mayor for a point of order if the speaker is off the topic or exhibiting behavior or language the Council Member finds disturbing.

If speakers become flustered or defensive by Council questions, it is the responsibility of the Mayor to calm and focus the speaker and to maintain the order and decorum of the meeting. Questions by Council Members to members of the public testifying should seek to clarify or expand information. It is never appropriate to belligerently challenge or belittle the speaker. Council members' personal opinions or inclinations about upcoming votes should not be revealed until after the public hearing is closed.

### 4. No personal attacks of any kind, under any circumstances

Council Members should be aware that their body language and tone of voice, as well as the words they use, can appear to be intimidating or aggressive.

## **B. IN UNOFFICIAL SETTINGS**

# 1. Make no promises on behalf of the Council

Council Members will frequently be asked to explain a Council action or to give their opinion about an issue as they meet and talk with constituents in the community. It is appropriate to give a brief overview of Town policy and to refer to Town staff for further information. It is inappropriate to overtly or implicitly promise

Council action, or to promise Town staff will do something specific (fix a pothole; remove a library book; plant new trees, etc.)

# 2. Make no personal comments about other Council Members

It is acceptable to publicly disagree about an issue, but it is unacceptable to make derogatory comments about other Council Members, their opinions and actions.

# 3. Remember Camp Verde is a Small Town

Council Members are constantly being observed by the community every day that they serve in office. Their behaviors and comments serve as models for proper deportment in the Town of Camp Verde. Honesty and respect for the dignity of each individual should be reflected in every word and action taken by Council Members, 24 hours a day, seven days a week. It is a serious and continuous responsibility.

#### Other Town Public Officials

The foregoing guidelines concerning "Conduct with the Public" shall be followed not only by Council Members but also by other Town Public Officials.

# 15.7 Council Conduct with Other Public Agencies

#### A. Be clear about representing the Town or personal interests

If a Council Member appears before another governmental agency or organization to give a statement on an issue, the Council Member must clearly state: 1) if his or her statement reflects personal opinion or is the official stance of the Town; 2) whether this is the majority or minority opinion of the Council.

Council Members should be clear about which organizations they represent and inform the Mayor and Council of their involvement in order to assure their independence and impartiality on behalf of the common good. Public Officials should not use their official positions to influence government decisions in which they have a substantial financial interest or a relationship that may give the appearance of a conflict of interest. Public Officials should abstain from participating in deliberations and decision-making where conflicts of interest may exist as defined under Arizona law. Public Officials should discuss issues of conflict of interest with the Town Attorney.

# B. Correspondence also should be equally clear about representation

Town letterhead may be used when the Council Member is representing the Town and the Town's official position. A copy of official correspondence should be given to the Town Clerk to be filed as part of the permanent public record.

Town letterhead should not be used for correspondence of Council Members representing a personal point of view, and is best not used to express a dissenting point of view from an official Council position. However, should Council Members use Town letterhead to express a dissenting point of view, the official Town position must be stated clearly, so the reader understands the difference between the official Town position and the viewpoint of the Council Member.

#### C. Other Town Public Officials

The foregoing guidelines concerning "Conduct with Other Public Agencies" shall be followed not only by Council Members but also by other Town Public Officials.

### 15.8 Council Conduct with Boards and Commissions

The Town has established several Boards and Commissions as a means of gathering more community input. Citizens who serve on Boards and Commissions become more involved in government and serve as advisors to the Council. They are a valuable resource to the Town's leadership and should be treated with appreciation and respect.

# A. If attending a Board or Commission meeting, be careful to only express personal opinions

Council Members may attend any Board or Commission meeting, which are always open to any member of the public. However, they should be sensitive to the way their participation - especially if it is on behalf of an individual, business or developer – could be viewed as unfairly affecting the process. Any public comments by a Council Member at a Board of Commission meeting should be clearly made as individual opinion and not a representation of the feelings of the entire Town Council.

# B. Limit contact with Board and Commission members to questions of clarification

It is inappropriate for a Council member to contact a Board or Commission member to lobby on behalf of an individual, business, or developer. It is acceptable for Council Members to contact Board or Commission members in order to clarify a position taken by the Board or Commission.

# C. Remember that Boards and Commissions serve the community, not individual Council Members

The Town Council appoints individuals to serve on Boards and Commissions, and it is the responsibility of Boards and Commissions to follow policy established by the Council. But Board and Commission members do not report to individual Council Members, nor should Council Members feel they have the power or right to threaten Board and Commission members with removal if they disagree about an issue. Appointment and re-appointment to a Board or Commission should be based on such criteria as expertise, ability to work with staff and the public, and commitment to fulfilling official duties. A Board or Commission appointment should not be used as a political "reward."

# D. Be respectful of diverse opinions

A primary role of Boards and Commissions is to represent many points of view in the community and to provide the Council with advice based on a full spectrum of concerns and perspectives. Council Members may have a closer working relationship with some individuals serving on Boards and Commissions, but must be fair and respectful of all citizens serving on Boards and Commissions.

### E. Keep political support away from public forums

Board and Commission members may offer political support to a Council member, but not in a public forum while conducting official duties. Conversely, Council Members may support Board and Commission members who are running for office, but not in an official forum in their capacity as a Town Council Member.

# F. Inappropriate behavior can lead to removal

Inappropriate behavior by a Board or Commission member should be noted to the Mayor, and the Mayor should counsel the offending member. If inappropriate behavior continues, the Mayor should bring the situation to the attention of the Council.

# 15.9 Council Conduct with the Media

Council Members are frequently contacted by the media for background and quotes.

# A. The best advice for dealing with the media is to never go "off the record"

Most members of the media represent the highest levels of journalistic integrity and ethics, and can be trusted to keep their word. But one bad experience can be catastrophic. Words that are not said cannot be quoted.

# B. The Mayor is the official spokesperson for the Town.

The Mayor is the designated representative of the Council to present and speak on the official Town position. If an individual Council Member is contacted by the media, the Council Member should be clear about whether their comments represent the official Town position or a personal viewpoint.

## C. Choose words carefully and cautiously

Comments taken out of context can cause problems. Be especially cautious about humor, sardonic asides, sarcasm, or word play. It is never appropriate to use personal slurs or swear words when talking with the media.

### D. Other Town Public Officials

The foregoing guidelines concerning "Conduct with the Media" shall be followed not only by Council Members but also by other Town Public Officials.

### 15.10 Enforcement of the Ethics Policy

## A. Complaints

- 1. Public Officials themselves have the primary responsibility to assure compliance with this Code of Conduct
- 2. The Chairs of commissions, boards, and committees and the Mayor have the additional responsibility to intervene when actions of the Public Officials appear to be in violation of this Code of Conduct as allowed under Arizona Revised Statues.
- 3. If the Mayor or the chair of the applicable board, commission or committee fails to intervene, two members of the Council, board, or commission may make a written request that the Mayor or the chair of the applicable public body to intervene. If the complaint arises out of actions or inactions of the Mayor or the chair, the matter shall be directed to the vice-mayor or vice-chair. If the Mayor, chair, vice-mayor or vice-chair fails to intervene, then the matter shall be referred to the Town Attorney. The written request to intervene shall include the specifics of the perceived violation by the offending member(s).
- 4. The Town Attorney shall review the complaint and shall simultaneously notify in writing the Town official subject to the complaint of such review.
  - Within 30 days, the Town Attorney shall submit the results of his or her review to the complainant, to the official who is the subject of the complaint, and to the Mayor or chair of the public body on which the official who is the subject of the complaint sits. If the matter cannot be resolved within ten days, the matter shall be referred to the Town Council. The Town Council shall consider the Town Attorney's report at a public meeting. If the Town Council finds an ethical violation by a person serving on a commission, board or committee, then the Town Council may remove the member from the Town board, commission, or committee.
- 5. The Town Council may impose sanctions on Public Officials whose conduct does not comply with this Code of Conduct, such as reprimand, censure, loss of seniority or committee assignment, or official travel restrictions. The Town Council may choose to vote to make a public warning to the offending party in order to cause the unethical behavior to cease and warn removal could be made upon an additional incident.

### B. Resolving Complaints against the Mayor and/or other Members of the Town Council.

1. When complaints are levied against the Mayor or members of the Town Council, the Town Attorney shall have the authority to decide either to (a) act directly on any complaint filed against the Mayor and/or other members of the Town Council pursuant to subparagraph A above, or (b) refer a complaint to an independent reviewing authority such as a city or town attorney from another jurisdiction or an attorney from the office of the county attorney.

# 15.11 Sanctions

### A Public Disruption

Members of the public who do not follow proper conduct after a warning in a public hearing may be barred from further testimony at that meeting or removed from the Council Chambers.

## B. Inappropriate Staff Behavior

Council Members should refer to the Town Manager any Town staff that does not follow proper conduct in their dealings with Council Members, other Town staff, or the public. These employees may be disciplined in accordance with standard Town procedures for such actions.

### C. Council Members Behavior and Conduct

In addition to sanctions imposed pursuant to paragraph A.6 above, Town Council Members who intentionally and repeatedly do not follow proper conduct may be reprimanded or formally censured by the Council, lose seniority or committee assignments (both within the Town of Camp Verde or with intergovernment agencies) or have official travel restricted.

## 15.12 Principles of Proper Conduct

#### Proper conduct IS . . .

- Keeping promises
- Being dependable
- Building a solid reputation
- Participating and being available
- Demonstrating patience
- Showing empathy
- Holding onto ethical principles under stress
- Listening attentively
- Studying thoroughly
- Keeping integrity intact
- Overcoming discouragement
- Going above and beyond, time and time again
- Modeling a professional manner

### Proper conduct IS NOT . . .

- Showing antagonism or hostility
- Deliberately lying or misleading
- Speaking recklessly
- Spreading rumors
- Stirring up bad feelings, divisiveness
- Acting in a self-righteous manner

It all comes down to respect.

Respect for one another as individuals . . . respect for the validity of different opinions . . . respect for the democratic process . . . respect for the community that we serve.

## 15.13 Checklist for Monitoring Conduct

- Will my decision/statement/action violate the trust, rights or good will of others?
- What are my interior motives and the spirit behind my actions?

- If I have to justify my conduct in public tomorrow, will I do so with pride or shame?
- How would my conduct be evaluated by people whose integrity and character I respect?
- Even if my conduct is not illegal or unethical, is it done at someone else's painful expense? Will it destroy their trust in me? Will it harm their reputation?
- Is my conduct fair? Just? Morally right?
- If I were on the receiving end of my conduct, would I approve and agree, or would I take offense?
- Does my conduct give others reason to trust or distrust me?
- Am I willing to take an ethical stand when it is called for? Am I willing to make my ethical beliefs public in a way that makes it clear what I stand for?
- Do I exhibit the same conduct in my private life as I do in my public life?
- Can I take legitimate pride in the way I conduct myself and the example I set?
- Do I listen and understand the views of others?
- Do I question and confront different points of view in a constructive manner?
- Do I work to resolve differences and come to mutual agreement?
- Do I support others and show respect for their ideas?
- Will my conduct cause public embarrassment to someone else?

# Section 16 <u>Summary of Good Government Rules for Elected and Appointed Officials</u>

- **Summary and Notice of Statutory Authority.** The following is a brief summary of many of the items addressed in this document, along with the statutory authority. If you have a question or concern about any situation, it is best to speak to your Department Liaison, the Town Clerk, or the Town Manager *before* taking action.
- **16.2 The Public's Property.** Public property belongs to the people in general, and should not be used to benefit specific public officers. *Examples* of misuse of public property are requiring employees to do tasks for superiors that are not work-related; using public computers or personnel for a personal side business; claiming false travel expenses; destroying public records; using public vehicles for personal errands; and using public employees, equipment, supplies, or facilities for political campaigns.
  - Personal use of public resources is theft (ARS §13-1802)
  - Making false representations to obtain a benefit is punishable *fraud* (ARS §13-2310)
  - Computer fraud occurs when a person exceeds authorization of use of any computer (ARS §13-2316)
  - Destroying, altering, or falsifying a public record is tampering with a public record (ARS §13-2407/§38-421)
  - Using public personnel or equipment to influence the outcome of an election is prohibited political activity (ARS §500.14.A)
- **Public Money.** Arizona law strictly regulates the receipt, custody, control, and expenditure of public money to protect taxpayers (ARS §35-196/301). Arizona Constitution, Article IX, Section 7, prohibits governmental bodies from expending public monies to give advantage to special interests or engage in non-public enterprises. **Use of public money must always be for a public purpose**.
- **Public Procurements.** Laws regulate the expenditure of public money for procurement or any materials, services, construction, or property in order to promote competition, obtain the best product or service at the lowest price, and treat vendors equally. *Examples* of violations of this policy are sharing confidential bid information with vendors or third parties; purchasing an item outside of the required process simply because the product or price seems superior; obligating public funds without authorization; contracting for services without a purchase order (PO) and without quotes; bid-rigging to eliminate competition; and misuse of change orders to exceed budget or authorization. Intentional violations of the State code are class 4 felonies, with lesser penalties for violations of local ordinances. Personal civil liability even for inadvertent

violations may also attach, including a 20% penalty, interest, costs, and damages. (ARS §41-2616.A). Contracts may be canceled and all amounts paid recovered by the public body. (ARS §38-506.A/511). State and federal *antitrust laws* apply, regardless of which procurement code is being followed, and procurement personnel risk being implicated in an anti-competitive combination if a vendor seeks direct influence by writing the specifications, seeks removal of a competitor from a vendor list, seeks inside information about competitors' bids before a bid award, asks about competitors' prices, or seeks modification of the contract after the bid is awarded. There are treble civil damages and criminal penalties for violations.

- 16.5 **Conflicts of Interests.** Public policy requires that personal interests not exist as a possible factor influencing a public official in the performance of his duties. Any pecuniary or proprietary interest, direct or indirect, of public officers or employees (or their relatives), is deemed a "substantial interest" which triggers a conflict, unless it falls within one of the 11 statutory exceptions set out in ARS §38-502.10. A conflict must be declared on the public record and by filing a paper signed by the public officer or employee which fully discloses the substantial interest (ARS §38-502.3). The filing shall be in a special file established pursuant to ARS §38-509. If a conflict is made known, it is not enough to simply refrain from voting. The public officer or employee may not participate in the discussion or decision of the matter on which there is a conflict with other members of the public body before, during, or after the meeting. These steps must be taken even if there is little or no likelihood that the public servant would participate in the matter, and even if the person is confident that neither his nor her objectivity nor the public interest would be harmed by participation. The conflict of interest statutes are mandatory. Criminal penalties apply for knowing violations of the statutes. and public servants may be subject to prosecution even if they were unaware of a conflict when they took official action (ARS §38-510.A.2). In addition to civil and criminal penalties, assessment of damages, attorneys fees and costs, removal from office, and other equitable relief, a contract made on behalf of the public agency in violation of the conflict of interest laws is voidable at the discretion of the agency (ARS §38-506.A/511).
- 16.6 Compensation. Arizona law prohibits all public officers and employees from receiving any money, tangible thing of value, or financial benefit, whether directly or indirectly, for any service rendered in connection with their duties (ARS §38-505)(Class 4 felony under ARS §38-444). The acceptance of a gift, even if given in the best intentions (without attempting to influence the public servant though rarely will gifts be brought by persons other than those who are dealing with the Town!), can still violate the law. State code section R2-5-501.C.4 prohibits employees from receiving anything of economic value as a gift, gratuity, favor, entertainment, or loan, which may even appear to be designed to influence the employee's official conduct.
- 16.7 Favoritism. Federal and state laws are numerous which prohibit discrimination, and the reverse conduct of favoritism. Related to this are requests by constituents for assistance in dealing with other agencies or branches of government. Public officials should not use their positions to improperly influence the outcome of proceedings in which they play no official role, such as matters in other agencies or branches of government. Responses to requests by constituents should be limited to inquiry about the status of a matter, and to help the constituent understand the procedures that may be involved, and not directly or indirectly interfere.
- **Public Records.** Public records and other matters in the office of any officer at all times during office hours shall be open to inspection by any person (ARS §39-121). The public records include records reasonably necessary or appropriate to maintain an accurate knowledge of the public officer's or public body's official activities. "Other matters" means documents which are not required by law to be filed as public records, and are held by the public officer in his or her official capacity, and in which the public's interest in disclosure outweighs the governmental interest in confidentiality. These may include informal communications such as notes, memos, calendars, and e-mail that is related to or could be related to some future Town business. *Examples* of problems areas are refusing to produce public records; purposefully delaying the release; refusing to release records based on speculation that they may contain information that does not need to be produced; refusing to disclose records because they are "only drafts" or are incomplete; refusing to disclose

because of a promise of confidentiality when there is no statutory basis of confidentiality. One example of confidentiality of interest is that during and for 2 years following a public servant's position, that person may not disclose or use for personal profit confidential information acquired in the course of official duties (ARS §38-504.B). Portions of personnel files containing a peace officer's home address, home telephone number and personal cell phone, and photograph if serving or scheduled to serve as an undercover agent, are confidential.